

FY 2018-2019 PUBLIC SERVICES FUNDING APPLICATION

Date Submitted by Applicant:	02/12/2018
Date Received by City:	

APPLICANT INFORMATION

Organization/Agency Name: Impact Broward, Inc.	
Funding Requested: \$48,000	Number of Clients To Be Served: 63 :11 senior companion volunteers and 52 elderly individuals, disabled adults and caregivers
Select One Public Service Activity / Category Name Below:	
<input type="checkbox"/> Economic Empowerment/Development Program <input type="checkbox"/> Education Program (<i>including childcare and the like</i>) <input type="checkbox"/> Emergency Food and Shelter Program <input type="checkbox"/> Grassroots Community Projects in Eligible Neighborhoods	<input type="checkbox"/> Health Care and Substance Abuse Program <input type="checkbox"/> Recreation Program <input checked="" type="checkbox"/> Other (Identify the Activity / Service: Companionship and supportive services to elderly and disabled adults and respite services to caregivers.
Select one HUD National Objective below:	
<input checked="" type="checkbox"/> Benefit to low- and moderate- income (LMI) persons <input type="checkbox"/> Aid in the prevention or elimination of slums or blight <input type="checkbox"/> Urgent Need	
Address Where Public Service Activity To Be Administered: 2038 North Dixie Hwy. Suite 201 Wilton Manors, FL 33305	
Primary Contact Person: Diane Smith	Title: Senior Companion Program Director
Agency Address: 2038 North Dixie Hwy. Suite 201	City: Wilton Manors Zip Code: 33305
Phone #: (954) 484-7117 Fax #: (954) 484-8292	E-mail: dsmith@impactbroward.org
Printed Name of Authorized Official Signing: Peter Kaldes	
Title of Authorized Official Signing: President & CEO	
Employer Identification Number (EIN): 59-1297932	Dun & Bradstreet Number (DUNS)¹: 5596-0012
CENTRAL CONTRACTOR REGISTRATION (CCR)² <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

¹ All recipients who are awarded federal funding must have a DUNS Number. To request a DUNS Number, access: <http://mycredit.dnb.com/establish-your-business/>

² All recipients who are awarded federal funding must be registered on the CCR website prior to receiving a grant. Once a DUNS Number has been obtained you must register at <https://www.sam.gov/portal/public/SAM/#1>

TABLE OF CONTENTS

	PAGE
Section 1: Executive Summary	3
Section 2: Statement of Need	4-5
Section 3: Program Description	6-10
Section 4: Program Benefits	11
Section 5: Agency Information and Management Capacity	12-15
Section 6: Financial Information	16-21
Section 7: Performance Indicators	22-23
Section 8: Applicant Certifications	24
Attachment A1: IRS Letter confirming the Non-Profit Organization tax exempt status	25-26
Attachment A2: Articles of Incorporation	27-34
Attachment A3: By Laws	35-40
Attachment A4: Occupational License (if required by the City, County, State or Federal Government)	41
Attachment A5: Proof of zoning from the municipality (ensure your project is zoned for its location)	42
Attachment A6: Board of Director Resolution or agency lettered authorizing the submission of the CDBG application	43
Attachment A7: Proof of project address (deed, lease, etc.)	44-50
Attachment A8: Signed W9 form	51
Attachment A9: Vendor Central Contractor Registration (CCR) Verification	52-53
Attachment A10: IRS 990	54-88
Attachment B1: A list of the agency's Board of Directors	89
Attachment B2: Audited Financial Statements for the past 2 years (if applicable for your agency. If not applicable, an explanation is required.	90-108
Attachment B3: A copy of the most recent agency audit / monitoring report (if applicable). If not applicable, an explanation is required	109- 136
Attachment B4: Organizational Chart	137
Attachment B5: Resumes of key staff involved in the administration of the CDBG grant award	138- 153
Attachment B6: Conflict of Interest Statement	154
Attachment B7: Evidence of current funding commitment/funding match from other funding sources	155-174
Attachment B8: Evidence of sufficient funding to carry out project, if awarded by the City (e.g. current bank / investment statement)	175-177
Attachment B9: If applicable, attach homeless statistical data	N/A
Attachment B10: If applicable, Instructor Certificates, Approved Curriculum.	N/A
Attachment B11: Supplemental Questions and Sun Biz Corporate Status	178-183

Section 1: Executive Summary

Section #1: EXECUTIVE SUMMARY (limit 2000 characters)

Include a project overview of the services to be provided and the planned recipients (target population(s)) of the service (i.e. *youth, homeless, disabled, etc.*).

The Senior Companion Program provides low income adults age 55 years and older the opportunity to volunteer by providing in-home companionship, supportive and respite services to elderly, disabled adults and caregivers each week. Senior Companion volunteers receive a tax free stipend of \$2.65 per hour, mileage reimbursement, attend monthly in-service training and participate in recognition events during the year. There are tremendous waiting lists for in-home services for elderly and disabled adults in Florida for state funded social service programs. The senior companions are oftentimes the only people regularly visiting and checking on frail elderly and disabled individuals living in the community. In the 2018-2019 fiscal year waiting lists for state funded services for homebound individuals will only grow larger. The services provided by senior companions to the elderly individuals include:

- Personal Care- encourage client to feed, dress, take medication and groom
- Walk with client
- Nutrition- assist client with light meal preparation
- Provide respite care
- Home Management- assist client with reading mail and newspapers
- Assist client in preparation for hurricane season
- Provide information about community resources and how to access services

The Senior Companion program collaborates with 25 nonprofit agencies in Broward County. Through this collaboration nonprofit agencies refer their elderly or disabled adult clients and caregivers to our organization because they are either socially isolated or are caregivers requiring respite services in order to be able to continue to care for their loved one at home. The long term goal of the Senior Companion Program is to enable both the volunteers and the clients served by the volunteers to continue to live independently in their homes with dignity and avoid premature institutionalization.

Section 2:

Statement of

Need

Section #2: STATEMENT OF NEED (limit 6000 characters)

Describe the Fort Lauderdale community's need for your project. Include information on the history and severity of the need in this city and, if applicable previous successful or unsuccessful attempts to meet these needs. Provide specifics regarding the demographics of the population to be served including the number of people experiencing this need and their location. NOTE: If you are targeting the homeless population, please attach data that deals with homeless statistics in Fort Lauderdale, crime rate for applicants providing those types of services, drop-out rate, pregnancy rate should be placed as attachment B9.

A critical need in our community is to provide supportive services to caregivers and elderly individuals who have been diagnosed with a variety of debilitating medical conditions. The need for the Senior Companion Program is tremendous in Broward County. According to the 2017 Florida Profile of Older Floridians, by the Department of Elder Affairs, 421,006 residents or 22.5% of the population of Broward County are 60 years of age and older and 303,010 or 16.2% of residents are 65 years of age and older. 16.7% or 29,305 of the residents of the City of Fort Lauderdale are 65 years of age and older. Approximately 19.5% of the population of Fort Lauderdale has income below 100% of the poverty level and 12.3% of residents 65 and older have income below 100% of the poverty level.

According to the 2017 Florida County Profiles, 111,214 or 26.4% of the 421,006 Broward County residents who are 60 years of age and older live alone. The 2017 Broward County Profiles estimate that there are 40,210 individuals diagnosed as probable Alzheimer cases. According to Alzheimer Association 2015 Alzheimer's Disease Facts and Figures, statistics for the State of Florida are projecting a 34.9%-44.1% increase in the number of individuals diagnosed with Alzheimer's between 2015-2025. By 2025 the number of people 65 and older with Alzheimer's disease is estimated to reach 7.1 million a 40% increase from the 5.1 million age 65 and older affected in 2015.

The Senior Companion Program provides a positive and creative approach to the care of older adults in our community. The program creates volunteer opportunities for adults 55 years of age and older to touch the lives of homebound or isolated elderly and disabled adults enabling them to live independently in their own homes. Due to the reduction in funding for social services this year from all sectors there are huge waiting lists for the Community Care for the Elderly, Community Care for Disabled Adults and Alzheimer respite services which are major programs providing free in home services to elderly and disabled adults in Florida.

The Senior Companion Program has Memorandums of Understanding with 25 Broward County nonprofit organizations. The organizations that we have the MOU's with refer their elderly and disabled adult clients who may benefit from a weekly visit of a senior companion to our program. This year the need for senior companions has increased dramatically. The Senior Companion Program has a waiting list of 103 elderly and disabled adults in need of a senior companion. The program has 47 seniors on a waiting list to become a senior companion. Due to the rising cost of living in Broward County the number of seniors needing to supplement their monthly income has grown thus the huge increase in the number of volunteers who want to be senior companions. The agencies we collaborate with utilize the senior companions as their case workers eyes and ears in the community. Many of the agencies are extremely under staffed and their case managers are not able to regularly visit the elderly and disabled adults in their homes. The senior companions can report to the case managers if the client's health is deteriorating, or if they are not eating properly, or if their home environment or cognitive ability is declining. The Senior Companion Program improves care coordination, improves access to available programs and improves the quality of care for the disabled adults and elderly individuals visited weekly by a senior companion.

Senior Companions provide weekly visits to the homes of elderly and disabled adults and offer supportive, companionship and respite services. This year we are requesting funding to provide companionship, supportive services and respite services to caregivers and their loved ones residing in the City of Fort Lauderdale. We are requesting funding for 11 senior companions to provide companionship, respite services and supportive services to 52 elderly individuals. During our last fiscal year ending on 6/30/17 119 senior companions provided services to 377 elderly and disabled adults and caregivers throughout Broward County.

Last fiscal year 39 Fort Lauderdale residents were senior companions and they provided services to 86 elderly and disabled adults residing in the City of Fort Lauderdale. Senior Companions who are residents of the City of Fort Lauderdale make up 33% of the volunteers in the program more than any other Broward County municipality. 23% of the 377 clients served by the program are residents of the City of Fort Lauderdale. The activities and assignments performed by the senior companions serve the dual purpose of providing a high quality experience that enriches the lives of the volunteers and meets critical community needs of preventing premature institutionalization of the elderly and disabled adults who are visited. It is more cost effective to provide supportive services to elderly and disabled adults and to keep our volunteers active and healthy by volunteering than to pay for costly nursing home care at \$94,896 per year (Genworth 2017 Cost of Care Survey, Florida).

This year Impact Broward is requesting \$48,000 in funding from CDBG to meet the needs of the residents of the City of Fort Lauderdale. The funding includes \$27,984 for the tax free stipends of 11 senior companion volunteers, \$6,500 for travel reimbursement at .40 cents per mile, and \$13,516 to cover 32% of the cost of the Program Coordinator position's salary, taxes and benefits. This position is responsible to match senior companions with elderly, disabled adults and caregivers. Since the majority of clients and volunteers are Fort Lauderdale residents the Program Coordinator spends approximately a third of her time on Fort Lauderdale residents.

Section 3:

Program

Description

Section #3: PROGRAM DESCRIPTION (limit of 6000 characters)

Describe how the proposed project will address the need as stated on previous page and identify how input and support has been obtained from the impacted community. If other agencies are currently providing a service to address this need, explain how your approach or program will improve or expand the provision of services.

The Senior Companion volunteers provide individualized services to assist frail elderly and disabled adult clients to reduce isolation, positively impact their mental health, improve their quality of life, and assist them to maintain dignity and live independently as long as possible. Clients are referred to the program through case managers or direct service staff of collaborating nonprofit organizations throughout Broward County. Senior Companions can immediately alert case managers to any changes in the clients' physical or mental health and/or living conditions because they visit with the clients weekly. The Senior Companion Program improves coordination, collaboration and linkages among agencies in Broward County that address the health and well-being of disabled adults and elderly individuals. There are no other agencies in Broward County that provide companionship, supportive and respite services weekly utilizing volunteers. The program increases efforts to improve the coordination and integration of service delivery and appropriate use of health care services for disabled adults and elderly individuals through collaborative efforts of case management between organizations that we partner with through executed MOU's.

The senior companions are age 55 and older. There is a \$2.65 per hour tax-free stipend paid to the senior companions who are income-eligible. In order to qualify their income must be within 200% of federal poverty level (\$24,120 for a single person). This program is part of the federal Senior Corps program under the Corporation for National and Community Service. It operates throughout the United States, and Impact Broward has been the local sponsor since its inception in 1988. Both the volunteers and their clients benefit enormously from participation in the program. The senior companion volunteer is given an opportunity to serve, giving back to their community. Volunteers are recruited, enrolled and trained to serve to the best of their ability. Once a volunteer is determined income-eligible and has gone through training, passed the Level two background screening and National Sex Offender Registry, they are matched with a client in need of services who lives within 5-10 miles of their home.

In addition to the stipend, other benefits to the volunteers include:

- Pre-service and monthly training sessions;
- Reimbursement for transportation;
- An annual physical;
- Accident and liability insurance while on duty, and
- Annual volunteer recognition luncheon

The frail elderly and/or disabled adult client is given an opportunity to have an assigned Senior Companion volunteer matched to their specific needs. There is a letter of agreement and volunteer assignment plan that specify the needs of the client including emotional, physical, and health concerns. Clients see their volunteer at least 4 hours weekly and receive ongoing support from their volunteer. With this support clients are able to live independently and receive advocacy and information on pertinent community resources through the expertise of their well-trained volunteer. Senior Companions provide improved care coordination and improve the quality of care that elderly and disabled adults receive.

Volunteer recruitment is an ongoing process. We recruit volunteers through speaking to senior groups; meeting with housing managers at income restricted senior housing, notices with Hands on Broward and

Volunteer Match, and volunteer placement organizations. The best recruitment tool is our current volunteers who tell others about the program. The majority of new volunteer inquiries come from people referred to us by our current volunteers.

The volunteer stations are responsible for:

- Developing volunteer assignments that meet federal requirements and are regularly assessed for continued appropriateness.
- Selecting eligible clients for assigned volunteers.
- Developing a written volunteer assignment plan for each client that identifies the role and activities of the Senior Companion and expected outcomes for the client served.
- Provide Senior Companions serving the station with orientation to the station and any in-service training necessary to enhance performance of assignments.

PROGRAM DESCRIPTION CHART

GOAL	OBJECTIVE	ACTIVITIES	TIMELINE	MEASURABLE OUTCOME
Enable elderly individuals to live independently in the community.	Elderly individuals will stabilize their home environment, improve their nutritional condition and increase their feelings of well-being as a result of weekly in-home visits by a senior companion.	<ol style="list-style-type: none"> 1. Partnering agencies will refer elderly individuals and their caregivers to the Senior Companion program to be matched with a senior companion. 2. Program Coordinator will place a senior companion with the elderly individual or their caregiver. 3. Senior companion will visit the assigned client every week for four hours and will assist client with one or more of these activities: light meal preparation, read their mail, take a walk, provide companionship or provide information about community resources. 	Senior Companion would visit at least one day a week for the four hours for the entire year.	85% of the elderly individuals will report an improvement in their home environment, their nutritional condition or an improvement in their feelings of well-being.
Senior Companions will increase their knowledge of community resources through monthly in-service meetings and share information with the clients they visit.	Senior Companion volunteers will increase their knowledge of community resources and share the information learned with clients visited so both are able to access resources to enable them to live independently.	<ol style="list-style-type: none"> 1. Senior Companions will volunteer 20 hours per week providing in-home visits to elderly individuals and their caregivers. 2. Senior Companions will attend monthly in-service meetings. 	<p>Senior Companions will work 20 hours each week for the contract year.</p> <p>Will attend 12 meetings per year.</p>	80% of the senior companions will report sharing information with clients and linking clients to community services that assist them to live independently.
Elderly individuals and their caregivers feel more satisfied with life	Elderly individuals and caregivers receive weekly visits to increase their socialization with others.	Senior Companions will visit elderly individuals and caregivers at least once a week for four hours providing	Senior Companions will provide respite, companionship & supportive services	86% of the clients will report being more satisfied with their life as a result of

through increased socialization.		companionship and supportive services.	one day a week for 4 hours	the weekly visits of the senior companion.
Senior Companion volunteers will be more active and able to continue to live independently as a result of their volunteerism.	Senior Companion volunteers will be more active as a result of volunteer assignments.	Senior Companions will visit 3-4 elderly, disabled adults or caregivers each week for four hours per visit providing companionship, supportive or respite services.	Provide a four hour visit in the home of elderly, disabled or caregiver each week for the entire contract year unless client's situation changes.	90% of the senior companions will report being more active and able to live independently in their own homes as a result of volunteering.
Caregivers will experience a reduction in their stress levels.	Caregivers will be able to take care of their personal and healthcare needs.	Senior Companion volunteer will provide weekly respite services to a caregiver in order for the caregiver to have a break from the 24 hour responsibility of caring for their loved one	Caregiver will receive a weekly respite visit for the entire contract year unless caregiver terminates services.	90% of caregivers will report a reduction in stress as a result of respite services received by a senior companion.

EVALUATION

For each goal listed in the Program Description Chart and using the chart below detail how you will evaluate the effectiveness of the program including how you will measure the achievement of the planned outcomes, and how and when you will report the program outcomes to the grantor.

GOAL	EVALUATION METHOD	COMPLETION DATE	REPORTING MECHANISM
Elderly and Disabled individuals will be able to live independently at home	Annual Survey	June 30, 2019	Annual survey is mailed to clients evaluating impact that senior companions provide to them
Senior Companions will share information about community resources with the clients visited weekly.	Monthly Timesheets Annual Survey	Monthly Submission of Timesheets June 30, 2019	Senior Companion submits timesheet indicating volunteer hours monthly. Annual Survey is utilized to evaluate increase in knowledge of both senior companions and clients visited.
Elderly Individuals, disabled adults and their caregivers feel more satisfied with their life	Annual Survey	June 30, 2019	Annual Survey is mailed to the clients evaluating their level of satisfaction with their life as a result of their weekly senior companion visits.
Senior Companions will be more active and continue to live independently.	Annual Survey	June 30, 2019	Annual Survey sent to all senior companions evaluating their activity levels as a result of their volunteer assignments.
Caregivers will experience a reduction in their levels of stress	Annual Survey	June 30, 2019	Annual survey will be sent out to all caregivers measuring if they have experienced a reduction in their level of stress as a result of receiving a weekly visit by a senior companion.

Section 4:

Program

Benefits

Section #4: PROJECT BENEFIT (limit of 6000 characters)

Using data and research explain how the project is expected to result in long term as well as short-term benefit. Include both an overview of the scope of services to be provided as well as specific information as to the goals, objectives, activities, timelines and measurable outcomes for the project, using the chart below.

The Senior Companion Program is an innovative model that has been successfully operating for 30 years in Broward County. The goal of the program is to provide companionship, supportive services and respite services to elderly and disabled individuals weekly for four hours each visit. The program provides socialization to isolated elderly and disabled individuals and respite services to caregivers to provide them with a chance to have time to take care of their own needs. This program is one of the federal Senior Corps Programs under the Corporation for National and Community Service. The Research Triangle Institute conducted a national study on the "Role and Value of Senior Companions in their Communities" in 2001. The conclusion of the study found that Senior Companions provide a variety of important independent living services to frail clients in need of additional assistance throughout the country. Volunteer stations were very satisfied with the overall quality of Senior Companion services. The volunteer sites found senior companions to be very helpful in providing companionship and supportive services to their clients and respite services to the caregivers and family members of the clients being served. Senior Companions most important role was that they notified staff and family members of client changes and served as the eyes and ears of the volunteer stations. In conclusion, senior companions played an important role in enabling volunteer stations to expand independent living services available to the clients they serve.

According to findings in "The Health Benefits of Volunteering: A Review of Recent Research Report" issued through the Corporation for National and Community Service, over the past two decades there has been a growing body of research that indicates that volunteering provides individual health benefits in addition to social benefits. People who volunteer have lower mortality rates, greater functional ability and lower rates of depression later in life than people who do not volunteer. Older volunteers are the most likely to receive greater benefits from volunteering. Volunteering provides older adults with physical and social activity and a sense of purpose at a time when their social roles are changing. Consequently the Senior Companion Program provides a double benefit to the elderly and disabled adults receiving the services of a senior companion and to the volunteer who serves as a senior companion.

Section 5:

Agency

Information

and

Management

Capacity

Section #5: AGENCY INFORMATION AND MANAGEMENT

CAPACITY (limit of 7500 characters)

Describe the history and current status of the applicant agency, specifically providing information which demonstrates the agency's ability to successfully implement the program, including, if applicable, data from previous year's funded grant. Include information as to whether the proposer operates in other cities, counties and/or states. Using the chart on the next page, (*add additional rows as needed*) identify the key agency personnel; identify their responsibilities in the project and key prior experience implementing similar projects. (Note: *If funding will be used to hire staff, indicate such in the staff column and complete all but the last column*) Note – Resumes of Program Administrator(s) and Chief Financial Officer are required in Attachment B5.

Impact Broward has been the premier organization in Broward County for older adults who want to remain active, healthy and involved in their communities by contributing time to improve the lives of others. Our agency has been providing volunteer services to Broward County for 53 years. In order to expand our services and our reach beyond Broward County the Board of Directors unanimously voted to change our organization name at the board meeting on November 16, 2017. We are in the final stages of rebranding the agency's name, vision and mission statement.

Our new name is The South Florida Institute on Aging or SoFIA. Our new mission is to improve social and economic insights and services to empower people as they age. Our new vision statement is: A world where everyone thrives as they age. Our current programs will continue and we will be expanding into new programs in the next few months. By the end of March 2018 we will have all the official documentation from the State of Florida and the IRS indicating the name change to The South Florida Institute on Aging.

Our organization's efforts to expand opportunities for older adults to serve are a critically important, cost effective way to capitalize on the aging of America. During the last fiscal year volunteers provided 266,645 hours of service. Based on the Independent Sector's determination that the value of a volunteer hour in 2016 is equivalent to \$24.14, we provided \$6.4 million in service to the Broward County community. Our major funders including federal, county, state and local municipalities have been supportive of our organization for many years.

Primary Services Provided: The following programs are for volunteers age 55 and over whose income falls within 200% of the federal poverty guidelines:

1. Foster Grandparent Program was started in 1965. These volunteers provide mentoring and tutoring one-on-one to students in Title I elementary schools K- 5 classrooms, nonprofit childcare centers, VPK and Head Start programs throughout Broward County. Last fiscal year 189 volunteers provided 135,269 hours of service impacting 3,402 children.
2. Senior Companion Program started in 1988. These volunteers provide assistance with activities of daily living, respite and companionship to frail, homebound elderly individuals, caregivers and adults with disabilities. Last year this program's 119 volunteers provided 84,046 hours of service to 377 frail elderly and disabled adults.
3. Relief for Caregivers Program started in 2006. These volunteers provide in-home respite to increase the ability of families to continue to care for homebound elderly individuals or adults with disabilities. Last year this program provided 12,500 hours of service to 144 frail elderly or homebound adults with disabilities and their caregivers.

The following programs are for volunteers 55 and over with no income restrictions:

4. Retired and Senior Volunteer Program (RSVP) - joined the organization in 2003 (it had operated since 1972 under an organization that ceased operations). RSVP mobilizes the knowledge, skills and experience of older adults to improve the lives of residents of all ages through volunteerism. The volunteers serve in nonprofit organizations throughout Broward County. Last year 281 volunteers provided 33,330 hours of service.

5. RSVP/Executive Service Corps of Broward County- These volunteers are retired professionals who offer pro-bono consulting services to improve the effectiveness and efficiency of nonprofit organizations. They assist in such areas as board development, financial management, human resources, information technology, marketing, organizational assessment, public relations, strategic planning and team building.

6. RSVP/Veterans Helping Veterans Program- Matches older veterans with veterans referred by Veterans Court or other community organizations serving veterans in need of peer support to have a smoother transition from combat to civilian life.

7. Legacy Corps Program for Veterans and Military Family Members is our newest program that was implementing in 2017. This program utilizes volunteers who are veterans or family members of veterans to provide respite to other veterans or family members of veterans.

Our agency has a history for building capacity by successfully adding programs and revenue. We have signed MOU's with over 85 partner agencies. The agency receives funding from federal, state, county and local grants and has an annual budget of approximately two million dollars.

For over 53 years, Impact Broward has successfully and transparently managed federal Senior Corps grants. Impact Broward has managed the Foster Grandparent Program since 1965, Senior Companion Program since 1988, and RSVP since 2003. While in the past we've relied on internal accounting and finance staff, in June 2017 we outsourced this entire function to NFP Partners as is detailed below. However, financial and programmatic oversight remains with Impact Broward's program directors and CEO who adhere to board-approved risk management controls. The audited financial statements indicate that the organization maintains financial stability and has excellent administrative internal controls. In fact, our most recent audit was unable to identify any deficiencies in internal control that would be considered material weaknesses as explained by the Government Auditing Standards issued by the Comptroller General of the United States.

As discussed above, in June 2017 we transitioned our finance and accounting work to NFP Partners, which is an accounting firm that solely serves the non-profit world. Before the transition, our CFO, who had departed for another opportunity, worked closely with NFP Partners to onboard them and train them on our accounting system and federal grants. NFP Partners currently has over 35 clients nation-wide, and some with international operations, that all receive funding on some level.

For those organizations NFP Partners provides financial services to, several are recipients of federal grant awards. They understand the importance of good financial management when it comes to adhering to federal grant guidelines, and their team of experts has great knowledge and experience in handling these. For Impact Broward, NFP Partners have individual funds set up within a fund accounting software

that keeps all grants separate as independent cost centers. This gives assurance that all funds are spent according to the grant guidelines and budget. NFP Partners has a system of checks and balances that keeps the flow of documentation for expenditure receipts and drawdown reconciliations well organized and easily accessible to the Impact team, especially those staff members involved with the Senior Companion grant. Every month the Senior Companion Director works closely with the NFP Partners team to review and approve expenditures reviewing credit card statements, receipts, and other budgetary documents. In addition, the Senior Companion Director, in consultation with NFP Partners, and the CEO, collaborate on all federal filing requirements. NFP Partners is also monitoring expenditures on a monthly basis with the Senior Companion team at Impact Broward to ensure that over-spending or under-spending can be taken care of before the end of a grant period. NFP Partners is instrumental in helping directors create the most efficient way to manage resources within their programs.

AGENCY INFORMATION AND MANAGEMENT CAPACITY CHART

AGENCY STAFF	TITLE	PROJECT RESPONSIBILITIES	PRIOR EXPERIENCE
Diane Smith	Senior Companion Program Director	Supervises Program Staff, recruits, trains and supervises all senior companions. Compiles all monthly, quarterly and annual reports for funders. Applies for all program grants and monitors all programmatic contracts for compliance.	30 years management experience with various nonprofits including executive director, grant writing and special events.
Victoria Ruiz	Program Coordinator	Coordinates all volunteer placements, handles problems, acts as the liaison with volunteer sites, and assists with monthly timesheets processing.	Four years experience as a coordinator with Visiting Nurse Association coordinating placements
Nadege Monceur	Case Manager	Assess and reassess all elderly, disabled adults and caregivers referred to the program. Links clients to community resources.	FAU student intern assigned to Impact Broward Senior Companion Program and two years experience as a case manager.
Andrea Bonkosky	Caregiver Assistance Program Coordinator	Handles all program referrals, coordinates caregiver assistance program educational workshops and coordinates training sessions for all new volunteers.	MSW with five years experience working in social service organizations
Peter Kaldes	President & CEO	Responsible for agency management, public relations, donor cultivation, works directly with the board of directors and advisory council members.	Two years as President & CEO of organization. Previous experience with managing a 20 million dollar philanthropic program for Chase Foundation and an economic advisor at the White House.

Section 6:

Financial

Information

Section #6: FINANCIAL INFORMATION

PLEASE ANSWER QUESTIONS A, B, C, D, E, F, G and H

- A. Describe the current financial stability of the agency and the systems, which are currently in place or will be put in place to monitor the use of, grant funds (limit 2000 characters)

Impact Broward is audited annually and there were no material weaknesses found in our most current audit. The agency receives federal, state and local funding and is monitored on a regular basis by our funders. The agency currently receives funding from the United Way of Broward County, the Aging and Disability Resource Center, the School Board of Broward County, Cities of Plantation, Hollywood and Fort Lauderdale CDBG and general funding from the City of Hollywood and Pompano Beach. The internal controls that are in place have been reviewed by our auditors annually and there have not been any findings in our most recent audit. The Program Director monitors the contracts for compliance and that the outcomes are being met.

- B. What is your agency's annual revenue for the current fiscal year? (limit 15 characters)

\$1,911,949

- C. How much of that funding is being dedicated to this public service project? (limit 15 characters)

\$493,301

- D. What other goods and services (in kind) will be leveraged for this public service project? (limit 2000 characters)

The Senior Companion Program receives in-kind goods and services including donated hours by professionals in the community that provide educational presentations on various topics for the monthly in-service meetings that the senior companions are required to attend. This is extremely important as the information that the senior companions learn is expected to be shared with the clients they visit weekly. A major benefit of the program is to provide information about community resources in order for both the volunteer and the clients they visit to be able to access these resources to enable them to continue to live independently at home. In addition the program receives donated refreshments for in-service meetings throughout the year. Total in-kind for the program is approximately \$2,300 annually.

- E. Is this a continuation grant? Yes

- F. Identify previous funding sources (*including CDBG*), and anticipated additional and/or matching fund sources needed to implement the project. If you are a past CDBG recipient, please include the outcomes from the last two (2) years you received CDBG funding, including the outcomes of the performance indicators. (Limit 7500)

For our 2017-2018 fiscal year the Senior Companion Program has received funding of \$30,000 from the Jerry Taylor and Nancy Bryant Foundation, \$55,000 from The Jim Moran Foundation, \$10,000

from City of Plantation CDBG, \$2,000 from the City of Pompano Beach and \$25,000 from the Community Foundation of Broward. Our major funder is the Corporation for National and Community Service who provides \$327,043 each year that has to be matched locally at 10% or \$32,704. The Senior Companion Program has received CDBG funding from the City of Fort Lauderdale for two years. Our first year of funding was in 2016-2017. The performance measures for the program and the results reported were:

1. 85% of the elderly individuals will report an improvement in their home environment, their nutritional condition or an improvement in their feelings of well- being.

