

Community Redevelopment Agency  
Scattered Site Infill Housing  
RFP 12385-105



Oasis of Hope CDC

600 SW 3<sup>rd</sup> Street, Suite 2290  
Fort Lauderdale, FL 33311  
954-586-1283 Office  
954-951-6239 Fax  
[www.oasiscdc.org](http://www.oasiscdc.org)

Contact: Jacqueline Reed  
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#### **4.2.2 Executive Summary**

Oasis of Hope Community Development Corporation is a 501 (c ) (3) not-For profit organization with a mission to provide assistance and support to our community through community based program. We provide decent, safe, and affordable housing to the lowest income families and individuals through new construction housing development, financial education, first time homebuyer, foreclosure education, youth housing, youth financial literacy, and youth life skills program for a second chance in life.

The purpose of this proposal is to design, construct, market, and sell single family residences on parcels donated by the CRA within the Northwest Progresso Flagler Heights Community Redevelopment Area (NPF CRA) to persons who will occupy the residences as their primary and homesteaded residence, pursuant to the community redevelopment plan and in accordance with the terms, conditions, and specifications contained in this request.

The objective is to provide homes in neighborhoods that will help eliminate slum and blighted conditions including the purchase and disposition of property and receive incremental ad valorem tax revenues from designated taxing authorities in order to fund its activities.

Home Construction will consist of a choice of three bedroom, two bathroom and a one- car garage or a three bedroom, two and ½ bathroom with a two- car garage. These homes will range from 1,500 sq. ft. to 2,100 sq. ft. with prices ranging from \$259,900 to \$290,000.

Oasis of Hope CDC (also known as Oasis CDC) and Hatcher Construction & Development, Inc. shall develop five lots of the 40 sites under the City of Fort Lauderdale's Community Redevelopment Agency Scattered Site Infill Housing RFP #12385-105 and five additional lots at a time if allowed as they become available to Oasis of Hope CDC in the Fort Lauderdale area. Oasis of Hope CDC is currently addressing the Pompano Beach District 5 residential area to complete homes in the area. Oasis of Hope CDC's affordable housing plan is structured to address the diverse needs of our targeted communities. One purpose is to create housing opportunities for first time homebuyers and ultimately increase the overall percentage of owner occupied housing within the Fort Lauderdale communities and in Broward County. We designed housing to attract a mixture of incomes. The prices range from \$249,900 and \$295,000 standards without options. Home buyers that are below 80% of Area Median Income (AMI) are asked to pay a minimum of 1-3% down payment with qualified buyers being able to leverage grant funds to assist with down payment and closing costs on a first come, first served basis while funds are available to buyers. For Market purchased price houses, buyers are required to pay a minimum of 3.5% down payment over 80% and above and are able to take advantage of other banking grants as well as state bonding or AHP grants.

The real property of interest is located within the Northwest-Progresso-Flagler Heights Community Redevelopment Area ("NPF CRA") between Broward Boulevard, Sunrise Boulevard, NW 24 Avenue and the Florida East Coast Railway.

#### **4.2.3**

##### **A. Company Information**

Oasis of Hope Community Development Corporation, Inc.  
600 SW 3rd Street Suite 2290  
Pompano Beach, FL 33060  
954-586-1283 Office



954-951-6239 Fax  
www.oasiscdc.org Website  
Point of Contact: Jacqueline Reed  
President and CEO  
954-699-8375-cell

Oasis of Hope CDC's principal business is the creation of housing opportunities for low to moderate income first time homebuyers, including homebuyer education and credit counseling, financial literacy and overall community revitalization. Activities include new construction development, delivery of financial literacy programs like MoneySmart, budget and credit counseling, HUD-approved counseling services, training and down payment assistance programs since 2009.

Oasis of Hope CDC's affordable housing plan is structured to address the diverse needs of our targeted communities. One purpose is to create livable and affordable opportunities for the South Florida area particularly Fort Lauderdale. Oasis has actively identified opportunities to partner with builders, lenders, and government agencies to provide not only affordable housing, but also workforce housing in the South Florida Market.

We have been in partnership with the City of Fort Lauderdale, Pompano Beach, and Broward County on several programs and projects for over 12 years. These projects have led to many completed homes within the local communities.

Oasis CDC is well recognized among many of the churches and neighborhood organizations within the South Florida community.

We believe our customer's needs are of the highest importance and we will provide them with superior service which will exceed their expectations.

We have teamed with two developers who are in the process of creating 25 Townhouses and 12 single-family houses. Families are currently moving in and/or waiting for their homes to be completed in the Fort Lauderdale area Sweeting Estates area. Together we are improving the lives of individuals of our community. In addition to the Sweeting Estates Homes in Fort Lauderdale, we have three single family homes being constructed in Pompano Beach. Individuals are securing their loan financing for these homes. Another issue that is being addressed is renter needs. We have two four-plex apartments building that is currently being rehabilitated that will address the immediate need of affordable housing rentals. Our housing development plan is designed to address the issues mentioned above and to contribute to the critically needed housing stock.

Another important initiative under Oasis of Hope CDC's housing plan is the Homebuyers Education Program. The Homebuyers Education Program provides a pipeline of prequalified buyers which are potential homeowners who have been educated on the home buying process and are trained to take care of their home investment and avoid financial pitfalls. These educated homeowners will assist in the revitalization of the community and become involved in their own watch program for the neighborhoods that already exist.

The Homebuyer Education Program is designed to assist individuals of all income communities throughout Broward County in becoming homeowners. Clients that are in the program will receive a five-part training about homeownership and securing a home loan and are more equipped and likely to

remain homeowners throughout the life of their loans and pass on this legacy from generation to generation. Clients also benefit from free one-on-one counseling sessions with trained Spanish speaking and Creole speaking housing counselors for pre- and – post-purchase housing counseling. The post purchase support program offers home repair and maintenance workshops. Foreclosure prevention seminars, refinancing and default mortgage and loss mitigation assistance are also available as needed.

The staff of Oasis of Hope CDC believes that not only is homeownership the American Dream, but that it also provides security, pride and equity, for which homeownership may be used to improve their quality of life.

When residents become homeowners there is a tendency to protect the look and feel of the community and usually property value increases. This translates into increased ad-valorem taxes for the City of Fort Lauderdale.

Oasis of Hope CDC has been in existence since 2009 under the leadership of Jacqueline Reed-Tufts and its Board of Directors are comprised of individuals throughout the Broward, Palm Beach, and Miami Dade Counties.

**B. Minority/Women**

N/A

**C. Background, Experience and Qualifications of Key Staff and Principals:**

Jacqueline Reed, MBA, President and CEO of Oasis of Hope CDC, is the principal staff associated with the proposed Scattered Site Infill Housing Project. She serves as the developer and has managed construction projects for other nonprofit organization as well as Oasis of Hope CDC. She has worked on numerous community projects that promote homeownership in targeted communities. Ms. Reed serves on an array of community boards and committees, and is a HUD certified homebuyer educator and counselor. **(Please refer to Attachment A for staff resumes).**

Edgar Palencia, is the Program Manager for Oasis of Hope CDC; his responsibilities include research, compiling reports, data collection and assessment of clients to determine their ability to purchase a home. Mr. Palencia assists in coordinating the homebuyers' education program and is a HUD certified counselor. **(Please refer to Attachment A for staff resumes)**

Martha Toomer, is the Office Manager/Counselor for Oasis of Hope CDC; her responsibilities include grant research, writing grants, compiling reports, data collection and assessment of clients to determine their ability to purchase a home. Ms. Toomer assists in coordinating the homebuyers' education program and is a HUD certified counselor. **(Please refer to Attachment A for staff resumes)**

We are registered with HUD as an approved housing counseling agency.

Oasis of Hope CDC was founded as a nonprofit organization and exempted with the IRS and registered with the State of Florida as a Corporation. **(Please refer to Attachment B)**

Please provide a list of similar and previous projects for Oasis of Hope CDC

**(Please refer to Attachment C)**

**D. General Contractors' Information:**

The general contractor partner is William Hatcher of Hatcher Construction and Development, Inc. The general contractor's principal business is construction of homes, businesses and structures, primarily in the South Florida area.

About Hatcher Construction and Development, Inc.:

Hatcher Construction is a family-owned and operated construction company serving South Florida since 1999. They specialize in quality custom home construction. Over the past two decades, they have constructed homes ranging from contemporary to traditional design. All of their homes are unique, and they work closely with their clients to design homes that fit their architectural style and budget. They are committed to maintaining the highest levels of professionalism, integrity, honesty and fairness in their relationships with suppliers, subcontractors, professional associates, and clients.

**(Please refer to Attachment D) Contractor's Info**

Architectural, interior design, and project management firm:

Design2Form (D2F) has over 65 years of combined experience; they possess a wealth of knowledge to contribute to our project. Their team is knowledgeable in public and private sector projects for the development and redevelopment of small single-site projects to large projects, including new construction, renovations and remodels, and other A/E services. Over 80% of their project experience includes renovations, alterations and remodeling.

**(Please refer to Attachment E) INSERT Architect INFO**

**Nonprofit partner or bank homebuyer counseling program:**

As the developer of this project, Oasis of Hope CDC will be responsible for providing all buyers and the analysis for down payment assistance through our HUD approved Homebuyer Education Counseling Program.

**E. Business structure: (Please refer to Attachment F)**

Copy of Firm's Articles of Incorporation

F. Oasis of Hope CDC is a nonprofit organization with five staff persons which includes an Executive Director and four staff members, a nine-member board of directors that provides technical experience as needed, a general contractor and his team of construction and developers, as well as the Architect and Engineering team. Between the staff and board of directors, Oasis of Hope has an 80 plus year combined development capacity level of experience. The Executive Director/President and CEO has developed over 63 houses in the Miami Dade and Broward County areas. The Board of Directors comprises attorneys, past developers, business owners, bankers, and community leaders to market this project to the working class citizens of Fort Lauderdale, Florida.

G. The contractors will work towards offering local residents of the community an opportunity whenever or wherever the opportunity is available.

**H. References from Vendors:**

(Please refer to Attachment G)



#### **4.2.4 Reserved**

**Operational Budget (Please see attachment H)**

#### **4.2.5.**

##### **A. Financial Information:**

Debbie Langston, VP/Office Manager  
Centennial Bank  
400 N. Federal Highway  
Pompano Beach, FL 33062  
954.876.2322 P  
954.876.2304 F  
dlangston@my100bank.com

##### **B. Annual Income Statement past three years (See attachment I)**

**Proposed Project Financial pro-forma (See Attachment J)**

#### **4.2.6. Project Plans and Information: (See attachment K)**

**Specs and schematic proposed typical site plan for each unit type (See attachment L)**

**Copy of Builders Home Warranty. (See attachment M)**

##### **K. Proposed ownership and/or management structure of the proposed project.**

Oasis of Hope CDC will take ownership of the property as a quick claim deed from the City of Fort Lauderdale Community Redevelopment Agency. Oasis of Hope CDC has the intention of developing and building five single family detached homes at a time as the lots become available. The homes will be sold to each buyer upon completion and the home is granted a Certificate of Occupancy by the City of Fort Lauderdale. If buyers receive down payment assistance, the buyers will receive a 15 year deed restriction attached to the property. The buyers will be required to utilize the home as its primary residence for the 15 years, after which time buyers are granted a release to move or sale without a penalty attached to the property.

##### **L. Marketing Plan**

Oasis CDC has a multi-faceted marketing plan for the five to 40 homes being constructed in the Fort Lauderdale surrounding area, five homes at a time, as they become available if awarded:

We will create brochures/flyers describing the new homes and target employees who meet the homeownership criteria.

The flyers will be posted within the offices/websites of the offices of the City of Fort Lauderdale's Government Unit, the City of Fort Lauderdale's Police Department Headquarters, the City of Fort Lauderdale's Fire Stations, churches, and medical facilities.

In addition, flyers will be distributed to area schools, local retail stores, hospitals, airport employees, and publicized through social media.

We will also distribute the flyer electronically to the Broward County Affordable Housing Task Force members (including financial institutions) that have a particular interest in workforce housing, as well as non-profit organizations that provide counseling and housing to low and moderate income individuals and families.

**Projected Timetable for Development:**

After lot award and development contract agreement, site preparations begin with an estimated time:

Quick Claim Deeds.....	03/01/2021
Title/Recording and Closings.....	03/31/2021
Loan Approval process begins .....	03/31/2021
Appraisals.....	04/15/2021
Land Survey.....	04/06/2021
Environment.....	04/30/2021
Completion of Architectural Drawings.....	06/01/2021
Impact Fees waiver request.....	06/30/2021
Permitting Process.....	07/15/2021
Marketing of Houses using Landing.....	09/01/2021
Construction (Site Work) beginning.....	12/01/2021
Construction Completion.....	05/01/2022
Final Survey.....	05/15/2022
Certificate of Occupancy.....	05/31/2022
Final Walk through.....	06/10/2022
Home owner move in.....	06/15/2022

**N. Graphic perspective/views that realistically depict the project at street level: (see attachment N)**

O. N/A

**P. Smaller Lot (See attachment O)**

#### 4.2.7

##### **A. Homebuyer Information (See attachment P)**

Letters of Intent from six approved buyers

##### **B. Housing Buyer Preference Categories**

The occupational categories that will be targeted are School Teachers, Fire Fighters, Police Officers, Government workers, Professionals, Retirees, Medical Employees, and Business Owners.

The target market is the working class in categories of 80 to 120% of the Area median income.

As a HUD approved Housing Counseling Agency, we are targeting the workforce market to potentially increase the homeownership opportunities for the neighborhoods of Fort Lauderdale, which will affect and support the overall community growth.

