CITY OF FORT LAUDERDALE HOUSING OPPORTUNITIES for PERSON with AIDS (HOPWA) AMENDMENT #01. TO THE FY2018-2019 PROGRAM PROVIDER AGREEMENT

THIS Amendment (the "Amendment") to the FY2018-2019 HOPWA Program Provider Agreement (the "Agreement") is entered into on January 31, 2021, with an effective date of October 1, 2020, by and between:

CITY OF FORT LAUDERDALE, a municipal corporation of the State of Florida, hereinafter referred to as "City",

and

SUNSHINE SOCIAL SERVICES, INC., a non-profit corporation organized under the laws of Florida whose usual place of business is 2312 WILTON DRIVE, WILTON MANORS, FL 33305 hereinafter referred to as "Participant".

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

WHEREAS, the City Commission approved CAM 17-1190 on November 21, 2017 to extend the Request for Proposal (RFP) No. 855-11550 seeking qualified non-profit organizations to provide housing and certain supportive services to eligible persons under the HOPWA grant; and

WHEREAS, Participant submitted a responsive proposal to the City to provide Non-Housing Support Services-Housing Case Management; and

WHEREAS, the City and Participant entered into a HOPWA Program Provider Agreement FY 2018-2019, with an effective date of October 1, 2018; and

WHEREAS, pursuant to CAM 18-0394 on June 5th, 2018 and CAM 20-0445 on June 16^c, 2020, the City Commission approved an amendment to the 2015-2019 Consolidated Plan and Fiscal year 2018-2019 and 2019-2020 Annual Action Plans to make available unspent funds to increase the budgets of the HOPWA agencies to aid in the preparation, response and prevention of COVID-19 pandemic; and

WHEREAS, the Participant will receive a one-time award of \$15,391.61, as recommended by the Community Service Board, for office equipment and supplies; and

WHEREAS, the City and Participant agree to amend the Agreement as set forth herein, and now wish to reduce the terms of their agreement to writing.

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

- I. <u>RECITALS:</u> The foregoing recitals are true and correct in all respects and are incorporated herein by reference.
- II. <u>DEFINITIONS:</u> For purposes of this Amendment, capitalized terms used but not defined herein have the meanings assigned to them in the Agreement.
- III. AMENDMENTS: The Agreement is hereby amended as follows:

ARTICLE V TERM AND TIME OF PERFORMANCE

Pursuant to Article V of the Agreement, the City and Participant agree that the term of the Agreement shall be extended and that the awarded amount in this Amendment, as further described in Exhibit A, must be expended on or before September 30th, 2022.

If the Participant fails to meet any of the agreed upon expenditure terms, the City shall not be obligated to provide additional time extensions and the remaining funds will be reprogrammed for other eligible HOPWA Program use.

IV. <u>EFFECT OF AGREEMENT</u>: Except as modified by this Amendment, all terms, covenants, obligations and provisions of the Agreement shall remain unaltered, shall continue in full force and effect, and are hereby ratified, approved and confirmed by the parties in every respect. If the terms and conditions set forth in this Amendment directly conflict with any provision contained in the Agreement, then this Amendment shall control.

ITHE REMAINDER OF THIS PAGE INTENTIONALLY LEFT BLANK

IN WITNESS OF THE FOREGOING, the parties have set their hands and seals the day and year first written above.

| WITNESSES: | THE CITY OF FORT LAUDERDALE, |
|---|---|
| A () 000000 | A MUNICIPAL CORPORATION OF THE STATE OF FLORIDA By: |
| Witness Name – Printed or Typed | Christopher & Lagerbloom, ICMA-CM City Manager |
| Daphnee Sainvil Witness Name - Printed or Typed | Date: February 22, 2011 |
| | Approved as to form: Alain E. Boileau, City Attorney |
| | By: Tania Marie Amar, Assistant City Attorney |
| STATE OF FLORIDA: COUNTY OF BROWARD: | |
| | wledged before me, by means of physical presence or, 2021, by Christopher J. Lagerbloom, ICMA-CM, as ale. |
| Notary Public, State of Florida Name of Notary Typed, Printed or Stamped | Notary Public State of Florida Airmee Llauro My Commission GG 321478 Expires 05/08/2023 |
| | Produced Identification |
| Type of Identification Produced | · · · · · · · · · · · · · · · · · · · |