The actual outcome achievement was that 90% of the clients reported either an improvement in their home environment, nutritional condition or feelings of well- being.

2. The second outcome was 80% of the clients and or caregivers will report being able to live independently in their own homes as a result of weekly visits by a senior companion volunteer.

The actual outcome result was that 81% of the clients and caregivers reported being able to continue to live independently in their own homes as a result of the senior companion weekly visits.

3. The third projected outcome was 85% of the clients will report being more satisfied with their life as a result of the weekly visits of the senior companions.

The actual outcome achievement was that 90% of the clients reported being more satisfied with their life as a result of the weekly visits by a senior companion.

4. The fourth outcome was that 85% of the caregivers will report that they are able to find the time to attend to their personal and healthcare needs as a result of the weekly visit of a senior companion.

The actual outcome result was that 88% of caregivers reported being able to take care of their own personal or healthcare needs as a result of the senior companion visits.

We projected to have 8 senior companion volunteers provide weekly visits to 40 elderly, disabled adults or caregivers during the contract year. We had 10 Fort Lauderdale residents who are senior companions provide weekly visits to 36 elderly, disabled adults or caregivers during the contract year. We provided 2 less individuals served by the program than originally planned. The month of September was a short month due to Hurricane Irma as the case manager was not able to open many new cases due to the storm.

This is our second year of receiving CDBG funding from the City of Fort Lauderdale and our 2017-2018 Indicators are:

85% of elderly individuals, disabled adults and caregivers will report an improvement in their home environment, their nutritional condition or an improvement in their feelings of well- being as a result of the weekly visits by a senior companion.

80% of senior companions will report sharing information with their clients learned through monthly in-service meetings and linking clients to community resources that will assist them to live independently.

86% of clients will report being more satisfied with their life as a result of the weekly visits of a senior companion

90% of senior companions will report being more active and able to live independently in their own homes as a result of volunteering.

90% of caregivers will report a reduction in their level of stress as a result of respite services received weekly by a senior companion volunteer.

- G. Describe how this project can be sustained in subsequent years if CDBG funds are not allocated. If you are not funded this year for the entire amount requested, would the project still proceed? Where will you get the funds? Will the project be modified in any way, and if so, how? (limit 3500 characters)**

The need for Senior Companions is tremendous and will continue to grow as the baby boomers begin to retire and need assistance. The program will proceed if not funded by the City of Fort Lauderdale but no new clients or senior companions will be added next year. If additional funding is not received fewer clients and senior companions will be served. The Program Director will continue to apply for funding from other municipalities, private foundations and grants.

- H. Describe briefly how grant funds will be allocated to support the goals identified in the grant application. If grant funding will be used to support the organization's infrastructure, explain how existing organizational funds will be reallocated for the project. (Limit 3500 characters)**

A portion of the total CDBG funding request of \$48,000 will be utilized to fund 11 senior companions providing companionship, supportive and respite services to 52 Fort Lauderdale residents weekly during the contract year at a cost of \$34,484. The funds will be utilized to fund the tax free stipends at \$2.65 per hour for 20 hours per week of volunteering for 11 senior companions totaling \$27,984 for the entire contract year. The remainder of the requested funding or \$6,500 will provide funding for mileage reimbursement for the 11 senior companions at .40 cents per mile for the entire contract year. The \$48,000 requested will enable the program to train and match 11 senior companion volunteers with 52 elderly, disabled adults and caregivers residing in the City of Fort Lauderdale. In addition we are requesting \$13,516 to support 32% of the Program Coordinator's salary and benefits.

- I. Identify specific budget items to support the project, including those using current organizational funds. Include all personnel (Salary and Benefits) and major capital expenses. (Limit 3500 characters).**

The Senior Companion Program will be supported with funding received from the Corporation for National and Community Service, funding from the following foundations: Jerry Taylor and Nancy Bryant Foundation; The Jim Moran Foundation; and CDBG funding from City of Plantation and funding from City of Pompano Beach. The salary and benefits of the program director and the support services coordinator and a portion of the program coordinator will be funded by the Corporation for National and Community Service. The Corporation for National and Community Service will provide funding for occupancy, professional fees, telephone, printing and postage, miscellaneous expense and supplies. Volunteer tax free stipends and travel expense, recognition, background checks and insurance will be funded by the Corporation for National and Community Service, municipalities and foundations. In-kind expenses will be allocated through donations for training and meals.

- J. CDBG is a reimbursement program. Historically, agencies who are awarded CDBG funding may not receive the October, November, and Decembers reimbursement checks until January. What capacity does your agency have in place to cover the cost associated with the implementation of the program? (Limit 3500 characters)**

Our agency receives funding from federal, state and local funders. In addition we receive funding from special events, foundations and donors. Impact Broward is capable of implementing the CDBG program and able to function without receipt of CDBG funding until January.

Section #6: BUDGET SHEETS

PUBLIC SERVICES BUDGET SUMMARY SHEET

ORGANIZATION:	Impact Broward
NAME OF PROJECT:	Senior Companion Program
NUMBER OF CLIENTS TO BE SERVED:	63: 11 senior companion volunteers and 52 elderly, disabled adults and caregivers
FUNDING YEAR	2018-2019
Date Submitted	February 15, 2018

Category Number	Category Breakdown	CDBG Funds	Other Grants	Other Funding Sources	Total Funds
1	Salaries	10,516	136,811	CNCS, CDBG and Foundations	147,327
2	Taxes and Benefits	3,000	27,688	CNCS, CDBG and Foundations	30,688
3	Professional Fees	0	3,930	CNCS	3,930
4	Occupancy	0	5,304	CNCS	5,304
5	Printing and Postage	0	1,434	CNCS	1,434
6	Volunteer Stipends	27,984	196,437	CDBG, Foundations and CNCS	224,421
7	Volunteer Travel	6,500	54,500	CDBG, CNCS and Foundations	61,000
8	Background Screenings, Recognition, Volunteer Insurance and Physicals	0	4,680	CNCS	4,680
9	Telephone, Staff Travel, Conferences and Supplies, Insurance and Maintenance	0	12,217	CNCS	12,217
10	In-Kind	0	2,300	Training and Meals	2,300
Total CDBG Funds		48,000			
Other Grant Funds			445,301		
Grand Total					493,301

Section #6: PUBLIC SERVICES BUDGET ITEMIZATION SHEET

ORGANIZATION:	Impact Broward
NAME OF PROJECT:	Senior Companion Program

Category Number	<u>Category Breakdown</u> <u>PLEASE PROVIDE A DETAILED DESCRIPTION FOR EACH BUDGET CATEGORY YOU ARE REQUESTING CDBG FUNDS FOR ELIGIBILITY REVIEW BY STAFF</u>	<u>Category Amount</u>	
		CDBG Funds	Other Funds
	Requesting 32% of Program Coordinator salary of \$32,850 as 33% of volunteers are Ft. Lauderdale residents and 23% of clients served by the program are Ft. Lauderdale residents. Salaries Program Staff including program director, coordinator, caregiver assistance coordinator, case manager and portion of CEO.	10,516	136,811
	32% of taxes and health benefits of Program Coordinator position and the Taxes and Benefits of above positions	3,000	27,688
	Professional Fees including : audit, computer programming, payroll outsourcing	0	3,930
	Occupancy including rent and utilities	0	5,304
	Printing and Postage	0	1,434
	Volunteer Stipends 11 volunteers x 20 hrs per week x \$2.65 per hour x 48 weeks per year = \$27,984	27,984	196,437
	Volunteer Travel 11 volunteers x 123 miles per month x .40 per mile x 12 months = \$6,500	6,500	54,500
	Level Two Background screenings, recognition, insurance & physicals for volunteers	0	4,680
	Telephone, In-Kind, staff travel, conferences & supplies	0	14,517
	Total	\$48,000	\$445,301

Section 7: Performance Indicators

Section #7: Performance Indicators

Performance Indicators are used to track the impact of the program on those who receive the public service projects. Please provide a minimum of 3 and a maximum of 5 performance indicators that your agency proposes to track if awarded CDBG funding. If you are a previous CDBG recipient, please show the comparison of the previous performance indicators used?

Performance indicators should focus on measuring the impact of the program on participants and/or how are the participants better now that the program was implemented.

Example:

1. At least 90% of Fort Lauderdale participants who obtain verifiable employment will receive one (1) 31 day bus pass to ensure transportation/maintain employment.
2. 85% of elderly individuals and caregivers will report an improvement in their home environment, their nutritional condition or feel less lonely as a result of weekly visits by a senior companion.
3. 85% of parents attending the 10 week Parent Education Program will show improvement and remain outside the at-risk range on positive parenting beliefs and expectations measured through the AAPI-2 Assessment.

Performance Indicator 1

85% of elderly individuals, disabled adults and caregivers will report an improvement in their home environment, their nutritional condition or an improvement in their feelings of well being as a result of the weekly visits by a senior companion.

Performance Indicator 2

80% of senior companions will report sharing information with their clients learned through monthly in-service meetings and linking clients to community resources that will assist them to live independently.

Performance Indicator 3

86% of clients will report being more satisfied with their life as a result of the weekly visits of a senior companion

Performance Indicator 4

90% of senior companions will report being more active and able to live independently in their own homes as a result of volunteering.

Performance Indicator 5

90% of caregivers will report a reduction in their level of stress as a result of respite services received weekly by a senior companion volunteer.

Section 8: Applicant Certifications

Section #8: APPLICANT CERTIFICATION

If this application is approved for funding, the organization agrees to comply with all required federal laws and regulations. The organization confirms that it is fully capable of fulfilling the obligations as stated in this proposal and in any attachments or documents included with this application.

By applying for this CDBG grant, applicant affirms they currently, or by the time of award, possess knowledge and understanding of the following:

1. Proficient administration of the program in full compliance with all Federal, State and local regulations and guidelines.
2. CDBG National Objectives and Eligible Activities.
3. Playing by the Rules: A Handbook for CDBG Sub recipients – We encourage you to download a copy from the HUD website at:
<http://www.hud.gov/offices/cpd/communitydevelopment/library/subrecipient/playing/total.pdf>

As a duly authorized representative of this organization, I submit this application affirming the organization has the financial capacity to cover the cost associated with the implementation of the CDBG program for up to 120 days. Additionally, I submit this application to the City of Fort Lauderdale's Housing and Community Development Division and verify that the information herein is true, accurate and complete.

PENALTY FOR FALSE OR FRADULENT STATEMENT: U.S. Code Title 18. Section 1001, provides that a fine up to \$10,000 or imprisonment for a period not to exceed 5 years, or both, shall be the penalty for willful misrepresentation and the making of false statement, knowing same to be false.

Name of Organization: Impact Broward, Inc.

Signature:



Title: President & CEO

Date: February 12, 2018



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

Detail by Entity Name

Florida Not For Profit Corporation

SOUTH FLORIDA INSTITUTE ON AGING, INC.

Filing Information

Document Number 718531
FEI/EIN Number 59-1297932
Date Filed 05/18/1970
State FL
Status ACTIVE
Last Event NAME CHANGE AMENDMENT
Event Date Filed 02/06/2018
Event Effective Date NONE

Principal Address

2038 North Dixie Highway
Suite 201
Fort Lauderdale, FL 33305

Changed: 04/03/2017

Mailing Address

2038 North Dixie Highway
Suite 201
Fort Lauderdale, FL 33305

Changed: 04/03/2017

Registered Agent Name & Address

Kaldes, Peter
2038 North Dixie Highway
Suite 201
Fort Lauderdale, FL 33305

Name Changed: 04/12/2016

Address Changed: 04/03/2017

Officer/Director Detail

Name & Address

Title VD

Brewer, Lynn
2038 North Dixie Highway
Suite 201
Fort Lauderdale, FL 33305

Title PD

SZKARADEK, ANDREW
2038 North Dixie Highway
Suite 201
Fort Lauderdale, FL 33305

Title President & CEO

Kaldes, Peter
2038 North Dixie Highway
Suite 201
Fort Lauderdale, FL 33305

Title TD

RADOSEVICH, TODD
2038 North Dixie Highway
Suite 201
Fort Lauderdale, FL 33305

Title SD

WEITZ, PETER
2038 N. DIXIE HWY, SUITE 201
FORT LAUDERDALE, FL 33305

Annual Reports

Report Year	Filed Date
2016	01/06/2016
2016	04/12/2016
2017	04/03/2017

Document Images

04/03/2017 -- ANNUAL REPORT	View image in PDF format
04/12/2016 -- AMENDED ANNUAL REPORT	View image in PDF format
01/06/2016 -- ANNUAL REPORT	View image in PDF format
06/22/2015 -- ANNUAL REPORT	View image in PDF format
01/09/2014 -- ANNUAL REPORT	View image in PDF format
04/12/2013 -- ANNUAL REPORT	View image in PDF format
03/05/2012 -- ANNUAL REPORT	View image in PDF format
09/27/2011 -- Name Change	View image in PDF format
01/11/2011 -- ANNUAL REPORT	View image in PDF format
02/03/2010 -- ANNUAL REPORT	View image in PDF format
01/30/2009 -- ANNUAL REPORT	View image in PDF format
01/31/2008 -- ANNUAL REPORT	View image in PDF format

<u>12/10/2007 -- ANNUAL REPORT</u>	View image in PDF format
<u>03/15/2007 -- ANNUAL REPORT</u>	View image in PDF format
<u>03/13/2006 -- ANNUAL REPORT</u>	View image in PDF format
<u>01/18/2005 -- ANNUAL REPORT</u>	View image in PDF format
<u>09/21/2004 -- ANNUAL REPORT</u>	View image in PDF format
<u>07/29/2004 -- Name Change</u>	View image in PDF format
<u>02/05/2004 -- ANNUAL REPORT</u>	View image in PDF format
<u>03/31/2003 -- ANNUAL REPORT</u>	View image in PDF format
<u>04/03/2002 -- ANNUAL REPORT</u>	View image in PDF format
<u>02/05/2001 -- ANNUAL REPORT</u>	View image in PDF format
<u>02/10/2000 -- ANNUAL REPORT</u>	View image in PDF format
<u>03/02/1999 -- ANNUAL REPORT</u>	View image in PDF format
<u>02/10/1998 -- ANNUAL REPORT</u>	View image in PDF format
<u>04/09/1997 -- ANNUAL REPORT</u>	View image in PDF format
<u>05/01/1996 -- ANNUAL REPORT</u>	View image in PDF format

A1:

IRS Letter



IRS Department of the Treasury
Internal Revenue Service

P.O. Box 35045
Jacksonville FL 32202-0000

In reply refer to: 0752135461
June 20, 2017 LTR 4168C 0
59-1297932 000000 00
00038158
BODC: TE

IMPACT BROWARD INC
2038 N DIXIE HWY STE 201
WILTON MANNER FL 33305



013868

Employer ID Number: 59-1297932
Form 990 required: YES

Dear Taxpayer:

We issued you a determination letter in AUGUST 1972, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

0752135461
June 20, 2017 LTR 4168C 0
59-1297932 000000 00
00038159

IMPACT BROWARD INC
2038 N DIXIE HWY STE 201
WILTON MANNER FL 33305

Sincerely yours,



Teri M. Johnson
Operations Manager, AM Ops. 3

A2:

Articles of Incorporation



**FLORIDA DEPARTMENT OF STATE
Division of Corporations**

September 29, 2011

**JOHN R. GARGOTTA
SENIOR VOLUNTEER SERVICES, INC.
4701 NW 33 AVENUE
FT. LAUDERDALE, FL 33309**

Re: Document Number 718531

The Articles of Amendment to the Articles of Incorporation for SENIOR VOLUNTEER SERVICES, INC. which changed its name to IMPACT BROWARD, INC, a Florida corporation, were filed on September 27, 2011.

The certification requested is enclosed.

Should you have any question regarding this matter, please telephone (850) 245-6050, the Amendment Filing Section.

**Sylvia Gilbert
Regulatory Specialist II
Division of Corporations**

Letter Number: 011A00022515

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

State of Florida



Department of State

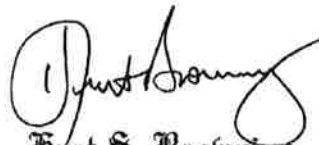
I certify the attached is a true and correct copy of the Articles of Amendment, filed on September 27, 2011, to Articles of Incorporation for SENIOR VOLUNTEER SERVICES, INC. which changed its name to IMPACT BROWARD, INC, a Florida corporation, as shown by the records of this office.

The document number of this corporation is 718531.



CR2EO22 (1-11)

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Twenty-ninth day of September, 2011



Kurt S. Browning
Secretary of State



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 30, 2004

JOHN R. GARGOTTA
BROWARD COUNTY GRANDPARENTS, INC.
4701 NW 33RD AVENUE
FT. LAUDERDALE, FL 33309

Re: Document Number 718531

The Articles of Amendment to the Articles of Incorporation for **BROWARD COUNTY GRANDPARENTS, INC.** which changed its name to **SENIOR VOLUNTEER SERVICES, INC.**, a Florida corporation, were filed on July 29, 2004.

The certification requested is enclosed.

Should you have any question regarding this matter, please telephone (850) 245-6050, the Amendment Filing Section.

Karen Gibson
Document Specialist
Division of Corporations

Letter Number: 504A00047952



Department of State

I certify the attached is a true and correct copy of the Articles of Amendment, filed on July 29, 2004, to Articles of Incorporation for BROWARD COUNTY GRANDPARENTS, INC. which changed its name to SENIOR VOLUNTEER SERVICES, INC., a Florida corporation, as shown by the records of this office.

The document number of this corporation is 718531



Given under my hand and the Seal of the State of Florida at Tallahassee, this Thirtieth day of July, 2004.

Glenda E. Hood
Glenda E. Hood
Secretary of State

CR2EO22 (2-03)

ARTICLES OF INCORPORATION

OF

BROWARD COUNTY FOSTER GRANDPARENT COMMITTEE, INC.

FILED
JUN 18 11 26 AM '70
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WE, THE UNDERSIGNED, heroby associate ourselves together for the purpose of becoming a corporation under the laws of the State of Florida, by and under the provisions of the Statutes of the State of Florida, providing for the formation, liability, rights, privileges and immunities of a corporation not for profit.

ARTICLE I

The name of the corporation shall be:

BROWARD COUNTY FOSTER GRANDPARENT COMMITTEE, INC.

ARTICLE II

The purposes for which this corporation is formed are:

a. To assist in financial aid for the Non-Federal portion of the Foster Grandparent Budget; to encourage community cooperation and support for the program; and to serve as a resource of community leadership for the Foster Grandparent Advisory Committee.

To raise funds for the Foster Grandparent program and other charities located in Broward County, Florida, and to distribute funds for the aforesaid program and other worthwhile charities at the discretion of the members of the corporation and to do all other things incidental and necessary to a charitable corp-

D

oration not for profit in serving the general community.

ARTICLE III

The corporation shall be open for membership to all United States citizens over the age of twenty-one (21) years, who shall be admitted upon application made, in writing, to the Corporation.

ARTICLE IV

The term for which this corporation is to exist shall be perpetual.

ARTICLE V

The affairs of the corporation shall be managed by the officers and directors who shall be elected annually by the general membership.

ARTICLE VI

The names of the officers to serve until the first election are as follows:

JACKIE WIELAND	PRESIDENT
EDNA CHRISTENBERRY	VICE PRESIDENT
LINDA DEUTSCH	SECRETARY
MARILYN KOHNER	TREASURER

ARTICLE VII

The number of Directors of this corporation shall be not less than three (3) and not more than nine (9). The first Board of Directors are as follows:

JACKIE WIELAND	1102 Southeast 7th Street Fort Lauderdale, Florida
----------------	---

EDNA CHRISTENBERRY 3430 Galt Ocean Drive
Apartment 1509
Fort Lauderdale, Florida

LINDA DEUTSCH 2841 Northeast 55th Place
Fort Lauderdale, Florida

MARILYN KOHNER 4840 Northeast 26th Avenue
Fort Lauderdale, Florida

ARTICLE VIII

The by-laws of the corporation shall be made,
altered or rescinded by a majority vote of the general
membership.

ARTICLE IX

Amendments to the Articles of Incorporation
may be proposed and adopted by the general membership
upon the approval of a majority of same.

IN WITNESS WHEREOF, we have hereunto set our
hands and seals and acknowledge to be filed in the Office
of the Secretary of State, the foregoing Articles of
Incorporation this 11th day of May, 1970.

Jackie Wieland (SEAL)
JACKIE WIELAND

Edna Christenberry (SEAL)
EDNA CHRISTENBERRY

Linda Deutsch (SEAL)
LINDA DEUTSCH


Marilyn Kohner (SEAL)
MARILYN KOHNER

STATE OF FLORIDA
COUNTY OF BROWARD

BEFORE ME, the undersigned authority, authorized

to administer oaths and take acknowledgments, personally appeared JACKIE WIKLAND, EDNA CHRISTENBERRY, LINDA DEUTSCH and MARILYN KORNER, to me well known to be the persons who executed the foregoing Articles of Incorporation, and each severally acknowledged before me that they executed the same for the purposes therein stated.

WITNESS my hand and seal at Fort Lauderdale,
Broward County, Florida, this 11th day of May, 1970.


Notary Public, State of Florida

My commission expires:

Notary Public, State of Florida at large
My Commission Expires June 1, 1973
Bonds by American Fidelity & Guaranty Co.

A3:

By Laws

BY-LAWS OF
IMPACT BROWARD, INC.
A FLORIDA NON-PROFIT CORPORATION

Article 1. Introduction

These By-Laws constitute the code of rules adopted by the Impact Broward and from this point on known as the Corporation for the regulation and management of its affairs.

Article 2. Offices and Agency

The principal place of business for this Corporation shall be established by Board of Directors or such other place as designated in the Corporation's annual report filed with the Secretary of State. The identity and location of the Corporation's Registered Agent is on file with the Secretary of State.

Article 3. Annual Meeting, Voting and Action by Consent

Section 1. Annual Meeting: The annual meeting of the Corporation is shall be scheduled by Board of Directors at least once a year. The Board of Directors shall manage the affairs of the Corporation and shall meet monthly at a place and time determined by the Board of Directors. The Board, at its discretion may vote to waive a particular monthly meeting.

Section 2. Quorum and Voting: A majority of the incumbent Directors (not counting vacancies) shall constitute a Quorum for the conduct of business. Provided a Quorum is present, a majority vote of the Directors attending is required for Board action, unless the Articles of Incorporation or any provision of these By-Laws or Governance Policies separately stipulate a different voting requirement for the particular issue addressed.

Section 3. Voting by Proxy: A Director may not vote by proxy.

Section 4. Notice of Meetings: Notice of all Board meetings shall be given to each Board member no less than two (2) days prior to the meeting.

Section 5. Waiver of Notice: Whenever notice is required to be given to any Director, a waiver of notice signed by the Director entitled to such notice, whether before or after the time stated in the notice, shall be the equivalent of giving notice. Attendance of a Director at a meeting shall constitute a waiver of notice of such meeting except when a Director states, at the beginning of the meeting, an objection to the transaction of business because the meeting is not lawfully called or convened. Such waiver must, in the case of a special meeting of the Board, specify the general nature of the business to be transacted.

Section 6. Action by Consent: Any action required by law or under the Articles of Incorporation or by these By-Laws, or any action which otherwise may be taken at a meeting of the Board of Directors may be taken without a meeting if a consent in writing, setting forth the action so taken, is signed by all of the persons entitled to vote with respect to the subject matter of such consent, or all directors in office, and filed with the Secretary of the Corporation.

Section 7. Procedure at Board Meetings: The Chairperson shall conduct the meetings of the Board according to the rules contained in the Handbook on Parliamentary Procedure ("Robert's Rules of Order") or such other rules of procedure as enacted by the Board by duly adopted resolution from time to time.

Article 4. Membership

The Corporation shall have no members.

Article 5. Directors

Section 1. Definition/Powers: All corporate powers, business, and affairs will be exercised, managed and directed under the authority of the Board of Directors, subject to the law, the Articles of Incorporation and these By-laws.

The Board of Directors shall manage the affairs of the Corporation and shall meet monthly at a place and time determined by the Board of Directors. The Board, at its discretion may vote to waive a particular monthly meeting.

The Board of Directors shall employ a President/CEO, who shall be the Chief Executive Operating Officer.

The President/CEO plans for and administers programs in accordance with the agency's stated mission and in such manner that optimum results are achieved in relation to the resources of the agency; and operates under the general direction of the agency's Board of Directors.

The President/CEO recommends policies to the Board and/or assists the Board in the formation of policies for the effective and economical operation of the agency; ensures implementation of policies adopted by the Board; and has chief administrative responsibility for public accountability of the agency.

The President/CEO hires, supervises and directs staff in the performance of their duties and provides direction for the personnel functions of the agency.

The President/CEO shall represent the Corporation at all agency functions required of the professional staff.

Section 2. Composition: The minimum number of directors shall be five (5) and the maximum number shall be eighteen (18). The number of directors shall be determined from time to time by the Board of Directors. Directors are elected annually at the Corporation's Annual Meeting.

Section 3. Nomination: Nomination of Directors is the responsibility of the Corporation's Governance Committee and the President and CEO.

Section 4. Election: Names of prospective new members shall be submitted to the Chairman of the Board Governance Committee for consideration and recommendation to the Board of Directors. Upon recommendation of the Board Governance Committee, prospective new members shall meet with the President and CEO and at least one Board Governance Committee member prior to being considered and voted upon by the Board of Directors at a regular meeting. Resume of any prospective new board member will be sent to the board prior to such meeting.

Section 5. Term of Office: Directors shall serve until the next annual meeting of the Corporation, but shall continue to hold office until their successors are elected or admitted to office and until their successors have been duly qualified, or until they resign or are removed in accordance with the provisions of these By-Laws. Term of each board member is one year.

Section 6. Qualifications: Directors shall be persons who are 21 years of age or older and are residents of this state. Every member of the Board shall participate in at least one of the Standing Board Committees. They are Finance, Fund Development Board Governance and any other committees added as needed.

Section 7. Compensation: Directors may not receive compensation from the Corporation for their services. Reimbursement is allowable for expenses incurred in their capacity as a Director of the Corporation.

Section 8. Liability of Directors: The Directors of the Corporation shall not be personally liable for its debts, liabilities, or other obligations of the Corporation to the greatest extent allowable under the law, the Articles of Incorporation or these By-Laws.

Section 9. Resignation of a Director: Any Director may resign at any time by delivering a written resignation to the Chairperson or Secretary of the Board. Resignations of Directors will take place upon receipt by the Corporation or on the date specified therein and vacancies will be deemed to exist as of such effective date. Acceptance shall not be required to make it effective.

Section 10. Removal of a Director: Any Director may be removed at any time (with or without cause) by a vote of 2/3 of the total number of Incumbent Directors (not counting vacancies) at a meeting of the Board of Directors, regularly scheduled or properly called in accordance with the terms of these By-Laws.

Section 11. Vacancies and Replacement: Vacant Director positions are filled through Governance Committee recommendation and subject to election by a majority vote of the remaining Directors.

Section 12. Self-Dealing Prohibited: Directors shall not use confidential information gained by reason of being a member of the Board for personal gain or to the detriment of the Corporation.

Article 6. Officers of the Board

Section 1. OFFICERS AND THEIR DUTIES: The officers of the Corporation shall be: Chair, Vice Chair, Secretary and Treasurer.

The duties of the officers shall be such as are implied by their respective titles and such as are specified by these By-laws.

Chair: The Chair shall preside at all meetings of the Board of Directors. He/she shall appoint all standing committees and shall serve as an ex-officio member of all standing committees, except the Nominating Committee. He/she shall have such other duties and powers consistent with the office of Chair of a not-for-profit corporation.

Vice Chair: The Vice Chair shall preside at Board meetings in the absence of the Chair and shall assume the Chair in the event of a vacancy in the office of Chair. He/she shall assist the Chair at all times when called upon.

Secretary: The Secretary is responsible for the minutes of all meetings of the Board of Directors. Together with the Chair, the Secretary shall sign all documents or reports requiring Chair's and/or Secretary's signatures. The Secretary shall perform correspondence and other duties incidental to the office of Secretary.

Treasurer: The treasurer shall be responsible for submitting financial reports at the regular Board meetings, report changes to the budget and overseeing the Finance Committee as Chair.

All elected officers shall be members of the Board of Directors in good standing.

Section 2. Nomination of Officers: A Nominating Committee Chair shall be appointed by the Board Chair. The Chair may select up to three (3) members of the Board of Directors to constitute the Nominating Committee.

The Nominating Committee shall present a proposed slate of officers for each of the elected offices to the Board of Directors.

Election of new officers shall take place at the June meeting or as otherwise agreed to by the board of directors. Additional nominations may be made from the floor, provided the nominees have consented to their names being presented for a specific office. Officers of the Board of Directors shall serve for one (1) year unless reelected pursuant to the terms of the By Laws of the Corporation. All newly elected officers begin their position in July of the new fiscal year.

Section 3. Election of Officers: The Officers of the Corporation will consist of the Board Chairperson, Vice Chairperson, Treasurer, and the Board Secretary.

The senior administrator managing everyday affairs will be the President and CEO, who serves as an ex-officio, non-voting member of the Board. The Board, by resolution, may create or eliminate such officers as it deems necessary or appropriate to perform the duties and functions of the Corporation. Election requires a majority vote of the Board of Directors.

Section 4. Term of Office: Each officer shall hold office from annual meeting to annual meeting or until their successors have been duly qualified and elected. No Officer shall serve in same position for more than three (3) years.