#### 4.2.8

N/A

#### 4.2.9

N/A

#### 4.2.10 Required Forms

##### **A. Proposal Certification (Submitted)**

##### **B. Non-Collusion Statement (Submitted)**

##### **C. Local Business Preference (LBP) (Submitted)**

##### **D. Discrimination Certification Form (Submitted)**

##### **E. Sample Insurance Certificate (See attachment Q )**

##### **F. Signed Addendum No. 1 (See Attachment R)**



# **Attachment A**

Jacqueline Reed  
501 NW 21<sup>st</sup> Terr.  
Fort Lauderdale, FL 33302

Jacketuft@yahoo.com EMAIL

954-699-8375 CELL

### SUMMARY OF QUALIFICATIONS

18+ years of nonprofit organizational management & construction development  
10+ years of staff management  
8+ years of banking experience  
2+ years as adjunct professor

### SUMMARY OF EMPLOYMENT

#### **OASIS OF HOPE COMMUNITY DEVELOPMENT CORP.** President/CEO

Fort Lauderdale, FL  
Jan. 2013 – Present

- Responsible for overseeing and increasing a solid based organization.
- Responsible for implementing new programs and creating stability.
- Responsible for assisting organization build sustainability.
- Responsible for writing grants.
- Responsible for coordinating First Time Homebuyer Education Program for Broward. Assist Client with program process and procedure for mortgage persons.
- Development of new construction affordable home

#### **NORTHWEST COMMUNITY CONSORTIUM, INC. (Consultant)** Executive Director/Consultant

West Palm Beach, FL  
Nov. 2010 – Dec. 2013

- Responsible for all operational and administrative duties of the organization
- Responsible for implemented goals and writing grants to sustain organization.
- Responsible for organizing community projects and meeting with all community leaders to collaborate community efforts.

#### **CITY OF WEST PALM BEACH** CRA Project Manager

West Palm Beach, FL  
June 2009 – October 2010

- Responsible for writing grants.
- Correspond with City Officials, major decision makers and community leaders.
- Responsible for developing a strategic plan to assist community leaders in becoming organizationally sound to implement new programs for services in the community.

#### **Nonprofit Startup Consultant**

- Consultant for nonprofit startup organization

Fort Lauderdale, FL  
2002 - 2009

#### **UNIVERSAL TRUTH COMMUNITY DEVELOPMENT CORP.** Housing Director/Project Coordinator

- Responsible for implementing all community housing projects and programs for the organization.

Miami, FL  
1999 – 2002

#### **MIAMI DADE COLLEGE**

##### Adjunct Professor

- Marketing and Mortgage Finance Instructor

Miami, FL  
1999 – 2003

#### **SUNTRUST BANK**

Community Reinvestment Act (CRA) Liaison  
Management Associate, Commercial Lending  
Financial Analyst, Budget and Finance Division Assistant

Fort Lauderdale, FL  
1995-1997  
1994-1995  
1990-1994

- Liaison for banks' community outreach projects for Affordable Housing Residential Real Estate Lending Department.

**EDUCATION and Continuing Education Units (CEU)**

Southern University, Baton Rouge, LA; Bachelor of Science, Business 1983  
Nova Southeastern University, Davie, FL; Master's in Business Administration 2004  
Harvard Divinity School Summer Leadership Institute 2007  
Florida State University, College of Business, Jim Moran Institute for Global Entrepreneurship 2017  
FIU/LISC, Miami, FL Community Development Training Institute, 2004 and 2005  
Money Smart Seminar, Federal Reserve Bank, Miami, FL, certified, 2003  
Neighbor Works Certificate of Professional Recognition in Homebuyer Education Train the Trainer certification and Training Certification, 2003  
American Homeownership Education & Counseling Training, and Train the Trainer, certification, 2001  
Project Development Program, (DTI), Miami, FL, 2000  
The Keys to Project/Construction Management, Miami, FL, 2000

**AFFILIATIONS and ACTIVITIES**

Past member and past Vice President—Broward Alliance for Neighborhood Development (BAND) – 2006  
Community Member – Broward Housing & Community Development Task Force (Current)  
Urban Land Institute (ULI) Southeast Florida/Caribbean Presenter – 2007  
Past National City Bank Community Development Corporation Advisory Board Member – 2008  
City of Miramar Affordable Housing Advisory Board member – Current  
Past City of Coral Springs Affordable Housing Advisory Board – 2008  
Big Brothers/Big Sisters Program – 2008  
Leadership Broward 2008 (Class XXVII)  
Florida Housing Coalition Annual Presenter 2008  
Legacy Award, South Florida's 25 Most Influential and Prominent Black Women in Business and Leadership 2015  
Past Advisory Board Member of City of Fort Lauderdale CRA – 2016  
TIL Life Coach Advisory Member - 2017  
Delta Education and Life Foundation, INC. –Board of Directors – 2018

Reference: Available upon request

#### BIO of David Zimet

David Zimet, PhD, has been a board member of Oasis of Hope since its inception. He presently is an owner of a restaurant and catering business in New Orleans; a business he started with one of his sons in 2006. He has served as the Executive Director of the Boynton Beach Faith Based Community Development Corporation, the principal of Leadership Academy West (in West Palm Beach), and was President of the Florida State Rural Development Council. He was a faculty member of the University of Florida for 16 years.

## EDGAR S. PALENCIA

7753 Courtyard Run W. Boca Raton FL 33433

Home (561) 372-8682 Mobile (561) 213-3160

[epcounselor@gmail.com](mailto:epcounselor@gmail.com)

### Overview

The more than seventeen years working for Consumer Credit Counseling agencies has given me the ability of providing education to consumers in solving their ongoing indebtedness or finding viable solutions to their housing issues based on realistic budgeting that reflects their current financial situation.

- Languages: English~Spanish
- Reverse Mortgage HECM Counseling  
~HUD Roster N° U6HV00
- Florida Hardest Hit Funds Programs:  
~Principal Reduction Program  
~Mortgage Loan Reinstatement Payment Program (MLRP)  
~Unemployment Mortgage Assistance Program (UMAP)
- Consumer Credit Counseling:  
~Debt Management  
New applicants enrollment  
Customer Service  
Existing Client's account management  
~Credit Counseling  
Budgeting  
Action Plans  
Understanding Credit Reports

### Employment

**Oasis of Hope CDC.** From 6/2/2014 – Currently working  
600 SW 3<sup>rd</sup> Street #2290, Pompano Beach, FL 33460  
Reverse Mortgage HECM Counselor & Housing Advisor for FHH – FHH-PR Programs

**AutoNation Greenacres Chevrolet** From 4/1/2014 – 5/31/2014  
5757 Lake Worth Rd, Greenacres, FL 33467  
Pre-Owned Car Salesman

**Consolidated Credit Counseling Service, Inc.** From 1/6/2014 – 2/28/2014  
5701 W Sunrise Blvd., Ft Lauderdale, FL 33313  
Debt Management

**CCMS. Consumer Credit Management Services.** 12/3/2007 – 12/31/2013 (6 Years)  
14000 S Military Trail, Suite 208A Delray Beach, FL 33483 (CLOSED OPERATIONS)  
Debt Management & Housing Advisor for FHH – FHH-PR Programs

**Delray Credit Counseling Corp.** (6/21/2004 – 7/7/2007 (3 Years)  
5300 W Atlantic Ave. Suite 701, Delray Beach FL 33484  
Debt Management & Housing Advisor for FHH – FHH-PR Programs

**Debtermind Inc.** 9/1/2003 – 5/15/2004 (8 months)  
Unknown Current Location  
Debt Management & Housing Advisor for FHH – FHH-PR Programs

**New Beginning Credit Counseling Inc.** 1/1/2002 – 31/8/2003 (1½ Years)  
Unknown Current Location  
Debt Management

**Debt Management Associates.** 1/1/ 1999 – 12/31/2002 (3 Years)  
Unknown Current Location  
Debt Management (In Spanish for Puerto Rico Applicants)

### Education

**NCHEC** Certification in Homeownership Counseling  
**NCHEC** Reverse Mortgage HECM Counseling HUD approved Certification  
**Center for Financial Certifications (CFC)** Consumer Credit Counselor Certification (expired)  
**Royal Palm Beach High School**, GED Diploma  
**Basic Computer Literacy**  
**Bilingual** (English-Spanish)

### Personal

- Born in Guatemala
- Date 04/14/1949
- US Citizen since 03/21/2012

*References and Supporting Documentation Furnished Upon Request*

09/26/2016



# MARTHA TOOMER

## PROFILE

I am a passionate leader in customer service and community service outreach. With a combined eight years of small business experience serving the judicial system and providing great customer service and leadership, I have an outstanding ability to build rapport and cultivate loyal relationships with customers, clients, staff, and executives.

Seeking a position in line with my qualifications, with potential for growth and advancement.

## CONTACT

### PHONE:

(305) 499-0152

### ADDRESS:

75 NE 202<sup>nd</sup> Terrace, Apt P16  
Miami, Florida 33179

### EMAIL:

marthaktoomer@gmail.com

## INTERESTS & HOBBIES

Community service, helping the less fortunate, international outreach to orphanages in Haiti. Leading community partnerships to help students and staff of underachieving middle schools, conducting free workshops to help single mothers develop new skills and generate income. Project Manager for the African-American Ladies' Legacy Foundation.

Reading, traveling, skating, and fitness.

## EXPERIENCE

### Oasis of Hope Community Development Corporation – Housing Counselor & Administrative Services

8/19/2019 to Present

- Prepare, maintain, and update client information and case notes into data management and filing system
- Assist staff with completing reports, following up with clients weekly, setting up client appointments, workshop preparation, creating flyers, and assisting with registration and enrollment of workshop attendees
- Provide one-on-one phone counseling for clients for pre-purchase, affordability, mortgage readiness, and compliance prerequisites required by funding programs and sources
- Create and record action plan to clearly identify next steps required for client to stay on track with keeping their goal of homeownership
- Ensure Personal Identifiable Information and all confidential documents are protected and safeguarded by following policies, procedures and maintaining adherence to all guidelines regulated by governmental agencies, programs, and partners

### Reign Fwd Resource, Inc. – CSP Manager

7/1/2017 - 8/7/2019

- Hire and train new inbound sales and customer service agents to provide friendly, knowledgeable, and VIP/excellent customer service experience for the customers; as well as how to assist customers with product questions, placing new orders, handling existing orders, returns, replacements, how to provide store-specific support, and how to contact vendors for shipping information
- Educate agents on how to show immediate genuine empathy and patience throughout the call, while resolving customer issues effectively using call flow techniques, troubleshooting, and maps and tools, reducing the need of escalation of matters
- Develop, manage, and track the performance of all agents to ensure compliance with all policies and procedures and performance requirements
- Ensure all agents are following all security standards and procedures for established physical and electronic safeguards against the disclosure, destruction, loss, theft, or alteration of any client and customer account data, cardholder data, and sensitive authentication data
- Motivate and reward agents for meeting or exceeding Star Performance Metrics
- Run bi-monthly payroll and make direct deposits for payment of invoices

### Court Reporter, Freelance /Owner

6/30/2010 – 7/1/2017

- Stenographically type at 225 WPM and above, verbatim with accuracy, complex civil trials, hearings, depositions, examinations under oath,



- independent medical examinations, and in-chamber proceedings by using Computer Aided Transcription software methods
- Read back court and deposition testimony during proceedings upon request
- Swear in all witnesses and interpreters and provide Certificates of Oath
- Provide Certificates of Nonappearance for lawyers and judges.
- Mark, maintain, and upload all exhibits for proceedings
- Meet deadlines and prepare regular, rush, or same-day transcripts at the request of judges, lawyers, and pro se witnesses
- Ensure transcripts are properly prepared for synchronized videotaped deposition testimony
- Ensure all confidential records are properly stored electronically and/or shipped to judges and lawyers
- Coordinate and conduct web streaming proceedings for lawyers appearing via web cam in other cities and states
- Provide case management services and maintain all cases according to the Florida Rules of Civil Procedure
- Provide access for depository services so that clients can access online, search, highlight, and print documents anywhere in the world
- Invoice clients for services provided and provide client support for all inquiries

**Quipp Systems, Inc. - Production / Payroll Clerk**

2/1/2001 – 9/26/2008

- Compiled and recorded data from documents such as customer orders, product specifications, and individual worker production sheets
- Printed reports for department supervisors based on data compiled, tabulated, and computed
- Assisted MIS Coordinator with AS400 server administration functions
- Ensured daily tape backups for AS400 Windows 2000 and Ethernet servers
- Monitored job queue to make sure jobs were not held up
- Maintained time and attendance system
- Reviewed time sheets for completeness and payroll register totals
- Entered new employees in system and distributed badges

**EDUCATION**

**Key College – Associate in Science - Court Reporting**

August 2007 - May 2010

- Civil, Criminal, Probate and Family Courtroom Procedures
- Jury Charge, Literary, and Deposition Testimony
- Accounting
- Business Law
- Computer Technology

**Devry University – Courses in Electronics & Computer Technology**

2003 - 2004

**Florida Metropolitan University – Courses in Business Administration**

2001 - 2002

**HARD & SOFT SKILLS**

- Microsoft Office, Excel, CRM, Salesforce, CMS, VPN, RSA, VMware systems, Outlook, Skype, QuickBooks, YesLaw, and RB Database, Cash flow management
- Ability to type 225 WPM using CAT software and stenographic equipment
- Effective verbal and written communicator, active listener, and effective conflict resolver
- Energetic, team-oriented, and very detail-oriented while working in a fast-paced work environment both local and nationwide

## **Attachment B**

# *State of Florida*

## *Department of State*

I certify from the records of this office that OASIS OF HOPE COMMUNITY DEVELOPMENT CORPORATION, INC. is a corporation organized under the laws of the State of Florida, filed on March 23, 2009.

The document number of this corporation is N09000002938.

