

**CITY OF FORT LAUDERDALE  
HOUSING OPPORTUNITIES for PERSON with AIDS (HOPWA) PROGRAM  
AMENDMENT #001 TO THE FY 2016-FY 2017 PARTICIPATION AGREEMENT  
WITH**

Community AIDS Resource, Inc. (DBA Care Resource Inc.), a non-profit corporation organized under the laws of Florida whose usual place of business is Care Resource.

THIS is an AMENDMENT, with an effective date of October 1, 2016, entered into on November 23, 2016, to the Participation Agreement (the "Agreement") dated October 1, 2015 by and between the City of Fort Lauderdale (also known as the "City") and Care Resource (also known as the "Participant").

WHEREAS, the City receives Housing Opportunities for Persons with AIDS (HOPWA) funding from the U.S. Department of Housing and Urban Development (HUD) to undertake particular activities, including the provision of housing and support services to eligible individuals; and

WHEREAS the City previously issued Request for Proposal (RFP) #855-1150 in 2015 seeking qualified non-profit organizations to provide housing and certain supportive services to eligible persons under the HOPWA grant; and

WHEREAS, the Participant will provide Non-Housing Support Services (i.e., Housing Case Management (HCM) services; and

WHEREAS, Participant is a non-profit corporation that has among its purposes significant activities related to providing services or housing to persons with Acquired Immunodeficiency Syndrome or related diseases; and

WHEREAS, Participant submitted a response to the RFP to provide activities including the provision of housing and services to eligible individuals in response to the RFP ("Proposal") which is on file with the City Housing and Community Development (HCD) Division and is incorporated herein as if fully set forth; and

WHEREAS the City approved CAM 15-0437 on July 7, 2015 awarding HOPWA funding to (AGENCY); and

WHEREAS, the City and Participant entered into a Participation Agreement on October 1, 2015 and under the Agreement, the City may extend the term for no more than two (2) one year terms based on availability of funds and other criteria; and

WHEREAS, pursuant to CAM 16-0612 on June 7, 2016, the City Commission of the City of Fort Lauderdale approved the 2016-2017 Annual Action Plan of the 2016-2020 Consolidated Plan for HOPWA.

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein, the parties agree as follows:

1. Paragraph 3.10 is deleted and replaced with the following:

The Participant agrees to attend all HOPWA training, workshops, seminars, conferences, and meetings provided by the City. Additionally, Participant agrees to have staff view all HOPWA relevant webinars located on HUD Exchange <https://www.hudexchange.info/programs/hopwa/>.

2. Paragraph 3.11 is amended to add the following:

Participant who is funded for Short Term Rent, Mortgage and Utilities (STRMU) must complete Housing Quality and Standards (HQS) inspection on Rent and Mortgage applications for eligible clients. Should a unit fail HQS for STRMU assistance, the first payment to the associated landlord may be made to prevent the client from becoming homeless. However, no subsequent payments can be made to the landlord until the unit passes HQS and the first page of the passed HQS is scanned into Provide Enterprise.

3. Paragraph 3.20 is amended to add the following:

Participant must retain all client termination files on premises. Termination files shall not be destroyed.

4. Paragraph 5.1 is deleted and replaced with the following:

The term and effective date of this Agreement shall be from October 1, 2016 through September 30, 2017. The City may approve the extension of this Agreement for one (1) one-year period based upon Participant's performance, ability to achieve stated outcomes and funding availability. The request for an extension will be presented to the City Commission as part of the Annual Action Plan process. The Community Services Board (CSB) and HCD will discuss the performance of each agency and present a recommendation to the City Commission.

5. Paragraph 6.1 is deleted and replaced with the following:

The Funds provided under this Agreement for Fiscal Year 2016-2017 shall not exceed **\$262,412.00** (refer to Exhibits A: Budgets and Scope of Work and Exhibit C: Performance Indicators). All Funds must be expended during the term of this Agreement. Any remaining funds shall be de-obligated by the City of Fort Lauderdale as appropriate.

For purposes of this Agreement, the base HOPWA award is the amount provided in the Agreement for the 2016-2017 fiscal year. Any additional fund provided to the Participant in subsequent years does not increase the base amount of funding for future years.

For purposes of this Agreement, the original baseline HOPWA award was \$182,000. Any additional funds provided to the Participant in subsequent years do not increase the base amount of funding for future years. HOPWA awarded funds that exceed the baseline award of \$182,000 contract amount are provided on a year-to-year basis and are not guaranteed in future years.

Budget modifications / revisions shall be submitted annually through P.E. on or before October 15<sup>th</sup>. Once the Participant has submitted their final budget revisions, they should notify the Housing & Community Development Division of their request.