Section 5. Removal of an Officer: Any officer elected or appointed may be removed by majority vote of the Board of Directors whenever in its judgment the best interests of the Corporation would be thereby served. Any such removal shall be without prejudice to the contract rights, if any, of the Officer so removed.

Section 6. Vacancies and Replacement: A vacancy in any office, whether due to death, resignation, removal, disqualification, or otherwise, may be filled by majority vote of the Board of Directors for the unexpired portion of the term.

Article 7. Committees

Section 1. Committee Appointment: Committee chairpersons and members of standing committees and any ad hoc committees shall be appointed by the Board Chairperson.

Section 2. Standing Committees: Standing committees are: the Governance Committee, Nominating Committee, Audit & Finance Committee and the Fund Development Committee. Job descriptions, which describe the duties and responsibilities of each committee as adopted by resolution of the Board are provided in the Corporation's Policies Manual. The Board may from time to time designate and appoint, alter or eliminate any standing committees as it sees fit and such committees shall have and exercise duties and responsibilities as designated by the Board.

Section 3. Ad Hoc Committees: Ad Hoc Committees may be formed from time to time by resolution of the Board to address specific matters or special initiatives and shall have and exercise prescribed responsibilities as is designated by the Board.

Section 4. ADVISORY COUNCIL: The Board of Directors shall establish, orient and monitor Advisory Councils. Advisory Councils shall be representative of the community. Advisory Councils shall report periodically to the Board of Directors. The role of Advisory Council is to advise and support the Board of Directors, the President/CEO and Project Directors in project functions and community relations.

The Board of Directors shall provide operational guidelines for Advisory Councils.

The Board of Directors has the right to appoint and/or remove Advisory Council members.

Article 8. Operations

Section 1. Fiscal Year: The Corporation's fiscal year shall be July 1 – June 30th.

Section 2. Debt: Other than for currently budgeted expenses and obligations, no indebtedness obligating the Corporation shall be incurred unless authorized by a majority vote of the Board of Directors.

Section 3. Execution of Documents: Contracts, promissory notes and other evidence of indebtedness, leases, or other instruments executed in the name of the Corporation shall be signed by the Board Chairperson and countersigned by the Treasurer who have been authorized and directed to do so by the Board. Except as otherwise provided by law, checks, drafts and orders for the payment of money of the Corporation shall be signed by the President and CEO up to \$5,000. No contract shall be valid unless it is authorized or ratified by a properly adopted action of the Board.

Article 9. Amendment

These By-Laws may be altered, amended or repealed or added to, or new By-laws may be adopted by a majority vote of the Board of Directors at a meeting where a quorum is present. The Board may adopt Articles of Amendment (amending the Articles of Incorporation) in accordance with applicable state laws.

Article 10. Indemnification

Any person (and the heirs, executors and administrators of such person) made or threatened to be made a party to any action, suit or proceeding by reason of the fact that he or she is or was a Director or Officer of the Corporation shall be indemnified by the Corporation against any and all liability and the reasonable expenses, including attorney's fees and disbursements, incurred by him (or by his heirs, executors or administrators) in connection with the defense or settlement of such action, suit or proceeding, or in connection with any appearance therein, except in relation to matters as to which it shall be adjudged in such action, suit or proceeding that such Director or Officer is liable for gross negligence or intentional misconduct in the performance of his duties. Such right of indemnification shall not be deemed exclusive of any other rights to which such Director or Officer (or by his heirs, executors or administrators) may be entitled apart from this Article.

The undersigned officers certify that these By-Laws were adopted by the Board of Directors of the Corporation this 23 day of May, 2013.



Chair

A4: Occupational License



City of Wilton Manors, Florida
LOCAL BUSINESS TAX RECEIPT

Life is Just Better Here

September 27, 2017

Pride Center at Equality Park
PO Box 70518
Gay & Lesbian Community Center
Wilton Manors, FL 33305

THIS LICENSE IS ISSUED PURSUANT TO THE PROVISIONS OF THE CITY CODE OF THE CITY OF WILTON MANORS AND AMENDMENTS THERE TO.

License Number: LBT12-000689
Expiration Date: 09/30/2018
Name of Business: Pride Center at Equality Park
Location: 2040 N Dixie HWY
License Type: Other

License Type	Description	Fee
FIR3B1	Commercial Fire Inspection 8001-30000 sqft	400.00
SIG210	Sign Renewal	19.00
	Total License Fees	419.00


Roberta Moore, Director of Community Services

A5:

Proof of

Zoning

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The parking regulations are intended to promote the location of restaurants, entertainment facilities and other high-demand parking uses within the City's Urban Center Districts by superseding the offstreet parking requirements established by Article 135, Off-Street Parking with standards for parking that accurately reflect the parking efficiencies that are achieved with a mix of land uses of urban intensity and transit-oriented design. The parking regulations are intended to encourage pedestrian-oriented uses such as outdoor dining, and promote the pedestrian character and nature of the Urban Center Districts, which is located proximate to vibrant residential neighborhoods. Location of such uses in proximity to each other within the Urban Center Districts will promote walkability and discourage excessive automobile use.

Sec. 030-020. Urban Center District boundaries.

- (A) Wilton Drive Arts and Entertainment District. The WDAE District coincides with those properties lying adjacent to that section of Wilton Drive (a/k/a S.R. 811) extending from the center line of the south fork of the Middle River to the intersection of Wilton Drive, North Dixie Highway and N.E. 26th Street (a/k/a Five Points) and the property described on the Broward County Tax Rolls under Folio #4942261 50010 as Amadale 29-6B Lot 1 S 100 of W 10.2 S 100.3 less W 10 Block 1.
- (B) Transit-Oriented Corridor North District. The TOC-N District coincides with the area designated TOC on the Future Land Use Plan Map north of NE 26th Street and west of the FEC Railroad right-of-way.
- (C) Transit-Oriented Corridor South District. The TOC-S District coincides with the area designated TOC on the Future Land Use Plan Map south of NE 26th Street and west of the FEC Railroad right-of-way.
- (D) Transit-Oriented Corridor East District. The TOC-E District coincides with the area designated TOC on the Future Land Use Plan Map east of the FEC Railroad right-of-

CODING:

Words in serif through type are deletions from existing law.
Words in underlined type are additions.

Page 4 of 32

A6:

Board of Director Resolution

President & CEO
Peter Kaldes

BOARD OF DIRECTORS

CHAIR
Andy Szkaradek

VICE-CHAIR
Lynn Brewer

TREASURER
Todd Radosevich

Grace Carrington
Maria Darquea
Robert Elgidely
Marcy Kablowsky
Ted L. Perrella, CPA
Peter Weitz, CPRC

**Impact Broward, Inc. Board of Directors
Original Resolution**

ADVISORY COUNCIL

CHAIRPERSON
Kitty Preziosi

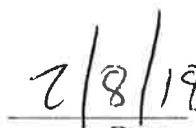
On January 25, 2018 the Board of Directors of Impact Broward approved a formal motion to grant authorization for the organization to submit a funding application to the City of Fort Lauderdale Community Development Block Grant Program. The motion states:

"Impact Broward, Inc. is hereby submitting its Application for consideration under the FY 2018-2019 City of Fort Lauderdale Community Development Block Grant Program and that the executive officer is hereby authorized to submit this Application. They further certify that they have read and understood the City of Fort Lauderdale's Community Development Guidelines for the FY 2018-2019 program-year, and have met all of its applicable requirements and that the information contained in the Application is accurate and true to the best of their knowledge."




Signature

Title


Date



A7:

Proof of

Project

Address

Commercial Lease Agreement

This Commercial Lease Agreement ("Lease") is made and effective March 15, 2017, by and between Landlord, the Pride Center at Equality Park, Inc. a Florida Non-Profit Corporation having a principal place of business at 2040 North Dixie Highway, Wilton Manors, Florida 33305 ("Landlord"), and Impact Broward, Inc. ("Tenant").

Landlord is the owner of land and improvements commonly known and numbered as 2040 North Dixie Highway, Wilton Manors, FL 33305 "Leased Premises". Landlord makes available for lease a portion of the Premises designated as Leased Premises, described as 2038 N. Dixie Highway, Suite 201.

Landlord desires to lease the Leased Premises to Tenant, and Tenant desires to lease the Leased Premises from Landlord for the term, at the rental and upon the covenants, conditions and provisions herein set forth.

THEREFORE, in consideration of the mutual promises herein, contained and other good and valuable consideration, it is agreed:

1. Term

A. Landlord hereby leases the Leased Premises to Tenant, and Tenant hereby leases the same from Landlord, for an "Initial Term" beginning April 1, 2017 and ending March 31, 2020. Landlord shall use its best efforts to give Tenant possession as nearly as possible at the beginning of the Lease term. If Landlord is unable to timely provide the Leased Premises, rent shall abate for the period of delay. Tenant shall make no other claim against Landlord for any such delay.

B. Provided that Tenant is not in Default nor remains in Default at the time of giving notice to Landlord, Tenant may renew the Lease for an extended term of 1 year. Tenant shall exercise such renewal option, if at all, by giving written notice to Landlord not less than ninety (90) days prior to the expiration of the Initial Term. The renewal term shall be at the rental set forth below and otherwise upon the same covenants, conditions and provisions as provided in this Lease.

2. Rental

A. Tenant shall pay to Landlord during the Initial Term rental of \$30,192 Dollars per year plus any and all applicable sales tax, payable in installments of **\$2,516** Dollars per month plus any and all applicable sales tax hereinafter described as "Rent". Each installment payment shall be due in advance on the first day of each calendar month during the lease term to Landlord at 2040 Dixie Highway, Wilton Manors, FL 33305 or at such other place designated by written notice from Landlord. Tenant shall also pay to Landlord a "Security Deposit" in the amount of **\$2,300 Dollars**, at the time of the signing of this Lease.

Monthly rent includes: rental of Suite 201 (\$2,300 per month) and weekly housekeeping of Suite 201 to include cleaning of bathrooms, vacuuming of carpets and basic office trash removal for two hours per week (\$50 per week; \$2,600 annual/\$216 per month; excludes replacement of any paper/soap/sanitizer products).

The rent for **March 15 – March 31, 2017** will be prorated at **\$1,258** due at the signing of this lease.

B. The rental for any first renewal lease term, for a period of 3 years, if created as permitted under this Lease, shall be increased by \$69 Dollars per month during the renewal year.

C. Sales Tax. Tenant agrees that should it be required, Tenant will pay any and all sales tax due at the same time of making its rental payment. Failure to pay sales tax shall be considered an Event of Default hereunder. The current Sales Tax rate is 6%.

D. Late Fee. Tenant agrees that a late fee of \$100.00 shall apply to any payment that is received after the 5th day of the month by Landlord. This Late Fee shall be considered Additional Rent.

E. Termination Agreement. At any time after the commencement of the lease agreement, the Landlord and Tenant may agree in writing to terminate the lease agreement by providing 90 day written notice.

3. Use.

Tenant shall only use the Leased Premises for the purposes of operating a non-profit community based organization.

4. Sublease and Assignment.

Tenant shall not sublease all or any part of the Leased Premises, or assign this Lease in whole or in part, without Landlord's written consent.

5. Repairs.

During the Lease term, Landlord shall make all necessary repairs to the Leased Premises. Tenant shall maintain the Premises in good condition during the term of the Lease, and shall be responsible for damage caused by Tenant.

6. Alterations and Improvements.

Tenant shall not make any repairs or improvements to the Leased Premises without the written consent of Landlord.

SIGNS. Tenant shall not install signs outside, on or within the Leased Premises unless (i) same comply with all laws, ordinances and regulations of all controlling

governmental authorities, and (ii) Tenant obtains Landlord's prior written consent for any such signs. Immediately upon the expiration or earlier termination of this Lease, Tenant shall, at its expense, remove all signs and shall restore the Leased Premises to its original condition which existed as of the commencement date of this Lease.

7. Insurance.

A. If the Leased Premises or any other part of the Building is damaged by fire or other casualty resulting from any act or negligence of Tenant or any of Tenant's agents, employees or invitees, rent shall not be diminished or abated while such damages are under repair, and Tenant shall be responsible for the costs of repair not covered by insurance.

B. Landlord shall maintain fire and extended coverage insurance on the Building and the Leased Premises in such amounts as Landlord shall deem appropriate. Tenant shall be responsible, at its expense, for fire and extended coverage insurance on all of its personal property, including removable trade fixtures, located in the Leased Premises.

C. Tenant agrees that, at all times during the Lease Term (as well as prior and subsequent thereto if Tenant or any of Tenant's agents should then use or occupy any portion of the Leased Premises), it shall keep in force, with an insurance company licensed to do business in the State of Florida, and acceptable to Landlord, comprehensive general liability insurance, including property damage, in the amount of not less than One Million Dollars (\$1,000,000.00) each occurrence and \$2,000,000 aggregate limit. Such policies shall: (1) include Landlord as additional insureds, and shall include Landlord and Landlord's lender, if any, as additional insured

8. Utilities.

Landlord shall pay all utilities for the Leased Premises, excluding phone and internet access. Landlord will provide telephone extension if Tenant desires to utilize Landlord's volunteer-staffed answering service. Tenant is responsible for its telephone lines if it chooses to have a designated land line. Tenant is responsible for its internet access if it chooses to have a designated internet line.

9. Entry.

It is understood that Landlord as well as other individuals and/or business will be occupying the Premises and conducting professional business therein. Neither Landlord nor Tenant shall interfere with each other's professional businesses. Tenant shall have use of the kitchen and bathroom along with all other occupants of the Premises, and will keep those areas neat and clean, following usage by Tenant. Tenant shall also be entitled to use of the Conference Room by reserving the room on a first come first serve basis.

10. Parking.

There are no individual parking spaces provided for tenant. There are commercial spaces available for usage by Tenant and any clients of Tenant.

11. Default.

A "Default" shall occur when a Party fails to pay any sum due or perform any obligation, and such failure shall continue after receipt of Notice from the other Party specifying the failure and three (3) days to cure. If default shall at any time be made by Tenant in the payment of rent when due to Landlord as herein provided, Landlord may declare the term of this Lease ended and terminated by giving Tenant written notice of such intention, and if possession of the Leased Premises is not surrendered, Landlord may reenter said premises. Landlord shall have, in addition to the remedy above provided, any other right or remedy available to Landlord on account of any Tenant default, either in law or equity. Landlord shall use reasonable efforts to mitigate its damages. Landlord shall be entitled to recover reasonable costs and attorneys' fees incurred in seeking possession of the Premises due to a default by Tenant, or in collecting monies owed. A "Default" shall also occur when Tenant fails to comply with this lease and any applicable cure period has elapsed. A "Default" shall also occur if Tenant becomes bankrupt or insolvent or has a debtor-creditor proceeding filed against it in any court. For any Default hereunder, Landlord may collect any and all fees, costs and reasonable Attorneys' fees in seeking compliance by Tenant, including all pre-litigation and litigation actions hereunder.

12. Quiet Possession.

Landlord covenants and warrants that upon performance by Tenant of its obligations hereunder, Landlord will keep and maintain Tenant in quiet, peaceable and undisturbed and uninterrupted possession of the Leased Premises during the term of this Lease, subject to Tenant's knowledge that other tenant's have use of the entire Leased Premises and that Tenant is not in exclusive use.

13. Condemnation or Eminent Domain.

If any legally, constituted public or quasi-public authority condemns the Building or such part thereof which shall make the Leased Premises unsuitable for leasing, this Lease shall cease when the public authority takes possession, and Landlord and Tenant shall account for rental as of that date. Such termination shall be without prejudice to the rights of either party to recover compensation from the condemning authority for any loss or damage caused by the condemnation. Neither party shall have any rights in or to any award made to the other by the condemning authority.

14. Subordination.

Tenant accepts this Lease subject and subordinate to any mortgage, deed of trust or other lien presently existing or hereafter arising upon the Leased Premises, or upon the Building and to

any renewals, refinancing and extensions thereof, but Tenant agrees that any such mortgagee shall have the right at any time to subordinate such mortgage, deed of trust or other lien to this Lease on such terms and subject to such conditions as such mortgagee may deem appropriate in its discretion. Landlord is hereby irrevocably vested with full power and authority to subordinate this Lease to any mortgage, deed of trust or other lien now existing or hereafter placed upon the Leased Premises of the Building, and Tenant agrees upon demand to execute such further instruments subordinating this Lease or attorning to the holder of any such liens as Landlord may request. In the event that Tenant should fail to execute any instrument of subordination herein required to be executed by Tenant promptly as requested, Tenant hereby irrevocably constitutes Landlord as its attorney-in-fact to execute such instrument in Tenant's name, place and stead, it being agreed that such power is one coupled with an interest. Tenant agrees that it will from time to time upon request by Landlord execute and deliver to such persons as Landlord shall request a statement in recordable form certifying that this Lease is unmodified and in full force and effect (or if there have been modifications, that the same is in full force and effect as so modified), stating the dates to which rent and other charges payable under this Lease have been paid, stating that Landlord is not in default hereunder (or if Tenant alleges a default stating the nature of such alleged default) and further stating such other matters as Landlord shall reasonably require.

15. Security Deposit.

The Security Deposit shall be held by Landlord without liability for interest and as security for the performance by Tenant of Tenant's covenants and obligations under this Lease, it being expressly understood that the Security Deposit shall not be considered an advance payment of rental or a measure of Landlord's damages in case of default by Tenant. Landlord may, from time to time, without prejudice to any other remedy, use the Security Deposit to the extent necessary to make good any arrearages of rent or to satisfy any other covenant or obligation of Tenant hereunder. Following any such application of the Security Deposit, Tenant shall pay to Landlord on demand the amount so applied in order to restore the Security Deposit to its original amount. If Tenant is not in default at the termination of this Lease, the balance of the Security Deposit remaining after any such application shall be returned by Landlord to Tenant within 30 days. If Landlord transfers its interest in the Premises during the term of this Lease, Landlord may assign the Security Deposit to the transferee and thereafter shall have no further liability for the return of such Security Deposit. Landlord may commingle the Security Deposit with other funds.

16. Notice.

Any notice required or permitted under this Lease shall be deemed sufficiently given or served if sent by United States certified mail, return receipt requested, addressed as follows:

If to Landlord to: 2040 N. Dixie Highway, Wilton Manors, FL 33305. If notice is to Tenant, the notice should go to: 2038 N. Dixie Highway, Suite 201, Wilton Manors, FL 33305.

Landlord and Tenant shall each have the right from time to time to change the place notice is to be given under this paragraph by written notice thereof to the other party.

17. **Waiver.**

No waiver of any default of Landlord or Tenant hereunder shall be implied from any omission to take any action on account of such default if such default persists or is repeated, and no express waiver shall affect any default other than the default specified in the express waiver and that only for the time and to the extent therein stated. One or more waivers by Landlord or Tenant shall not be construed as a waiver of a subsequent breach of the same covenant, term or condition.

18. **Headings.**

The headings used in this Lease are for convenience of the parties only and shall not be considered in interpreting the meaning of any provision of this Lease.

19. **Successors.**

The provisions of this Lease shall extend to and be binding upon Landlord and Tenant and their respective legal representatives, successors and assigns.

20. **Compliance with Law.**

Tenant shall comply with all laws, orders, ordinances and other public requirements now or hereafter pertaining to Tenant's use of the Leased Premises. Landlord shall comply with all laws, orders, ordinances and other public requirements now or hereafter affecting the Leased Premises.

21. **Final Agreement.**

This Agreement terminates and supersedes all prior understandings or agreements on the subject matter hereof. This Agreement may be modified only by a further writing that is duly executed by both parties. TIME IS OF THE ESSENCE IN THE MONTHLY PAYMENT OF RENT HEREUNDER AND IN ALL OTHER TERMS AND PROVISIONS OF THIS LEASE TO BE PERFORMED BY TENANT.

22. **Governing Law and Venue.**

This Agreement shall be governed, construed and interpreted by, through and under the Laws of the State of Florida and Venue for any action shall be in the state and federal courts located in Broward, County, Florida.

23. **Holding Over.**

Should Tenant remain in possession of the Leased Premises after the expiration of the term of this Lease, or any renewal term, with or without the consent of Landlord, expressed

or implied, such holding over shall, in the absence of a written agreement to the contrary, be deemed to have created and be construed to be a tenancy at sufferance terminable upon written notice by Landlord or Tenant, at twice the rentals in effect during the lease month immediately preceding the expiration of the term of this Lease, or any option periods, and otherwise subject to all of the terms, covenants and conditions of this Lease insofar as same may be applicable to a tenancy at sufferance.

24. Property Taxes.


Should Landlord be assessed a real estate or other property tax based on Tenant's possession of the Leased Premises, then Tenant shall pay the proportionate share attributed to Tenant's occupancy and square footage.

25. Guarantee Of Lease.

Landlord may require a Guarantee of this Lease. See Exhibit A attached and incorporated hereunder.

IN WITNESS WHEREOF, the parties have executed this Lease as of the day and year first above written.

 3/1/17 (Seal)
Pride Center at Equality Park, Inc. by Robert Hood

 3-2-17 (Seal)
PETER KALDER, PRESIDENT + CEO
IMPACT BROWARD, INC. (Seal)

A8: Signed W9 Form

**Request for Taxpayer
Identification Number and Certification**

► Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give Form to the
requester. Do not
send to the IRS.**

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Impact Broward, Inc.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☒ Other (see instructions) ► **Nonprofit 501c 3**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
2038 North Dixie Hwy, Suite 201

6 City, state, and ZIP code
Wilton Manors, Florida 33305

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

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or

Employer identification number

5	9	-	1	2	9	7	9	3	2
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person: 

Date ► **1/9/18**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What Is backup withholding, later.

A9: CCR Verification

Call the SAM Registration Help Desk. 1-877-252-2700



Registration Status: Active

 Print this page

If your business is still pursuing new federal opportunities, the entry federal registration must be renewed on or before:

03-09-2018

IMPACT BROWARD, INC.

DBA:



The final date payments can be received for previously awarded contracts is 05-08-2018.

Diane Smith
2038 North Dixie Hwy

Suite 201 Building B
Wilton Manors, FL 33305-

Email: dsmith@impactbroward.org
Phone Number: (954) 484-7117
Fax Number: (954) 484-8292

Mailing Address: 2038 North Dixie Hwy
Suite 201 Building B
Wilton Manors, FL 33305-2269

DUNS: 555960012
CAGE: 5JCR9

Public Business Name: Yes
Delinquent Federal Debt: No

PSC Codes:

NAICS Codes:

About SAM

Search SAM

Simplified Acquisition Program™

8(a) Business Development Program

Distribution and Pricing Agreement Registration (DAPA)

Federal Emergency Management Agency (FEMA)

General Services Administration Registration (GSA)

GSAP Registration

Historically Underutilized Business Zone Registration (HUBZone)

Veteran Owned Small Business Registration (VETBIZ)

Wide Area Workflow Registration (WAWF)

A10: IRS 990

EXTENDED TO MAY 15, 2018

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016Open to Public
InspectionA For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

B Check if applicable:

- ☒ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

IMPACT BROWARD, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

2038 N. DIXIE HIGHWAY

Room/suite

201

City or town, state or province, country, and ZIP or foreign postal code

WILTON MANORS, FL 33305F Name and address of principal officer: **PETER KALDES****SAME AS C ABOVE**

D Employer identification number

59-1297932

E Telephone number

954-484-7117G Gross receipts \$ **1,855,069.**

H(a) Is this a group return

for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax exempt status: ☒ 501(c)(3) ☐ 501(c) ☐ (insert no.) ☐ 4947(a)(1) or ☐ 527J Website: **WWW.IMPACTBROWARD.ORG**K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶L Year of formation: **1970** M State of legal domicile: **FL****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3
	4	Number of independent voting members of the governing body (Part VI, line 1b)	10
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	44
	6	Total number of volunteers (estimate if necessary)	728
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,702,620.
	9	Program service revenue (Part VIII, line 2g)	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	123.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	36,615.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,739,358.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	819,665.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 60,785.	0.
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	984,942.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,804,607.
	19	Revenue less expenses. Subtract line 18 from line 12	-65,249.
	20	Total assets (Part X, line 16)	225,918.
	21	Total liabilities (Part X, line 26)	110,551.
	22	Net assets or fund balances. Subtract line 21 from line 20	115,367.
	Beginning of Current Year		225,918.
	End of Year		259,762.
	Beginning of Current Year		110,551.
	End of Year		102,744.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer: PETER KALDES		Date: 2/6/18
	Type or print name and title: PETER KALDES, CEO		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	RICHARD JUBACK	02/06/18	02/06/18
Firm's EIN	Firm's name	Firm's EIN	PTIN
	TEMPLETON & COMPANY, LLP	14-1918990	P00630706
Firm's address	Firm's address	Phone no.	
	222 LAKEVIEW AVENUE, SUITE 1200 WEST PALM BEACH, FL 33401	561-798-9988	

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2016)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☒ X**1** Briefly describe the organization's mission:

MISSION IS TO IMPACT AND ENRICH THE COMMUNITY BY ENGAGING INDIVIDUALS THROUGH SERVICE TO MEET THE CRITICAL NEEDS OF CHILDREN, ADULTS, VETERANS, AND NONPROFITS IN BROWARD COUNTY. THE ORGANIZATION'S VISION IS TO CONNECT, ENHANCE AND CHANGE LIVES THROUGH VOLUNTEERISM.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 754,081. including grants of \$) (Revenue \$)
FOSTER GRANDPARENT PROGRAM: PROVIDES SUPPORTIVE PERSON-TO-PERSON SERVICES IN HEALTH, EDUCATION, WELFARE OR RELATED SETTINGS TO ALLEVIATE THE PHYSICAL, MENTAL OR EMOTIONAL PROBLEMS OF CHILDREN HAVING SPECIAL OR EXCEPTIONAL NEEDS.

4b (Code:) (Expenses \$ 514,028. including grants of \$) (Revenue \$)
SENIOR COMPANION PROGRAM: PROVIDES SUPPORTIVE PERSON-TO-PERSON SERVICES TO ASSIST FRAIL, ELDERLY AND DISABLED ADULTS IN ORDER FOR THEM TO MAINTAIN INDEPENDENCE.

4c (Code:) (Expenses \$ 160,686. including grants of \$) (Revenue \$)
RETIRED AND SENIOR VOLUNTEER PROGRAM: DESIGNED TO ENGAGE OLDER INDIVIDUALS IN VOLUNTEER SERVICE TO MEET CRITICAL COMMUNITY NEEDS AND TO PROVIDE A HIGH QUALITY EXPERIENCE THAT WILL ENRICH THE LIVES OF THE VOLUNTEERS.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 167,899. including grants of \$) (Revenue \$)

4e Total program service expenses **1,596,694.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Form 990 (2016)

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
Note. All Form 990 filers are required to complete Schedule O	X	

Form 990 (2016)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0	
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	44	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d If "Yes," indicate the number of Forms 8282 filed during the year	0	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4965?		X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c Enter the amount of reserves on hand		
14a Did the organization receive any payments for indoor tanning services during the tax year?		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Form 990 (2016)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	10	
1b Enter the number of voting members included in line 1a, above, who are independent	10	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **JANINE BARZYK-ACKERMAN - 954-484-7117**
4701 N.W. 33RD AVENUE, OAKLAND PARK, FL 33309

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 106,514.			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e 1,346,323.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 346,526.			
	g Noncash contributions included in lines 1a-1f: \$	100.			
	h Total. Add lines 1a-1f	1,799,363.			
	Business Code				
Program Service Revenue	2 a				
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f				
	Business Code				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		44.		44.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6 a Gross rents	(i) Real (ii) Personal			
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a 55,662.			
	b Less: direct expenses	b 25,043.			
	c Net income or (loss) from fundraising events		30,619.		30,619.
	9 a Gross income from gaming activities. See Part IV, line 19	a			
	b Less: direct expenses	b			
	c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances	a			
	b Less: cost of goods sold	b			
	c Net income or (loss) from sales of inventory				
Miscellaneous Revenue					
11 a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d					
12 Total revenue. See instructions.		1,830,026.	0.	0.	30,663.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	231,500.	192,145.	27,780.	11,575.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	440,090.	365,274.	52,811.	22,005.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	68,935.	57,157.	8,331.	3,447.
10 Payroll taxes	44,353.	37,178.	1,469.	5,706.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	14,595.	6,770.	6,997.	828.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	29,748.	13,800.	14,261.	1,687.
12 Advertising and promotion	2,573.	1,473.	820.	280.
13 Office expenses	47,450.	17,379.	28,272.	1,799.
14 Information technology				
15 Royalties				
16 Occupancy	52,957.	22,650.	26,353.	3,954.
17 Travel	6,809.	3,873.	168.	2,768.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	15,397.	8,529.	4,742.	2,126.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,206.		3,206.	
23 Insurance	18,670.	14,377.	2,811.	1,482.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a VOLUNTEER SERVICES	789,343.	789,343.		
b REPAIRS AND MAINTENANCE	30,470.	26,112.	2,985.	1,373.
c VOLUNTEER RECOGNITION	26,892.	26,892.		
d TELEPHONE	13,413.	11,531.	1,097.	785.
e All other expenses	6,248.	2,211.	3,067.	970.
25 Total functional expenses. Add lines 1 through 24e	1,842,649.	1,596,694.	185,170.	60,785.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	82,704.	1	130,945.
	2 Savings and temporary cash investments	61,444.	2	11,465.
	3 Pledges and grants receivable, net	61,569.	3	94,123.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	11,560.	9	17,152.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	100,233.		
	b Less: accumulated depreciation	96,556.	10c	3,677.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,917.	15	2,400.
16 Total assets. Add lines 1 through 15 (must equal line 34)	225,918.	16	259,762.	
Liabilities	17 Accounts payable and accrued expenses	99,280.	17	122,018.
	18 Grants payable		18	
	19 Deferred revenue	11,271.	19	35,000.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	110,551.	26	157,018.
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		115,367.	27	102,744.
28 Temporarily restricted net assets		0.	28	0.
29 Permanently restricted net assets		0.	29	0.
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		115,367.	33	102,744.
34 Total liabilities and net assets/fund balances	225,918.	34	259,762.	