I further certify that said corporation has paid all fees due this office through December 31, 2020, that its most recent annual report/uniform business report was filed on January 15, 2020, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Fifteenth day of January, 2020*



*Randy Be*  
Secretary of State

Tracking Number: 1601455689CC

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

## **Attachment C**

Project Name	Location	Project Type	No. Of Units	Year
Oasis of HOMES	Pompano Beach, FL	Single Family Infill Housing	Two	2016



Subdivision – Collier City/Pompano Beach  
 Two 3 bedroom/2 bath/1 car garage  
 Two Single Family Homes Completed  
 Builder- Harper and Sons Construction  
 Year Completed – 2017-2018  
 Total Cost – \$285,000  
 Square Footage – 1,734  
 Purchase Price - \$177,000-\$178,000  
 Purchase Assistance - \$40,000 City of Pompano Beach Office of Housing  
 Land Donation by – Pompano Beach CRA  
 Financed by – Valley National Bank

Aged Out Foster Care Living Facility	Pompano Beach, FL	Multi-family	Eight units	2012-2015
--------------------------------------	-------------------	--------------	-------------	-----------



Acquisition and Rehabilitation Project – Broward HOME/CHDO Source \$350,000





Before Kitchen



After Kitchen



Before Living Area



After Living area

Subdivision – Pompano Beach  
 Two FourPlex units Purchased  
 2 bedroom/1 bath  
 Contractor- Harper and Sons Construction  
 Year Completed - 2015  
 Total Cost – \$600,000  
 Rehab Cost - \$75,000 Finance by Valley National Bank  
 Purchase Price - \$525,000  
 Finance by – Regent Bank now known as Centennial Bank

River Gardens/Sweetings

Fort Lauderdale, FL

Single Family Infill Two

2007



Subdivision – River Gardens/Sweeting Estate  
 Two 3/4 bedroom/2 bath/2 car garage  
 Two Single Family Homes Completed  
 Builder- HBD Developers  
 Year Completed - 2008  
 Total Cost – \$847,000  
 Square Footage - 2,200  
 Purchase Price - \$232,000  
 Purchase Land from Bank of America  
 Financed by LISC West Palm Beach



Sweeting Estates Phase I

Fort Lauderdale, FL

Single Family Homes 14

2005 -2006



Subdivision – River Gardens/Sweeting Estate partnership with Bank of America and The City of Fort Lauderdale CRA

Fourteen – 3/4 bedroom/2 bath/2 car garage

Single Family Homes Completed

Builder- Harper and Sons Construction

Year Completed - 2006

Total Cost – \$1,347,000

Square Footage – 1,400 -1,800

Purchase Price - \$145,000-165,000

Land Donated by City of Fort Lauderdale

Finance by – Bank of America

Roosevelt Gardens/Lennar Homes Partnership Phase I    Single Family    Unincorporated Broward  
2006-2007



Subdivision – Roosevelt Gardens Phase I partnership with Lennar Homes and Broward County Housing Finance Authority

3 bedroom/2 bath/2 car garage

19 Single Family Homes Completed

Developers/Lennar Homes/Broward County Partnership

Year Completed - 2006

Total Cost – \$4,900,000

Square Footage - 2,200

Purchase Price - \$129,000-\$219,000

Land Donated by Broward County

Roosevelt Gardens Phase II  
Homes Five 2006-2007

Fort Lauderdale, FL Unincorporated Broward County

Single Family

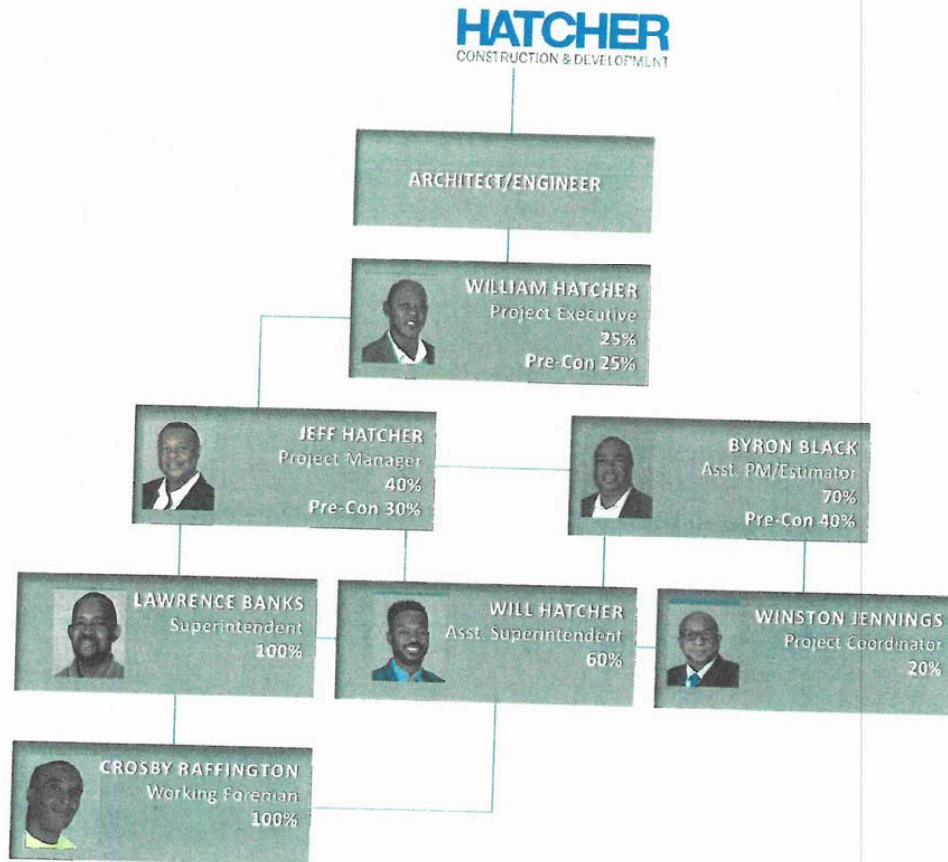


Subdivision – Roosevelt Gardens Phase II  
3 bedroom/2 bath/2 car garage  
Five Single Family Homes Completed  
CDC/Jacqueline Reed-Tufts/Broward County  
Contractor – Carter Construction  
Year Completed - 2007  
Total Cost – \$1,700,000  
Square Footage – 1,687  
Purchase Price - \$135,000-\$165,000

Land Donated by Broward County Housing Finance Authority

Project Financed by LISC West Palm Beach

## **Attachment D**



#### EXPERIENCE OF OUR PROJECT TEAM

Hatcher Construction and Development utilizes an excellent team of experienced, knowledgeable and skilled construction managers to successfully accomplish each task. Our team is readily available to address core business stipulations in the field of construction procurement and project management. Our team strives to exceed client expectations by putting customer needs at the center of each project.

We are confident that our years of exceptional and ethical service can provide the optimal results expected for your project and that this team is most qualified for your building needs. As experts in this field we can deliver cost effective, quality work in a timely manner. Your vision coupled with our optimism, expertise and established client relationship will get the job done while exceeding all expectations.

## **Attachment E**



## FIRM PROFILE

Design2Form (D2F) is a full service architectural, interior design, and project management firm serving the South Florida Tri-County Area. Founded in 2002, by the Owner and Principal Architect, Mr. Zamarr Brown, Design2Form strives on putting forth the greatest effort on every project to produce sustainable, high-quality outcomes. Mr. Brown, along with his firm's key associates are experienced in a wide variety of project types including residential, healthcare, commercial, educational, hospitality, industrial, religious / inspirational, and civic facilities.

With over 65 years of combined experience, we possess a wealth of knowledge to contribute to our projects. Our team is knowledgeable in public and private sector projects from the development and redevelopment of small single-site projects to large projects including new construction, renovations and remodels, and other A/E services. Over 80% of our project experience includes renovations, alterations and remodeling.

Working in our communities is important to us and we proudly had the opportunity to engage community leaders, agencies, business owners, residents, and local youth while working on various projects. Our team is honored to have the opportunity to serve as their common voice and source of motivation and inspiration.

The Design2Form team of LEED Accredited Professionals makes every attempt to maintain environmental consciousness throughout all of our work by incorporating LEED approved green building practices from a practical and fiscal perspective. Our Eco-friendly approach takes into consideration the life cycle, consumption of resources, waste management, and quality of life for all of our projects. In the greatest effort to be green, we aim to increase energy, water efficiency, durability, air quality, and use environment friendly products.

Our mission is to stand as a common thread in uniting ideas, concepts, budgets, and contexts. We approach each project with the client's objectives in mind, and work to make responsible decisions that are cost effective and sustainable. This approach allows our team to establish genuine, professional, and personal relationships.

Design2Form received the 2013 Top Minority Business Award in the Outstanding Minority (Small) Business of the Year category by the Greater Miami Chamber of Commerce and the Legacy Magazine 2013 40 Under 40 Black Leaders of Today & Tomorrow.

## SERVICES

- Master Planning
- New Construction
- Interior & Exterior Renovation
- Façade Renovation
- Historic Preservation
- Bidding Negotiation Services
- Cost Estimating / Value Analysis
- Construction Administration
- Architecture
- Land-Use Studies
- Program & Feasibilities
- Studies 40 year Building
- Recertification Lighting Studies
- Re-roofing & Water Infiltration Studies
- Life Safety & Handicap Accessibility Compliance Studies (ADA)
- Contract Administration, Purchasing, Grant Acquisition & Administration
- Design-Build Services
- Interior Design & Space Planning



2001 Tyler Street, Suite #2, Hollywood, FL 33020

Tel: 954.885.7885 ■ Fax: 877.867.9424 ■ info@design2form.com ■ AA26002666 ■ IB26001476





Joelle has over twelve years of experience working in the architectural field including multi-family residential, commercial, urban planning and resort design. She also has a special interest in Sustainable Design and has experience with LEED Certifications.

**Principal Responsibilities:** Manages architectural projects from the conception stage through construction and completion, ensuring that teams meet quality, schedule, contractual, and budget goals. Supervises and leads a team of Designers and Architect Interns to maintain technical and design quality control. Conducts client meetings and coordinates with consultants. Maintains records to document phases of client /architect / contractor relationship and activities.

### PROFESSIONAL EXPERIENCE

**Project Architect | Design2Form | Miami, FL | September 2009 - Present**

#### Notable Projects

- Miami Dade College Computer Lab (Miami, FL)
- Florida Christian Academy of America Youth and Family Development Center (Miami, FL)
- Opa-Locka CDC Magnolia North Master Plan and Revitalization Project (Opa-Locka, FL)
- Opa-Locka CDC 2145 Lincoln Ave Apartment Building – New Construction (Opa-Locka, FL)
- NW 12th Avenue Linear Park Neighborhood Revitalization and Parks Master Plan (Miami, FL)
- Urban League of Broward County Community Empowerment Center (Ft. Lauderdale, FL)
- Marlins Stadium Site Parking (Miami, FL)
- North Miami Police Athletic League Training Facility (North Miami, FL)

**Part-Time Lecturer | University of Miami | Miami, FL | August 2009 - April 2011**

**Intern Architect | Bermello Ajami & Partners | Miami, FL | July 2006 - February 2009**

#### Notable Projects

- Broadway Pier Cruise Ship Terminal (San Diego, CA)
- NAP (Network Access Point) of West Africa (Canary Island, Africa)

### REGISTRATIONS & CERTIFICATIONS

- Registered Architect (AR96186), Florida
- LEED AP (Leadership in Energy and Environmental Design Accredited Professional)
- NCARB (National Council of Architectural Registration Boards)

### EDUCATION

- University of Miami | Miami, FL | 2008 | Master of Architecture in Suburb & Town Design (New Urbanism)
- Howard University | Washington, DC | 2006 | Bachelor of Architecture | Summa Cum Laude

### PROFESSIONAL AFFILIATIONS

- Secretary of South Florida NOMA (National Organization for Minority Architects)
- Miami-Dade Chamber of Commerce



Ms. Ivonne Sanchez serves as an Architectural Designer with Design2Form. An ambitious Architectural Designer, Ms. Sanchez brings a deep passion to create aesthetically pleasing designs to every project. Her experience encompasses several project types which include commercial, single-family housing, multi-family residential, mixed-use, educational, religious and hospitality projects. The Design2Form team can count on Ms. Sanchez's unique and impactful designs that add value to many of the new construction and renovation / alteration projects completed by Design2Form. On every project, Ms. Sanchez relies on her key project experience to incorporate architectural trends and advancements, perform key code research and development of construction documents. Using her attention to detail, Ms. Sanchez enjoys creating as-built drawings which is an intricate part of the drawings process for renovation projects. She believes that starting with a good set of as-built (existing) drawings lays the foundation for a successful project.

### PROFESSIONAL EXPERIENCE

**Designer | Design2Form | Hollywood, FL | 2016 - Present**

#### Notable Projects

- City of Hallandale Beach, Foster Park Plaza
- Broward Community Health and Family Center Interior Alterations
- Skyrise Miami Marina Offices & Temporary Construction Offices
- Howard's Upholstery Facade Rehab and Addition
- One United Bank 2nd Floor Renovation
- Sinai Nursing School Interior Alterations and Build-out
- Air France / KLM Cargo Office Suite Separations
- Chuck Pezoldt Park Restroom Building and Site Improvements
- Lake Park Commercial Building Storefront Replacement

### EDUCATION

- University of Wisconsin | Milwaukee, Wisconsin | Bachelor of Science | Architecture and Urban Planning | 2007
- InterAmerican University of Puerto Rico | San German, Puerto Rico | Associate in Architecture | 2005



Mr. Brown is the Founder, Owner and Principal Architect of Design2Form (D2F) an Architectural, Interior Design, Planning, and Project Management Firm located in Miami, FL. Mr. Brown has over 22 year experience with several facets of project types such as commercial, institutional, municipal, hospitality, inspirational, industrial, recreational, single-family residential and multi-family residential facilities. Professional awards include the Greater Miami Chamber of Commerce 2013 Top Minority Business Award and the Legacy Magazine 2013 40 Under 40 Black Leaders of Today and Tomorrow Award. Mr. Brown recognizes the importance of building communities by revitalizing the fabric of neighborhoods and commercial corridors through responsible, environmentally-conscious and contextual embraced design. This has been achieved by Mr. Brown and his Firm proudly taking the initiative to engage community leaders, agencies, business owners, residents, and youth while working on projects. His goal on any project is to stand as a common thread uniting ideas, concepts, budgets and contexts.