6. Paragraph 8.1 is deleted and replaced with the following:

The Participant shall arrange for an annual audit of its operations and financial management systems, in accordance with 24 CFR Part 84.26. The Participant shall pay for this audit at its own expense. The audit shall indicate compliance or non-compliance with HUD regulations. This audit shall be initiated within forty-five (45) days of the end of Participant's fiscal year in which fiscal year Participant received funds pursuant to this Agreement. The Participant shall provide a copy of the final audit report to the City within thirty (30) days of receipt, but not later than six (6) months after the end of the audit period.

The Participant shall comply with the requirements and standards of OMB Circular Nos. A-110, "Uniform Administrative Requirements for Grants and Agreements With Institutions of Higher Education, Hospitals, and Other non-Profit Organizations"; and A-122, "Cost Principles for Non-Profit Organizations"; and A-133 "Audits of States, Local Governments and Non-Profit organizations" that applies to agencies expending \$750,000 or more in federal funds in the last fiscal year and requires that such agencies have a single audit. A "single audit" refers to an agency-wide audit, as opposed to a program specific audit. The Participant shall arrange for an annual audit of its operations and financial management systems, in accordance with 24 CFR Part 84.26.

If the Participant's total federal income does not meet the requirements of the federal regulations, the Participant shall arrange for an annual audit of its operations and financial management systems, and the audit shall include compliance testing of the Housing Opportunities for Persons with AIDS (HOPWA) Program. The Participant shall pay for this audit at its own expense. The audit shall indicate compliance or non-compliance with HUD regulations. This audit shall be initiated within forty-five (45) days of the end of Participant's fiscal year in which fiscal year Participant received funds pursuant to this Agreement. The Participant shall provide a copy of the final

audit report to the City within thirty (30) days of receipt, but not later than six (6) months after the end of the audit period.

The City shall review the Participant's audit report and will require the Participant to implement corrective action noted in the audit. The City shall have the right to review any and all of the Participant's records regarding use of the funds disbursed hereunder.

If as a result of an audit or monitoring by the City and/or the Department of Housing & Urban Development's (HUD) Community Planning Division (CPD) or Office of Inspector General (OIG) or any other governing agency, results in a finding or ruling that the Participant provided funding of an ineligible activity or unallowable expense, the City shall be entitled to recover immediately upon demand from the Participant or any party joining in or consenting to this Agreement, all ineligible or unallowable sums paid by the City to Participant pursuant to this Agreement.

All Participant records with respect to any matters covered by this Agreement shall be made available to the City, grantor agency, and the Comptroller General of the United States or any of their authorized representatives, at any time during normal business hours, as often as deemed necessary, to audit, examine, and make excerpts or transcripts of all relevant data. Any deficiencies noted in audit reports must be fully cleared by the Participant within thirty (30) days after receipt by the Participant. Failure of the Participant to comply with the above audit requirements will constitute a violation of this Agreement and may result in the withholding of future payments and termination of the Agreement. The Participant hereby agrees to have an annual agency audit conducted in accordance with current City policy concerning Participant audits and OMB Circular A- 133.

7. Paragraph 11.10 is amended to add the following:

Participant's confidentiality policy must comply with the HOPWA Confidential Users Guide <https://www.hudexchange.info/resources/documents/HOPWA-Confidentiality-User-Guide.pdf>.

8. Unless modified herein, all other terms and conditions of the Agreement remain unchanged and in full force and effect.
9. Paragraph 16.1 is deleted and replaced with the following:

The Code of Federal Regulations (CFR) annual edition is the codification of the general and permanent rules published in the Federal Register by the departments and agencies of the Federal Government produced by the Office of the Federal Register (OFR) and the Government Publishing Office.

The Federal government modified several of its circulars which govern recipients and sub-recipients by combining eight (8) circulars and regulations into one now termed "Super" or "Omni" Circular 2 C.F.R. 200 <http://www.ecfr.gov/cgi-bin/text->

[idx?tpl=/ecfrbrowse/Title02/2cfr200\\_main\\_02.tpl](#) . The uniform grant guidance has a major emphasis on “strengthening accountability” by improving policies that protect against waste, fraud and abuse. Significant emphasis is on improper payments.

Participant should pay special attention to:

1. Mandatory Disclosures 200.113
2. Conflict of interest 200.112
3. Internal Controls 200.303
4. Risk Management 200.331
5. Credit or Discount 200.406
6. Required Certifications 200.415
7. Cost Principles 200.43
8. Improper Payments 200.53

Participant will be required to adhere to 2 C.F.R. 200 and update their policy and procedures accordingly. These policies will be reexamined during the required annual monitoring.