Form 990 (2016)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,830,026.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,842,649.
3	Revenue less expenses. Subtract line 2 from line 1	3	12,623.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	115,367.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	102,744.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2016)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,815,560.	1,762,866.	1,405,350.	1,702,620.	1,799,263.	8,485,659.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,815,560.	1,762,866.	1,405,350.	1,702,620.	1,799,263.	8,485,659.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						8,485,659.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	1,815,560.	1,762,866.	1,405,350.	1,702,620.	1,799,263.	8,485,659.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	624.	283.	263.	123.	44.	1,337.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						8,486,996.
12 Gross receipts from related activities, etc. (see instructions)						234,731.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	99.98 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	99.97 %
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2016

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount

		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2016

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions		
7	Total annual distributions. Add lines 1 through 6		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions		
9	Distributable amount for 2016 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required; explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

Schedule B
(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

IMPACT BROWARD, INC.

Employer identification number

59-1297932

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totalling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization	Employer identification number
IMPACT BROWARD, INC.	59-1297932

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UNITED WAY OF BROWARD COUNTY 1300 S ANDREWS AVE. FORT LAUDERDALE, FL 33316	\$ 106,514.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	AREAWIDE COUNCIL ON AGING OF BROWARD COUNTY, INC. 5300 HIATUS RD SUNRISE, FL 33351	\$ 132,707.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CORPORATION FOR NATIONAL AND COMMUNITY SERVICE 3165 MCCRORY STREET, SUITE 115 ORLANDO, FL 32803	\$ 975,280.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	J.M FOUNDATION 116 VILLAGE BOULEVARD SUITE 200 PRINCETON, NJ 08540	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	SCHOOL BOARD 400 MARYLAND AVENUE WASHINGTON, DC 20024	\$ 170,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

IMPACT BROWARD, INC.**59-1297932****Part II Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

Employer identification number

IMPACT BROWARD, INC.**59-1297932**

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info once) ▶ \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016Open to Public
Inspection

Name of the organization

IMPACT BROWARD, INC.

Employer identification number
59-1297932**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2016

632051 01-29-16

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

- b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ _____ %

c Temporarily restricted endowment ▶ _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		100,233.	96,556.	3,677.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,677.

Schedule D (Form 990) 2016

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2016

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	1,856,394.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	1,325.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	25,043.	
e	Add lines 2a through 2d		2e	26,368.
3	Subtract line 2e from line 1		3	1,830,026.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,830,026.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	1,869,017.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	1,325.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	25,043.	
e	Add lines 2a through 2d		2e	26,368.
3	Subtract line 2e from line 1		3	1,842,649.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,842,649.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3). ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

MANAGEMENT ANALYZES TAX POSITIONS IN JURISDICTIONS WHERE IT IS REQUIRED TO FILE INCOME TAX RETURNS. BASED ON ITS EVALUATION, MANAGEMENT DID NOT IDENTIFY ANY TAX POSITIONS FOR WHICH IT IS REASONABLY POSSIBLE THAT THE TOTAL AMOUNTS OF UNRECOGNIZED TAX BENEFITS WILL SIGNIFICANTLY INCREASE OR DECREASE. INTEREST AND PENALTIES ATTRIBUTABLE TO INCOME TAXES, IF ANY, ARE INCLUDED IN OPERATING EXPENSES. NO SUCH INTEREST OR PENALTIES WERE

Part XIII Supplemental Information (continued)

RECORDED FOR 2017. THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX
EXAMINATIONS FOR FISCAL YEARS PRIOR TO 2014.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES 25,043.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES 25,043.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		AWARDS LUNCHEON REVENUE (event type)	FRIENDRAISER REVENUE (event type)	2 (total number)	
Revenue	1 Gross receipts	30,495.	23,152.	2,015.	55,662.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	30,495.	23,152.	2,015.	55,662.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	14,903.	8,571.	1,569.	25,043.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				25,043.
	11 Net income summary. Subtract line 10 from line 3, column (d)				30,619.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No**12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No**13** Indicate the percentage of gaming activity conducted in:**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____**c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____**Part IV** **Supplemental information.** Provide the explanations required by Part I, line 2b, columns (ii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV	Supplemental Information (continued)
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This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal grey lines across its entire width, providing a template for handwriting practice or general note-taking. The margins are consistent on all sides.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

IMPACT BROWARD, INC.

Employer identification number
59-1297932

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OUR MISSION IS TO IMPACT AND ENRICH OUR COMMUNITY BY ENGAGING
INDIVIDUALS THROUGH SERVICE TO MEET THE CRITICAL NEEDS OF CHILDREN,
ADULTS, VETERANS AND NONPROFITS IN BROWARD COUNTY. OUR VISION IS TO
CONNECT, ENHANCE AND CHANGE LIVES THROUGH VOLUNTEERISM.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

RESPITE FOR ELDERS LIVING IN EVERYDAY FAMILIES (RELIEF) PROGRAM:
PROVIDES IN-HOME RESPITE BY VOLUNTEERS TO RELIEVE CAREGIVERS OF OLDER
ADULTS. IT OFFERS A MUCH NEEDED BREAK TO FAMILY MEMBERS AND LOVED ONES
PROVIDING CONSTANT CARE FOR A FRAIL ELDER AND THOSE STRICKEN WITH
ALZHEIMER FS DISEASE AND RELATED DEMENTIA.

LEGACY CORP FOR VETERAN AND MILITARY FAMILIES PROGRAM: IMPACT BROWARD
IS PARTNERING WITH LEGACY CORPS AND THE UNIVERSITY OF MARYLAND TO
PROVIDE IN-HOME CAREGIVER RESPITE SERVICES TO SUPPORT VETERAN AND
ACTIVE MILITARY FAMILIES WHO PROVIDE CARE TO A FAMILY MEMBER.
EXPENSES \$ 167,899. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS PREPARED AND A DRAFT IS GIVEN TO THE GOVERNING BODY FOR REVIEW
AND APPROVAL BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

A CAREFUL REVIEW OF VENDORS AND PAYABLES AND THEIR RELATION TO THE BOARD IS
COMPLETED.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2016)

832221 08-26-16

Name of the organization

IMPACT BROWARD, INC.

Employer identification number
59-1297932

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION IS REVIEWED AND COMPARED TO COMPARABLE POSITIONS IN LIKE
INDUSTRIES. REGULAR REVIEWS WITH BUDGETARY APPROVALS ARE REQUIRED.

FORM 990, PART VI, SECTION C, LINE 19:

POLICIES AND DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION'S BOARD OF DIRECTORS AND FINANCE COMMITTEE REVIEWS AND
ACCEPTS THE AUDITED FINANCIAL STATEMENTS UPON COMPLETION.

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

► **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number
File by the due date for filing your return. See instructions.	IMPACT BROWARD, INC.	Employer identification number (EIN) or 59-1297932
	Number, street, and room or suite no. If a P.O. box, see instructions. 2038 N. DIXIE HIGHWAY, NO. 201	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WILTON MANORS, FL 33305	

Enter the Return Code for the return that this application is for (file a separate application for each return)

0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JANINE BARZYK-ACKERMAN

- The books are in the care of ► **4701 N.W. 33RD AVENUE - OAKLAND PARK, FL 33309**

Telephone No. ► **954-484-7117**

Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____, If this is for the whole group, check this box ► ☐. If it is for part of the group, check this box ► ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year _____ or

► ☒ tax year beginning **JUL 1, 2016**, and ending **JUN 30, 2017**

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2017)

B1:

List of Agency Board of Directors



**BOARD OF DIRECTORS
2017 – 2018**

<p align="center">CHAIR Andy Szkaradek, CFP® Senior Wealth Planner First Vice President 201 Alhambra Circle 14th Floor Coral Gables, FL 33134 Member since: 07/09 (O) 305-442-3230 (C) 305-725-2359 andrew.szkaradek@suntrust.com</p>	<p align="center">VICE CHAIR Lynn Brewer Associate Principal Kaufman, Rossin & Company 3101 North Federal Hwy. Ft. Lauderdale, FL 33306 Member Since: 12/13 (O) 954-315-7176 (F) 954-315-7177 lbrewer@kaufmanrossin.com</p>	<p align="center">SECRETARY Peter E. Weitz, CRPC® Managing Director 1500 W Cypress Creek Rd Suite 205 Fort Lauderdale, Florida 33309 Member since: 10/07 (O) 954-866-5208 (C) 561-843-4678 pweitz@weitzfinancial.com</p>	<p align="center">TREASURER Todd Radosevich Executive Director Revenue Management Holy Cross Hospital, Inc. 4725 N Federal Hwy. Fort Lauderdale, FL 33308 Member since 2/12 (O) 954-229-8442 (C) 954-270-8723 Todd.Radosevich@holy-cross.com</p>
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Grace Carrington
10874 N.W. 34 Ct.
Coral Springs, FL 33065
Cell: 954-232-3170
Member since: 9/16
e4committeewoman@gmail.com

Maria Darquea
Vice President Market Leader
4295 North Andrews Ave.
Oakland Park, FL 33309
Member since: 11/17
(O) 954-476-7052
(C) 954-233-6969
Darquea@bbandt.com

Ted Perrella
Ted Perrella & Associates PA
1000 NW 65 Ave.
Fort Lauderdale, FL 33309
Member since: 10/87
(O) 954-563-1156
(C) 954-383-6201
tperrella@perrellacpa.com

Robert Elgidely
Genovese Joblove & Battista, P.A.
200 E. Broward Boulevard, Suite 1110
Fort Lauderdale, FL 33301
Member Since: 11/17
(O) 954-453-8000
(F) 954-818-3718
relgidely@gjb-law.com

Marcy Kabolowsky
Legacy bank Vice President Office
Executive
6825 Powerline Road
Ft. Lauderdale, FL 33309
Member since: 11/17
(O) 954-984-0965
(C) 954-655-5626
MKabolowsky@LegacyBankFL.com

B2:

Audited

Financial

Statements

IMPACT BROWARD, INC.
REPORT ON AUDITS OF FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2017 AND 2016

IMPACT BROWARD, INC.

Table of Contents

	<u>Page</u>
Independent auditors' report	1-2
Financial statements:	
Statements of financial position	3
Statements of activities	4
Statement of functional expenses - 2017	5
Statement of functional expenses - 2016	6
Statements of cash flows	7
Notes to financial statements	8-14
Supplemental information:	
Schedule of expenditures of federal awards	15
Notes to schedule of expenditures of federal awards	16
Independent auditors' report on internal control over financial reporting and on compliance and other matters based on an audit of financial statements performed in accordance with <i>Government Auditing Standards</i>	17-18
Independent auditors' report on compliance for each major federal program and on internal control over compliance required by the Uniform Guidance	19-20
Schedule of findings and questioned costs	21

Independent Auditors' Report

To the Board of Directors
Impact Broward, Inc.

Report on Financial Statements

We have audited the accompanying financial statements of Impact Broward, Inc. (a non-profit organization) (the Organization) which comprise the statements of financial position as of June 30, 2017 and 2016, and the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Impact Broward, Inc. as of June 30, 2017 and 2016, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Report on Supplementary Information

Our audit of the financial statements was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. *Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the financial statements. Such supplementary information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated December 8, 2017, on our consideration of the Organization's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control over financial reporting and compliance.

Templeton & Company, LLP

Fort Lauderdale, Florida
December 8, 2017

IMPACT BROWARD, INC.
STATEMENTS OF FINANCIAL POSITION
June 30, 2017 and 2016

	<u>2017</u>	<u>2016</u>
ASSETS		
Current assets:		
Cash and cash equivalents	\$ 142,410	\$ 144,148
Grants and contracts receivable	94,123	61,569
Prepaid expenses and other current assets	<u>17,152</u>	<u>11,560</u>
Total current assets	253,685	217,277
Property and equipment, net	3,677	5,724
Deposits	<u>2,400</u>	<u>2,917</u>
Total assets	<u>\$ 259,762</u>	<u>\$ 225,918</u>
LIABILITIES AND NET ASSETS		
Current liabilities:		
Accounts payable and accrued expenses	\$ 37,521	\$ 20,909
Accrued wages and benefits	84,497	78,371
Deferred revenue	<u>35,000</u>	<u>11,271</u>
Total current liabilities	157,018	110,551
Net assets:		
Unrestricted	<u>102,744</u>	<u>115,367</u>
Total liabilities and net assets	<u>\$ 259,762</u>	<u>\$ 225,918</u>

See accompanying notes to financial statements.

IMPACT BROWARD, INC.
STATEMENTS OF ACTIVITIES
For the Years Ended June 30, 2017 and 2016

	<u>2017</u>	<u>2016</u>
Change in unrestricted net assets:		
Public support and revenues:		
Federal agencies and federal programs	\$ 1,004,348	\$ 985,478
State and local programs	766,141	700,432
Special events, net	55,662	65,604
Donated goods and services	1,425	15,109
Contributions	28,774	12,659
Interest income	44	123
Total revenue	<u>1,856,394</u>	<u>1,779,405</u>
Operating expenses:		
Program services:		
Foster grandparent	754,081	753,261
Senior companion	514,028	515,720
Retired and senior volunteer	160,686	213,614
Respite for elders living in everyday families	136,555	131,044
Legacy corps for veteran and military families	40,486	-
Total program services	<u>1,605,836</u>	<u>1,613,639</u>
Support services:		
Management and general	186,346	142,548
Fundraising	76,835	88,467
Total support services	<u>263,181</u>	<u>231,015</u>
Total operating expenses	<u>1,869,017</u>	<u>1,844,654</u>
Decrease in net assets	(12,623)	(65,249)
Net assets at beginning of year	<u>115,367</u>	<u>180,616</u>
Net assets at end of year	<u>\$ 102,744</u>	<u>\$ 115,367</u>

See accompanying notes to financial statements.

IMPACT BROWARD, INC.
STATEMENT OF FUNCTIONAL EXPENSES
For the Year Ended June 30, 2017

	Program Services					Support Services				
	Poster Grandparent	Senior Companion	Retired and Senior Volunteer	Respite for Elders Living in Everyday Families	Legacy Corps for Veteran and Military Families	Total Program Services	Management and General	Fundraising	Total Support Services	Total
Personnel Costs:										
Salaries	\$ 212,701	\$ 143,071	\$ 111,158	\$ 65,702	\$ 24,787	\$ 557,419	\$ 80,591	\$ 33,580	\$ 114,171	\$ 671,590
Employee benefits	22,997	16,401	7,622	9,767	370	57,157	8,331	3,447	11,778	68,935
Payroll taxes	<u>12,960</u>	<u>11,091</u>	<u>6,507</u>	<u>5,010</u>	<u>1,610</u>	<u>37,178</u>	<u>1,469</u>	<u>5,706</u>	<u>7,175</u>	<u>49,353</u>
Total personnel costs	<u>248,658</u>	<u>170,563</u>	<u>125,287</u>	<u>80,479</u>	<u>26,767</u>	<u>651,754</u>	<u>90,391</u>	<u>42,733</u>	<u>133,124</u>	<u>784,878</u>
Other Expenses:										
Assistance to individuals, including \$1,075 of in-kind contributions	430,048	295,755	11,507	45,013	8,345	790,668	*	*	*	790,668
Occupancy	7,613	7,321	5,545	2,171	*	22,650	26,353	3,954	30,307	52,957
Conferences and education	1,404	2,940	3,121	241	823	8,529	4,742	2,126	6,868	15,397
Volunteer recognition	14,456	9,431	3,005	*	*	26,892	*	*	*	26,892
Insurance	8,938	2,846	1,319	1,205	69	14,377	2,811	1,482	4,293	18,670
Office	3,795	5,696	2,729	1,779	1,380	17,379	28,272	1,799	30,071	47,450
Printing and reproduction	199	97	807	32	*	1,135	1,825	*	1,825	2,960
Professional fees	12,282	4,099	1,305	2,120	764	20,570	21,258	2,515	23,773	44,343
Repairs and maintenance	17,800	4,370	2,199	1,743	*	26,112	2,985	1,373	4,358	30,470
Provision for depreciation	*	*	*	*	*	*	3,206	*	3,206	3,206
Telephone	7,595	2,304	743	889	*	11,531	1,097	785	1,882	13,413
Advertising and marketing	*	*	1,360	113	*	1,473	820	280	1,100	2,573
Postage	369	239	238	216	14	1,076	1,242	970	2,212	3,288
Travel	924	802	1,269	554	324	3,873	168	2,768	2,936	6,809
Event costs	*	7,565	252	*	*	7,817	1,176	16,050	17,226	25,043
Total other expenses	<u>505,423</u>	<u>343,465</u>	<u>35,399</u>	<u>56,076</u>	<u>17,719</u>	<u>954,082</u>	<u>95,955</u>	<u>34,102</u>	<u>130,057</u>	<u>1,084,139</u>
Total expenses	<u>\$ 754,081</u>	<u>\$ 514,028</u>	<u>\$ 160,686</u>	<u>\$ 136,555</u>	<u>\$ 44,486</u>	<u>\$ 1,605,836</u>	<u>\$ 186,346</u>	<u>\$ 76,835</u>	<u>\$ 263,181</u>	<u>\$ 1,869,017</u>

See accompanying notes to financial statements.

IMPACT BROWARD, INC.
STATEMENT OF FUNCTIONAL EXPENSES
For the Year Ended June 30, 2016

	Program Services					Support Services			
	Foster Grandparent	Senior Companion	Retired and Senior Volunteer	Respite for Elders Living in Everyday Families	Total Program Services	Management and General	Fundraising	Total Support Services	Total
Personnel Costs:									
Salaries	\$ 218,634	\$ 154,821	\$ 141,507	\$ 49,988	\$ 564,950	\$ 78,897	\$ 33,921	\$ 112,818	\$ 677,768
Employee benefits	26,958	23,394	9,237	10,923	70,512	12,391	4,049	16,440	86,952
Payroll taxes	17,070	11,966	11,069	5,282	45,387	6,567	2,991	9,558	\$4,945
Total personnel costs	262,662	190,181	161,813	66,193	680,849	97,855	40,961	138,816	819,665
Other Expenses:									
Assistance to individuals, including \$7,838 of in-kind contributions	421,451	293,934	14,491	54,405	784,281	63	-	63	784,344
Occupancy	8,930	9,160	8,110	3,085	29,285	21,415	3,203	24,618	53,903
Conferences and education, including \$7,758 of in-kind contributions	3,301	4,314	3,352	146	11,113	4,627	1,150	5,777	16,890
Volunteer recognition	9,808	2,672	4,517	-	17,017	-	171	171	17,188
Insurance	4,149	2,442	2,991	359	9,941	1,896	378	2,274	12,215
Office	9,185	1,877	4,694	1,271	17,027	3,483	6,178	9,661	26,688
Printing and reproduction	506	290	2,165	60	3,021	132	406	538	3,559
Professional fees	9,815	2,774	1,887	1,658	16,134	3,357	904	4,261	20,395
Repairs and maintenance	15,527	4,394	3,500	1,679	25,100	2,168	1,421	3,589	28,689
Provision for depreciation	-	-	-	-	-	5,854	-	5,854	5,854
Telephone	4,081	1,288	778	659	6,806	629	340	978	7,784
Advertising and marketing	-	-	994	-	994	-	2,290	2,299	3,293
Postage	976	534	2,714	254	4,478	280	671	951	5,429
Travel	2,870	1,860	1,094	1,275	7,099	545	2,125	2,670	9,769
Event costs	-	-	494	-	494	244	28,251	28,495	28,989
Total other expenses	490,599	325,539	51,801	64,851	932,790	44,693	47,506	92,199	1,024,989
Total expenses	\$ 753,261	\$ 515,720	\$ 213,614	\$ 131,044	\$ 1,613,639	\$ 142,548	\$ 88,467	\$ 231,015	\$ 1,844,654

See accompanying notes to financial statements.

IMPACT BROWARD, INC.
STATEMENTS OF CASH FLOWS
For the Years Ended June 30, 2017 and 2016

	<u>2017</u>	<u>2016</u>
Cash flows from operating activities:		
Decrease in net assets	\$ (12,623)	\$ (65,249)
Adjustments to reconcile decrease in net assets to net cash used in operating activities:		
Depreciation expense	3,206	5,854
Change in operating assets and liabilities:		
(Increase) decrease in grants and contracts receivable	(32,554)	12,976
(Increase) decrease in prepaid expenses and other current assets	(5,592)	7,901
Decrease in deposits	517	-
Increase in accounts payable and accrued expenses	16,612	1,199
Increase (decrease) in accrued wages and benefits	6,126	(18,798)
Increase (decrease) in deferred revenue	<u>23,729</u>	<u>(82,054)</u>
Net cash used in operating activities	(579)	(138,171)
Cash flows from investing activities:		
Purchases of property and equipment	<u>(1,159)</u>	<u>(3,563)</u>
Net decrease in cash and cash equivalents	(1,738)	(141,734)
Cash and cash equivalents, beginning of year	<u>144,148</u>	<u>285,882</u>
Cash and cash equivalents, end of year	<u>\$ 142,410</u>	<u>\$ 144,148</u>

See accompanying notes to financial statements.

IMPACT BROWARD, INC.

NOTES TO FINANCIAL STATEMENTS

Note 1 – Nature of Activities and Summary of Significant Accounting Policies

Impact Broward, Inc. (the "Organization") is a nonprofit organization established to impact and enrich our community by engaging individuals through services to meet the critical needs of children, adults, veterans, and non-profit organizations in Broward County. The Organization's vision is to connect, enhance and change lives through volunteerism.

The Organization accomplishes its mission and goals primarily through the following programs:

Foster Grandparent Program: Provides supportive person-to-person services in health, education, welfare or related settings to alleviate the physical, mental or emotional problems of children having special or exceptional needs.

Senior Companion Program: Provides supportive person-to-person services to assist frail, elderly and disabled adults in order for them to maintain independence.

Retired and Senior Volunteer Program: Designed to engage older individuals in volunteer service to meet critical community needs and to provide a high quality experience that will enrich the lives of the volunteers.

Respite for Elders Living in Everyday Families (RELIEF) Program: Provides in-home respite by volunteers to relieve caregivers of older adults. It offers a much needed break to family members and loved ones providing constant care for a frail elder and those stricken with Alzheimer's disease and related dementia.

Legacy Corps for Veteran and Military Families Program: Provides companionship respite for veterans of all ages, military families, and their caregivers.

A summary of the significant accounting policies used to prepare the accompanying financial statements follows:

Basis of presentation

The financial statements are prepared on the accrual basis of accounting and in accordance with the provisions of Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 958, *Not-for-Profit Entities*.

Unconditional promises to give (pledges) are recorded as contributions at fair value at the date the promises are received. It also requires the Organization to distinguish between promises received for each net asset category in accordance with donor restrictions, if any.

Net assets and revenue, expenses, gains and losses are classified as temporarily restricted, permanently restricted, or unrestricted based on the existence or absence, respectively, of donor-imposed or contractual restrictions. Accordingly, net assets of the Organization and changes therein are classified as follows:

Unrestricted net assets – Net assets available for the support of the Organization's operations. The unrestricted net assets may be used at the discretion of the Organization's management and the Board of Directors.

Temporarily restricted net assets – Net assets subject to donor-imposed stipulations that may or will be met either by actions of the Organization or the passage of time.

IMPACT BROWARD, INC.

NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 2 – Summary of Significant Accounting Policies, Continued

Basis of presentation, continued

Permanently restricted net assets – Net assets subject to donor-imposed stipulations to be maintained permanently by the Organization. Generally, the donors of these assets permit the Organization to use all or part of the earnings on related investments for general or specific purposes. There were no permanently restricted net assets at June 30, 2017 and 2016.

Restricted and unrestricted revenue and support

Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence and/or nature of any donor restrictions.

Support that is restricted by the donor is reported as an increase in unrestricted net assets if the restriction expires in the reporting period in which the support is recognized. All other donor-restricted support is reported as an increase in temporarily or permanently restricted net assets, depending on the nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

The Organization had no temporarily or permanently restricted net assets as of June 30, 2017 and 2016.

Promises to give

Contributions are recognized when the donor makes a promise to give to the Organization that is, in substance, unconditional. Contributions that are restricted by the donor are reported as increases in unrestricted net assets if the restrictions expire in the fiscal year in which the contributions are recognized. All other donor-restricted contributions are reported as increases in temporarily or permanently restricted net assets depending on the nature of the restrictions. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

The Organization uses the allowance method to account for possible uncollectible unconditional promises receivable. The allowance is based on prior years' experience and management's analysis of specific promises made. No allowance for uncollectible promises receivable is reflected in the accompanying financial statements.

Unconditional promises to give are recognized as support in the period received and as assets, decreases of liabilities, or expenses, depending on the form of the benefits received. Conditional promises to give are recognized when the conditions on which they depend are substantially met. There were no unconditional promises to give as of June 30, 2017 and 2016.

Contract revenue

Contract revenue is recognized when the allowable costs, as defined by the individual contract, are incurred.

Income taxes

The Organization is a not-for-profit organization that is exempt from income taxes under Internal Revenue Code Section 501(c)(3). Accordingly, no provision for income taxes is recorded in the accompanying financial statements.

IMPACT BROWARD, INC.

NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 2 – Summary of Significant Accounting Policies, Continued

Income taxes, continued

Management analyzes tax positions in jurisdictions where it is required to file income tax returns. Based on its evaluation, management did not identify any tax positions for which it is reasonably possible that the total amounts of unrecognized tax benefits will significantly increase or decrease. Interest and penalties attributable to income taxes, if any, are included in operating expenses. No such interest or penalties were recorded for 2017 and 2016. The Organization is no longer subject to income tax examinations for fiscal years prior to 2014.

Allowance for doubtful accounts

Management periodically reviews the contract receivables balance and provides an allowance for amounts which may be uncollectible. At June 30, 2017 and 2016, management considered the contract receivables to be fully collectible within the current accounting period and no allowance for doubtful accounts was considered necessary.

Functional expenses

Program and general and administrative services are charged with their direct expenses. Other expenses are allocated based on their proportionate share of total expenses.

Special events

Special events represent various activities undertaken to raise funds for the Organization for both restricted and unrestricted purposes. Support from special events is reported net of the related expenses in the statements of activities.

Fund raising expenses

Fund raising expenses, totaling \$76,835 and \$88,467, respectively, for the years ended June 30, 2017 and 2016 are expensed as incurred and included in supporting services in the accompanying statements of activities.

Use of estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash equivalents

The Organization considers all highly-liquid investments with a maturity of three months or less when purchased to be cash equivalents.

Deferred revenue

Deferred revenue represents grants and contracts revenue that is not recognized because allowable costs, as defined by the individual grant or contract, have not been incurred and/or the units of service have not been rendered.

IMPACT BROWARD, INC.

NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 2 – Summary of Significant Accounting Policies, Continued

Donated goods and services

The Organization, through its contract providers, receives a significant portion of donated goods and services, paying for most services requiring specific expertise. A number of volunteers donate their time in certain of the Organization's program service areas that do not require specific expertise, and such services are not recorded in the accompanying financial statements. However, when the donated services require specific expertise, they are reflected in the financial statements as revenue and expenses or as property and equipment, at their fair value, depending on the nature of the services and goods received. For the years ended June 30, 2017 and 2016, the Organization recorded \$1,425 and \$15,109, respectively, as revenue and \$1,075 and \$15,596, respectively, as expense in donated goods and services.

Property and equipment

Purchases of property and equipment are recorded at cost. Donations of property and equipment are recorded as support at their estimated fair value. Such donations are reported as unrestricted support unless the donor has restricted the donated asset to a specific purpose. Absent donor stipulations regarding how long donated assets must be maintained, the Organization reports expirations of donor restrictions when the donated or acquired assets are placed in service. Depreciation of property and equipment is calculated on the straight-line method over the following estimated useful lives:

Office furniture and equipment	3-5 years
Leasehold improvements	5 years

Maintenance and repairs to property and equipment are charged to expense when incurred. Additions or renewals are capitalized. When assets are retired or otherwise disposed of, the cost or donated value and the related accumulated depreciation are removed from the accounts and any resulting gain or loss is reflected in the statement of activities for the period.

New accounting pronouncements

In February 2016, the FASB issued ASU No. 2016-02, *Leases* (Topic 842), which is intended to increase transparency and comparability of accounting for lease transactions. The ASU will require all leases to be recognized on the balance sheet as lease assets and lease liabilities and will require both quantitative and qualitative disclosures regarding key information about leasing arrangements. Lessor accounting is largely unchanged. The new pronouncement is effective for years beginning after December 15, 2018, including interim periods within those years. The Organization is currently evaluating the effects the update will have on its financial statements.

In August 2016, the FASB issued ASU 2016-14, *Not-for-Profit Entities* (Topic 958), *Presentation of Financial Statements for Not-for-Profit Entities*. ASU 2016-14 makes certain revisions that address many, but not all, of the identified issues about the current financial reporting for Not-for-Profit Entities. The ASU addresses the following key qualitative and quantitative matters:

- Net asset classes
- Investment return
- Expenses and related information
- Presentation of operating cash flows
- Liquidity and availability of resources

IMPACT BROWARD, INC.

NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 2 – Summary of Significant Accounting Policies, Continued

New accounting pronouncements, continued

The amendments in ASU 2016-14 are effective for financial statements issued for fiscal years beginning after December 15, 2017. Early application of the amendments in this update are permitted. The amendments are applied on a retrospective basis in the year the update is first applied. In the period the update is first applied, the entity must disclose the nature of any reclassifications or restatements and their effects, if any, on changes in net assets for each period presented.