### PROFESSIONAL EXPERIENCE

**Owner / Principal Architect | Design2Form | Miami, FL | January 2002 - Present**

#### Notable Projects

- Urban League of Broward County Community Empowerment Center (Ft. Lauderdale, FL)
- Opa-Locka CDC Magnolia North Master Plan and Revitalization Project (Opa-Locka, FL)
- 7th Avenue / 15th Avenue Commercial Corridor Rehabilitation Project (Liberty City, FL)
- Historic Hurt Building Preservation (Opa-Locka, FL)
- NW 12th Avenue Linear Park Neighborhood Revitalization & Parks Master Plan (Miami, FL)
- Martin Memorial A.M.E. Church Master Plan (Richmond Heights, FL)
- North Miami Police Athletic League Training Facility (North Miami, FL)
- Miami Marlins Stadium Site Parking (Miami, FL)
- CARISHOCA (Caribbean Showcase and Trade Center) Development Project (Lauderhill, FL)
- Mahogany Grille Restaurant and Lounge (Miami Gardens, FL)
- Shiloh Family Worship Center (West Palm Beach, FL)
- Antioch Missionary Baptist Church (Miami Gardens, FL)

**Project Manager | C3TS | Miami, FL | 1998 - 2002**

#### Notable Projects

- Belafonte Tacolcy Center Alterations and Improvements (Liberty City, FL)
- Pierce Park Renovation (Coral Gables, FL)
- Vincent Torres Park Renovation (Lauderdale Lakes, FL)
- Willie Web Community Center (Lauderdale Lakes, FL)
- West Miami Emergency Disaster Shelter (West Miami, FL)
- Florida Atlantic University (FAU) Satellite Chiller Plant (Boca Raton, FL)

### REGISTRATIONS & CERTIFICATIONS

- Florida Registered Architect (AR92013)
- Georgia Registered Architect (RA013556)
- NCARB Certified (National Council of Architectural Registration Boards)
- LEED AP (Leadership in Energy and Environmental Design Accredited Professional)
- CPTED Practitioner (Crime Prevention Through Environmental Design)

### EDUCATION

- Tuskegee University | Tuskegee, AL | 1998 | Bachelor of Architecture
- Miami Dade College | Miami, FL | 1995 | Associates of Arts in Interior Design

### PROFESSIONAL AFFILIATIONS

- NOMA (National Organization for Minority Architects)
- South Florida NOMA, President / Founder
- Miami-Dade Chamber of Commerce
- Urban League of Broward County Young Professionals Network
- Miami Dade Housing Finance Authority - Architectural Design & Review Advisory Committee Member (ADRAC)

www.Design2Form.com • info@design2form.com • Tel: 305.670.4898 • Fax: 877.867.9424



# Attachment F

## ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

### **ARTICLE I NAME**

The name of the corporation shall be:

Oasis of Hope Community Development Corporation

### **ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

7450 Griffin Road #260  
Davie, FL 33314

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

1. To benefit low and moderate income persons in the City of Fort Lauderdale and Broward County and the South Florida areas.
2. To expand opportunities available to residents and groups to obtain adequate affordable housing accommodations by constructing, rehabilitating, and providing decent, safe, and sanitary housing in Broward and South Florida for persons and families of low and moderate income who would not be able to find or afford a suitable place to live. It is the purpose of the corporation thereby to relieve the poor, distressed, underprivileged and indigent by enabling them to secure the basic human needs of decent shelter and to thus lessen the burdens of government and promote the social welfare. To provide such housing through rehabilitation of existing substandard buildings and construction of new facilities in the place of blighted structures or blighted vacant sites for the purpose of combating the deterioration of the community and contributing to its physical improvement;
3. To target areas which are located within the neighborhood strategy area of the City of Fort Lauderdale and Broward and South Florida Counties Community Development Block Grant programs;
4. To work within areas which are identified as enterprise zones as authorized in section 290.0065.
5. To aid, support, and assist by gifts, contributions, or otherwise, other corporations, community chests, funds and foundations organized and operated exclusively for charitable, educational or scientific purposes, no part of the net earnings of which inures to the benefit of any private shareholder or individual, and no substantial part of the activities of which is carrying on propaganda, or otherwise attempting to influence legislation.
6. To revitalize, preserve and improve the health and vitality of the City of Fort Lauderdale and Broward and South Florida areas, Florida's communities by



enabling them to expand their commercial and industrial base, and to reverse the deterioration of their residential and public facility assets;

7. All of the foregoing purposes shall be exercised exclusively for charitable and educational purposes in such a manner that the Corporation will qualify as an exempt organization under section 501(c)(3) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States Internal Revenue law.

#### **ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

The qualifications for members are: Residents with an interest in furthering the goals and objectives of the corporation and a willingness to make a commitment of time or resources to accomplish the same. The manner of admission is by submission of a membership application to the corporation. Qualification for membership may be further regulated by the By-Laws.

The number constituting the initial Board of Directors of the corporation shall be not less than three (3). Board members shall be elected, increased or removed in accordance with the procedure provided in the By-Laws of the Corporation. The initial street address shall be 7450 Griffin Road, Suite 260, Davie Florida 33314 and Pam Aiken shall be the Initial Registered Agent. The names of the persons who are to serve on the initial Board of Directors are:

#### **ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

List name(s), address(es) and specific title(s):

<u>Name</u>	<u>Address</u>
David Zimit, Board Member	- 5901 Camino Dell Sol #101, Boca Raton, FL 33433
Cheryl Williams, Board Member	- 6553 Pines Parkway, Hollywood, FL 33023
Pamela Aiken, Board Member	- 1201 NE 15 Avenue #9, Fort Lauderdale, FL 33304
Shevrin Jones, Board Member	- 4900 W. Hallandale Beach Blvd., Pembroke Park, FL 33023

#### **ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Pamela Aiken  
1201 NE 15th Avenue #9  
Fort Lauderdale, FL 33304

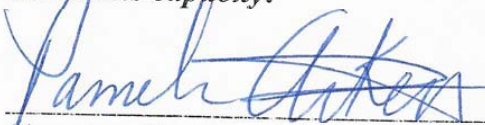
#### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Jacqueline Reed-Tufts  
7450 Griffin Road, Suite 260  
Davie, Florida 33314

\*\*\*\*\*

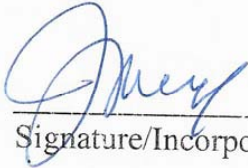
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.*



Signature/Registered Agent

3-17-09

Date



Signature/Incorporator

3-15-09

Date

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPT. OF THE TREASURY

Date: SEP 10 2010

OASIS OF HOPE COMMUNITY DEVELOPMENT  
CORPORATION  
7450 GRIFFIN ROAD STE 260  
DAVIE, FL 33314

Employer Identification Number:  
80-0388452

DLN:

209188001

Contact Person:

DIANE M GENTRY

ID# 31361

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Public Charity Status:

170(b)(1)(A)(vi)

Form 990 Required:

Yes

Effective Date of Exemption:

March 23, 2009

Contribution Deductibility:

Yes

Addendum Applies:

No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)

-2-

OASIS OF HOPE COMMUNITY DEVELOPMENT

Sincerely,

A handwritten signature in dark ink, appearing to read "Robert Choi", written in a cursive style.

Robert Choi  
Director, Exempt Organizations  
Rulings and Agreements

Enclosure: Publication 4221-PC

Letter 947 (DO/CG)

## **Attachment G**



**Vendor References:**

Karen Newell, Relationship Manager  
Valley Bank  
301 E. Las Olas Blvd., Suite 250  
Fort Lauderdale, FL 33301  
P: 954-767-4909  
F: 954-524-5815  
[knewell@valley.com](mailto:knewell@valley.com)

Phillip Doherty, Vice President  
Business Banking  
PNC Bank  
2300 N. Federal Hwy  
Pompano Beach, FL 33062  
216.22.5748 P  
833.834.8607 F  
[Phillip.doherty@pnc.com](mailto:Phillip.doherty@pnc.com)

Debbie Langston, VP/Office Manager  
Centennial Bank  
400 N. Federal Highway  
Pompano Beach, FL 33062  
954.876.2322 P  
954.876.2304 F  
[dlangston@my100bank.com](mailto:dlangston@my100bank.com)

Ralph Button, Director of Operations  
The Forum  
600 SW 3<sup>rd</sup> Street  
Pompano Beach, FL 33060  
954-601-1877 O  
[ralphbutton@onehope.net](mailto:ralphbutton@onehope.net)

# **Attachment H**

## 2020 Oasis Operating Budget

Month:	Start	January	February	March	April	May	June	July	August	September	October	November	December	Totals
<b>Grants and Other Income</b>														
PPP and EIDL	148,600	0	0	0	0	18,575	18,575	18,575	18,575	18,575	18,575	18,575	18,575	148,600
construction project	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Banking and Other project Partnerships	153,000	2,000	3,000	13,500	34,000	26,000	12,500	7,500	7,500	7,500	17,000	15,000	7,500	153,000
HUD	35,400	2,950	2,950	2,950	2,950	2,950	2,950	2,950	2,950	2,950	2,950	2,950	2,950	35,400
Project Rental Aged Out Revenue	66,000	6,000	6,000	6,000	6,000	6,000	9,000	9,000	0	0	0	9,000	9,000	66,000
Program Revenue (HECM/ftlb)	9,600	800	800	800	800	800	800	800	800	800	800	800	800	9,600
<b>Total Receipts</b>	<b>412,600</b>	<b>11,750</b>	<b>12,750</b>	<b>23,250</b>	<b>43,750</b>	<b>54,325</b>	<b>43,825</b>	<b>38,825</b>	<b>29,825</b>	<b>29,825</b>	<b>39,325</b>	<b>46,325</b>	<b>38,825</b>	<b>412,600</b>
<b>Payments and Expenditures</b>														
Salaries and wages and payroll taxes	155,000	12,000	12,000	12,000	11,000	11,000	12,000	12,000	13,000	14,500	14,500	15,500	15,500	155,000
Employee benefits	16,300	1,300	1,300	1,300	1,200	1,200	1,300	1,300	1,400	1,500	1,500	1,500	1,500	16,300
Audit/Accounting	3,600	100	100	100	100	400	400	400	400	400	400	400	400	3,600
Rent	12,960	1,080	1,080	1,080	1,080	1,080	1,080	1,080	1,080	1,080	1,080	1,080	1,080	12,960
Utilities	9,100	800	800	800	800	800	900	900	900	900	500	500	500	9,100
Repairs and maintenance	4,400	200	200	200	200	200	400	1,200	600	1,200	0	0	0	4,400
Other reimbursement expense	10,320	860	860	860	860	860	860	860	860	860	860	860	860	10,320
Travel and allowance expenses	1,200	100	100	100	100	100	100	100	100	100	100	100	100	1,200
Telephone	572	52	52	52	52	52	52	52	52	52	52	26	26	572
Postage	250	50	50	0	0	0	0	0	0	50	0	50	50	250
Office supplies	2,400	400	400	0	0	0	400	200	200	200	200	200	200	2,400
Advertising	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Marketing/promotion	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professional fees	400	350	50	0	0	0	0	0	0	0	0	0	0	400
Training and development	1,500	0	0	0	0	0	500	500	0	500	0	0	0	1,500
Bank charges	144	12	12	12	12	12	12	12	12	12	12	12	12	144
Miscellaneous credit report, website	2,400	200	200	200	300	300	200	200	200	200	0	200	200	2,400
Legal fees	0	0	0	0	0	0	0	0	0	0	0	0	0	0
IT Solutions	5,000	400	400	400	400	400	400	400	400	400	400	400	600	5,000
														0
Loan Payment PNC	9,750	750	750	750	0	0	0	0	0	750	5,000	1,000	750	9,750
Program Expenditure / Mortgage pymt	11,520	1,920	1,920	1,920	0	0	0	0	0	0	1,920	1,920	1,920	11,520
<b>Total Payments</b>	<b>246,816</b>	<b>20,574</b>	<b>20,274</b>	<b>19,774</b>	<b>16,104</b>	<b>16,404</b>	<b>18,604</b>	<b>19,204</b>	<b>19,204</b>	<b>22,704</b>	<b>26,524</b>	<b>23,748</b>	<b>23,698</b>	<b>246,816</b>
<b>Cashflow Surplus/Deficit (-)</b>	<b>165,784</b>	<b>(8,824)</b>	<b>(7,524)</b>	<b>3,476</b>	<b>27,646</b>	<b>37,921</b>	<b>25,221</b>	<b>19,621</b>	<b>10,621</b>	<b>7,121</b>	<b>12,801</b>	<b>22,577</b>	<b>15,127</b>	<b>165,784</b>
	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Closing Cash Balance</b>	<b>165,784</b>	<b>(8,824)</b>	<b>(7,524)</b>	<b>3,476</b>	<b>27,646</b>	<b>37,921</b>	<b>25,221</b>	<b>19,621</b>	<b>10,621</b>	<b>7,121</b>	<b>12,801</b>	<b>22,577</b>	<b>15,127</b>	<b>165,784</b>



November 13, 2020

Oasis of Hope CDC  
Attention: Jacqueline Reed  
600 SW 3<sup>rd</sup> Street, Suite 2290  
Pompano Beach, FL 33060

Re: Letter of Interest for Proposed Financing

Dear Ms. Reed:

As you know, we have extended previous financing to your organization with much success. Additionally, we are pleased to provide you with Valley National Bank's Letter of Interest for the CRA Scattered Site Infill Housing Project. While, this Letter of Interest is not a financing commitment, we look forward to assisting Oasis of Hope in this proposal and all future endeavors as well.

Consummation of this intent will be subject to receipt and satisfaction of customary financial due diligence review and all necessary transaction information. This letter represents only a preliminary indication of interest and does not constitute a contract, commitment, undertaking or other binding obligation in any respect.

Bank will complete a thorough review of policy and creditworthiness issues at the time of submission of a complete application package.

If you have any questions about this Letter of Interest, please contact the Relationship Manager at (954) 767-4909.

Sincerely,

Karen Newell  
Relationship Manager  
Valley National Bank  
301 E Las Olas Blvd., Suite 250  
Fort Lauderdale, FL 33301  
P: 954-767-4909; Ext. 1409  
F: 954-524-6088  
Email [knewell@valley.com](mailto:knewell@valley.com)  
[www.valley.com](http://www.valley.com)

301 E Las Olas Blvd – Suite 250  
Fort Lauderdale, Florida 33301

# **Attachment I**



Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning \_\_\_\_\_, 2019, and ending \_\_\_\_\_, 20

Department of the Treasury  
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**  
▶ Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**2019**

Name of exempt organization

OASIS OF HOPE COMMUNITY DEVELOPMENT CORPORATION IN

Employer identification number

80-0388452

Name and title of officer

JACQUELINE REED TUFTS - PRESIDENT

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) . . . . .	<b>1b</b> <u>271695</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) . . . . .	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) . . . . .	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) . . . . .	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) . . . . .	<b>5b</b> _____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

☒ I authorize WILLIAMS ACCOUNTING SERVICES to enter my PIN 18452 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

6	0	3	9	5	1	1	3	4	0	9
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Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ WILLIAMS ACCOUNTING SERVICES  
SEAN K WILLIAMSDate ▶ 08/27/2020

**ERO Must Retain This Form — See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2019)

QNA

**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**A** For the 2019 calendar year, or tax year beginning , 2019, and ending , 20

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization OASIS OF HOPE COMMUNITY DEVELOPMENT CORPORATION IN  
Doing business as  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
600 SW 3RD ST STE 2290  
City or town, state or province, country, and ZIP or foreign postal code  
POMPANO BEACH, FL 33060

**D** Employer identification number  
80-0388452

**E** Telephone number  
954-586-1283

**G** Gross receipts \$ 618028

**F** Name and address of principal officer: JACQUELINE REED TUFTS  
600 SW 3RD ST STE 2290 POMPANO BEACH, FL 33060

**H(a)** Is this a group return for subordinates? ☐ Yes ☐ No  
**H(b)** Are all subordinates included? ☐ Yes ☐ No  
If "No," attach a list. (see instructions)

**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

**J** Website: ▶ WWW.OASISCD.C.ORG

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation: 2009 **M** State of legal domicile: FL

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
Conduct seminars to educate and counsel potential first time homebuyers on proper financial literacy.