10. Paragraph 16.2 add:

Participant must comply with U.S. Department of Labor changes to the Fair Labor Standards Act (FLSA). The Act outlines the rules for overtime eligibility and overtime pay. The new FLSA regulations are effective on December 1, 2016. Please refer to:

- <https://www.dol.gov/whd/flsa/>
- <https://www.dol.gov/whd/overtime/final2016/nonprofit-guidance.pdf>

The City will be monitoring the Participant for FLSA compliance as part of the HOPWA annual monitoring process. The Participant who is unable to provide proper documentation with the FLSA requirements will be issued a finding(s). Furthermore, the Project Sponsor may be subject to recapture of funds by the City of Fort Lauderdale (COFL) and the COFL may not approve further reimbursements until the participant fulfils the requirement.

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

**PARTICIPANT**

WITNESSES:

**Care Resource Community Health Centers  
Incorporated\_(DBA Care Resource Inc.),**

[Signature]  
Witness #1 Signature Above

By [Signature]  
Rick Siclari, CEO

Loures Negreira  
Witness #1 Print Name Above

Hudes Desrameaux  
Witness #2 Signature Above

HUDES DESRAMEAUX  
Witness #2 Signature Above

ATTEST:

(CORPORATE SEAL)

[Signature]  
Secretary

STATE OF FLORIDA:  
COUNTY OF BROWARD:

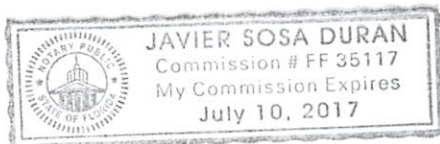
The foregoing instrument was acknowledged before me this 28 day of March 2017  
by Hudes Desrameaux and Loures Negreira as  
\_\_\_\_\_ and \_\_\_\_\_ of \_\_\_\_\_, a  
\_\_\_\_\_ non-profit corporation, on behalf of the corporation. Who are ☒ personally known to  
me or ☐ have produced \_\_\_\_\_ as identification.

(SEAL)

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

Javier Sosa Duran  
Name of Notary Typed, Printed or Stamped

My Commission Expires: July 10-2017




CITY

WITNESSES:

CITY OF FORT LAUDERDALE

  
Mario DeSantis

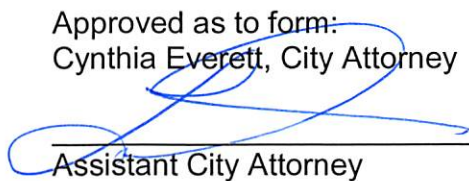
  
Avis Wilkinson

By   
Jonathan Brown, Housing & Community  
Development Manager

By   
Lee R. Feldman, City Manager

Date 4-26-2017

Approved as to form:  
Cynthia Everett, City Attorney

  
Assistant City Attorney

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## Exhibit A

### Budget and Scope of Work

#### HSG Case Mgt (HCM)

Line Item Budget Summary

12 Month Summary

#### Care Resource

Fiscal Year October 1, 2016 thru September 30, 2017

Requested Amount \$ 262,412.00

CATEGORY	Monthly Costs	Annual Costs
Programs/Service (Facility Based, PB, PHP or STRMU or TBRV)	\$ -	\$ -
Non Admin Personnel <sup>1</sup>	\$ 15,737.88	\$ 188,854.60
Non Admin Fringe Benefits <sup>1</sup>	\$ 6,031.87	\$ 72,382.47
Non Admin Travel	\$ 74.25	\$ 891.00
Non Admin Supplies	\$ 23.66	\$ 283.93
Non Admin Equipment	\$ -	\$ -
Non Admin Other Cost Allocation	\$ -	\$ -
Non Admin Other Direct Cost	\$ -	\$ -
<b>Total HOPWA Administrative Costs</b> (the sum up admin cost for :salaries, fringe, travel, supplies and other)	\$ -	
<b>Total All Categories (Program Non Admin and Administration)</b>	\$ 21,867.67	\$ 262,412.00

Program. The HOPWA Administrative cost cannot be added as additional funds to the total Program cost.

<sup>1</sup> HOPWA Salary and Fringe cost are billed 100% of HOPWA Time and Effort Reports.

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

**Congratulations! The projected budget equals the award amount.**

**Exhibit A**  
**BUDGET SUMMARY and SCOPE OF SERVICES**

Housing Case Management (HCM)

(A1 - A.6)

**HOUSING CASE MANAGEMENT (HCM)**

A.1 HCM activities include initial assessment of the HOPWA client's housing needs and personal support systems; development of a comprehensive, individualized housing plan; coordination of services required to implement the housing plan; client monitoring to assess the ongoing effectiveness of the housing plan; and periodic reevaluation and revision of the housing plan as necessary, which may include client-specific advocacy and/or review of service utilization.