Note 3 – Property and Equipment

Property and equipment at June 30, 2017 and 2016 consists of the following:

	<u>2017</u>	<u>2016</u>
Office furniture and equipment	\$ 100,233	\$ 99,074
Leasehold improvements	<u>-</u>	<u>3,584</u>
	100,233	102,658
Less accumulated depreciation	<u>(96,556)</u>	<u>(96,934)</u>
Property and equipment, net	<u>\$ 3,677</u>	<u>\$ 5,724</u>

Depreciation totaled \$3,206 and \$5,854 for the years ended June 30, 2017 and 2016, respectively.

Note 4 – Grants and Contracts Receivable

The Organization receives financial assistance from federal, state and local governmental agencies in the form of grants and contracts. The disbursement of funds received under these programs generally requires compliance with terms and conditions specified in the grant agreements and may be subject to audit by the grantor agencies. As a result of such audits, the grantor may require that amounts be returned. In certain instances, the grantor may increase its grant of funds to the Organization to offset amounts which would otherwise be repayable based on audits.

Grants and contracts require that funding received in excess of expenditures be remitted to the grantor agency within a specified time frame. Certain of these agreements require the Organization to identify such excess funding and submit a spending plan where the grantor, at its sole discretion, may approve an additional period of time to extend and earn such excess funding. No unexpended contract funds were returned for the years ended June 30, 2017 and 2016.

Under certain provisions of grants and contracts with governmental entities, property and equipment acquired with grant funding must be vested back to the grantor upon completion or termination of the related agreement.

IMPACT BROWARD, INC.

NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 4 – Contracts and Grants Receivable, Continued

Certain funding arrangements require the Organization to provide additional services on a specified matching basis. In all such contract arrangements, the Organization has met its matching requirements. Matching requirements fulfilled for the year ended June 30, 2017 are as follows:

Grantor	Contract Number	Matching Amount
The Corporation for National and Community Services:		
Foster Grandparent Program	13SFSFL001	\$ 57,853
Retired and Senior Volunteer Program	15SRSFL001	\$ 51,207
Senior Companion Program	13SCSFL001	\$ 36,338

Note 5 – Description of Leasing Arrangements

The Organization has operating leases for the rent of its office facilities and certain equipment used in its operations. The Organization's office lease expires in September 30, 2020. Future minimum lease payments under the operating lease agreement, with a four month cancellation notice, at June 30, 2017 are as follows:

Year Ending June 30,	Amount
2018	\$ 59,100
2019	62,000
2020	64,800
2021	<u>16,400</u>
Total	<u>\$ 202,300</u>

Total rent expense for the years ended June 30, 2017 and 2016 approximated \$53,000 and \$54,000, respectively.

Note 6 – Concentrations

The Organization receives a substantial portion of its support from grants administered by a federal agency. Changes in governmental appropriations at the federal and/or state level could have a material adverse effect on the Organization's ability to continue to provide its services.

Note 7 – Defined Contribution Pension Plan

The Organization maintains a 403(b) defined contribution tax sheltered annuity plan (the Plan) for the benefit of qualified employees. Employees may contribute to the Plan, pursuant to a salary reduction agreement, a percentage of their annual compensation subject to certain limitations. The Organization may make discretionary non-elective contributions to the Plan under certain conditions. For the years ended June 30, 2017 and 2016, the Organization made contributions of approximately \$3,600 and \$7,500, respectively, to the Plan.

IMPACT BROWARD, INC.

NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 8 – Legal Proceedings

From time to time, the Organization is subject to legal proceedings which arise in the ordinary course of its operations. Management believes that the final resolution of these matters will not have a material adverse effect on the Organization's financial position, cash flows, or results of operations.

Note 9 – Subsequent Events

On November 16, 2017, the Impact Broward, Inc.'s Board of Directors approved the changing of the name and mission statement of the Organization. The approved name change is from Impact Broward, Inc. to South Florida Institute on Aging. The Organization plans to amend its articles of incorporation and file with the State of Florida in early 2018.

Management evaluated activity of the Organization subsequent to June 30, 2017 through December 8, 2017, the date the financial statements were available to be issued, for events that require recognition in the financial statements or disclosure in the notes thereto.

SUPPLEMENTAL INFORMATION

IMPACT BROWARD, INC.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
For the Year Ended June 30, 2017

<u>Federal grantor/programs</u>	<u>CFDA/ CSFA Number</u>	<u>Grantor's Number</u>	<u>Expenditures</u>
Federal Awards			
Direct Programs:			
The Corportaion for National and Community Services -			
Foster Grandparent Program	* 94.011	13SFSFL001	\$ 520,681
Senior Companion Program	* 94.016	13SCSFL001	<u>347,557</u>
Subtotal			868,238
Retired and Senior Volunteer Program	94.002	15SRSL001	<u>107,042</u>
Total Corporation for National and Community Services			<u>975,280</u>
Indirect Program:			
U.S. Department of Housing and Urban Development			
Passed through the Cities of Plantation and Hollywood Florida			
Community Development Block Grants	14.218		<u>29,068</u>
Total expenditures of federal awards			<u>\$ 1,004,348</u>

* Denotes a major program. In additon, these programs are considered a "Cluster of Programs" per Uniform Guidance.

See notes to schedule of expenditures of federal awards.

IMPACT BROWARD, INC.

NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

Note 1 – Basis of presentation

The accompanying schedule of expenditures of federal awards includes the federal grant activity of Impact Broward, Inc. and is presented on the accrual basis of accounting. The information in this schedule is presented in accordance with the requirements of Title 2 U.S. *Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance).

The Organization did not elect to use the 10 percent de minimis indirect cost rate as allowed under the Uniform Guidance.

Note 2 – Subrecipients

None of the federal expenditures presented in the accompanying schedule of expenditures of federal awards was provided to subrecipients.

B3:

Audit

Management

Letter and

Monitoring

Reports

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

To the Board of Directors
Impact Broward, Inc.

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Impact Broward, Inc. (a non-profit organization) (the Organization) as of and for the year ended June 30, 2017, and the related notes to the financial statements, and have issued our report thereon dated December 8, 2017.

Internal Control over Financial Reporting

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

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

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

Compliance and Other Matters

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

Purpose of this Report

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

Templeton & Company, LLP

Fort Lauderdale, Florida
December 8, 2017

**Independent Auditors' Report on Compliance for Each Major Federal Program and
on Internal Control Over Compliance Required by the Uniform Guidance**

To the Board of Directors
Impact Broward, Inc.

Report on Compliance for Each Major Federal Award

We have audited Impact Broward, Inc.'s (the Organization) compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of the Organization's major federal programs for the year ended June 30, 2017. The Organization's major federal programs are identified in the summary of audit results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with the requirements of federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of Impact Broward, Inc.'s major federal awards based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States and the audit requirements of Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the Organization's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

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

Opinion on Each Major Federal Award

In our opinion, Impact Broward, Inc. complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2017.

Report on Internal Control over Compliance

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

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

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

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

Templeton & Company, LLP

Fort Lauderdale, Florida
December 8, 2017

IMPACT BROWARD, INC.
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
For the Year Ended June 30, 2017

Part I – Summary of Auditor’s Results:

Financial statement section:
Type of auditors’ report issued Unmodified

Internal control over financial reporting:
Material weakness(es) identified? No
Reportable condition(s) identified not considered to be material weaknesses? No
Noncompliance material to financial statements noted? No

Federal programs section:
Dollar threshold used to distinguish Type A and Type B Program \$750,000
Auditee qualified as low-risk auditee? Yes
Type of auditor's report on compliance for major programs Unmodified

Internal control over compliance for major programs:
Material weaknesses identified? No
Reportable condition(s) identified not considered to be material weaknesses? No
Any audit findings disclosed that are required to be reported in accordance with Uniform Guidance? No

Identification of major programs:

CFDA Number(s)	Name of Federal Program or Cluster
94.011	Foster Grandparent Program
94.016	Senior Companion Program

Part II – Financial Statement Findings and Questioned Costs

This section identifies reportable conditions, material weaknesses, and instances of noncompliance related to the financial statements that are required to be reported in accordance with paragraphs 5.18 through 5.20 of *Government Auditing Standards*.

We noted no material weaknesses or instances of noncompliance related to the financial statements that are required to be reported in accordance with *Government Auditing Standards*.

Part III – Federal Program Findings and Questioned Costs

This section identifies reportable conditions, material weaknesses, and instances of noncompliance, including questioned costs, related to the audit of major federal programs, as required to be reported by the Uniform Guidance as well as the status of prior year findings and questioned costs.

Current Year's Findings and Questioned Costs

No reportable conditions, material weaknesses, or instances of noncompliance, including questioned costs, related to the audit of major federal programs, as required to be reported by the Uniform Guidance were reported for the year ended June 30, 2017.

Prior Year Findings and Questioned Costs

No reportable conditions, material weaknesses, or instances of noncompliance, including questioned costs, related to the audit of major federal programs, as required to be reported by the Uniform Guidance, were reported for the year ended June 30, 2016.

IMPACT BROWARD, INC.
REPORT TO MANAGEMENT
FOR THE YEAR ENDED JUNE 30, 2017

December 8, 2017

To the Board of Directors of
Impact Broward, Inc.

Ladies and Gentlemen:

In planning and performing our audit of the financial statements of Impact Broward, Inc. (the Organization) for the year ended June 30, 2017, we considered the Organizations' internal control for the purpose of expressing our opinion on the financial statements and not to provide assurance on internal control.

However, during our audit, we noted certain matters involving internal control that are presented for your consideration. This letter does not affect our report dated December 8, 2017. This letter is not required to be submitted to any federal or Florida regulatory bodies.

This letter is not intended to comment on the many favorable aspects of the Organizations' internal control system. Our comments and recommendations, which have been discussed with appropriate members of management, are intended to improve internal control or result in other operational efficiencies. We will be pleased to discuss these comments in further detail at your convenience, to perform any additional study of the matters, or to assist you in implementing the recommendations. Our comments and recommendations are summarized as follows:

Current Year Comment

Upcoming Accounting Pronouncements

Comment

The Financial Accounting Standards Board (FASB) issued ASU 2016-14, *Not-for-Profit Entities* (Topic 958), *Presentation of Financial Statements for Not-for-Profit Entities*. ASU 2016-14 makes certain revisions that address many, but not all, of the identified issues about the current financial reporting for Not-for-Profit Entities. The ASU addresses the following key qualitative and quantitative matters:

- Net asset classes
- Investment return
- Expenses and related information
- Presentation of operating cash flows
- Liquidity and availability of resources

The amendments in ASU 2016-14 are effective for financial statements issued for fiscal years beginning after December 15, 2017. Early application of the amendments in this update are permitted. The amendments are applied on a retrospective basis in the year the update is first applied. In the period the updates are first applied, the entity must disclose the nature of any reclassifications or restatements and their effects, if any, or changes in net assets for each period presented.

Current Year Comment, Continued

Upcoming Accounting Pronouncements, Continued

In February 2016, the FASB issued ASU No. 2016-02, *Leases* (Topic 842), which is intended to increase transparency and comparability of accounting for lease transactions. The ASU will require all leases to be recognized on the balance sheet as lease assets and lease liabilities and will require both quantitative and qualitative disclosures regarding key information about leasing arrangements. Lessor accounting is largely unchanged. The new pronouncement is effective for years beginning after December 15, 2018, including interim periods within those years.

Recommendation

We recommend that the Organization's management review and evaluate the ASUs and begin to plan to modify the Organization's financial reporting to conform with these ASUs. We also recommend additional training on the new financial reporting framework so that there is no disruption in the timeliness of the Organization's ability to deliver financial statements to its stakeholders upon adoption of the ASUs.

Prior Year Comments

Develop a Fraud Prevention Policy

Comment

We noted that the Organization does not have a defined fraud prevention policy. The purpose of a fraud prevention policy is to promote awareness and prevention of fraud through a formally adopted policy that sets the tone throughout the organization related to fraud. We did note that the Organization has a Code of Conduct Policy that sets ethical standards which is designed to frame behaviors of individuals that are employed and work with the Organization. However, this does not constitute a fraud policy. Having a fraud policy documents what is considered to be a fraud, how employees are expected to report suspected fraud (tie in with whistleblower policy) and how management will address fraud and the outcome for anyone that is determined to have committed fraud.

Recommendation

We recommend that the Organization develop and implement a fraud policy.

Status

The Organization will develop and implement a fraud policy by January 31, 2018. The fraud policy will ensure we have implemented plans to safeguard the assets at Impact Broward, to ensure the integrity of the accounting records, and to deter and detect fraud.

Prior Year Comments, Continued

Disaster Recovery Plan

Comment

As part of our audit fieldwork, we obtained an understanding of internal controls around information technology and computer applications used by the Organization to conduct business. We noted that the Organization does not have a formalized comprehensive disaster recovery plan.

Recommendation

The Organization should develop a comprehensive disaster recovery plan. Without a written tested disaster recovery plan, the Organization increases its exposure to business interruption. Accordingly, a disaster recovery plan should be developed and periodically tested. A copy of the plan should be stored off-site. Such a plan should address the following areas:

- Identification of the critical application systems and the minimum acceptable run frequency and turnaround times;
- Consideration of manual processing alternatives and length of time they could feasibly operate;
- Identification of a back-up processing site, including a formalized arrangement for utilizing the facility;
- Compatibility of system software at the back-up site;
- Requirements for data file back-up, system documentation, equipment and detailed action plans for each critical application;
- Personnel to be notified in the event of a disruption and the responsibilities of key EDP and user personnel.

A formal comprehensive disaster recovery plan is desirable to define the procedures required by the Organization to continue operations with a minimum of disruption during system "down time." The plan should also describe user recovery procedures when on-line service is subsequently available. The plan should be updated and tested on a regular basis.

Status

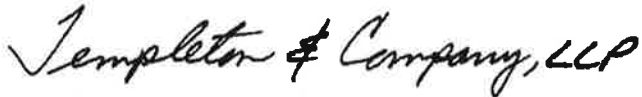
In late 2016, the Organization changed its information technology services vendor and transferred all its business to the cloud. A disaster recovery plan was updated in April 2017 that discusses steps to take in preparation for a disaster and the recovery. In early 2018, it will undergo further review to minimize the risk of business disruption.

To the Board of Directors of
Impact Broward, Inc.
December 8, 2017
Page 4

We thank the Board of Directors and management for their assistance and the many courtesies extended to us during our audit. We sincerely appreciate this opportunity to serve the Organization.

This report is intended solely for the information and use of the Board of Directors, management, and others within the Organization and it is not intended to be, and should not be, used by anyone other than these specified parties.

Very truly yours,

A handwritten signature in cursive script that reads "Templeton & Company, LLP". The signature is written in dark ink and is positioned above the printed name of the firm.

Templeton & Company, LLP



CITY OF
FORT LAUDERDALE

FLORIDA



October 13, 2017

Mr. Peter Kaldes
President and CEO
Impact Broward, Inc.
20380 North Dixie Hwy.
Wilton Manors, FL 33305

Dear Mr. Kaldes,

The City of Fort Lauderdale conducted its annual desktop monitoring for Fiscal Year 2016-2017. We corresponded with Ms. Diane Smith who submitted all the requested documents in a timely manner.

The City conducted a thorough review of the documents submitted. The information was cross-referenced with a sampling of Impact Broward's monthly request for reimbursement. Based on the sampling of the documentation, The City found these records to be satisfactory and in compliance with Community Development Block Grant (CDBG) requirements.

Findings:

There were no findings of significance at this time.

Concerns:

The City of Fort Lauderdale identified one concern. Impact Broward did not fully utilize all funding for FY 2016-2017. The balance remaining on the account will not be available for use in the upcoming Fiscal Year 2017-2018. The City will closely monitor the spending schedule for Fiscal Year 2017-2018 and will take appropriate action, if needed.

Comments:

Impact Broward has been a valuable partner in serving the needs of Fort Lauderdale seniors. There are no immediate actions required at this time. We look forward to a successful fiscal year in 2017-2018. Thank you for choosing to collaborate with the City of Fort Lauderdale in building an inclusive community for our seniors.

Sincerely,

Rachel Williams, MS
Acting Grants Administrator

CITY MANAGER'S OFFICE
Housing & Community Development (HCD) Division
914 Sistrunk Blvd. Suite 103, Fort Lauderdale, Florida 33311 | (954) 828-4527
www.fortlauderdale.gov

AGING & DISABILITY RESOURCE CENTER OF BROWARD COUNTY



Pointing You in the Right Direction!
www.adrcbroward.org

5300 Hiatus Road, Sunrise, Florida 33351

Elder Helpline: (954) 745-9779

Administration: (954) 745-9567

Fax: (954) 745-9584

Edith Lederberg, Executive Director

AREAWIDE COUNCIL ON AGING BOARD OF DIRECTORS

January 9, 2018

Theodora Williams
President

Peter Kaldes, CEO

Pauline Grant
1st Vice President

Impact Broward

2038 N. Dixie Highway Suite 201

Wilton Manors, FL 33305

John Primeau
2nd Vice President

Dear Mr. Kaldes,

Naushira Pandya, M.D., CMD
3rd Vice President

The Aging & Disability Resource Center feels that as Board Chair, you should be kept informed of the status of the Project administered by the Impact Broward. Enclosed is a copy of the Project's Report which reflects the Annual Monitoring visit.

Arthur M. Birken
Treasurer

Representative Evan Jenne
Secretary

Project monitoring is performed to assure compliance with Federal and State Guidelines and Regulations, as well as the terms of the approved application and signed contract. Continued funding is predicated on the basis of the provider's ability to fulfill these terms.

Senator Nan H. Rich
Parliamentarian

Deborah G. Rand
Immediate Past President

Should you have any questions or comments concerning this report, please contact our Program Director, Elizabeth Lombardo at 954-745-9567.

Mayor Jack Brady

We appreciate your interest in, and support for, this project.

Alan B. Brass, C.P.A.

William Edelstein

Very sincerely,

Joel S. Fass, Esq.

David Lieberman

Edith Lederberg

Audrey Millsaps

Executive Director

Hon. Ronald J. Rothschild

Kenneth S. Rubin, Esq.

EL:la

Manuel Synalovski, AIA

Mary Todd

Enclosure

ANNUAL MONITORING REPORT

PROJECT: Impact Broward, Inc.

☐ PRIVATE NON-PROFIT ORGANIZATION

☐ PUBLIC AGENCY

CONTACT PERSON: Peter Kaldes, President and CEO

MINORITY OPERATED: ☐ YES ☒ NO

TELEPHONE: (954) 484 - 7117

ADMINISTERING AGENCY: Impact Broward, Inc.

CONTRACT NUMBER: JR117-38-2018

FUNDING PERIOD: July 1, 2017 - June 30, 2018

FUNDING SOURCE:

TYPE OF MONITORING: ☒ Annual ☐ Special

DATE OF VISIT: October 25, 2017

PARTICIPANTS:

Lisa Van Voorhis, Program Director
Impact Broward, Inc.

Diane Smith, Program Director
Impact Broward, Inc.

Marion Connor, Program Supervisor
Aging & Disability Resource Center

Elizabeth Lombardo, Program Director
Aging & Disability Resource Center

Amparo Fidalgo, Contract Administrator
Aging & Disability Resource Center

SITE VISITED: None

IMPACT BROWARD, Inc.
2017 Annual Monitoring Report

I. ENTRANCE INTERVIEW	3
II. FOLLOW-UP FROM PREVIOUS MONITORING VISITS.....	3
III. POSITIVE / NOTEWORTHY ACTIVITIES.....	3
IV. CONCERNS OF THE PROJECT DIRECTORS & ADRC.....	3
V. PROGRAM MANAGEMENT.....	4
VI. VOLUNTEER FILES.....	6
VII. FISCAL REVIEW.....	8
A. CERTIFICATIONS.....	8
B. POLICIES AND PROCEDURES.....	8
C. EXPENDITURE REVIEW.....	9
D. REPORTNG REQUIREMENTS.....	10
E. AUDIT.....	10
F. PERSONNEL FILES.....	11
G. OTHER.....	12
VIII. AVAILABILTY OF DOCUMENTS.....	13
IX. ISSUES FOR FUTURE FOLLOW-UP.....	15
X. CORRECTIVE ACTION	15
XI. EXIT INTERVIEW.....	16

IMPACT BROWARD, Inc.
2017 Annual Monitoring Report

I. ENTRANCE INTERVIEW

On Wednesday October 25, 2017 the ADRC Program Supervisor, Marion Connor; Program Director, Elizabeth Lombardo; Contract Administrator, Amparo Fidalgo conducted an entrance interview with Impact Broward Program Directors, Lisa Van Voorhis and Diane Smith. The parties discussed the monitoring agenda and developed a schedule for a review of documentation. They also reviewed the topics of concern to the Project Director and the ADRC, as well as the overall achievement of service objectives and outcomes.

II. FOLLOW-UP FROM PREVIOUS MONITORING VISIT

There were no issues identified requiring further follow-up from the previous monitoring visit.

III. POSITIVE/ NOTEWORTHY ACTIVITIES

The story below emphasizes the true impact of our program on both our volunteers and clients.

Mrs. B. is a volunteer at Impact Broward RELIEF program since April 2014 and has made a significant difference for her clients and caregivers. Mrs. B. was born in Jamaica and spend most of her years in the Fort Lauderdale area, after the passing of her husband 4 year ago Mrs. B. felt alone and needed something that would occupy her free time. She joined Impact Broward with the intentions of giving back to her community, as part of Impact Broward over the past year she has come to realize that being a RELIEF volunteer has been more than just helping a family in need. A RELIEF volunteer has given her the opportunity for developing new friendships and a lasting bond with the families, she has been assigned to assist.

Mr. G. became a fulltime caregiver for his wife for over three years when she first began to show signs of dementia and could no longer be left alone. He was very concerned about her forgetfulness, and impaired judgement and felt it was no longer safe for her to stay home alone. Mr. G. was referred by the ADRC to Impact Broward for assistance from the RELIEF program and was matched with Mrs. B. and began receiving weekly respite services from the RELIEF program. The weekly respite services gave him a peace of mind knowing Mrs. B. was looking after his wife. Mrs. B. was exceptionally good at keeping Mrs. G. socially engaged with sharing funny stories or talking about life experiences. Mrs. G. looks forward to the weekly respite visits from Mrs. B., Mr. G. quickly realized that Mrs. B. and the RELIEF program was a blessing to his family, Mrs. B. become like a new "addition" to their family and truly treasured the time she spends with them. Mr. and Mrs. G. greatly appreciated the respite services the RELIEF volunteer provides but most importantly, they treasure her friendship.

IV. CONCERNS OF THE PROJECT DIRECTOR & ADRC

No concerns at time of visit.

V. PROGRAM MANAGEMENT

Prior to the monitoring visit, the Contract Manager reviewed the following CIRTS reports: Monthly and Year To Date (YTD) Service Units; Month/YTD Service Units / Unduplicated Clients by Service; Client Unit Report by Individual Service; CIRTS Turnaround Reports; CIRTS Client Information Form; Services with no Enrollments; APS Assessments; Assessment Due; Imminent Risk Report; Incomplete Assessment Report; Demographics of Clients Served or Enrolled; Disaster Assistance Clients for a Provider; Active Consumers receiving an APS referral; ACTV, APPL, APCL Clients who have moved to another PSA; All Enrollments for a Date Range; Priority Ranking for APCL Clients; List of Active Clients (Not Served within 14 months); Active PACE Clients Who are ACTV, APCL, or APPL in Another Program; Clients Served not Enrolled; Consumer Age Verification Report; Possible Duplicate Clients Report; Data Inconsistencies Found When Comparing Vital Statistics Death Certificates with CIRTS-Open Enrollments Report; Data Inconsistencies Found When Comparing Vital Statistics Death Certificates with CIRTS- Assessments after DOD Report; and Data Inconsistencies Found When Comparing Vital Statistics Death Certificates with CIRTS-Services More Than 2 Months after DOD Report; MLTC Consumers Receiving CCE/ADI/LSP/OAA Services; CIRTS Data Clean-up Report; and Active MLTC Clients Who are ACTV, APCL or APPL in Another Program.

1. Volunteer files are maintained in a centralized, locked location.	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>
2. Volunteer files contain all items listed in the Volunteer File Checklist as stipulated in the contract.	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>
3. Provider has grievance procedures in place and volunteers are informed of their rights. <i>All files contained a signed grievance procedure.</i>	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>
4. Provider possesses proof of current liability insurance covering in-home volunteers providing direct services.	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. An after-hours on-call system for volunteers is in place and volunteers are informed of appropriate phone numbers and procedures, an alternate contact is provided. (Not for medical emergencies) <i>Volunteer training includes handling medical emergencies and calling 911.</i>	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>

IMPACT BROWARD, Inc.
2017 Annual Monitoring Report

<p>6. At least one staff person is designated to manage volunteers. (Recruit, train, match, schedule, etc.) <i>Lisa Van Voorhis, Program Director.</i></p>	<p>Achieves <input checked="" type="checkbox"/> [X] Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/></p>
<p>7. Provider maintains accurate records of trainings, which track the individual volunteer training logs located in the volunteer file. <i>Each volunteer file has a certificate for the required 20 hours of pre-service training before providing any services to clients. A binder with the training logs and descriptions of each training is maintained separately. A master list is included in the training binder to easily identify which volunteers have completed the quarterly trainings.</i></p>	<p>Achieves <input checked="" type="checkbox"/> [X] Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/></p>
<p>8. Provider maintains accurate time sheets for volunteers, which track the individual volunteer service logs located in the volunteer file. <i>The time sheets are sent monthly to the ADRC Contract Manager for verification and payment authorization.</i></p>	<p>Achieves <input checked="" type="checkbox"/> [X] Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/></p>
<p>9. Service logs for each instance of respite provided, signed by caregiver or client verifying service was received.</p>	<p>Achieves <input checked="" type="checkbox"/> [X] Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/></p>
<p>10. Monthly Service Records are accurate and submitted by due dates as stipulated in the contract; service goals are not over served or underserved by more than 1% year-to-date.</p>	<p>Achieves <input checked="" type="checkbox"/> [X] Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/></p>
<p>11. Provider maintains an assessment/screening process, which captures client name, address, caregiver name and address, client condition, indication that the client and caregiver meet statutory requirements.</p>	<p>Achieves <input checked="" type="checkbox"/> [X] Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/></p>
<p>12. Provider maintains a signed statement that both the caregiver and client are aware of approved and prohibited activities for volunteers.</p>	<p>Achieves <input checked="" type="checkbox"/> [X] Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/></p>

IMPACT BROWARD, Inc.
2017 Annual Monitoring Report

13. Outreaching and providing services to frail, low income, socially isolated, minority and handicapped elderly persons.	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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VI. VOLUNTEER FILES

5 volunteer files were reviewed to ensure they met the checklist criteria as described in the contract; all requirements are being met.

1. Signed position description indicating responsibilities, goals, time commitment, supervisor, qualifications required, training required are to be provided.	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>
2. Completed volunteer application.	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>
3. Completed reference check.	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>
4. FDLE criminal history screening with results. <i>FDLE level II screening is done through the Department of Elder Affairs, the clearinghouse website and updated every five years.</i>	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Signed confidentiality statement.	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. Signed statement of understanding for allowable and prohibited activities.	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>

IMPACT BROWARD, Inc.
2017 Annual Monitoring Report

7. Signed statement of understanding that stipend payments may be considered taxable.	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>
8. Assignment sheet for each client assigned to volunteer indicating frequency and duration of respite, actual days and times of respite, notes on clients condition in enough detail to inform the volunteer of what will be found in the home, and signatures of volunteer, caregiver and provider staff indicating acceptance/agreement.	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>
9. Service logs for each instance of respite provided, signed by caregiver or client verifying service was received.	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>
10. Training log including dates and training received.	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>
11. Signed copy of grievence procedures.	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>

VII. FISCAL REVIEW

This section is completed with the collaboration of the ADRC Fiscal Department. Personnel files reviews and verification of DOEA Level II background screening is completed by the Fiscal Department.