**2** Check this box ☐ 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** 10

**4** Number of independent voting members of the governing body (Part VI, line 1b) . . . . . **4** 9

**5** Total number of individuals employed in calendar year 2019 (Part V, line 2a) . . . . . **5** 10

**6** Total number of volunteers (estimate if necessary) . . . . . **6**

**7a** Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . **7a**

**b** Net unrelated business taxable income from Form 990-T, line 39 . . . . . **7b**

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	<u>109410</u>	<u>125500</u>
<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	<u>82595</u>	<u>53763</u>
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	<u>38125</u>	<u>30667</u>
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	<u>92123</u>	<u>61765</u>
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	<u>322253</u>	<u>271695</u>
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .		
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .		
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .	<u>145583</u>	<u>205975</u>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .		
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ . . . . .		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	<u>168051</u>	<u>125443</u>
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .	<u>313634</u>	<u>331418</u>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 . . . . .	<u>8619</u>	<u>-59723</u>

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16) . . . . .	<u>678176</u>	<u>528621</u>
<b>21</b> Total liabilities (Part X, line 26) . . . . .	<u>434452</u>	<u>344620</u>
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 . . . . .	<u>243724</u>	<u>184001</u>

**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 Jacqueline Reed Tufts Date 8/27/2020  
JACQUELINE REED TUFTS, PRESIDENT  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name SEAN K WILLIAMS Preparer's signature [Signature] Date 08/27/2020 Check ☐ if self-employed PTIN P00846479  
Firm's name ▶ WILLIAMS ACCOUNTING SERVICES Firm's EIN ▶ 03-0555978  
Firm's address ▶ 405 N ROSEMARY AVE 33401- Phone no. 561-899-4412

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.  
QNA

Cat. No. 11282Y

Form **990** (2019)



**Part III** Statement of Program Service Accomplishments

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

- 1** Briefly describe the organization's mission:  
Conduct seminars to educate and counsel potential  
first time homebuyers on proper financial  
literacy.
- 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 \$ 158801 including grants of \$ ) (Revenue \$ )  
Provide housing services to eligible low income families

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 158801

Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

Department of the Treasury  
Internal Revenue Service

For calendar year 2018, or fiscal year beginning \_\_\_\_\_, 2018, and ending \_\_\_\_\_, 20

▶ Do not send to the IRS. Keep for your records.  
▶ Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**2018**

Name of exempt organization

OASIS OF HOPE SOUTH FLORIDA INC

Employer identification number

80-0388452

Name and title of officer

JACQUELINE REED TUFTS - PRESIDENT

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	322253
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

☒ I authorize WILLIAMS ACCOUNTING SERVICES to enter my PIN 1 8 4 5 2 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

6 0 3 9 5 1 1 3 4 0 9

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ WILLIAMS ACCOUNTING SERVICES  
SEAN K WILLIAMSDate ▶ 05/08/2019

**ERO Must Retain This Form — See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

QNA

Form **8879-EO** (2018)



Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2018**Department of the Treasury  
Internal Revenue Service

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**Open to Public Inspection**

**A** For the 2018 calendar year, or tax year beginning , 2018, and ending , 20

**B** Check if applicable:  
☒ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization OASIS OF HOPE SOUTH FLORIDA INC  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
600 SW 3RD ST STE 2290  
 City or town, state or province, country, and ZIP or foreign postal code  
POMPANO BEACH, FL 33060

**D** Employer identification number  
80-0388452

**E** Telephone number  
954-586-1283

**G** Gross receipts \$ 550203

**F** Name and address of principal officer: JACQUELINE REED TUFTS  
600 SW 3RD ST STE 2290 POMPANO BEACH, FL 33060

**H(a)** Is this a group return for subordinates? ☐ Yes ☐ No  
**H(b)** Are all subordinates included? ☐ Yes ☐ No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

**J** Website: ▶ WWW.OASISDCDC.ORG

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation: 2009 **M** State of legal domicile: FL

**H(c)** Group exemption number ▶

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
Conduct seminars to educate and counsel potential first time homebuyers on proper financial literacy.

**2** Check this box ☐ 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** 10

**4** Number of independent voting members of the governing body (Part VI, line 1b) . . . . . **4** 9

**5** Total number of individuals employed in calendar year 2018 (Part V, line 2a) . . . . . **5** 10

**6** Total number of volunteers (estimate if necessary) . . . . . **6**

**7a** Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . **7a**

**7b** Net unrelated business taxable income from Form 990-T line 38 . . . . . **7b**

		Prior Year	Current Year
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	116344	109410
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	124304	82595
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	17154	38125
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .		92123
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VII, column (A), line 12) . . . . .	257802	322253
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .		
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .	131410	145583
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	112545	168051
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .	243955	313634	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 . . . . .	13847	8619	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) . . . . .	Beginning of Current Year 754123	End of Year 678176
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	519018	434452
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 . . . . .	235105	243724

**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 Jacqueline Reed Tufts Date 5/8/2019  
JACQUELINE REED TUFTS, PRESIDENT  
 Type or print name and title

**Paid Preparer Use Only** Print/Type preparer's name SEAN K WILLIAMS Preparer's signature Sean K Williams Date 05/08/2019 Check ☐ if self-employed PTIN P00846479  
 Firm's name ▶ WILLIAMS ACCOUNTING SERVICES Firm's EIN ▶ 03-0555978  
 Firm's address ▶ 405 N ROSEMARY AVE 33401- Phone no. 561-899-4412

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . ☒ Yes ☐ NoFor Paperwork Reduction Act Notice, see the separate instructions.  
QNAForm **990** (2018)



**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐

- 1** Briefly describe the organization's mission:  
Conduct seminars to educate and counsel potential  
first time homebuyers on proper financial  
literacy.
- 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 \$ 109239 including grants of \$ ) (Revenue \$ )  
Provide housing services to eligible low income families

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O.)  
 (Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **109239**

QNA

Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning \_\_\_\_\_, 2017, and ending \_\_\_\_\_, 20\_\_\_\_

Department of the Treasury  
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**  
▶ Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**2017**

Name of exempt organization

OASIS OF HOPE SOUTH FLORIDA INC

Employer identification number

80-0388452

Name and title of officer

JACQUELINE REED TUFTS - PRESIDENT

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .	1b	257802
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . . . .	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5) . . . . .	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c) . . . . .	5b	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

☒ I authorize WILLIAMS ACCOUNTING SERVICES to enter my PIN 1 8 4 5 2 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

6 0 3 9 5 1 1 3 4 0 9

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

SEAN K WILLIAMS

Date ▶

05/09/2018

**ERO Must Retain This Form — See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.  
QNA

Form **8879-EO** (2017)



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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017****Open to Public Inspection**

**A** For the 2017 calendar year, or tax year beginning 2017, and ending 20

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☒ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization OASIS OF HOPE SOUTH FLORIDA INC  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
351 SOUTH CYPRESS RD STE 301  
 City or town, state or province, country, and ZIP or foreign postal code  
POMPANO BEACH, FL 33060

**D** Employer identification number  
80-0388452

**E** Telephone number  
954-586-1283

**G** Gross receipts \$ 257802

**F** Name and address of principal officer: JACQUELINE REED TUFTS  
351 SOUTH CYPRESS ROAD POMPANO BEACH, FL 33060

**H(a)** Is this a group return for subordinates? ☐ Yes ☐ No  
**H(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 ☐ 527

**J** Website: ▶ WWW.OASIS CDC.ORG

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ \_\_\_\_\_

**L** Year of formation: 2009 **M** State of legal domicile: FL

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
Conduct seminars to educate and counsel potential first time homebuyers on proper financial literacy.

**2** Check this box ☐ 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) 4

**5** Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5

**6** Total number of volunteers (estimate if necessary) 6

**7a** Total unrelated business revenue from Part VIII, column (C), line 12 7a

**b** Net unrelated business taxable income from Form 990-T, line 34 7b

		Prior Year	Current Year
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	137228	116344
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	35208	124304
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .		17154
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	-10195	
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	162241	257802
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .		
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .	90340	131410
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ . . . . .		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	49889	132199
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .	140229	263609	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 . . . . .	22012	-5807	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) . . . . .	Beginning of Current Year 559178	End of Year 733922
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	350392	519018
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 . . . . .	208786	214904

**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 JACQUELINE REED TUFTS, PRESIDENT Date 5/9/2018

**Paid Preparer Use Only** Print/Type preparer's name SEAN K WILLIAMS Preparer's signature \_\_\_\_\_ Date 05/09/2018 Check ☐ if self-employed PTIN P00846479

Firm's name ▶ WILLIAMS ACCOUNTING SERVICES Firm's EIN ▶ 03-0555978

Firm's address ▶ 405 N ROSEMARY AVE 33401- Phone no. 561-899-4412

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.  
QNA

Form **990** (2017)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☐

- 1 Briefly describe the organization's mission:  
Conduct seminars to educate and counsel potential  
first time homebuyers on proper financial  
literacy.
- 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 \$ 8275 including grants of \$ ) (Revenue \$ )  
Provide housing services to eligible low income families.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.)  
 (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 8275

QNA

Form 990 (2017)

## **Attachment J**



Community Redevelopment Agency  
Scattered Site Infill Housing RFP-12385-105 - 5 units

Cost Breakdown

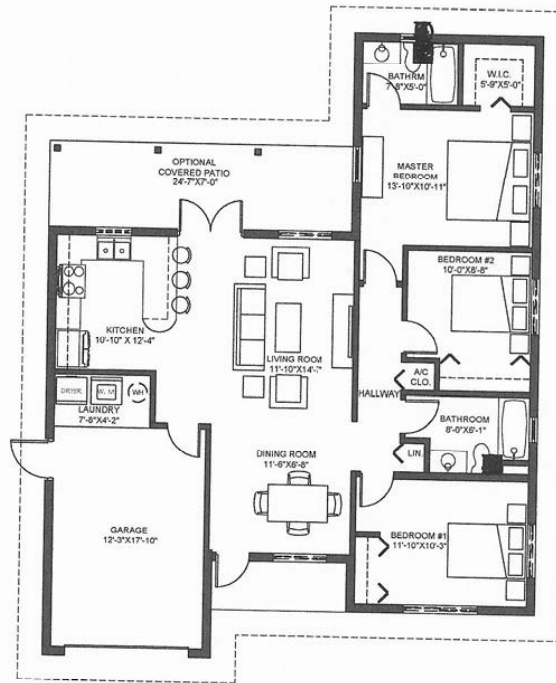
Project Development Costs	Total	One Unit Cost	% of Total			
<b>Number of Units</b>	<b>5</b>					
Land Cost	-	-	0.0%	100%		
Pre-development cost	-	-	0.0%			
Total Land Acquisition and Wall Inst	-	-				
Construction (incl. Site work, demolition)	-	-				
Total Hard Cost	990,000.00		76.1%			
Soft Costs:						
Financing Fees	20,000.00	4,000.00	1.5%			
Consultant's Fees	-	-	0.0%			
Appraisal	2,500.00	500.00	0.2%	100%		
Survey incl. Boundary, as built, condo	3,000.00	600.00	0.2%	100%		
Architect's Fees	73,000.00	14,600.00	5.6%			
Builder's Risk/Liability Insurance	600.00	120.00	0.0%			
Liability Insurance	1,200.00	240.00	0.1%			
Building Permits	25,000.00	6,000.00	1.9%			
Environmental Report/Soils Tests perc test	5,000.00	1,000.00	0.4%	100%		
County Impact Fees	7,500.00	1,500.00	0.6%			
Title/Recording/Legal	10,000.00	2,000.00	0.8%	100%		
Legal Fees	3,000.00	600.00	0.2%			
Homebuyer Qualification	-	-	0.0%	100%		
Real Estate Taxes	1,500.00	300.00	0.1%			
Marketing/Advertising	3,000.00	600.00	0.2%	100%		
Lender's Inspection Fees	15,000.00	3,000.00	1.2%			
Utility Connection Fee	5,000.00	1,000.00	0.4%			
	-	-				
Total Soft Costs:	175,300.00	35,060.00				
Hard Cost Contingency,	50,000.00	10,000.00				
Soft Cost Contingency,	35,000.00	7,000.00				
Total Contingency	85,000.00	17,000.00	6.5%			
Developer's Fee:	50,000.00	16,666.67	3.8%			
Total Development Cost	1,300,300.00	260,060.00	100.0%			

Sales Price /3 Bedroom 2 bath		1,424,800.00		325000	1 3 bdrm/2 1/2 bath two story 2
Total Development Cost		1,300,300.00		519800	2 3 bdrm/2 bath one story 1 car
Difference from sale and cost		124,500.00		580000	2 3 bdrm/2 bath one story 2 car
Land cost		-		1424800	
Bank financing needed		1,300,300.00			
Total Sources & Uses		1,300,300.00			
Total Donated land	-				
Bank Financing	1,300,300.00				
Total Financing	1,300,300.00				
<b>Total profit after final sales</b>	<b>124,500.00</b>				
Total ralized profit after sale	174,500.00				