For STRM and PHP Applications assigned HCM is the primary contact to client. Client must work Assigned HCM or the supervisor in the absence of the assigned HCM. HCM does not evaluate and provide commentary on the possible outcome of the submitted STRMU or PHP application. HCM assists with

- Collect all eligibility docs;
- Verification of documents;
- Assist in obtain an missing documents as indicated from the reviewer; and
- Assist client in developing Housing Plan.

If reviewing agency request additional documentation for STRMU or PHP submitted application, the assigned HCM who submitted application will cut and paste information into clean e-mail removing all of the reviewers identifying information. This will ensure client works with assigned HCM who submitted the application

If client seek assistance at one agency for assistance and then goes another agency, the two HCMs need discuss the case. Client can be transferred once a final decision is made on the application. If HCM needs extra time to obtain additional documents, send an e-mail to the reviewer with an approximate submission due date or the application will be cancelled.

All appeal issues are referred to reviewing agency and no commentary should be made on the decision.

A.2 When a client presents a 3 day notice to evict, Participant must have the client immediately call Legal AID (954) 358-5636 from their offices. Client will leave their name and number. This will ensure the client has the opportunity to discuss case with a lawyer.

A.3 Participant will provide this service at the following location:  
2312 Wilton Drive, Wilton Manors, FL

- A.4 The Funds provided under this activity shall not exceed **\$262,412**. All funds for this activity must be expended by the expiration of this contract. Participant agrees to provide HCM assistance for **475** or more unduplicated clients for the term of this agreement.
- A.5 HCM assist clients in locating, acquiring, financing, and maintaining affordable and appropriate housing and provide linkages with local entitlement and benefits offices as required. The HOPWA housing case manager shall be knowledgeable of all HOPWA program eligibility requirements, documentation compliance and other HOPWA policy and procedures. Housing Case Managers will work with area providers to determine the best housing solution for HOPWA eligible clients.
- A.6 HCM is intended to facilitate efficient client enrollment in housing services. This is a client service that is NOT intended to duplicate or replace Ryan White Part A Medical Case Management. As such, Participant must demonstrate an ability to provide the service in a matter, which is separate from Medical Case Management services.

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**Exhibit C**  
**Performance Indicators**

**HOPWA Outcomes:**

Through the development and implementation of an individualized comprehensive housing stability plan, provide housing assistance and supportive services for low-income HOPWA eligible clients to reduce the risk of homelessness

1. 80% of Clients will achieve initial housing plan goals by designated target dates.
2. Eighty percent (80%) of clients will receive assistance with completing a realistic monthly budget and receive the appropriate follow up to ensure adherence to the budget to further client's maintenance of self-sufficiency.
3. Ninety percent (90%) of clients will receive assistance with seeking employment by developing and reviewing skills/job readiness with case manager and will report job search activities on a continual basis.
4. Eighty-five percent (85%) of discharged clients will demonstrate an improvement in the Vulnerability Assessment Scale.
5. Eighty-five percent (85%) of discharged clients will demonstrate an improvement in the Self-Sufficiency Matrix.



COMMISSION AGENDA ITEM  
DOCUMENT ROUTING FORM

③ ⑤  
4/27/17

Today's Date: 4/25/17

DOCUMENT TITLE: HOWPA – Amendment #001 Participation Agreement – Community Aids Resource, Inc.

COMM. MTG. DATE: 6/7/16 CAM #: 16-0162 <sup>0612</sup> ITEM #: PH-2 CAM attached: ☒ YES ☐ NO

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

CIP FUNDED: ☐ YES ☒ NO

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

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

Date to CCO: 4/25/17 <sup>4/25/17</sup>

LS  
Initials

3) City Clerk's Office: # of originals: 3 Routed to: Gina Ri/CMO/X5013 Date: 4/25/17

4) City Manager's Office: CMO LOG #: ARR-75 Date received from CCO: 4/25/17

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

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

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

Comments/Questions: \_\_\_\_\_

Forward \_\_\_ originals to ☐ Mayor ☒ CCO Date: 4/26/2017

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

INSTRUCTIONS TO CLERK'S OFFICE

City Clerk: Retains 1 original and forwards 2 original(s) to: Mario DeSantis / HCD / Ext. 4775 (Name/Dept/Ext)

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

\*\*\*Please email an executed copy to Shaniece Louis\*\*\*