A. CERTIFICATIONS

1. Did the Contractor complete the Certification Regarding Lobbying form, and the Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion from Contracts/Subcontracts form?	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>
2. Does the Contractor provide adequate liability insurance coverage on a comprehensive basis and to hold such liability insurance at all times during the effective period of any and all agreements incorporating this agreement by reference, and have they furnished the Council with written verification supporting both the determination and existence of such insurance coverage?	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>

B. POLICIES AND PROCEDURES

1. Has the Contractor enacted policies and procedure to assure public access to contract documents?	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>
2. Does the Contractors archives show that records are kept in accordance with the provision that stipulates that "The Contractor should retain all client's records, financial records, and any other documents (including electronic storage media) pertinent to each agreement) for a period of at least six (6) years after termination of the agreement"?	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>
3. Has the Provider adopted and do they adhere to a conflict of interest policy?	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>
4. Has the Contractor enacted policies and procedures to assure that computer data is backed up with sufficient frequency to allow for successful recovery as needed and that such backed-up data is stored securely?	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>

IMPACT BROWARD, Inc.
2017 Annual Monitoring Report

5. Does the Contractor ensure that the Contractor's governing body completes an annual performance evaluation of the executive or program director responsible for program services funded under agreements incorporating this agreement by reference; and has the annual performance evaluation of the director has been completed and is contained in the director's personal file?	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. Does a review of the board minutes shows that all new policies, budgets and fiscal reports have been reviewed and adopted by the board?	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>

C. EXPENDITURE REVIEW

1. Did a review of selected contract expenditures reveal any costs that are not allowed by state and/or federal regulations?	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>
2. Did the selected general ledger postings and their supporting documentation and/or reconciliation schedules adequately show contract revenue and expenditures?	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>
3. Does the unit cost methodology comply with guidelines and closely correlate with actual costs recorded in the general ledger and the semi-annual service cost reports?	Achieves <input type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
4. Does the contractor records support that sub-Contractors payments are issued not later than 7 business days after having received payment from the Council?	Achieves <input type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
5. Are supporting documentation for the payment requests selected for review complete, allowable and fairly allocated?	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>

IMPACT BROWARD, Inc.
2017 Annual Monitoring Report

6. Does the provider report voluntary contributions on its monthly Form 105?	Achieves <input type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable [X]
7. Does the provider maintain clear records of contributions and their use for program expansion?	Achieves <input type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable [X]
8. Does the provider submit its co-pay goal annually and maintain an effective method of collection?	Achieves <input type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable [X]

D. REPORTING REQUIREMENTS

1. Does the provider submit its semi-annual service cost report as required in a timely manner?	Achieves <input type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable [X]
2. Are invoices received timely?	Achieves [X] Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>

E. AUDIT

1. Does the provider's audit report conform to the requirements of OMB Circular A-133 and/or section 215.97, F.S. and Chapter 10.600, Rules of the Auditor General (State of Florida)? Under 500,000.00 Federal/State Single Audit thresholds.	Achieves [X] Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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IMPACT BROWARD, Inc.
2017 Annual Monitoring Report

2. If applicable, has management adequately addressed findings and recommendations of its audit firm bearing on issues relevant to contract matters?	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>
3. Has the Contractor disclosed the date that the audit report was received from the auditor?	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>
4. Has management submitted its audited financial statements to the ADRC within the timeframe required?	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Does the audit report contain the supplemental schedule of functional expenses?	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. Do the total costs by service and the total units of service closely correlate to the provider's service cost reports and unit cost budgets?	Achieves <input type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>

F. PERSONNEL FILES

Indicate number of files reviewed. Verify that administrative staff have had FDLE screening checks completed. Verify the person has had appropriate training. Four (4) employee files were reviewed.

1. Current job description	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>
2. Date of hire	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>

IMPACT BROWARD, Inc.
2017 Annual Monitoring Report

3. Annual evaluations	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>
4. Documentation of the E-Verify check	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Documentation of background screening and rescreening	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. Documentation of training, licenses and certifications, if applicable to the position.	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. Executive or Project Director's annual performance evaluation. Does the Contractor ensure that the Contractor's governing body completes an annual performance evaluation of the executive or program director responsible for program services funded under agreements incorporating this agreement by reference; and has the annual performance evaluation of the director has been completed and is contained in the director's personal file?	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>

G. OTHER

1. Does selected printed promotional material clearly disclose sponsorship as required? <i>Flyers advertising various events must say "RELIEF" on them, not just "Senior Companion."</i>	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>
2. Did Contractor perform administrative and programmatic monitoring of Sub-Contractors to ensure contractual compliance, fiscal accountability, programmatic performance, and compliance with applicable state and federal laws and regulations?	Achieves <input type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>

VIII. AVAILABILITY OF DOCUMENTS/DOCUMENTS REVIEW

Access to Records Policy	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>
ADA Assurance and Supporting Documentation & ADA Policies	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Annual Corporate Certificate of Status (For non-profit organization)	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Articles of Incorporation	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Certificate of Insurance	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Civil Rights Compliance, DOEA Form 101A & B	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Client Information Privacy and Confidentiality Policy	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>

IMPACT BROWARD, Inc.
2017 Annual Monitoring Report

Conflict of interest- Staff, Board and Advisory Council members.	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Corporate By-Laws, Municipal Charter, Code of Ordinances	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Current Roster of Governing Body	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Data access, protection, storage and backup policy	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Detailed documentation of administrative budget allocations and expenditures	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Equal Employment Opportunity Policy and/or Affirmative Action Plan	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Equipment Policy	Achieves <input type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
Functional Procedures Manual	Achieves <input type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>

IMPACT BROWARD, Inc.
2017 Annual Monitoring Report

In-kind support as stated in Service Provider Application	Achieves <input type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
Personnel Policies Manual	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Records Retention and Disposal Policy	Achieves <input checked="" type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Staffing plan according to SPA and UCM Staff Training Plan Organizational Chart Staffing Plan	Achieves <input type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
941 and RT-6 filed for December 31	Achieves <input type="checkbox"/> Partially Achieves <input type="checkbox"/> Not Achieved <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>

IX. ISSUES FOR FUTURE FOLLOW-UP

No issues

X. CORRECTIVE ACTION

None requested.

IMPACT BROWARD, Inc.
2017 Annual Monitoring Report

XI. EXIT INTERVIEW

An exit Interview was conducted with Impact Broward Program Director's, ADRC Program Supervisor, Program Director and Contract Administrator. The Program Supervisor thanked the Project's Staff for their ongoing commitment to Broward's frail, elderly population, and expressed appreciation for the Project's cooperation during the monitoring.



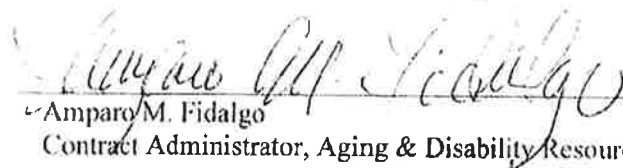
Marion Connor
Program Supervisor, Aging & Disability Resource Center

1/5/18
Date



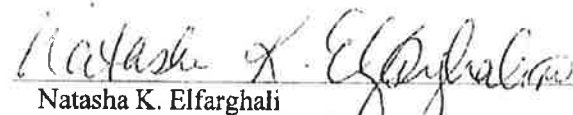
Elizabeth Lombardo
Program Director, Aging & Disability Resource Center

01/05/18
Date



Amparo M. Fidalgo
Contract Administrator, Aging & Disability Resource Center

1-4-18
Date



Natasha K. Elfarghali
Finance Director, Aging & Disability Resource Center

01/04/18
Date



Edith Lederberg
Executive Director, Aging & Disability Resource Center

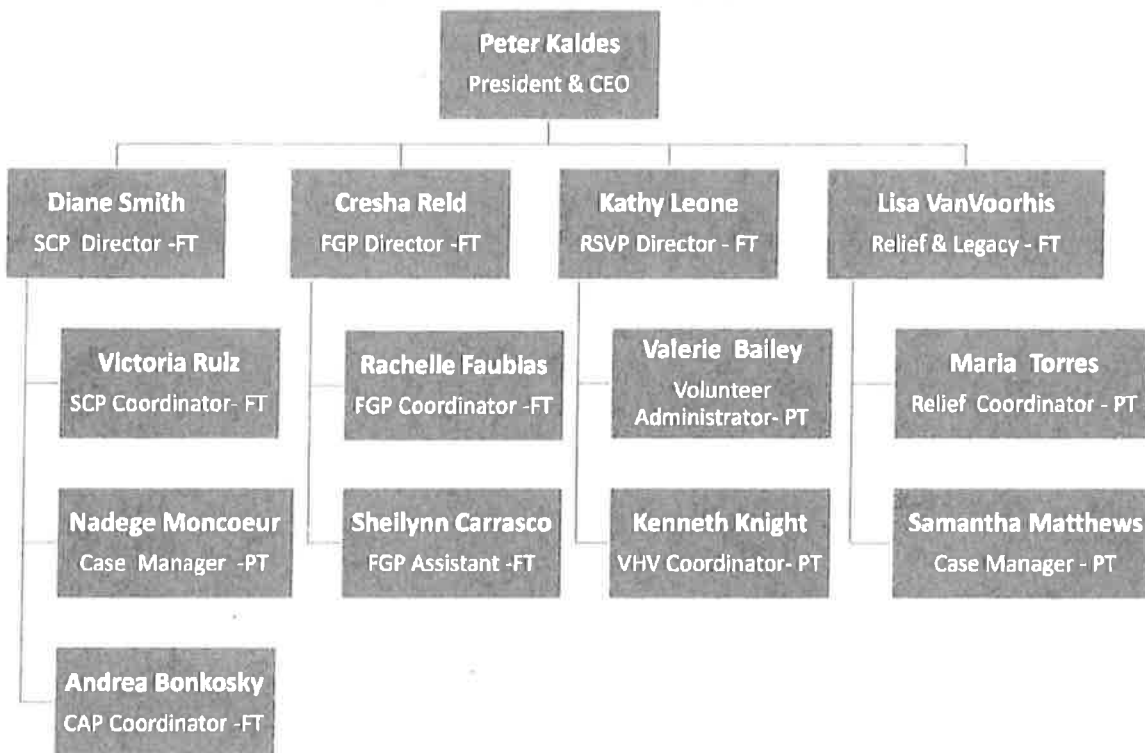
01/08/18
Date

B4:

Organizational

Chart

Impact Broward Organizational Chart



B5:

Resumes of

Key Staff

DIANE SMITH, MNM
11964 NW 27 Street
Coral Springs, Florida 33065
Home and Cell: (954) 857-1103 Fax: (954) 484-8292
E-mail: smithdiane877@gmail.com

Experienced Non-Profit Executive: History of quantifiable success in nonprofit management, volunteer recruitment, human resources, grant writing, fundraising and corporate relations. Passionate about community development, implementing programs and tenacious in pursuit of goals.

EDUCATION

Florida Atlantic University: Boca Raton, Florida
Master Degree in Nonprofit Management

University of Cincinnati: Cincinnati, Ohio
Bachelor of Social Work

WORK HISTORY

May 2017 **Senior Companion Program Director**
to **Impact Broward**
Present

As a result of an agency work force reduction in April 2017, the Chief Operating Officer position with Impact Broward was eliminated. The agency reduced the staff by 30% and I was reassigned to be responsible for the management of the Senior Companion program including supervising two program coordinators, the case manager and student interns as well as recruiting, training and placing 120 senior companion volunteers with elderly and disabled adults throughout Broward County. Other responsibilities include:

- Maintaining community partnerships with 25 agencies who refer clients in need of volunteers.
- Submission of all program grants including federal grant, foundations and local funders.
- Collaboration with local organizations providing respite services in Broward County resulting in the creation of a Caregiver Coalition that will meet the needs of caregivers in our community.
- Spearhead the annual agency fundraiser event.
- Actively participate in all meetings of the agency Board of Directors and Advisory Council.
- Represent the agency at community events and conferences.
- Educate elected officials through one-on-one meetings or community presentations on the importance and impact of the agency programs.

April 2008 **Chief Operating Officer**
to **Impact Broward, Inc.**
April 2017 **Fort Lauderdale, Florida**

Responsible for the management of three federal Senior Corps programs, compliance of federal grants with Corporation for National and Community Service, development and administration of special events, responsible to write and manage all agency grants and manage donor relations. Responsible for creation, planning and implementation of all agency programs and direct supervision of four program directors, student interns, development assistant and supervision of administrative staff.

- Improved contract compliance on Senior Corps Programs from marginal to model programs used as examples statewide and nationally.
- Supervise Senior Corps budget of one million dollars annually and agency budget of 1.8 million annually.
- Write all grants including United Way, foundations and local and national grants for the organization.
- Diversified agency funding sources by more than 20 new grants and foundations increasing grant revenue by 40% or more each year since 2008.
- Implemented eight new agency programs including securing new funding for each program.
- Launched 12 new “Friendraising” events that earned exposure for the agency and increased special event revenue by 10% per year since 2008.
- Responsible for all aspects of agency’s Annual Luncheon Event, Fashion Show, Caregiver Symposium and Annual Golf Event.
- Represent agency at community presentations and events.
- Directly responsible for operation of all eight agency programs.

February 1994 Executive Director
to Broward Homebound Program
April 2008 Deerfield Beach, Florida 33064

Managed nonprofit organization that provided case management services and coordination of in-home services to 500 elderly and disabled adults throughout Broward County annually.

- Managed a budget of \$1.2 million.
- Applied for all agency funding through Broward County, United Way and Private Foundations.
- Coordinated all special events including an Annual Walk, Golf Tournament and Dinner/Dance.
- Increased Funding for Community Care for Disabled Adult Program by 30% in 1999 through the support of the Broward Delegation.
- Collaborated with the Women’s League of Hillsboro Beach and received a donation of \$203,000. This was the single largest donation received by the organization.
- Agency received Program of the Year Award by United Way in 2004.

Professional Affiliations

American Express Leadership Academy Graduate High Potential 2015
 Ready2Lead Graduate 2014
 Broward Coalition on Aging Member
 Elder Services Resource Network Member
 Board Member Association of Fundraising Professionals Broward Chapter
 Broward County Disadvantaged Transportation Board Member
 Past President of Broward Coalition on Aging
 2013 Chair National Philanthropy Day
 Past President of the State Community Care for Disabled Adults Advocates

PETER J. S. KALDES

4100 NE 15th Terrace; Oakland Park, FL 33334; (571) 344-0850; pkaldes@gmail.com

Impact Broward, Fort Lauderdale, FL

April 2016 – current

President and Chief Executive Officer

Reporting to the Board of Directors, ensure that the over 50-year-old nonprofit organization fulfills its vision, mission, and strategies of serving children, veterans, seniors and nonprofits by effectively managing all key components of organization's nearly \$2 million operations. Manage long-term strategic planning and execution, cultivate long-term relationship with donors, lead strong financial stewardship, and oversee programmatic effectiveness. Serves as the leader of the organization, and acts as its primary public representative.

JPMorgan Chase & Co., Washington, DC

December 2013 – August 2015

Senior Program Officer and Head, Global Cities, Global Philanthropy, Corporate Responsibility

Reporting to the President of Global Philanthropy and the Executive Vice President of Corporate Responsibility, managed a nearly \$20 million philanthropic portfolio to catalyze and advocate for economic development and growth in the world's cities. Duties and accomplishments:

- Managed the *Global Cities Initiative*, a program involving 30+ cities around the globe that creates new research, convenes city leaders, and conducts an academy for cities to expand economic development and growth through data-driven global engagement strategies;
- Lead strategic planning and impact framework process, as part of Corporate Responsibility executive management team, to increase effectiveness of program across US and international cities and achieve greater alignment with the core competencies of the Foundation and alignment with Corporate Responsibility functions;
- Served as a strong spokesperson for the program with media while building relationships and coalitions with business and civic leaders through regular participation in US and international public programs and events;
- Worked collaboratively across the firm's senior executives and lines of business, such as in formulating the firm's \$100million Detroit commitment, and represented program before internal senior oversight committees and boards;
- Managed direct reports, operating and philanthropic budgets, and overall administration of program;
- Oversaw convenings, communication strategies, agenda building, and stakeholder engagement; and
- Drafted, reviewed and administered grant portfolio including capacity building and programmatic grants to think tanks, civic and non-profit economic development organizations.

The White House, Washington, DC

December 2012 – December 2013

Director, International Economic Affairs, National Security Council

As a Presidential Appointee, advised the President, Vice President, National Security Advisor, Director of the National Economic Council, and Deputy National Security Advisor for International Economic Affairs on federal policies that promoted domestic economic development across the entire federal government. Duties and accomplishments:

- Coordinated the President's Export Promotion Cabinet, including leading the *National Export Initiative*, a 5-year federal effort to double exports by improving delivery of federal services and expanding the participation of states, metropolitan regions, and businesses;
- Developed the first-ever *Regional Export Challenge*, a \$12million competitive grant program that will allow regions to use international trade for economic development;
- Expanded *SelectUSA*, the President's initiative to attract investment, and managed the first annual *SelectUSA* Investment Summit, which matched nearly 1000 foreign investors with states and regions;

- Led the development of commercial growth strategies for services and manufacturing sectors and advised on international trade negotiations;
- Contributed to the President's federal budget, including reviewing and assessing the budgets of those bureaus whose missions impact economic policy; and
- Built and maintained collaborative relationships and coalitions internally and externally, with businesses, think tanks, and the academic community.

United States Department of Commerce, Washington, DC November 2010 – December 2013
Senior Policy Advisor, Office of the Secretary

As a Presidential Appointee, advised the Secretary of Commerce, oversaw the Department's policies to promote the economic competitiveness of states, cities, and businesses and attract foreign direct investment. Duties and accomplishments:

- Managed the strategic planning, development and implementation of the Administration's investment and trade policies, across twelve bureaus, including the Economic Development Agency;
- Advanced the policy priorities of the Secretary by managing relationships and working with high-ranking officials from executive branch agencies, businesses, foreign governments, and think tanks; and
- Assisted in the Department's \$8 billion budget formulation, including reviewing and assessing the budgets of those bureaus whose missions impact international trade and investment policy.

Senior Advisor and Director, Office of Legislative Affairs November 2010 – January 2012

As a Presidential Appointee, advised the Under Secretary of Commerce for International Trade, strategically managed and implemented coordinated stakeholder outreach; worked with the White House and other economic-related Executive Branch agencies; and managed staff and office budget of over \$550K. Duties and accomplishments:

- Advised on economic competitiveness policy and developed, managed and implemented strategic international trade plans and campaigns for the agency;
- Monitored and assessed legislative proposals to determine impact on agency; and
- Coordinated briefings for agency leadership with Congressional oversight committees and drafted testimony and prepared agency witnesses for Congressional hearings.

United States Senate, Washington, DC October 2009 – November 2010
Legislative Counsel to Senator Debbie Stabenow (D-MI)

Advised Senator and led on economic competitiveness issues. Duties and accomplishments:

- Developed key messages, talking points and fact sheets on international trade, and implemented an outreach strategy to Michigan cities and businesses to take advantage of international trade policies;
- Assessed and monitored trade agreements, negotiations of new agreements, and market access issues;
- Built coalitions with business, labor and trade association stakeholders in drafting and advancing legislation; and
- Created and maintained relationships with high-ranking officials from the Executive Branch and foreign governments.

Well, Gotshal & Manges LLP, Washington, DC November 2005 – June 2009
Senior Associate, Litigation/Regulatory Group

Represented governments, corporations and non-governmental organizations in high-profile international arbitration and litigation and advised on U.S. law and international treaties including:

- Advised on one of the largest, most complex, and most political international trade disputes in history, involving a settlement of over \$5 billion between the United States and Canada;

- Advised Christian Aid and African Union on recommended positions developing countries should take during Doha Round negotiations of WTO Agreements and during re-negotiations of European Union Economic Partnership Agreements; and
- Advised Center for Democracy and Technology, for an InfoDev project of the World Bank, on the transparency of foreign governments' freedom of information laws.

United States Department of Commerce, Washington, D.C. September 2002 – October 2005
Attorney, Office of General Counsel

Advised senior Commerce officials on high-profile administrative proceedings involving international trade investigations on industrial and agricultural imports from European Union, Latin American and Asian countries:

- Built consensus amongst policymakers, accountants, and analysts in managing a caseload of over twenty proceedings enforcing trade laws;
- Participated in financial audits of foreign companies in Argentina, China, Turkey and Uruguay;
- Represented the United States before the WTO, NAFTA, and U.S. Courts in complex commercial litigation; and
- Awarded *U.S. Department of Commerce Quarterly Star Award* for demonstrated leadership and initiative.

Pennsylvania Court of Common Pleas, Philadelphia, PA August 2001 – September 2002
Law Clerk / Commerce Program Case Manager

- Researched and drafted opinions in complex commercial litigation for specialized commercial court; and
- Conducted case management conferences managing discovery, theories of liability and damages, and assisted judges during hearings, trials and emergency injunctions.

EDUCATION

University of Pittsburgh, School of Law, Pittsburgh, PA

J.D., May 2001

Honors: Associate Editor, *Journal of Law and Commerce*

Publication: "Rum Wars: The Transatlantic Battle Over Section 211," 20 J. LAW & COM. 261 (Spring 2001)

Tufts University, Medford, MA

B.A. in International Relations, May 1998

Study Abroad: Albert Ludwigs Universität, European Union Program, Freiburg, Germany 1996

LANGUAGES AND AFFILIATIONS

- Fluent in modern Greek and working knowledge of German
- Member of the bars of the Commonwealth of Pennsylvania and District of Columbia

Nadege Moncoeur
637 W Evanston Circle
Fort Lauderdale, FL 33312
nadege@mail.usf.edu
(786)-803-3734

Profile

Motivated, personable business professional, eager to learn. Flexible and versatile. Good listening skills, ability to communicate effectively and understand client's needs. Work well with others to serve as an advocate on behalf of clients. Handles sensitive, and confidential information.

EDUCATION

Bachelor of Social Work

Florida Atlantic University

December 2014

Boca Raton, FL

University of South Florida
2011

January 2010 to August

Tampa, FL

Associates in Elementary Education

Central Florida Community College

January 2007 to May 2009

Ocala, FL

EXPERIENCE

Impact Broward

Case Manager

July 2015 to Present

- Conduct in-home assessment based on request from elderly and disabled adults from the community
- Develop individualized case plans on clients assessed.
- Provide clients with linkage and referrals to community resources.
- Provide follow up in-home visits annually to reassess the clients for services
- Assist staff with volunteer monthly timesheets, record filing, and handling problems that may occur.

Impact Broward

Social Work Intern

August to December 2014

Fort Lauderdale, FL

- Conducted in-home assessment at clients home and developed treatment plans
- Provided referrals to appropriated agency resources.
- Assisted nonprofit agency that productively help elderly, children and veteran populations.

Home Depot

December 2014

Cahier Associate

FL

September 2011-

Fort Lauderdale,

- Receive payments by cash, check, credit cards, vouchers, or automatic debits
- Issue receipts, refunds, credits and change due to customers
- Count money in cash drawers at the beginning of shifts to ensure that amounts are correct and that there is adequate change.

- Greet customers when entering the establishment
- Maintain clean and orderly checkout areas
- Establish or identify prices of goods and tabulate bills using cash register or optical scanners
- Resolve customer complaints
- Answer customers questions and provide information on procedures and policies
- Process merchandise returns and exchanges.

Ross Clothing Store

February 2007 to May 2009

Retail Associates

Ocala,

FL

- Customer service representative
- Received cash, checks, debit and charge payments, gave back cash and returned receipt.
- Bag and packaged purchases, exchange and handle returns.
- Stocked racks, marked prices, take inventory and prepare displays.
- Assist customers on sale floor and fitting rooms
- Answered incoming calls made to the store.

Auntie Annie's

June 2004 to

December 2006

Shift Leader

Sunrise, FL

- Opened and closed store, supervised other workers and gave directions on specific task
- Prepared and distributed food to customers
- Communicate with customers about store products
- Handled cash transactions and returns.

Skills

Computer: experience with general computer skills such as Microsoft Word PowerPoint and Excel.

Language; proficiency in English and Creole.

Andrea F. Bonkosky MSW RCSWI

3130 North West 122nd Avenue, Sunrise FL 33323
Cell: (954) 643-3017 - AFBonkosky@gmail.com

Professional Overview

Committed Psychotherapist and driven Social Worker with experience in various aspects of social work such as case management, assessments, discharge planning, and conducting therapy. Focused on a strength-based approach to empower individuals to become experts in their lives while finding comfort in my services for support, guidance, and education.

Education

Master of Science : MSW, 2014

Florida Atlantic University — Boca Raton, FL
Concentration in Mental Health and Substance Abuse

Bachelor of Science : BSW, 2013

Florida Atlantic University — Boca Raton, FL
Concentration in Aging Populations

License/Certifications

- LCSW Eligible- Registered Clinical Social Worker Intern (ISW9579)
- CEUs 2017 - Infection Control, ADA, Incident Reporting, Domestic Violence, Sexual Harassment, Suicide & Self-Harm, Ethics & Boundaries, Cultural Diversity, Understanding Co-occurring Disorders, Aggression Management, HIPAA, Abuse Reporting & Affirmative Duties.
- BLS 2017-2019

Experience

Caregiver Assistance Program Coordinator

June 2017 to Current

South Florida Institute on Aging (formerly Impact Broward) — Wilton Manors, FL

- Coordinates quarterly support groups/workshops for caregivers receiving respite from agency programs.
- Responsible for reaching out and coordinating community speakers to deliver educational material to caregivers in hopes of reducing anxiety, stress level, and other symptoms associated with caregiver burnout.
- Responsible for reviewing all agency referrals and conducting intakes to determine appropriateness of referral, refer to other community resources, and refer internally to agency programs for delivery of direct services.
- Assists in coordination of Volunteer training by determining eligibility of individuals interested in volunteering; organizes documentation to be completed at the training; and presents on educational topics such as benefits of volunteering, independent living considerations among older adults, and caring for at-risk population served at the agency.
- Assists in any capacity with monthly program in-services of 100+ volunteers.
- Composes monthly newsletters for Caregiver Assistance and Senior Companion Program which includes educational material for volunteers and caregivers served at the agency.
- Assists with agency events; community expos and health fairs; and remains available to assist with any other task assigned.

Transplant Social Worker

April 2017 to May 2017

Jackson Memorial Hospital — Miami, FL

- Conducted comprehensive biopsychosocials to determine eligibility for organ transplant listing.
- Assessed patients for compliance and adherence to treatment plans formulated with patients.
- Provided education on transplant listing process, coordination of care, patient and family responsibilities, and expectations relating to organ transplants pre, peri, and post.

- Presented case history material for review and discussion with other staff members.
- Provided counseling in an inpatient setting to patients listed for organ transplant - pre, peri, and post operative.
- Provided counseling to family members of patients listed, waiting to be listed, or those who passed away awaiting an organ transplant.
- Participated in inter multidisciplinary rounds daily to discuss cases and determine appropriate interventions.
- Coordinated discharge planning and clinic appointments for patients.
- Facilitated family meetings with medical team to discuss goals of care, prognosis, hospice/palliative care, and discharge plans.

Program Director

September 2016 to February 2017

Quantum Behavioral Solutions — Deerfield Beach, FL

- Responsible for supervising day to day interactions at the facility.
- Addressed grievances reported by clients and/or employees.
- Coordinated program schedule and assigned tasks to employees.
- Responsible for interviewing and hiring all new employees.
- Managed all expenditures daily at the facility.
- Arranged staff training.
- Provided education on new policies and procedures and ensured employees adhered to new protocols.
- Led weekly staff meetings to monitor client progress, coordinate client care, and discuss concerns.
- Served as Liaison for clients transitioning levels of care to other facilities.

Intake Specialist / Program Therapist

September 2016 to February 2017

Quantum Behavioral Solutions — Deerfield Beach, FL

- Conducted intakes, verified insurance, and determined appropriate level of care for OP Detox, PHP, IOP, and OP.
- Utilized DSM-V to diagnose clients under supervision of Clinical Director.
- Facilitated group and individual therapy for clients with Substance Abuse and Mental Health disorders.
- Formulated and individualized treatment plans with clients.
- Completed ASAMs (Initial, Transfer, Discharge).
- Assisted clients with community resources and provided referrals as necessary upon discharge.
- Conducted efforts to reengage clients at risk for abandoning treatment.

Clinical Social Worker

January 2015 to August 2015

Jackson Health System — Miami, FL

- Conducted biopsychosocial assessments to determine discharge needs; assessed for abuse or neglect of vulnerable populations and needs relating to Mental Health/ Substance Abuse.
- Performed collaboratively with interdisciplinary staff to design and implement appropriate treatment plans, including discharge plans and identifying discharge barriers.
- Provided counseling and therapeutic interventions to patients and families.
- Provided crisis intervention to patients and families.
- Collaborated with community agencies and made appropriate referrals, as needed.
- Led patient and family counseling sessions for patients in Hospice and Palliative Care, while facilitating their transition of care.
- Educated patient and families regarding Advance Directives and assisted in the completion of such documents.
- Identified unknown patients utilizing various community resources in accordance with hospital policy.
- Located and appointed patient family or appropriate party as Health Care Proxy for incapacitated patients.

Social Worker

June 2014 to December 2015

Magellan Health — Miami, FL

- Provided case management services and assisted in care-coordination for individuals with severe mental

Illnesses; Schizophrenia, Schizoaffective Disorder, Major Depressive Disorder, Bipolar Disorder, Anxiety Disorders.

- Assisted clients in accessing Medical services and coordination of care.
- Participated in Discharge Planning for clients in hospitals with the goal of preventing re-admissions.
- Served as liaison between clients and medical providers, care coordination team, and other parties involved in client's care.
- Participated as member of a regional team responsible for identifying barriers to the coordination of care provided to clients in efforts of improving the overall effectiveness of the program.

Psychotherapist Intern

September 2013 to April 2014

Memorial Outpatient Center for Behavioral Health — Hollywood, FL

- Performed comprehensive biopsychosocial assessments to determine eligibility of services and level of care - PHP/IOP.
- Conducted individual and group therapy.
- Developed and conducted a Grief and Loss psychoeducational group at this facility.
- Formulated treatment plans for assigned caseload.
- Participated in trauma-focused research monitoring interventions in the treatment of Post-Traumatic Stress Disorder (PTSD).
- Referred clients to community resources and assisted clients in accessing care in the community.
- Provided education on diagnoses, symptomatology, and treatment.
- Attended interdisciplinary treatment meetings daily to discuss client care and progress.

Social Worker Intern

January 2013 to May 2013

Impact Broward — Fort Lauderdale, FL

- Conducted comprehensive biopsychosocial assessments to determine client's eligibility for services.
- Provided community referrals to clients as needed.
- Provided education on agency programs and services.
- Attended Veteran's court regularly to reach out to Veteran's at risk for homelessness to assist with community resources.

Surgical Assistant

February 2008 to December 2010

South Florida Oral and Plastic Surgery — Fort Lauderdale, FL

- Conducted comprehensive medical assessments.
- First surgical assistance during surgical procedures
- Coordinated surgical schedule, provided pre and post-surgical education.
- Provided pre and post-operative counseling.
- Trained new staff and performed managerial duties as needed.



CONSULTING SERVICES AGREEMENT

THIS AGREEMENT ("Agreement") is entered into on May 9, 2017, between NFP Business Management Partners LLC ("Consultant"), with its principal place of business located at 3570 12th Avenue, Denver, Colorado, 80206 and Impact Broward ("Client"), 2038 N. Dixie Highway, Suite 201, Wilton Manors, FL, 33305, and shall be effective as of May 22, 2017, (the "Effective Date").