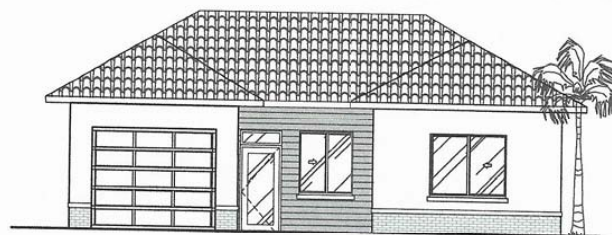
# Attachment K

# CITY OF FORT LAUDERDALE COMMUNITY REDEVELOPMENT AGENCY SCATTERED SITE INFILL HOUSING

FT. LAUDERDALE, FL 33311



FIRST FLOOR



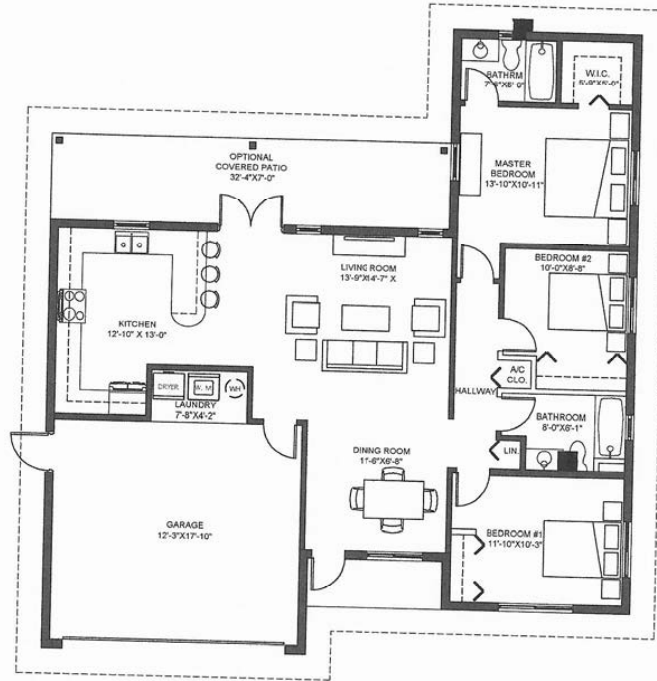
ELEVATION

1 CONCEPT 1-A (1,694 S.F.)  
SCALE: 1/8" = 1'-0"

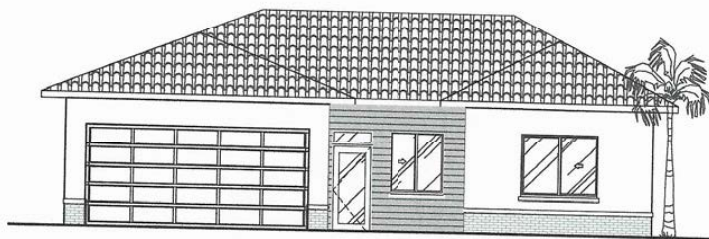
Design2Form

# CITY OF FORT LAUDERDALE COMMUNITY REDEVELOPMENT AGENCY SCATTERED SITE INFILL HOUSING

FT. LAUDERDALE, FL 33311



FIRST FLOOR



ELEVATION

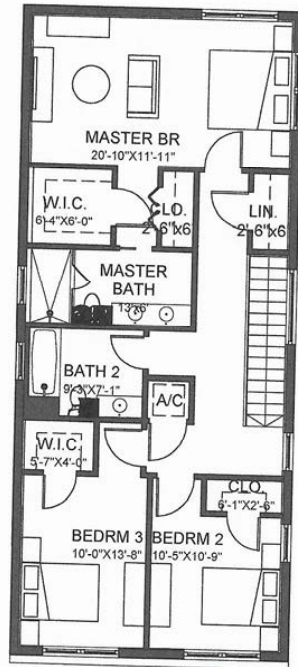
1 CONCEPT 1-B (2,017 S.F.)  
SCALE 1/4" = 1'-0"

Design2Form



# CITY OF FORT LAUDERDALE COMMUNITY REDEVELOPMENT AGENCY SCATTERED SITE INFILL HOUSING

FT. LAUDERDALE, FL 33311



SECOND FLOOR



FIRST FLOOR



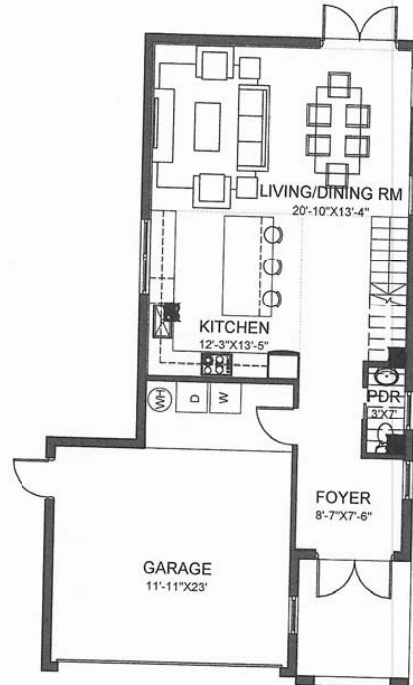
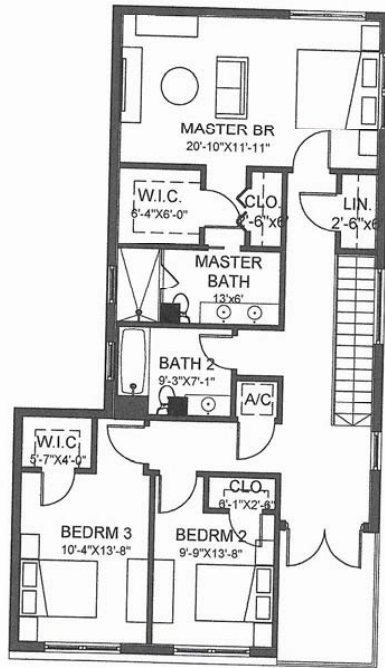
ELEVATION

1 CONCEPT 2-A (2,322 S.F.)  
SCALE: 1/4" = 1'-0"

Design2Form

# CITY OF FORT LAUDERDALE COMMUNITY REDEVELOPMENT AGENCY SCATTERED SITE INFILL HOUSING

FT. LAUDERDALE, FL 33311



1 CONCEPT 2-B (2,604 S.F.)  
SCALE 1/8" = 1'-0"

Design2Form

# Attachment L

# Hatcher Construction

---

1

## Construction .

### Single Family Home - General Specifications

In an effort to develop a fluidity of Architectural appeal throughout the Delray Beach community, please find listed below a list of specifications required in the development and construction of the homes we are delivering to our home buyers. It should also be noted that all of the homes are HOP compliant, i.e. meet minimum ADA standards. *Therefore it will be necessary to incorporate 34" interior doors as noted in the respected section below. All specifications are mandatory and will be standard features.*

#### Shell Construction:

- Monolithic slab on grade with exterior block walls.
- Prefabricated roof truss systems.
- *Roofing Material is to be determined for each home separately whether metal or Shingle. Please ensure this is confirmed before executing this form.*
- Gutters are to be installed in any front and side locations which will otherwise allow water to be dispensed on walkways or entrance.
- Minimum 8'-1" interior ceiling height and /or in accordance to drawings.
- Covered Patio's on rear is preferred if the plan allows and we do encourage front porches.
- *All Exterior doorways must have a minimum of 36" clearance.*

#### Exterior Finish

- Exterior walls to be stucco with skip trowel finish with 1 coat primer and 2 coats minimum of acrylic latex exterior paint. (Paint color to be approved on each home before installation).
- Decorative shutters are encouraged when the design calls for it.
- Concrete flat work on front and rear porch to be finished application of builder's choice.

#### Windows & Doors

- Impact resistant single hung windows.
- French door or Slider may be used in rear, provided they also have aluminum hurricane panels.
- One or two car garage acceptable, however two car garages are encouraged. (Must meet Dade County approved for 140 mph and include ½ hp door opener w/ two remotes).
- All doors both interior and exterior to have a door stop installed in the appropriate location.

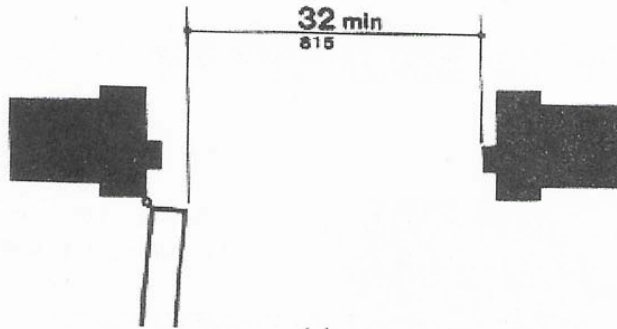
---

1

1

## Hatcher Construction

- All door hardware to be brushed aluminum finish.
- *All doors must have lever-action door handles.*
- Door bells and peep holes are to also be included in all front doors.
- *In HOP Specified Homes - All interior door openings must be at least 32" (full clearance) minimum openings. (Minimum 2'-10" (34" Opening) interior door would have to be used to meet this requirement).*



### Interior Walls

- Walls to be metal or wood stud frame with ½" drywall and 5/8" drywall on ceilings.
- Knockdown or Orange peel texture spray throughout walls.
- Interior garage walls to be stucco as exterior with same paint application.
- Interior walls are to be primed and painted in white finish, accept when otherwise advised.
- R-30 insulation to be used throughout home, with R-6 foil insulation on inside of exterior walls stapled to 1" furring strips behind drywall.
- Insulated metal front and rear doors when applicable.
- *All hall ways to have a minimum clearance of 36".*

### Doors & Trim

- Doors to be raised panel hollow core wood grained with 2 ¾ inch casing.
- Closet doors to be bi-fold hollow core and include shelving.
- A/C closet door to be louvered bi-fold. (AC closet must be tiled).

### Kitchen

- Cabinets
  - Drawer and door pulls to be brushed silver metal finished.
- Countertop material to be selected by but should have a full bull nose edge.
- Faucet to be builder grade *with rinse hose included.*



## Hatcher Construction

- **Refrigerator water line must be installed.**
- Garbage disposal to be ½ horsepower stainless steel.
- Kitchen sink
  - Granite or Laminate top (as designated by DBCLT) - Stainless steel double bowl drop in sink.
- Kitchen appliances include Refrigerator (*Side by side with water & ice dispenser*), Microwave, Dishwasher, Oven range, (*Glass top*).  
**Washer and Dryer shall also be included in the appliance package and all should meet Energy Efficient guidelines.** (Please confer with DBCLT on choices and color before purchasing).

### Bathrooms

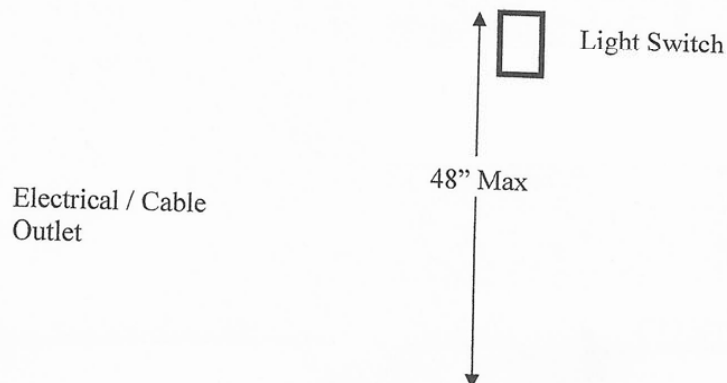
- Vanities to be hard wood doors on MDF boxes with metal draws and hardware.
- Same specifications apply to counter top as in Kitchen.
- Faucets to be builder's grade.
- In case of standing shower, shower door to be tempered glass.
- Toilets to be builder's grade.
- Base tile preferred in baths verses board.
- Mirrors installed in all bathrooms.
- Towel Bars to be installed in all bathrooms, along with shower rod where applicable.
- **Reinforced walls behind all toilets, tubs surround and shower walls.**

### Flooring

- **All living areas are to be tiled (Living, Laundry, family, Dining, Kitchen, hallways).**
- All wet areas to be ceramic tiled floor, including AC closet.
- Bedroom areas to be determined by for each specific home.
- All tile in bathrooms to have a finished base.

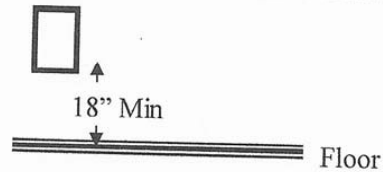
### Electrical

- Light fixtures to be builder's grade or selection
- All wiring, switches, high hats are per approved plan.
- **Light switches no higher than 48" above finish floor.**
- **Electrical outlets no lower than 18" on center above finish floor**



## Hatcher Construction

(nts)



- Ceiling fans in Living area as designated by drawings.
- Exterior flood lights required on corners of home were no coach lights are present.
- ***Cable outlets are to be installed in all bedrooms and living/family room also at 18".***
- Phone outlets to be installed in all bedrooms and also in Kitchen
- High seer rated air conditioning units.
- Digital thermostat and control to be installed.

### Landscape

- Plant material and beds to meet minimum standards of the Delray Beach code requirements.
- Irrigation system with rain sensor and timer control if using floratam.
- Driveway to be concrete or pavers.
- Type of grass to be determined by DBCLT, Floratam
- Please provide Mailbox installed to code.

All impact fees are to be included in the contract price and will be refunded to the contractor.

All plan review fees are the responsibility of the contractor.

In specific projects as directed by the builder, any land clearing and demolition cost shall be the responsibility of the contractor and should also be included in the initial contract amount which is to be approved by the builder and refunded to the contractor.

***General Lot sizes are 50' wide which require 7.5' side set backs, Rear set back 10' min, and front with a one car garage may require a second parking space 25' beyond front boundary line. A two car garage home requires the traditional 25' front set back.***

***40' lots require a 5' side set back with the same front and rear requirements.***

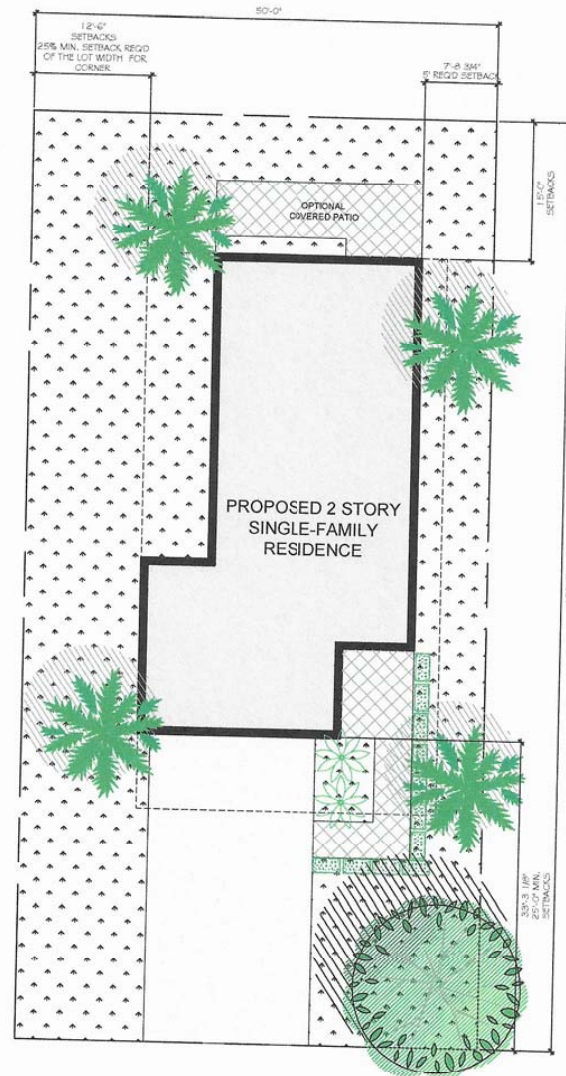
***Corner lots require a 15' side setback on the road side.***

All items stated above have been read and are understood, and will be adhered to in the construction of all homes built.