PARTICIPANT

| WITNESSES: | SUNSHINE SOCIAL SERVICES, INC., A FLORIDA NOT FOR PROFIT CORPORATION |
|---|--|
| Toci both [Witness print name] FRED AZAR [Witness print name] | By: Many Memoly Gary S. Hensley, Executive Director Attest: |
| (CORPORATE SEAL) | Secretary |
| | before me, me by means of physical presence of State of the physical presence of State of the physical presence of profit corporation. |
| Notary Public, State of Florida Name of Notary Typed, Printed or Stamped | JAMES H. HIPPS Commission # GG 963090 Expires April 18, 2024 Bonded Thru Budget Notary Services |
| Personally KnownOR Prod | luced Identification |
| Type of Identification Produced | |

EXHIBIT A

Housing Case Management (HCM)

Line Item Budget Summary Sheet

SunServe

cal Year October 1, 2020 thru September 30, 2022 - Reserve Funds Amendm

Award Amount: \$15,391.60

| | | Monthly | | Annual | Co | st Allocation | on |
|---|----|----------|----|-----------|------------------|------------------|-------------------|
| CATEGORY | | Costs | | Costs | Admin % | Direct Cost % | Support Svcs % |
| Programs/Service (Facility Based, PB, PHP or STRMU or TBRV) | | NA | | NA | | | |
| Personnel ¹ | s | - | s | | | | |
| Fringe Benefits ¹ | s | - | s | | | | |
| Travel | s | | s | | | | |
| Supplies | s | 422.81 | \$ | 5,073.69 | | | |
| Equipment | s | 793.16 | s | 9,517.91 | | | |
| Other Cost Allocation | S | 66.67 | S | 800.00 | | | |
| Other Direct Allocation | \$ | - | S | - | See Other Tab 7b | | |
| Total HOPWA Administrative \$ Costs Requested | s | - | s | - | | | |
| Total All Categories (Program and Administration) | \$ | 1,282.63 | s | 15,391.60 | | | |
| A maximum of 7% of the total program cost may be allo the Program. The HOPWA Administrative cost cannot b total Program cost. | | | | | | | |

¹ 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.



COMMISSION AGENDA ITEM DOCUMENT ROUTING FORM Today's Date:



DOCUMENT TITLE: COFL and HOPWA 1ST AMENDMENT TO FY 2018-2019 PROVIDER AGREEMENT FOR SUNSHINE SOCIAL SERVICES, INC.

| COMM. MTG. DATE: 6/5/2018 CAM #: 18-0394 ITEM #: PH-1 CAM attached: YES □NO | | | | | |
|--|---|--|--|--|--|
| Routing Origin: CAO Router Nar | ne/Ext: Sonia Ext 5598 Action Summary attached: 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 | | | | |
| CIP FUNDED: YES NO | such as roof replacement, etc. Term "Real Property" include: land, real estate, realty, or real. | | | | |
| 1) Dept: HCD Router Name/Ext: Simone Ext. 4516 # of originals routed: 2 Date to CAO: 2/8/2021 | | | | | |
| 2) City Attorney's Office: Docume | ents to be signed/routed? XYES NO # of originals attached: 2 | | | | |
| Is attached Granicus document Fina | APPROVED AS TO FORM: YES NO | | | | |
| Date to CCO: 200 Tania Marie Amar Attorney's Name Initials | | | | | |
| 3) City Clerk's Office: # of original | s: Routed to: Donna V./Aimee L./CMO Date: | | | | |
| 4) City Manager's Office: CMO LOG #: Feb - 12 Document received from: Assigned to: CHRIS LAGERBLOOM TARLESHA SMITH GREG CHAVARRIA CHRIS LAGERBLOOM as CRA Executive Director | | | | | |
| APPROVED FOR C. LAGERBLO | OOM'S SIGNATURE \(\square\) N/A FOR C. LAGERBLOOM TO SIGN | | | | |
| PER ACM: T. Smith (Initial/Date) PER ACM: G. Chavarria (Initial/Date) PENDING APPROVAL (See comments below) Comments/Questions: | | | | | |
| Forward | | | | | |
| 5) Mayor/CRA Chairman: Please sign as indicated. Forward originals to CCO for attestation/City seal (as applicable) — Date: | | | | | |
| 6) City Clerk: Forward originals to CAO for FINAL APPROVAL Date: | | | | | |
| 7) CAO forwards originals to CCO Date: | | | | | |
| 8) City Clerk: Scan original and forwards 2 originals to: HCD/ Simone Ext.4516 ** Please provide a scan of completely signed documents to ssierra@fortlauderdale.com | | | | | |
| Attach certified Reso # | YES NO Original Route form to Sonia Sierra - CAO | | | | |