RECITALS

WHEREAS, Consultant is engaged in the business of providing financial management software and services and

WHEREAS, Client wishes to utilize the services of Consultant in connection with performing software training, accounting and finance-related services.

NOW, THEREFORE, Consultant and Client agree as follows:

1. Scope of Services

Consultant will perform the following work ("Consultant's Work" or the "Work") for Client in accordance with the scope of work as set forth in Exhibit A.

2. Price and Payment Terms

Client agrees to cooperate with Consultant's reasonable requests with respect to the scheduling and performance of the work and to pay Consultant for Consultant's Work as set forth in Exhibit A. Invoices for professional services and reimbursable costs are rendered monthly based on actual hours worked, and are due upon receipt of invoice. Consultant shall not perform any services to Client if Client has an outstanding balance due for greater than 30 days.

3. Term and Termination

Unless terminated as provided herein, this Agreement shall extend to and terminate upon completion of Consultant's Work as provided herein. Client may terminate this Agreement without cause upon thirty (30) days written notice. In the event of termination without cause, Client agrees to pay Consultant for all of Consultant's Work performed up to the date of termination. Either party may terminate this agreement for material breach, provided, however, that the terminating party has given the other party at least 21 days written notice of and the opportunity to cure the breach. Termination for breach shall not preclude the terminating party from exercising any other remedies for breach.

4. Ownership of Intellectual Property

To the extent that Consultant has received payment of compensation as provided in this Agreement, Consultant hereby assigns to Client all right, title, and interest in any intellectual property created or developed by Consultant for Client under this agreement.

5. Confidential Information

A. All information relating to Client of the type that is normally considered to be confidential or proprietary including all information related to client's financial matters, or which is clearly marked as such, shall be held in confidence by Consultant and shall not be disclosed or used by Consultant except to the extent that client consents to such disclosure and use is reasonably necessary to the performance of Consultant's work.

B. All information relating to Consultant that is known to be confidential or proprietary, or which is clearly marked as such, shall be held in confidence by Client and shall not be disclosed or used by Client except to the extent that such disclosure or use is reasonably necessary to the performance of Client's duties and obligations under this Agreement.

6. Warranty and Disclaimer

Consultant warrants that Consultant's Work will be provided in a workmanlike manner, and in conformity with generally prevailing industry standards. THIS WARRANTY IS EXCLUSIVE AND IS IN LIEU OF ALL OTHER WARRANTIES, WHETHER EXPRESS OR IMPLIED, INCLUDING ANY WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE AND ANY ORAL OR WRITTEN REPRESENTATIONS, PROPOSALS OR STATEMENTS MADE ON OR PRIOR TO THE EFFECTIVE DATE OF THIS AGREEMENT.

7. Limitation of Remedies

Client's sole and exclusive remedy for any claim against Consultant with respect to the quality of Consultant's Work shall be the correction by Consultant of any material defects or deficiencies therein, of which Client notifies Consultant in writing within ninety (90) days after the completion of that portion of Consultant's Work. In the absence of any such notice, Consultant's Work shall be deemed satisfactory to and accepted by Client.

8. Limitation of Liability

In no event shall Consultant be liable for any loss of profit or revenue by Client, or for any other consequential, incidental, indirect or economic damages incurred or suffered by Client arising as a result of or related to Consultant's Work, whether in contract, tort, or otherwise, even if Client has advised of the possibility of such loss or damages. Client further agrees that the total liability of Consultant for all claims of any kind arising as a result of or related to this Agreement, or to any act or omission of Consultant, whether in contract, tort or otherwise, shall not exceed an amount equal to the amount actually paid by Client to Consultant for Consultant's Work during the twelve (12) month period preceding the date the claim arises. Client shall indemnify and hold Consultant harmless against any claims by third parties, including all costs,

expenses and attorneys' fees incurred by Consultant therein, arising out of or in conjunction with Client's performance under or breach of this Agreement.

9. Relation of Parties

The performance by Consultant of its duties and obligations under this Agreement shall be that of an independent contractor, and nothing herein shall create or imply an agency relationship between Consultant and Client, nor shall this Agreement be deemed to constitute a joint venture or partnership between the parties.

10. Employee Solicitation/Hiring

During the period of this agreement and for twelve (12) months thereafter, neither party shall directly or indirectly solicit or offer employment to or hire any employee, former employee, subcontractor, or former subcontractor of the other without the prior written consent of the other. The terms "former employee" and "former subcontractor" shall include only those employees or subcontractors of either party who were employed or utilized by that party on or after the Effective Date of this Agreement, and before the Termination of this Agreement. A violation of the section shall result in liquidated damages owed by the breaching party, to the non-breaching party, in the amount of three month's salary. The parties agree that the amount of liquidated damages is the reasonable estimate of the presumed actual damages to the non-breaching party for the cost of recruiting and training the employee or subcontractor.

11. Miscellaneous Provisions

A. Consultant agrees to notify client in writing if it intends to subcontract any part of the Work to an independent contractor. Except as provided herein, neither party may assign this Agreement, in whole or in part, without the prior written consent of the other party. This Agreement shall inure to the benefit of, and be binding upon, the parties hereto, together with their respective legal representatives, successors, and assigns, as permitted herein.

B. Any dispute arising under this Agreement, except for the recovery of past due fees and costs, shall be subject to mediation, by a mediator mutually agreed upon by the parties. If the parties cannot agree to a mediator, each party shall select one (1) mediator, and then the two mediators selected by the parties shall agree on a mediator to hear the dispute. The parties agree that this Agreement shall be governed by and construed and interpreted in accordance with the laws of Colorado. The mediation shall be held in Colorado.

C. If any litigation or mediation is necessary to enforce the terms of this Agreement, the prevailing party shall be entitled to reasonable attorneys' fees and costs.

D. If any term of this Agreement is found to be unenforceable or contrary to law, it shall be modified to the least extent necessary to make it enforceable, and the remaining portions of this Agreement will remain in full force and effect.

E. Neither party shall be held responsible for any delay or failure in performance of any part of this Agreement to the extent such delay is caused by events or circumstances beyond the delayed party's reasonable control.

F. The waiver by any party of any breach of covenant shall not be construed to be a waiver of any succeeding breach or any other covenant. All waivers must be in writing, and signed by the party waiving its rights. This Agreement may be modified only by a written instrument executed by authorized representatives of the parties hereto.

G. This Agreement constitutes the entire agreement between the parties with respect to the subject matter hereof, and supersedes all prior agreements, proposals, negotiations, representations or communications relating to the subject matter. Both parties acknowledge that they have not been induced to enter into this Agreement by any representations or promises not specifically stated herein.

IN WITNESS WHEREOF, the parties have executed this Agreement on the date first set forth above.

Consultant: NFP Business Management Partners LLC **Client:** Impact Broward

By:



Title: Managing Principal

By:



Title: President & CEO

EXHIBIT A: STATEMENT OF WORK

TABLE OF CONTENTS

	Preamble
1.0	Project Background
2.0	Project Summary
3.0	Key Tasks and Milestones
4.0	Time and Cost Estimates
5.0	Expenses and Taxes

PREAMBLE

This Statement of Work accompanies an Agreement that has been executed by the parties. All statements of fact contained in this Statement of Work are subject to the terms and conditions set forth in such Agreement. The terms and conditions set forth in the Agreement control in the event of any inconsistency between such terms and conditions and the matters set forth in this Statement of Work.

1.0 Project Background

Provide accounting and CFO support on an on-going basis utilizing Abila MIP Fund Accounting.

2.0 Project Summary

Consultant will work together with client to perform the monthly services by a requested date each month. The Client will have responsibility for ensuring that information necessary for completion of tasks are accomplished in a timely and accurate fashion, including scanning and uploading of invoices, stipend timesheets and employee time and expense reports. Consultant will have access to prior documents for reference for grant reporting, including reports and grant agreements.

3.0 Key Tasks and Milestones

Consultant will perform the services as outlined below.

Discovery and Initial Scope of Work Narrative

Discovery and Review of Prior Processes

- a. Review existing financial transactions and processes and document
- b. Provide support for revisions to processes for remote work
- c. Review existing processes to evaluate and implement cost and time-saving efficiencies

On-Going Accounting and CFO Services Scope of Work Narrative

Monthly Accounting Services - Provide regular monthly accounting services to ensure accurate financial reporting.

- a. Enter all transactions for the month, cash payments, cash receipts, credit card transactions. Perform a review of all transactional activity for correctness and red-flags. Make adjusting entries, as necessary.
- b. Reconcile and enter all stipend payments.
- c. Process payroll and enter in financial software.
- d. Develop and implement an allocations process.
- e. Complete monthly reconciliation of bank accounts.

- f. Complete journal entries appropriate for month end close, maintain supporting schedules and reconcile balance sheet accounts monthly.
- g. Conduct or advise on grant draws following payroll and stipend payments.
- h. Monitor and manage cash flow to advise for transfers as needed.
- i. Prepare required federal and grant financial reports for submission.
- j. Compile financial and grant reports for necessary audiences.

Annual Accounting and CFO Services Scope of Work Narrative

Annual Accounting Services – Lead annual audit and 990 preparation and review and assist in the annual budget process, including entry in MIP for reporting purposes.

4.0 Time and Cost Estimates

Consultant is being hired on an hourly basis to perform the Services and provide the Deliverables according to this Statement of Work. This Statement of Work is subject to a nonbinding estimate of total labor costs to complete this work. Consultant will maintain daily records of hours and tasks performed and will invoice based on actual hours worked each month.

Work that is requested or required that is outside of the scope detailed in 3.0 will be presented to the Client for approval prior to proceeding.

The Consultant will perform the services beginning May 22, 2017 or upon acceptance of the agreement.

Estimated monthly project activity costs:

Discovery and Review of Prior Processes: \$5,000

Monthly on-going services: \$5,500 per month

Annual activities: \$5,500

Total estimated year one cost: \$76,500

Consultant will maintain daily records of hours and tasks performed and will invoice based on actual hours worked each month. Hourly rates for calculation of the activity costs include an Accountant at \$60 per hour and Controller at \$115 per hour. Additional services outside of the scope will be billed at \$115 per hour.

Client accepts that a stable scope of work is critical to achieving the price estimates. All work schedules will be considered reasonably accurate estimates, subject to revision.

5.0 Expenses and Taxes

Prices quoted for Services do not include and Client will reimburse Consultant for its reasonable and necessary cost of travel and out-of-pocket costs for photocopying, overnight courier, unusual long distance telephone and the like. All non-local trips must be approved by Client before commencing. Any applicable sales tax is to be paid by Client. Travel expenses are not anticipated and if necessary will comply with the Client's travel policies.

B6:

Conflict of Interest Statement

Impact Broward Conflict of Interest Statement

For Officers, Directors, Advisory Council members, Committee Members and Staff Members of Impact Broward, Inc.:

No member of the Impact Broward Board of Directors, Advisory Council, staff, or any of its Committees, shall derive any personal profit or gain, directly or indirectly, by reason of his or her participation with Impact Broward. Each individual shall disclose to the Impact Broward any personal interest which he or she may have in any matter pending before Impact Broward and shall refrain from participation in any decision on such matter.

Any member of the Impact Broward Board, Advisory Council, any Committee or Staff who is an officer, board member, a committee member or staff member of a borrower organization or a loan applicant agency shall identify his or her affiliation with such agency or agencies; further, in connection with any credit policy committee or board action specifically directed to that agency, he/she shall not participate in the decision affecting that agency and the decision must be made and/or ratified by the full board.

Any member of the Impact Broward Board, Advisory Council, any Committee, Staff of Impact Broward shall refrain from obtaining any list of Impact Broward clients for personal or private solicitation purposes at any time during the term of their affiliation.

There are no relatives of any City of Fort Lauderdale employee or City Commissioner on Impact Broward's Board of Directors, Advisory Council, committees or staff of Impact Broward.

At this time, I am a Board member, Advisory Council member, a committee member, or an employee of the following organizations:

(list)

Now this is to certify that I, except as described below, am not now nor at any time during the past year have been:

- 1) A participant, directly or indirectly, in any arrangement, agreement, investment, or other activity with any vendor, supplier, or other party doing business with the Impact Broward which has resulted or could result in personal benefit to me.
- 2) A recipient, directly or indirectly, of any salary payments or loans or gifts of any kind or any free service or discounts or other fees from or on behalf of any person or organization engaged in any transaction with the Impact Broward.

Any exceptions to 1 or 2 above are stated below with a full description of the transactions and of the interest, whether direct or indirect, which I have (or have had during the past year) in the persons or organizations having transactions with the Impact Broward.

>

B7:

**Evidence of
Current
Funding
Commitment**

Notice of Grant Award**Corporation for National and Community Service**

601 Walnut Street, Suite 876 E
Philadelphia, PA 19106-3323

Senior Companion Program**Grantee**

Impact Broward Inc.
2038 N Dixie Highway Fort Lauderdale FL 33305-2269

EIN: 591297932
DUNS: 555960012

Award Information

Agreement No.:	16SCSFL004	Performance Period:	07/01/2016 - 06/30/2019
Amendment No.:	2	Budget Period:	07/01/2017 - 06/30/2018
CFDA No.:	94.016	Grant Year:	2

Award Description

This amendment will remove all previous special condition

Purpose

The purpose of this award is to assist the grantee in carrying out a national service program as authorized by the Domestic and Volunteer Service Act of 1973, as amended (42 U.S.C. Chapter 22).

Funding Information

Year 2	Previously Awarded This Year	This Award/ Amendment	Total Current Year
Total Obligated by CNCS	\$327,043	\$0	\$327,043
Grantee's Unobligated Balance (Carryover)	\$0	\$0	\$0
Total Available	\$327,043	\$0	\$327,043

Cumulative Funding for Project Period

Total Awarded in Previous Amendments	\$0
Total CNCS Funds Awarded to Date	

Funding Source and Amount

Not applicable to this award.

Terms of Acceptance: By accepting funds under this grant, recipient agrees to comply with General Terms and Conditions found at <https://egrants.cns.gov/termsandconditions/2017GeneralTAndC20161129-508.pdf>, and the Program Terms and Conditions found at <https://egrants.cns.gov/termsandconditions/2017FGPSCPTandC508-20161213.pdf>. Recipient also agrees to comply with assurances and certifications made in the grant application, and applicable federal statutes, regulations and guidelines. Recipient agrees to administer the grant in accordance with the approved grant application, budgets, supporting documents, and all other representations made in support of the approved grant application.

Corporation for National and Community Service:

	02/08/2018
Signature	Award Date

Senior Grants Officer

Impact Broward Inc.
Legal Applicant

Diane M. Smith
Project Director

Notice of Grant Award

601 Walnut Street, Suite 876 E
Philadelphia, PA 19106-3323

Senior Companion Program Grantee

Impact Broward Inc.
2038 N Dixie Highway Fort Lauderdale FL 33305-2269

EIN: 591297932
DUNS: 555960012

Corporation for National and Community Service:

Yvonne Walker, 215-964-6325
Grants Officer

Marianne Sierocinski
Program Officer

Peter Kaldes
Certifying Official/Executive Officer

OFFICE OF THE MAYOR
Diane Veltri Bendekovic, Mayor

**PLANNING, ZONING &
ECONOMIC DEVELOPMENT**
Danny A. Holmes, AICP, Director



CITY COUNCIL
Lynn Stoner, President
Mark Hyatt, President Pro Tem
Jerry Fadgen
Ron Jacobs
Peter S. Tingom

December 5, 2017

Impact Broward.
Attn: Diane Smith, CEO
2038 N. Dixie Highway
Wilton Manors, FL 33305

Dear Ms. Smith:

I would like to take the time to congratulate you on being awarded CDBG funding for FY 2017-18. Through serious discussion and review, the City has decided to grant you \$10,000 in CDBG funding for the Senior Companion Program.

Please thoroughly read through the attached Agreements for Funding and Acceptance of Funds, sign and return them to: Danny A. Holmes, Director of Planning, Zoning and Economic Development, City of Plantation, 400 NW 73rd Avenue, Plantation, FL 33317.

We appreciate your diligence in submitting an application. Again, congratulations on receiving this funding which will benefit this worthwhile program!

Sincerely,

Peter Dokuchitz, Principal Planner

Copy: Danny A. Holmes, Director

Attachment

401 NW 70th Terrace ♦ Plantation, Florida 33317
Planning 954.797.2622 ♦ Zoning 954.797.2225 ♦ Fax 954.797.2793

**AGREEMENT FOR FUNDING AND ACCEPTANCE OF FUNDS
BETWEEN THE CITY OF PLANTATION
AND
IMPACT BROWARD
Program Year 2017-2018
(January 1, 2018 – December 31, 2018)**

THIS AGREEMENT FOR FUNDING AND ACCEPTANCE OF FUNDS ("Agreement") entered into this ___ day of December 2017 between the CITY of Plantation, hereinafter referred to as "CITY" and Impact Broward, hereinafter referred to as "Impact Broward" and/or "AGENCY", having its principal office located at 4701 NW 33rd Avenue, Fort Lauderdale, FL 33309, is related to the provision in the CDBG Action Plan approved by the CITY Council on July 26, 2017 to assist Public Service Agencies. This AGREEMENT is effective January 1, 2018 through December 31, 2018, for the disbursement of \$10,000 in Community Development Block Grant funds to Impact Broward to be used to provide supportive services for the Senior Companion Program, upon the following terms and conditions:

1. Definitions:

- A. "CITY" means the CITY of Plantation, Florida.
- B. "CDBG" means Community Development Block Grant Program of the CITY of Plantation.
- C. "PZED" means Planning, Zoning and Economic Development Department (CITY of Plantation).
- D. "The AGENCY" means Impact Broward.
- E. "U.S. HUD" means the Secretary of the U.S. Department of Housing and Urban Development or a person authorized to act on U.S. HUD's behalf.
- F. "Low and Moderate-Income Persons" means the definition set by U.S. HUD.

2. Purpose / Statement of Work:

The purpose of this Agreement is to state the covenants and conditions under which the AGENCY will implement the agreed upon scope of work supported by the allocation of federal CDBG funds. At least 51 percent (51%) of the beneficiaries of a project funded under this Agreement must be low and moderate-income persons (as determined annually by HUD for the area).

The AGENCY shall, in a satisfactory and proper manner as determined by the CITY, perform the tasks necessary to conduct the program outlined in this agreement and submit monthly requests for reimbursement of approved expenses using the cover sheet in Attachment "A", provided hereto and made a part hereof. Reimbursement requests should accompany all required (monthly) reports.

The CITY agrees to disburse monthly payments not to exceed \$10,000, to be used to cover the stipend for volunteer services associated with the Senior Companion Program, beginning in January, 2018 and continuing through December, 2018. Disbursements will be released only upon the receipt of each required "request for reimbursement", including all (monthly) reports and necessary data (as determined by the CITY), covering the time period for which reimbursement is requested. The AGENCY shall keep the originals of the submitted receipts and appropriate information about the beneficiaries so as to demonstrate that at least fifty-one percent (51%) of the project beneficiaries are either low or moderate income persons as determined by HUD, and each reimbursement request shall contain a verified certificate that the requirement to have fifty-one percent (51%) of the beneficiaries of this Agreement be considered or presumed low or moderate income persons has been satisfied.



THE JIM MORAN FOUNDATION

"THE FUTURE BELONGS TO THOSE WHO PREPARE FOR IT."

July 7, 2016

Board of Directors

Jan Moran
Chairman and President
Founding Director

Larry McGinnes
Vice President
Founding Director

Tom Blanton
Treasurer
Assistant Secretary
Founding Director

Melanie Burgess
Executive Director
Secretary
Founding Director

Dr. Meivin T. Stiith
Founding Director

George Gadson
Director

Irv Kilfin
Director

Lucia Lopez
Director

Legal Counsel

Francis B. Brogan, Jr., Esq.

In Memory of
Jim Moran
Founder
1918 - 2007

Mr. Peter Kaldes
President & CEO
Impact Broward
4701 NW 33 Ave.
Fort Lauderdale, FL 33309

Dear Mr. Kaldes:

On behalf of The Jim Moran Foundation, I am pleased to notify you that your grant request has been approved in the amount of \$110,000.00 payable in two equal installments of \$55,000.00 in 2016 and 2017, with the 2017 payment contingent upon program utilization and progress toward successful outcomes. The monies are to be used for the Senior Companion Program according to the attached budget and expected outcomes. Our funding is based on Impact Broward's current status as a public charity under sections 501(c)(3) and 509(a)(1) and 509(a)(2). Consequently, should there be any change to your tax status, you are required to notify The Foundation immediately. It is also necessary to contact us with any potential adjustments in program delivery from what was presented and approved during the grant application process to determine if there are funding implications.

We understand the importance of creating cause awareness, as well as acknowledging partnerships invested in serving our community. Should this grant generate an announcement or recognition (i.e., press release, print or e-newsletter, logo usage, etc.), The Foundation respectfully requires prior review and written approval. In such mentions, please refer to us as **The Jim Moran Foundation**. For further assistance with your communications, or to begin the review and approval process, please contact Ilisa Finkelman at 954-363-5550 or ilisa.finkelman@jimmoranfoundation.org.

Please sign and return this letter of commitment to me confirming that Impact Broward will comply with The Jim Moran Foundation's funding allocation and communications requirements. Upon receipt of the signed commitment letter, your grant check will be mailed to you within 15 business days.

It is our privilege to partner with you.

Sincerely,

Jan Moran
Attachment

In accordance with The Jim Moran Foundation, Inc.'s funding and communications requirements stated above, Impact Broward agrees to utilize the \$55,000.00 grant for its Senior Companion Program. In addition, periodic updates and impact reporting will be provided as requested by The Jim Moran Foundation.

Mr. Peter Kaldes, Impact Broward

cc: Diane Smith ✓
Andy Szkaradek, Board Chair

100 JIM MORAN BOULEVARD, DEERFIELD BEACH, FLORIDA 33442
Phone: 954 429 2122 Fax: 954 363 4370 www.jimmoranfoundation.org



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MISCELLANEOUS APPROPRIATIONS AGREEMENT
BETWEEN THE
CITY OF POMPANO BEACH
AND

Impact Broward, Inc.

THIS AGREEMENT made and entered into on this 1th day of November, 2017 by and between the CITY OF POMPANO BEACH, a municipal corporation of the State of Florida, hereinafter the CITY.

Impact Broward, Inc. a Florida Not For Profit Corporation authorized to do business in the State of Florida, whose principal office is located at **2038 North Dixie Highway, Suite 201, Fort Lauderdale, FL 33305** hereinafter referred to as RECIPIENT.

WITNESSETH:

WHEREAS, the City of Pompano Beach has appropriated for its current Fiscal Year 2017-18 (October 1st through September 30th), the sum of **\$2,000** to RECIPIENT, to conduct a program entitled or activity as described in *Addendum "I"* which is attached hereto and incorporated herein by reference, for the period beginning October 1, 2017 and ending September 30, 2018; and

WHEREAS, it is in the best interest of the City of Pompano Beach to enter into a contract with the RECIPIENT for the conduct of said program or activity in accordance with the terms and conditions set forth herein; and

WHEREAS, I/We, the undersigned representative(s) of the RECIPIENT, am/are authorized to sign this Agreement binding said RECIPIENT.

NOW, THEREFORE, in CONSIDERATION of the mutual promises herein, the parties do hereby agree as follows:

- 1) RECIPIENT agrees to do as follows:
 - a) To accept the funds as appropriated in accordance with the terms of this Agreement;
 - b) If RECIPIENT intends on obtaining matching funds from another source at the time of the application for the CITY grant, to submit a matching fund commitment agreement which is attached hereto as *Exhibit "A"* and incorporated herein by reference in its entirety to the CITY; and
 - c) Prior to the award of any City funds, RECIPIENT shall provide documentation substantiating that RECIPIENT's corporation/organization falls within Section 501(c)(3) and Section 501(A) of the Internal Revenue Code; and
 - d) To abide by Chapter 119, Florida Statutes, as from time to time amended, and to comply with all applicable federal, state, county and municipal laws, ordinances, codes and regulations. Any difference between the above federal, state, county or municipal guidelines or regulations and this Agreement shall be resolved in favor of

the more restrictive guidelines; and

- e) Not to utilize allotted funds under this Agreement for any purpose other than the purpose set forth in this Agreement; and
- f) To return to the CITY within fifteen (15) days of demand all City funds paid to said RECIPIENT under the terms of this Agreement upon the finding that the terms of any agreement executed by the RECIPIENT of the provisions or any applicable ordinance or law have been violated by the RECIPIENT; and
- g) To return to the CITY all funds expended for disallowed expenditures as determined by the City of Pompano Beach; and
- h) To maintain books, records and documents in accordance with generally accepted accounting procedures and practices to maintain adequate internal controls which, relating to the project(s), sufficiently and properly reflect all expenditures of funds provided by the City of Pompano Beach under this Agreement; and
- i) To consent to:
 - 1) Such audits of the financial affairs of the RECIPIENT by the City of Pompano Beach Internal Auditor as the CITY may require; and
 - 2) Producing all documents required by the Internal Auditor; and
 - 3) In the case of the RECIPIENT receiving Fifty Thousand Dollars (\$50,000) or more from the City of Pompano Beach, furnish the City of Pompano Beach a copy of a grant auditing report conducted in accordance with generally accepted auditing standards, Government Auditing Standards, issued by the Comptroller General of the United States and the provisions of Office of Management and Budget Circular A-133. All grant funds shall be shown via explicit disclosure in the annual financial statements and/or the accompanying notes to the financial statement. This report shall be due within 120 days of the close of the CITY'S fiscal year; and
 - 4) For grants less than \$50,000, the annual report of receipts and expenditures to be submitted shall use a budget to actual comparative basis which shows the approved budget updated for any budget changes (paragraph 5) and a compilation of quarterly progress reports (paragraph 6). The annual report of revenues and expenditures shall include a statement of expenditures made in each budget category and line item identified in the budget as well as annualized statistical information relative to the program or activity which was previously submitted in quarterly progress reports. Outstanding encumbrances should be indicated in quarterly progress reports of expenditures. Timely liquidation of encumbrances in the fourth quarter of grant activity to expedite the timely submission of the fourth quarterly report is required as there will be no carryover of residual funds remaining unspent or unencumbered by the recipient. This report shall be on a fiscal year of October 1st through September 30th, and shall be due on November 16th of

each fiscal year; and

- 5) Preserve and make available all financial records, supporting documents, statistical records and any other documents pertaining to this agreement for a period of three (3) years after termination of this Agreement; or, if an audit has been initiated and audit findings have not been resolved at the end of these three (3) years, the records shall be retained until resolution of the audit.
- j) To operate the program or activity generally described herein and more particularly described in *Addendum "I"* to this Agreement. The RECIPIENT may not enter into subcontracts or sub-grants under the provisions of this Agreement without the City of Pompano Beach's written approval. The RECIPIENT must furnish the City of Pompano Beach a copy of all subcontracts or sub-grants prior to receiving written approval.
- 2) This Agreement shall become effective on the 1st day of October 2017, and shall terminate on the 30th day of September 2018, unless cancelled sooner with or without cause by either party by giving thirty (30) days prior written notice of such cancellation to the other party.
- 3) The City of Pompano Beach agrees to pay the RECIPIENT the sum of **\$2,000** for the program or activity. City of Pompano Beach funds will be provided upon a quarterly **reimbursement** basis for all awards above \$15,000 based upon documented invoices. Reimbursable amounts for all awards above \$15,000 will be limited to 1/4 of the total award amount per quarter. For those awards equal to or less than \$15,000, reimbursements will be based upon documented invoices for any given quarter up to the entire amount of the award. In the event that RECIPIENT does not receive matching funds described in *Exhibit "A"* or said funds are revoked during the term of the Agreement, CITY funding may be revoked and RECIPIENT shall comply with (1) (f) of this Agreement for returning all or part of awarded CITY funds.
- 4) RECIPIENT agrees to provide the City of Pompano Beach City Manager's Office with a quarterly narrative progress report on the program or activity described in *Addendum "I"*. Such reports shall include basic statistical information relative to the program or activity and a statement of expenditures made in each budget category and line item identified in the budget which is included in *Addendum "I"*. Distribution of each reimbursement payment to the RECIPIENT shall be contingent upon prior receipt of the required progress report which is due during the preceding quarter. Quarterly reports shall be due no later than the following dates:

1st Quarterly Report (October/November/December) - February 1st
2nd Quarterly Report (January/February/March) - May 1st
3rd Quarterly Report (April/May/June) - August 1st
4th Quarterly Report (July/August/September) - November 15th

However, if any of the above dates fall on a weekend, then the due date will be extended to the next business day, thereafter.

- 5) The approved budget for the RECIPIENT, included in *Addendum "1"* and any changes in the budget which would affect expenditure of funds provided under the terms of this contract, must be approved in writing by the City Manager or his/her designee prior to the expenditure of such funds; provided, that nothing herein shall authorize or allow any expenditure or obligation of funds in excess of the total sum aforesaid.
- 6) RECIPIENT agrees that any funds provided by the City of Pompano Beach for the operation of the program or activity during the period of October 1, 2017 through September 30, 2018 which are residual funds remaining unspent or unencumbered by any existing (not contingent) legal obligation shall be retained by the City of Pompano Beach.
- 7) THIS AGREEMENT shall apply to all funds appropriated during the fiscal year ending September 30, 2018, provided that the City of Pompano Beach's rights and the RECIPIENT'S duties hereunder shall continue after said date as provided herein;
 - a) In the event that the City of Pompano Beach fails for any reason to appropriate funds for this agreement, this AGREEMENT shall be deemed terminated and CITY shall provide RECIPIENT with thirty (30) days written notice. Upon receipt of said notice, RECIPIENT shall be responsible for any and all expenses and/or legal obligations made after receipt of written notice from the CITY.
- 8) Nothing in this AGREEMENT shall be deemed to constitute or create a joint venture, partnership, pooling arrangement or other form of business entity between the RECIPIENT and the City of Pompano Beach. RECIPIENT agrees to indemnify and hold harmless the City of Pompano Beach from and against all claims, suits, damages, costs, losses and expenses in any manner arising out of or connected with the RECIPIENT's expenditure of allotted funds under this AGREEMENT and the RECIPIENT's program or activity generally described herein and more particularly described in *Addendum "1"* to this Agreement.