## Detailed Specifications:

# CITY OF FORT LAUDERDALE COMMUNITY REDEVELOPMENT AGENCY SCATTERED SITE INFILL HOUSING

FT. LAUDERDALE, FL 33311

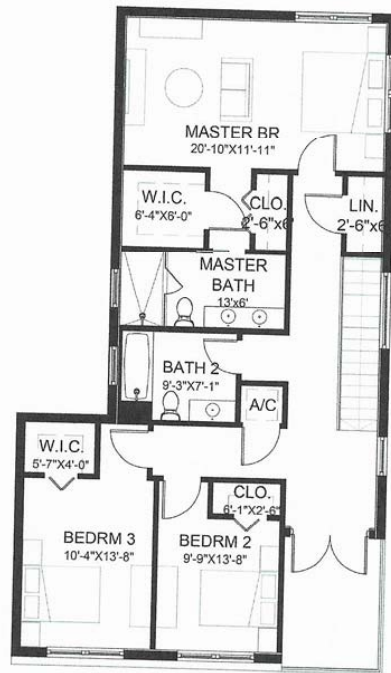


1 SITE PLAN | CONCEPT 2-B (2,604 S.F.)  
SCALE: 1/8" = 1'-0"

Design2Form

# CITY OF FORT LAUDERDALE COMMUNITY REDEVELOPMENT AGENCY SCATTERED SITE INFILL HOUSING

FT. LAUDERDALE, FL 33311



SECOND FLOOR



FIRST FLOOR



ELEVATION

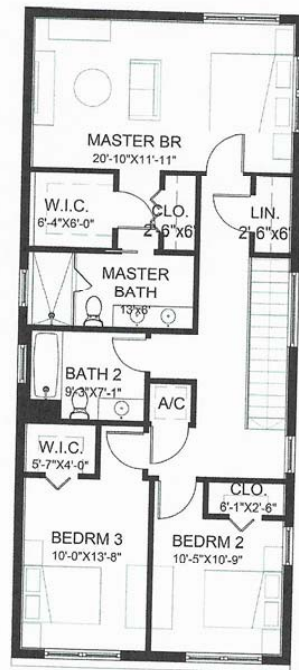
1 CONCEPT 2-B (2,604 S.F.)  
SCALE: 1/8" = 1'-0"

Design2Form



# CITY OF FORT LAUDERDALE COMMUNITY REDEVELOPMENT AGENCY SCATTERED SITE INFILL HOUSING

FT. LAUDERDALE, FL 33311



SECOND FLOOR



FIRST FLOOR



ELEVATION

1 CONCEPT 2-A (2,322 S.F.)  
SCALE 1/8" = 1'-0"

Design2Form

# **Attachment M**



1-800-247-1812  
www.rwcwarranty.com



1-800-445-8173  
www.homeoftexas.com



1-800-247-1812  
www.mhwconline.com

# Membership Application

## Instructions

**Note:** This is an editable application. You may type in your answers to all questions on your computer. When finished, you must print the completed application, sign and date it and mail it back to us along with all applicable attachments. Your Warranty Company Account Executive can assist you in completing the Application and submitting it for membership screening.

1. Name of individual or company making Application for Membership.
2. Name of CEO of Applicant Firm.
3. Street address (for UPS shipments) and P.O. Box should both be included. Check appropriate box indicating which you prefer we use. Also include county in which your office is located.
4. Include fax number if available.
5. Include e-mail address if available.
6. Check the organization under which the Applicant firm is doing business.
7. Refers to Applicant.
8. Contact person should be the one who handles the paperwork.
9. If Applicant is a subsidiary, or if parent company is a member of RWC, HOME, or MHWC, please indicate.
10. Include documentation for any **Yes** answers.
11. Number of homes sold by Applicant or controlling Principal. If Applicant has less than 2 years of building experience, additional requirements may be required.
12. Include individuals and/or organizations which have 10% or more ownership in Applicant. Provide last 4 digits only of SS#.
13. Provide copy of Insurance Certificate.
14. Indicate all that apply to Applicant.
15. Check each applicable box to indicate what types of homes Applicant builds. List name of Manufacturer(s) as indicated for Modular, Panelized, Log, or HUD-Code.
16. Indicate how many homes Applicant will build and average sales price.
17. Indicate how many homes Applicant will enroll in each specific warranty. Contact your Warranty Company Account Executive with questions.
18. Include all states where Applicant is currently active.
19. Complete any other applicable documents. Contact your Warranty Company Account Executive or the home office with questions.
20. If Applicant is subject to state licensing or registration, provide license number and expiration date as applicable. **NJ Only:** Attach copy of DCA license.
21. Completed Applications and other required forms process faster than incomplete data. **Please be thorough.**
22. Sign and date.

Return the following items to applicable Warranty Company c/o your Account Executive's address:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Completed Membership Application     | <input type="checkbox"/> Financial Statement                     |
| <input checked="" type="checkbox"/> Signed Membership Agreement          | <input type="checkbox"/> Other attachments as listed in item #19 |
| <input type="checkbox"/> Check or Credit Card for: \$295 Application Fee |  |

5300 DERRY STREET, HARRISBURG, PA 17111

RWC #2507E Rev. 10/16 © 2011 Harrisburg, PA

# RWC GRANDFATHER FORM

## ENROLLMENT PROCEDURES FOR EXISTING INVENTORY

*This form must be submitted with Application for Membership*

**NOTE:** This is an editable application. You may type in your answers to all questions on your computer. **When finished, you must print the completed form and mail it back to us along with all applicable fees.**

### GENERAL INSTRUCTIONS

Use this form to enroll ALL homes which are currently in your inventory. Existing inventory, including homes under construction or completed and not sold are considered "grandfather" units and are eligible for enrollment if they meet RWC's underwriting criteria.

### SETTLED AND OCCUPIED HOMES WILL NOT BE ACCEPTED

For Homes \$1 million or more in Sales Price: All homes \$1 million or more in Sales Price must be inspected. Submit \$250 underwriting Inspection Fee per home.

For Condominiums: See RWC Form #305 and RWC Form #355 or contact your RWC Account Executive.

Please supply complete information for each home.

**Step 1** - If you have more than six homes to be listed, fill out the form and print it. Then hit "reset" to clear the form for remaining homes to be listed.  
Repeat as often as needed.

**Step 2** - On this form, include every home in your inventory. Any homes not listed on this form will NOT be eligible for the RWC Warranty.

**Step 3** - Complete all columns except "For RWC Use Only." If a closing is scheduled for the home, please indicate the date the warranty is needed. If the home is not finished, include an estimated finish date. If the sales prices has been determined, please indicate that amount. If the price is not yet finalized, use the listing price.

**Step 4** - Use the calculation table at the bottom of the form to determine the applicable fees for the homes listed on this form.

**Step 5** - Print form and return with applicable fees due to RWC with your Application for Membership. Print extra copies for your records as needed.

**Step 6** - RWC will review the homes listed on the form and release the warranty upon approval of membership and any applicable inspections. **NOTE:** When your membership is approved, specific inspections may be required. If required, inspection criteria will apply to grandfathered homes which are not finished. Copies of the required inspections must be submitted prior to the release of warranty documents.

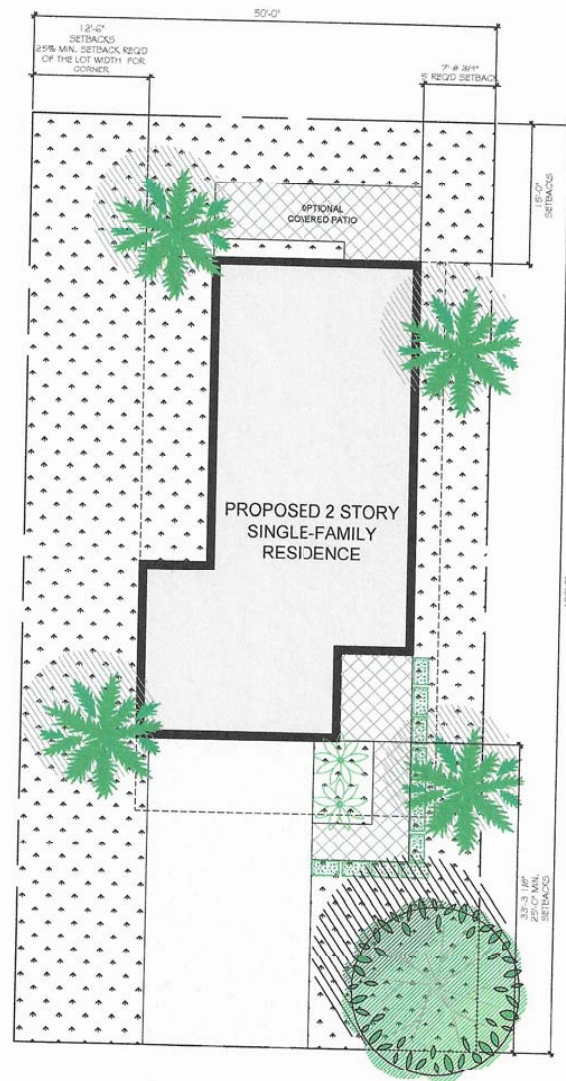
**Step 7** - RWC will send the Application For Warranty form and warranty book to the builder.



# Attachment N

# CITY OF FORT LAUDERDALE COMMUNITY REDEVELOPMENT AGENCY SCATTERED SITE INFILL HOUSING

FT. LAUDERDALE, FL 33311



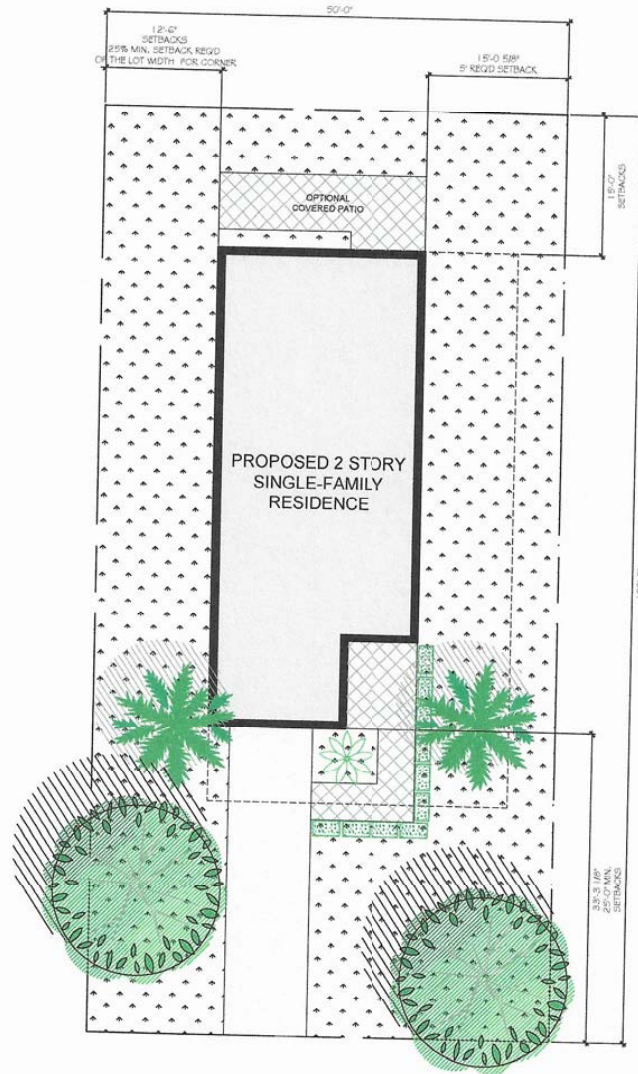
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1 SITE PLAN | CONCEPT 2-B (2,150 S.F.)  
SCALE: 1/4" = 1'-0"