The funding shall not exceed the approved dollar amount of \$10,000 for the period of January 1, 2018 through December 31, 2018, unless this Agreement is extended. Monthly release of funds shall further be in accordance with all sections of this agreement and subject to the approval of the Director of the PZED Department and the Community Development Coordinator.

The awarded CDBG funds are in support of the following activities:

- a. Provide home management services to elderly and disabled residents;
- b. Provide nutrition care services to elderly and disabled residents; and
- c. Provide information and advocacy to low/moderate income residents of Plantation.

3. Levels of Accomplishment:

In addition to the normal administrative services required as part of this Agreement, the AGENCY agrees to provide the following levels of program services:

Total Units/Year

20 elderly and disabled Plantation residents

4. Budget:

An amendment to this budget must be approved in writing by the Planning, Zoning and Economic Development Department Director and the AGENCY.

Category	CDBG	Agency	Other Funding Source	TOTAL All Sources
Personnel	\$5,100	\$5,000	\$129,512	\$139,612
Benefits	\$400	\$5,000	\$28,788	\$34,188
Training	0	0	\$5,375	\$5,375
Equipment	0	0	\$1,830	\$1,830
Supplies	0	0	\$1,398	\$1,398
Contractual	\$4,500	0	\$284,601	\$289,101
Other & In-kind	0	\$22,452	0	\$22,452
Totals	\$10,000	\$32,452	\$451,504	\$493,956

5. Time of Performance:

The effective date of this agreement and all rights and duties designated hereunder are contingent upon the timely release of funds for this particular project. The effective date shall be the date of execution of this Agreement or the date of release of funds by U.S. HUD, whichever is later. The services of the AGENCY shall commence upon the effective date of this Agreement. Reimbursement of associated and approved expenses incurred as of January 1, 2018 will be processed. All service required hereunder shall be completed by the AGENCY by December 31, 2018, unless extended by the CITY and the AGENCY (which extension may be by letter agreement).

6. Subcontracts:

Any work or services subcontracted hereunder shall be specifically by written contract, or written agreement, and shall be subject to each provision of this Agreement. Proper documentation in accordance with CITY, State, and Federal guidelines and regulations must be submitted by the AGENCY to the CITY and approved by the CITY prior to execution of any subcontract hereunder. In addition, all subcontracts shall be subject to Federal, State,

and CITY laws and regulations. None of the work or services covered by this agreement, including but not limited to consultant work or services, shall be subcontracted or reimbursed without the prior written approval of the Planning, Zoning & Economic Development Director or designee.

7. Documentation and Record Keeping:

A. Records to be Maintained:

The AGENCY shall maintain all records required by the Federal regulations specified in 24 CFR 570.506, that are pertinent to the activities to be funded under this AGREEMENT. Such records shall include but not be limited to:

1. Records providing a full description of each activity undertaken;
2. Records demonstrating that each activity undertaken meets one of the National Objectives of the CDBG program;
3. Records to determine the eligibility of activities;
4. Records required to document the acquisition, improvement, use or disposition of real property acquired or improved with CDBG assistance;
5. Records documenting compliance with the fair housing and equal opportunity components of the CDBG program;
6. Financial records as required by 24 CFR 570.502, and 24 CFR 84.21-28; and
7. Other records necessary to document compliance with Subpart K of 24 CFR Part 570.

B. Progress Reports

The AGENCY agrees to provide the CITY monthly time sheets reflecting actual time worked (in accomplishing goals) by the CDBG funded position, all sources of funding should be identified in personnel payments and a completed Direct Benefit Activity form (monthly). These reports must be presented/submitted no later than the tenth working day of each month covered by this AGREEMENT. Reimbursement payments will not be released without the submission of the required monthly (complete and accurate) reports to the CITY. In the event of any problems or audit findings, the report should identify any progress made, problems encountered and proposed solutions to the same should also be submitted.

The CITY shall have the right under this AGREEMENT to suspend or terminate payments until the AGENCY complies with any additional conditions that may be imposed by the CITY or U.S. HUD at any time.

C. Retention:

The AGENCY shall retain all financial records, supporting documents, statistical records, and all other records pertinent to the AGREEMENT for a period of four (4) years. The retention period begins on the date of the submission of the CITY's annual performance and evaluation report to HUD in which the activities assisted under the AGREEMENT are reported on for the final time. Notwithstanding the above, if there is litigation, claims, audits, negotiations or other actions that involve any of the records cited and that have started before the expiration of the four-year period, then such records must be retained until completion of the actions and resolution of all issues, or the expiration of the four-year period, whichever occurs later.

D. Client Data:

The AGENCY shall maintain client data demonstrating client eligibility for services provided. Such data shall include, but not be limited to client name, address, income level or other basis for determining eligibility, and description of service provided. Such information shall be made available to CITY monitors or their designees for review upon request.

E. Disclosure:

The AGENCY understands that client information collected under this contract is private and the use or disclosure of such information, when not directly connected with the administration of the CITY's or AGENCY's responsibilities with respect to services provided under this contract is prohibited by Florida Statutes Chapter 119 unless written consent is obtained from such person receiving service and, in the case of a minor, that of a responsible parent/guardian.

F. Closeouts:

The AGENCY's obligation to the CITY shall not end until all close-out requirements are completed. Activities during this close-out period shall include, but are not limited to: making final payments, disposing of program assets (including the return of all unused materials, equipment, unspent cash advances, program income balances, and accounts receivable to the CITY), and determining the custodianship of records. Notwithstanding the foregoing, the terms of this AGREEMENT shall remain in effect during any period that the AGENCY has control over CDBG funds, including program income.

8. Reporting and Payment Procedures:

A. Program Income

All income earned by the AGENCY from activities financed by CDBG funds (as defined at 24 CFR 570.500(a)) must be reported to the CITY. The use of program income by the AGENCY shall comply with the requirements set forth at 24 CFR 570.504. By way of further limitations, the AGENCY may use such income during the contract period for activities permitted under this contract and shall reduce requests for additional funds by the amount of any such program income balances on hand. All unexpended program income shall be returned to the CITY at the end of the contract period. Any interest earned on cash advances from the U.S. Treasury and from funds held in a revolving funds account is not program income and shall be remitted promptly to the CITY. In addition to reporting such income, the AGENCY shall report to the CITY the procedure developed to utilize program income to offset project costs. If program income is used to extend the availability of services provided by the AGENCY through this AGREEMENT, the prior written approval of the PZED Director or the Community Development Coordinator will be required. AGENCY shall ensure that the accounting and disbursement of program income shall be consistent with all applicable federal regulations.

B. Indirect Costs:

If indirect costs are charged, the AGENCY will develop an indirect cost allocations plan for determining the appropriate AGENCY's share of administrative costs and shall submit such plan to the CITY for approval, in a form specified by the CITY.

C. Payment Procedures:

The CITY will pay to the AGENCY funds available under this AGREEMENT based upon information submitted by the AGENCY and consistent with any approved budget and CITY policy concerning payments. With the exception of certain advances, payments will be made for eligible expenses actually incurred by the AGENCY, and not to exceed actual cash

requirements. Payments will be adjusted by the CITY in accordance with advance fund and program income balances available in AGENCY accounts. In addition, the CITY reserves the right to liquidate funds available under this contract for costs incurred by the CITY on behalf of the AGENCY.

9. Conditions for Religious Organizations:

CDBG funds may be used for eligible public services to be provided through a primarily religious entity, if a Grant-AGREEMENT is executed in connection with the provision of such services, which includes the following stipulations:

- a. It will not discriminate against any person applying for such public services on the basis of religion, and will not limit such services or give preference to persons, on the basis of religion.
- b. It will provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing, and exert no other religious influence in the provision of such public services.
- c. It will not discriminate against any employee or applicant for employment on the basis of religion, and will not limit employment or give preference in employment, to persons on the basis of religion.

AGENCY agrees to comply with all of the provisions outlined above

10. Other Program Requirements (Civil Rights / Resident Opportunities):

The AGENCY agrees that no person shall on the grounds of race, color, mental or physical disability, national origin, religion, or sex be excluded from the benefits of, or be subjected to discrimination under, any activity carried out by the performance of this AGREEMENT. Upon receipt of evidence of such discrimination, the CITY shall have the right to terminate this AGREEMENT.

11. Evaluation and Monitoring:

The AGENCY agrees that the CITY has the right to carry out periodic monitoring and evaluation activities (through in-house and site visitation evaluations) as determined necessary by the Planning, Zoning and Economic Development Department or as requested by HUD. The AGENCY agrees to furnish upon request to the PZED Department or HUD copies of such records and information as is determined necessary by the CITY or HUD. The AGENCY shall allow the PZED Department or HUD to monitor the AGENCY on site (at least annually). Such visits may be scheduled in advance or unscheduled as determined by the PZED Department or HUD. AGENCY agrees that HUD or CITY may enforce this contract and either may terminate the contract as a result of AGENCY not complying with its terms. HUD or CITY may, upon terminating this contract, require reimbursement of CDBG grant proceeds.

12. Audits and Inspections:

At any time during normal business hours and as often as the PZED Department, the CITY, U.S. HUD, or the Comptroller General of the United States may deem necessary, there shall be made available by the AGENCY to the PZED Department, the CITY, U.S. HUD, or the Comptroller General for examination all its records with respect to all matters covered by this AGREEMENT.

The AGENCY agrees to comply with all federally regulated financial management requirements where applicable. These may include complying with the provisions of the Single Audit Act of 1984, as amended, as it may pertain to this AGREEMENT. The CITY or HUD may require the AGENCY to submit a single audit, including any management

letter, made in accordance with the general program requirements of OMB Circulars A-110, A-122, A-133, or other applicable regulations within 180 days after the end of any fiscal year covered by this AGREEMENT in which Federal Funds from all sources are expended. The audit shall be made by a Certified Public Accountant of the AGENCY's choosing, subject to the CITY's approval. In the event the AGENCY is exempt from having an audit conducted under A-133, the CITY reserves the right to require submission of audited financial statements and/or to conduct a "limited scope audit" of the AGENCY as defined by A-133, and reserves the right to require such other audit requirements that HUD may determine reasonably required, necessary, or appropriate.

13. Cooperation with the Broward County Office of Inspector General:

The Broward County Office of Inspector General ("OIG") has the authority to review and investigate how governmental contracts are performed and how contractors and vendors (herein, "Contractors") are paid. To this end, Contractor agrees to cooperate with the OIG in the event the Contractor is contacted by the OIG. Such cooperation shall include, answering any questions that may be posed by the OIG, and allowing the OIG to review and copy any of Contractor's written material, contract documentation, and financial records that may relate to the formulation, execution, and performance of this Contract. The Contractor acknowledges and agrees that whatever work or effort is expended by Contractor in interfacing with the OIG is part of the administrative or overhead or base costs of the services provided by the Contractor to the City, and shall never be a basis for claiming extra or additional compensation under this Contract, or for requesting a change order.

The Contractor's failure to cooperate fully with the OIG as required by the preceding clause shall be a basis for the City claiming the Contractor is in default, and may, if not timely cured, allow the City to terminate this Contract for cause. Unless the Contractor is instructed otherwise in a specific written and notarized Order signed by the Broward County Inspector General, Contractor shall advise City, in writing and in the same manner as Contractor gives the City formal notice under this Contract, each instance, if ever, that the Contractor is contacted by the OIG, and shall supply the City with information necessary to allow the City to ensure that the Contractor is fully performing the requirements of this Paragraph.

14. Increased Availability:

The intent and purpose of this AGREEMENT is to increase the availability of the AGENCY's services to the community. This AGREEMENT is not to substitute for or replace existing or planned projects or activities of the AGENCY. The AGENCY agrees to exert its best effort to maintain a level of activities and expenditures, planned or existing, for projects similar to those being assisted under this AGREEMENT which is not less than that level existing prior to this AGREEMENT.

15. Conflict Of Interest Provision:

The AGENCY further covenants that no person who presently exercises any functions or responsibilities in connection with the CDBG Project, has any personal financial interest, direct or indirect, in the activities provided under this AGREEMENT which would conflict in any manner or degree with the performance of this AGREEMENT and that no person having any conflict of interest shall be employed by or subcontracted by the AGENCY. Any possible conflict of interest on the part of the AGENCY or its employees shall be disclosed in writing to the PZED Department.

16. Citizen Participation:

The AGENCY shall cooperate with the PZED Department in the implementation of the Citizen Participation Plan by establishing a citizen participation process to keep residents

and/or clients informed of the activities the AGENCY is undertaking in carrying out the provisions of this AGREEMENT. Appropriate representatives of the AGENCY shall attend meetings and assist in the implementation of the Citizen Participation Plan, as requested by the CITY.

17. Suspension and Termination:

If through any cause the AGENCY shall fail to fulfill (or materially comply in accordance with any applicable federal regulation) in a timely and proper manner its obligations under this AGREEMENT, or if the AGENCY shall violate any of the covenants, AGREEMENTS, or stipulations of this AGREEMENT, the CITY or HUD shall thereupon have the right to terminate this AGREEMENT or suspend payment in whole or part by giving written notice to the AGENCY of such termination or suspension of payment and specify the effective date of termination or suspension.

At any time during the term of this AGREEMENT, either party may, at its option and for any reason, terminate this AGREEMENT upon ten (10) working days written notice to the other party. Upon termination, the CITY shall pay the sub-recipient AGENCY for services rendered pursuant to this AGREEMENT through and including the date of termination. The AGREEMENT may be terminated for convenience.

In the event the grant to the CITY under Title I of the Housing and Community Development Act of 1974 (as amended, or under other federal law or regulation) is suspended or terminated, this AGREEMENT shall be suspended or terminated effective on the date U.S. HUD specifies.

18. Leveraging:

The AGENCY agrees to seek additional supportive or replacement funding from at least two other funding sources (during the time frame covered by this AGREEMENT). This will allow, to the greatest extent possible, the leveraging of U.S. HUD funds. Proposals to other agencies will be made available to the City upon request.

19. Independent Contractor:

The AGENCY agrees that, in all matters relating to this AGREEMENT, it will be acting as an independent contractor and that its employees are not CITY of Plantation employees and are not subject to the CITY provisions of the law applicable to CITY employees relative to employment compensation and employee benefits.

20. Public Entity Crimes:

By entering into this contract or performing any work in furtherance hereof, the contractor (sub-recipient AGENCY) certifies that it, its affiliates, suppliers, subcontractors and consultants who will perform hereunder have not been placed on the convicted vendor list maintained by the State of Florida Department of Management Services within the 36 months immediately preceding the date hereof. This notice is required by F.S. 287.133(3)(a).

21. Use and Reversion of Assets:

The use and disposition of real property and equipment under this AGREEMENT shall be in compliance with the requirements of 24 CFR Part 84 and 24 CFR 570.502, 570.503, and 570.504, as applicable, which include but are not limited to the following:

- A. Upon expiration of this AGREEMENT, the AGENCY shall transfer to the CITY any CDBG funds on hand at the time of expiration and any accounts receivable directly attributable to the use of CDBG funds.

- B.** Real property under the AGENCY's control that was acquired or improved in whole or in part with CDBG funds under this AGREEMENT in excess of \$25,000 shall be used to meet one of the national objectives of the CDBG Program pursuant to 24 CFR Part 570.208 until five years after expiration of the AGREEMENT. If the AGENCY fails to use CDBG-assisted real property in a manner that meets a CDBG National Objective for the prescribed period of time, the AGENCY shall pay the CITY an amount equal to the current market value of the property less any portion of the value attributable to expenditures of non-CDBG funds for acquisition of, or improvement to, the property. Such payment shall constitute program income to the CITY. The AGENCY may retain real property acquired or improved under this AGREEMENT after the expiration of the five-year period.
- C.** In all cases in which equipment acquired, in whole or in part, with funds under this AGREEMENT is sold, the proceeds shall be program income (prorated to reflect the extent to that funds received under this AGREEMENT were used to acquire the equipment). Equipment not needed by the AGENCY for the activities under this AGREEMENT shall be (1) transferred to the CITY for the CDBG program or (2) retained after compensating the CITY [an amount equal to the current fair market value of the equipment less the percentage of non-CDBG funds used to acquire the equipment].

22. Financial Management:

A. Accounting Standards:

The AGENCY agrees to comply with 24 CFR 84.21-28 and agrees to adhere to the accounting principles and procedures required therein, utilize adequate internal controls, and maintain necessary source documentation for all costs incurred.

B. Costs Principles:

The AGENCY shall administer its program in conformance with OMB Circulars A-122, "Cost Principles for Non-Profit Organizations," or A-21, "Cost Principles for Educational Institutions," as applicable. These principles shall be applied for all costs incurred whether charged on a direct or indirect basis.

23. Procurement:

A. Compliance:

The AGENCY shall comply with current CITY policy concerning the purchase of equipment and shall maintain inventory records of all non-expendable personal property as defined by such policy as may be procured with funds provided herein. All program assets (unexpended program income, property, equipment, etc.) shall revert to the CITY upon termination of this AGREEMENT.

B. OMB Standards:

Unless specified otherwise within this AGREEMENT, the AGENCY shall procure all materials, property, or services in accordance with the requirements of 24 CFR 84.40-48.

C. Travel:

The AGENCY shall obtain written approval from the CITY for any travel outside the metropolitan area with funds provided under this AGREEMENT.

24. Notices:

Whenever either party desires to give notice unto the other, it must be given by written notice, sent by certified United States mail, with return receipt requested, addressed to the party for whom it is intended, at the place last specified, and the place for giving of notice in compliance with the provisions of this paragraph. For the present, the parties designate the following as the respective places for giving notice, to wit:

FOR CITY:

Danny A. Holmes
Planning, Zoning & Economic
Development Director
CITY OF PLANTATION
CITY Hall
400 NW 73rd Avenue
Plantation, FL 33317

FOR AGENCY:

Attn:

Impact Planning
Diana Smith
DOTA NOTIA NKR Hwy
Willen maner 33305

with a copy to:
Peter Dokuchitz
Principal Planner
CITY OF PLANTATION
CITY Hall
400 NW 73rd Avenue
Plantation, FL 33317

25. Counterparts of This AGREEMENT:

This Agreement contains all of the parties binding representations to one another. Any amendment or modification hereto must be in writing and is contingent upon approval by the Planning, Zoning and Economic Development Department Director.

26. Legal Terms and Conditions

The AGENCY shall comply with all existing and future applicable federal, state and local laws, codes, ordinances, rules, regulations, and lawful orders of public authorities relating to the Project and shall give all applicable notices pertaining to same.

AGENCY/Sub-recipient: Impact Broward

By: Diana Smith
Authorized AGENCY Official

WITNESSES:

[Signature]
[Signature]

CITY OF PLANTATION, FLORIDA

By: _____

ATTEST:

CITY CLERK

APPROVED AS TO CONTENT:

**Director of Planning, Zoning &
Economic Development**

"CITY":

Witnesses:

Betty J. Mones
Shelly R. Bartholomew

CITY OF POMPAÑO BEACH

By:

LAMAR FISHER, MAYOR

By:

GREGORY P. HARRISON, CITY MANAGER

Attest:

ASCELETA HAMMOND, CITY CLERK

(SEAL)

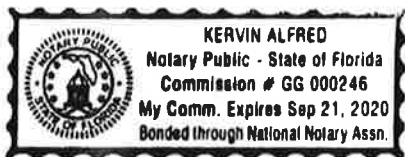
Approved As To Form:

MARK E. BERMAN, CITY ATTORNEY

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 17th day of November, 2017 by **LAMAR FISHER** as Mayor, **GREGORY P. HARRISON** as City Manager and **ASCELETA HAMMOND** as City Clerk of the City of Pompano Beach, a municipal corporation, on behalf of the municipal corporation, who are personally known to me.

NOTARY'S SEAL:



NOTARY PUBLIC, STATE OF FLORIDA

Kervin Alfred
(Name of Acknowledger Typed, Printed or Stamped)

Commission Number

"RECIPIENT":

IMPACT BROWARD, INC., a Florida Not For Profit Corporation

Witnesses:

[Signature]
Ramon Smith

[Signature]
By: PETER KALDES
Typed or Printed Name

Title: PRESIDENT & CEO

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 29 day of August, 2017
by Peter Kaldes as President & CEO of
Impact Broward, Inc., a Florida Not For Profit Corporation. He/she is personally known to me or who has
produced _____ (type of identification) as identification.

NOTARY'S SEAL:



[Signature]
NOTARY PUBLIC, STATE OF FLORIDA

Maria Torres
(Name of Acknowledger Typed, Printed or Stamped)

FF231381
Commission Number

B11:

**Supplemental
Questions and
Sun Biz
Corporate
Status**



CITY OF FORT LAUDERDALE

FY 2018-2019 CDBG PUBLIC SERVICES

Attachments and Supplemental Questions

Name of Organization: Impact Broward, Inc.

In addition to submitting the application, each agency must also submit the required documents and label them as follows. **Agencies that do not provide the required documents, as labeled and instructed, will not be considered for funding.**

Documents for the "**Original**" proposal package, must include the following "**A**" numbered attachments. The "**Original**" proposal package is for City staff only, as a result, the "**A**" attachments are *not* required in the "**Copied**" proposal packages. **Theses page must be returned ONLY with your original application packet that is signed in blue ink.**

These two columns are for use only by City Staff		
Yes	No	
✓		A1-IRS Letter confirming the Non-Profit Organization tax exempt status
✓		A2- Articles of Incorporation
✓		A3- By Laws
✓		A4- Occupational License (<i>if required by the City, County, State or Federal Government</i>)
✓		A5- Proof of zoning from the municipality (<i>to ensure your project is zoned for its location</i>)
✓		A6- Board of Director Resolution or agency lettered authorizing the submission of the CDBG application
✓		A7- Proof of project address (<i>deed, lease, etc.</i>)
✓		A8- Signed W9 form
✓		A9- Vendor Central Contractor Registration (CCR) Verification
✓		A10- IRS 990

Documents for the "**Original**" proposal package and all "**Copied**" proposal packages must include the following "**B**" numbered attachments.

These two columns are for use only by City Staff		
Yes	No	
✓		B1- A list of the agency's Board of Directors
✓		B2- Audited Financial Statements for the past 2 years (<i>if applicable for your agency</i>) If not applicable, an explanation is required.
✓		B3- A copy of the most recent agency audit / monitoring report (<i>if applicable</i>). If not applicable, an explanation is required.
✓		B4- Organizational Chart
✓		B5- Resumes of key staff involved in the administration of the CDBG grant award
✓		B6- Conflict of Interest Statement (please declare any conflicts of interest, (e.g. <i>if your program will permit your staff to benefit or if you are a relative to any City Commissioner or City employee</i>))
✓		B7- Evidence of current funding commitment / funding match from other funding sources
✓		B8- Evidence of sufficient funding to carry out project, if awarded by the City (e.g. <i>current bank / investment statement</i>)
NA		B9- If applicable, attach homeless statistical data
NA		B10- If applicable, Instructor Certificates, Approved curriculum
✓		B11-Other Attachments



**CITY OF FORT LAUDERDALE
FY 2018-2019 CDBG PUBLIC SERVICES
Attachments and Supplemental Questions**

Name of Organization: Impact Broward, Inc.

1. Describe your organization's experience in administering programs funded by Community Development Block Grant (CDBG). (Limit 3500 characters or 500 words)

Impact Broward has received CDBG funding from the City of Fort Lauderdale for two years, the City of Plantation for four years and the City of Hollywood for four years. We have been monitored by each CDBG funder annually and have always received satisfactory monitoring results. Our staff submits billing timely and maintains accurate documentation to support the billing requests.

2. What is the organization's annual budget for the most recently completed fiscal year?
\$ \$1,856,394.

3. Please disclose your current funding sources in the table provided below.

Funding Source	Current Amount	Comment on Outcome
CDBG: City of Fort Lauderdale	\$42,464	On track for spending all funding.
Other CDBG :Please identify Municipality below City of Plantation and City of Hollywood	\$20,000	City of Hollywood funds the Foster Grandparent Program and City of Plantation funds the Senior Companion Program this year.
Other Local Government Funding. Please identify type below School Board of Broward County and City of Pompano Beach	\$172,000	The School Board of Broward County funds the Foster Grandparent Program and the City of Pompano Beach funds the Senior Companion Program
State Funding	\$108,000	This funding is received for the Relief Program from the Aging and Disability Center of Broward County.
Federal Funding	\$1,017,422	The Corporation for National and Community Service funds our Senior Corps programs at \$977,422 annually and our newest Program Legacy Corps for Veterans and Family members is funded at \$40,000 annually
Private Funding	\$537,790	We receive funding from a vareity of sources including: \$75,000 from the Jim Moran Foundation;\$50,000 from the Community Foundation of Broward;\$12,000 from the Jewish Federation of Broward County,\$17,500 from Law



CITY OF FORT LAUDERDALE
FY 2018-2019 CDBG PUBLIC SERVICES
Attachments and Supplemental Questions

		Enforcement Trust Fund and TD Foundation, \$10,000 from Batchelor Foundation; United Way of Broward County \$107,050 and \$266,240 from special events, contributions and corporate funding.
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4. Within the last five years, please list the fiscal years your organization received CDBG funds. Please state the fiscal year/s, list municipality and the amounts received.

☐ Our organization has not received CDBG funding in the last five years

CDBG Fiscal Years <small>Begin with the most current fiscal year and Municipality (i.e., Fort Lauderdale, Hollywood)</small>	Total CDBG Award
Example: FY 16-17 City of Fort Lauderdale	\$25,000
FY 2016-2017	\$25,040
FY 2017-2018	\$42,464
FY 2014-2015 City of Plantation	\$12,590
FY 2015-2016 City of Plantation	\$8,041
FY 2016-2017 City of Plantation	\$11,000
FY 2017-2018 City of Plantation	\$10,000
FY 2013-2014 City of Hollywood	\$11,071
Fy 2015-2016 City of Hollywood	\$10,600
FY 2016-2017 City of Hollywood	\$18,743
FY 2017-2018 City of Hollywood	\$10,000



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

Detail by Entity Name

Florida Not For Profit Corporation

SOUTH FLORIDA INSTITUTE ON AGING, INC.

Filing Information

Document Number 718531
FEI/EIN Number 59-1297932
Date Filed 05/18/1970
State FL
Status ACTIVE
Last Event NAME CHANGE AMENDMENT
Event Date Filed 02/06/2018
Event Effective Date NONE

Principal Address

2038 North Dixie Highway
Suite 201
Fort Lauderdale, FL 33305

Changed: 04/03/2017

Mailing Address

2038 North Dixie Highway
Suite 201
Fort Lauderdale, FL 33305

Changed: 04/03/2017

Registered Agent Name & Address

Kaldes, Peter
2038 North Dixie Highway
Suite 201
Fort Lauderdale, FL 33305

Name Changed: 04/12/2016

Address Changed: 04/03/2017

Officer/Director Detail

Name & Address

Title VD

Brewer, Lynn
 2038 North Dixie Highway
 Suite 201
 Fort Lauderdale, FL 33305

Title PD

SZKARADEK, ANDREW
 2038 North Dixie Highway
 Suite 201
 Fort Lauderdale, FL 33305

Title President & CEO

Kaldes, Peter
 2038 North Dixie Highway
 Suite 201
 Fort Lauderdale, FL 33305

Title TD

RADOSEVICH, TODD
 2038 North Dixie Highway
 Suite 201
 Fort Lauderdale, FL 33305

Title SD

WEITZ, PETER
 2038 N. DIXIE HWY, SUITE 201
 FORT LAUDERDALE, FL 33305

Annual Reports

Report Year	Filed Date
2016	01/06/2016
2016	04/12/2016
2017	04/03/2017

Document Images

04/03/2017 -- ANNUAL REPORT	View image in PDF format
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01/06/2016 -- ANNUAL REPORT	View image In PDF format
06/22/2015 -- ANNUAL REPORT	View image in PDF format
01/09/2014 -- ANNUAL REPORT	View image in PDF format
04/12/2013 -- ANNUAL REPORT	View image in PDF format
03/05/2012 -- ANNUAL REPORT	View image in PDF format
09/27/2011 -- Name Change	View image in PDF format
01/11/2011 -- ANNUAL REPORT	View image in PDF format
02/03/2010 -- ANNUAL REPORT	View Image in PDF format
01/30/2009 -- ANNUAL REPORT	View image in PDF format
01/31/2008 -- ANNUAL REPORT	View image in PDF format#82

12/10/2007 -- ANNUAL REPORT	View image in PDF format
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09/21/2004 -- ANNUAL REPORT	View image in PDF format
07/29/2004 -- Name Change	View image in PDF format
02/05/2004 -- ANNUAL REPORT	View image in PDF format
03/31/2003 -- ANNUAL REPORT	View image in PDF format
04/03/2002 -- ANNUAL REPORT	View image in PDF format
02/05/2001 -- ANNUAL REPORT	View image in PDF format
02/10/2000 -- ANNUAL REPORT	View image in PDF format
03/02/1999 -- ANNUAL REPORT	View image in PDF format
02/10/1998 -- ANNUAL REPORT	View image in PDF format
04/09/1997 -- ANNUAL REPORT	View image in PDF format
05/01/1996 -- ANNUAL REPORT	View image in PDF format