Design2Form

# CITY OF FORT LAUDERDALE COMMUNITY REDEVELOPMENT AGENCY SCATTERED SITE INFILL HOUSING

FT. LAUDERDALE, FL 33311



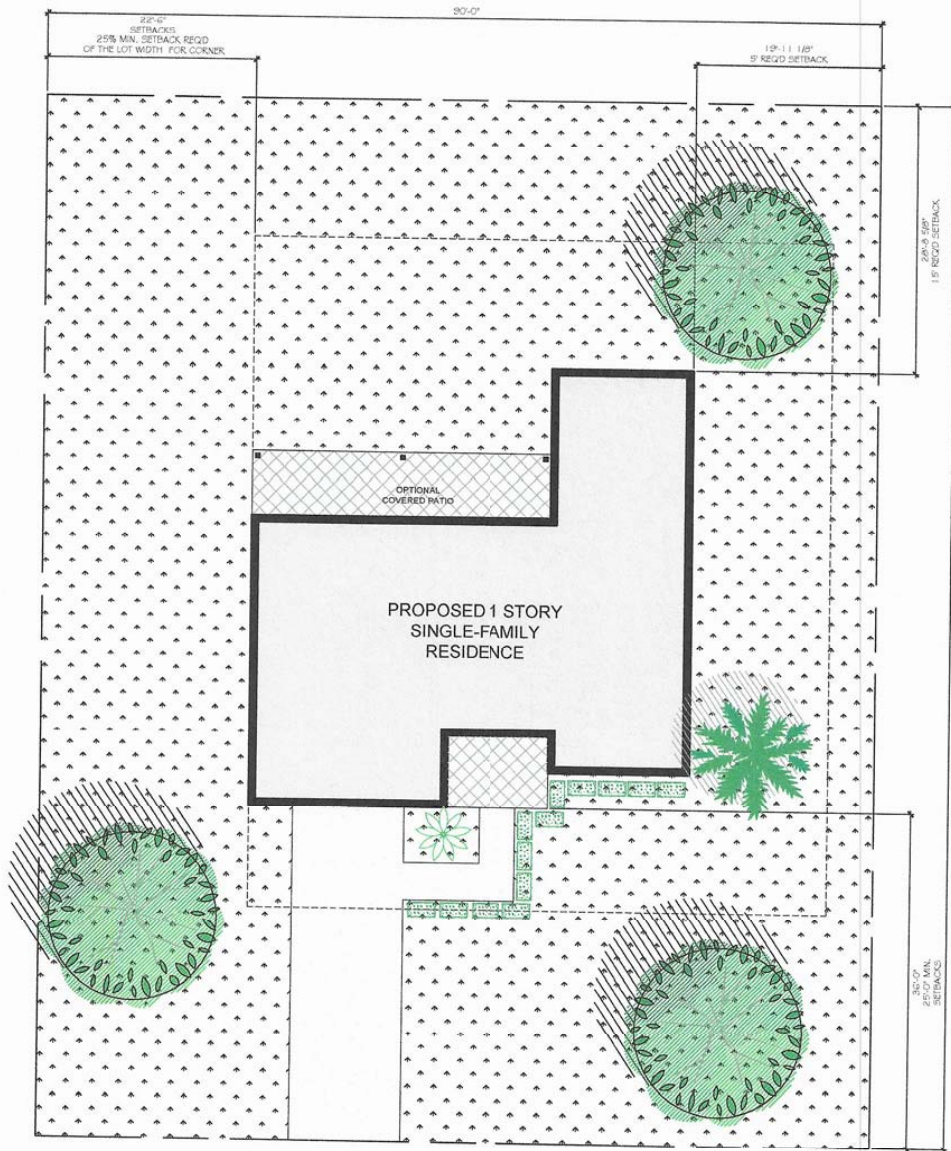
1 SITE PLAN | CONCEPT 2-A (1,980 S.F.)  
SCALE: 1/4" = 1'-0"

Design2Form

# CITY OF FORT LAUDERDALE COMMUNITY REDEVELOPMENT AGENCY SCATTERED SITE INFILL HOUSING

FT. LAUDERDALE, FL 33311

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1 SITE PLAN | CONCEPT 1-B (1,720 S.F.)  
SCALE 1/8" = 1'-0"

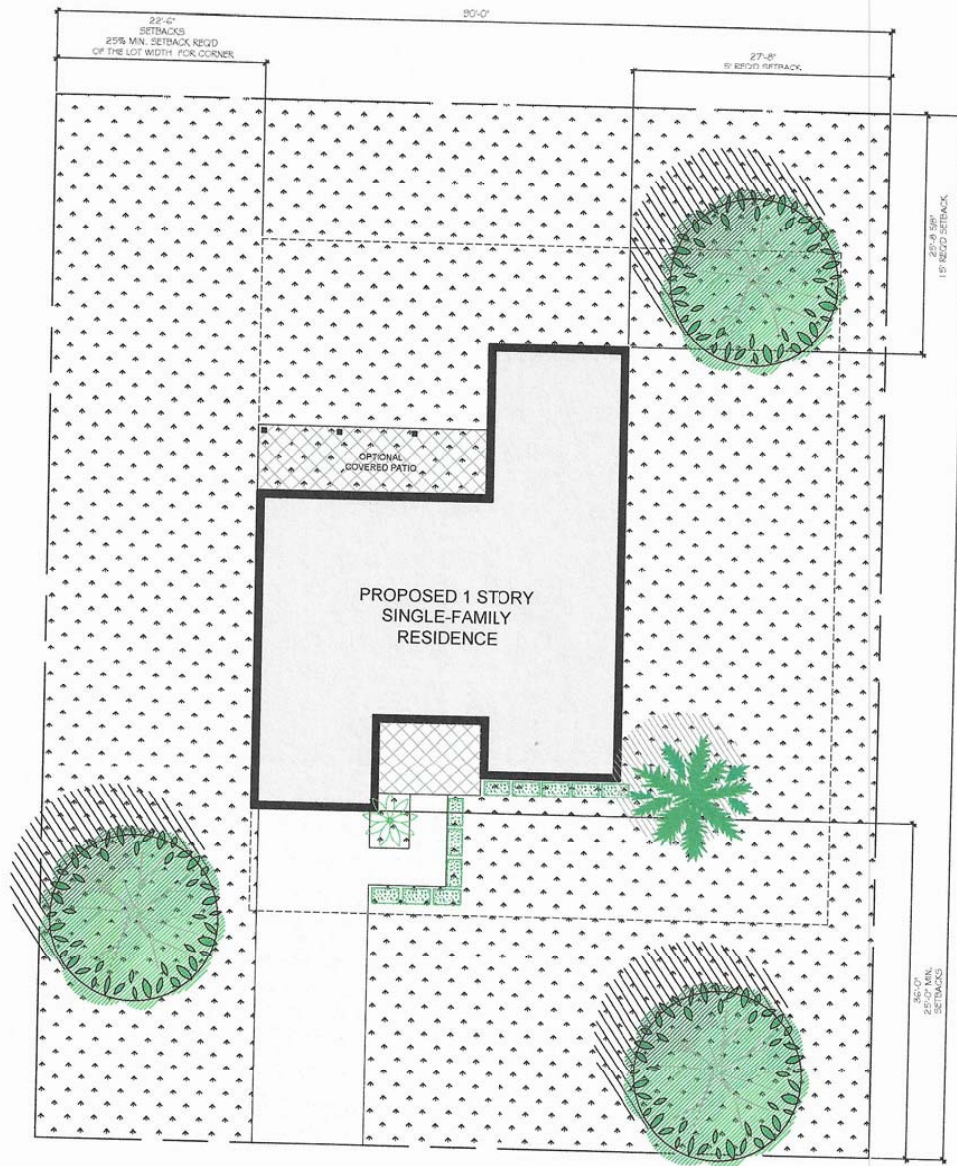
Design2Form



# CITY OF FORT LAUDERDALE COMMUNITY REDEVELOPMENT AGENCY SCATTERED SITE INFILL HOUSING

FT. LAUDERDALE, FL 33311

NOVEMBER 16, 2020



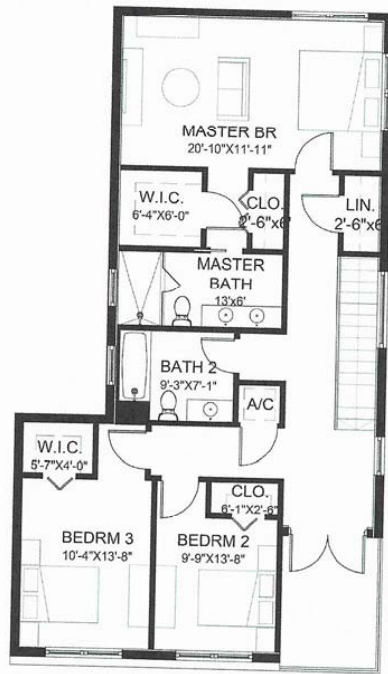
1 SITE PLAN | CONCEPT 1-A (1,510 S.F.)  
SCALE: 3/16" = 1'-0"

Design2Form

# Attachment O

# CITY OF FORT LAUDERDALE COMMUNITY REDEVELOPMENT AGENCY SCATTERED SITE INFILL HOUSING

FT. LAUDERDALE, FL 33311



SECOND FLOOR



FIRST FLOOR



ELEVATION

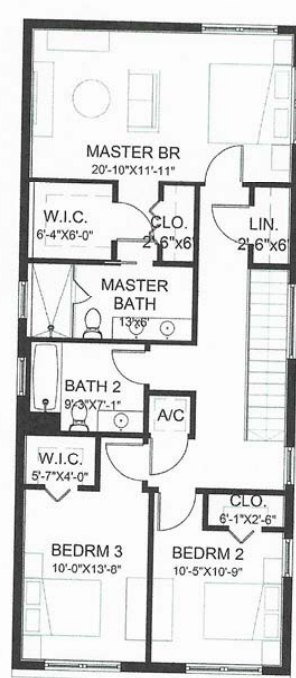
1 CONCEPT 2-B (2,150 S.F.)

SCALE: 1/4" = 1'-0"

Design2Form

# CITY OF FORT LAUDERDALE COMMUNITY REDEVELOPMENT AGENCY SCATTERED SITE INFILL HOUSING

FT. LAUDERDALE, FL 33311



SECOND FLOOR



FIRST FLOOR



ELEVATION

1 CONCEPT 2-A (1,980 S.F.)  
SCALE: 1/4" = 1'-0"

Design2Form



# CITY OF FORT LAUDERDALE COMMUNITY REDEVELOPMENT AGENCY SCATTERED SITE INFILL HOUSING

FT. LAUDERDALE, FL 33311



FIRST FLOOR



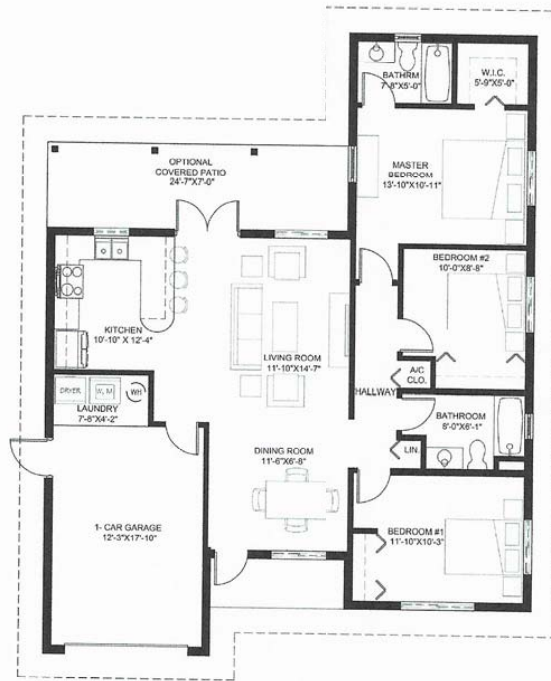
ELEVATION

1 CONCEPT 1-B (1,720 S.F.)  
SCALE 1/4" = 1'-0"

Design2Form

# CITY OF FORT LAUDERDALE COMMUNITY REDEVELOPMENT AGENCY SCATTERED SITE INFILL HOUSING

FT. LAUDERDALE, FL 33311



FIRST FLOOR



ELEVATION

1 CONCEPT 1-A (1,510 S.F.)  
SCALE 1/4" = 1'-0"

Design2Form

## **Attachment P**

September 18, 2020

MARYSE NELSON  
261 NE 38 ST D117  
OAKLAND PARK, FL 33334

### HOME LOAN PREQUALIFICATION

Pre application Number: A72Y70LH

Loan Program: Conf Fixed 30 Home Possible  
Interest Rate / APR\*: 2.750% / 2.871%  
(as of 09/18/2020. Subject to change.)  
Occupancy: Owner Occupied  
Property Type: Single Family  
County: Broward

Sales Price: \$240,000  
Down Payment: \$75,000  
Loan Amount: \$165,000  
Loan to Value: 68.75%

MARYSE NELSON:

**Congratulations! Based on the information contained on your credit report and the income and asset information you provided, our automated underwriting system indicates that you qualify for a loan of up to \$165,000 as shown above,** subject to receipt and review of all documentation as required for the product you select. You may present a copy of this letter as proof to sellers and real estate agents that you're a qualified buyer based on the conditions below.

#### What you need to know


This is not a loan commitment or a loan approval. The information and documentation you provide are subject to review which may result in a change to the above.

1. We require receipt and validation of credit, income and asset documentation.
2. The property must meet all Bank collateral requirements.
3. Our closing and funding conditions must be satisfied.

This letter expires 30 calendar days from the date above.

Thank you for choosing Bank of America. I look forward to working with you to make your home financing experience as smooth as possible.

Laquetta Handfield  
NMLS Identifier: 1041739  
Title: Community Lending Officer  
Telephone: (954) 832-3021  
Cell Phone: (954) 295-2560  
laquetta.handfield@bofa.com

Bank of America, N.A., Member FDIC  Equal Housing Lender © 2019 Bank of America Corporation. Credit and collateral are subject to approval. Terms and conditions apply. This is not a commitment to lend. Programs, rates, terms and conditions are subject to change without notice.

\*APR (Annual Percentage Rate) is an estimate and may be more or less with any changes in loan amount, down payment, closing costs, or other terms. Rate is subject to change until locked and rate increases may lower the loan amount for which you were prequalified.

POS PRE-QUALIFICATION LETTER (PREQUAL.US)  
17573.54 (09/19)

Page 1 of 1

BANK OF AMERICA, N.A.



\*1005376751710234000\*





## PRE-QUALIFICATION LETTER

Borrower (s): Dean Tracey

Date: 6/26/2020

Address:

We are pleased to inform you that you have been **Pre-qualified** for a first mortgage subject to the following terms and conditions:

Purchase Price: \$ 320,000.00

Loan Amount: \$ 314,204.00

Program: FHA

Occupancy: Primary Residence

1. Satisfactory appraisal and property requirement indicating value and conditions are acceptable to Nationwide Mortgage Bankers, Inc.
2. Verification of income and employment information
3. Verification of sufficient assets to complete transaction, including reserves, if required.
4. Compliance with all other loan conditions contained in mortgage Commitment Letter issued at approval.

**This is not a commitment to lend. This pre-qualification assumes a total monthly payment not to exceed \$2,105.33 (including principal, interest, insurance, taxes and any homeowners' association fees or cooperative maintenance expense).**

Changes in the loan parameters you chose, changes in your financial condition, as well as market conditions can substantially affect the mortgage amount for which you qualify. If we do not receive the required documentation verifying the information relied upon to issue this pre-qualification within 60 days, the pre-qualification will expire.

Thank you for choosing Nationwide Mortgage Bankers, Inc. We look forward to assisting you on obtaining financing in the most expeditious way possible.

Sincerely,

Conrade Bennett  
NMLS # 1092421  
Nationwide Mortgage Bankers  
conrade@nmbnow.com  
516-902-4911

---

310 A Main Street, Lebanon NJ 08833 | NMLS # 819382  
[www.nationwidemortgagebankersinc.com](http://www.nationwidemortgagebankersinc.com)



**"Your actual rate, payment, and costs could be higher. Get an official Loan Estimate before choosing a loan."**

July 21, 2020

Shannon J Mckally  
420 Northwest 23rd Avenue  
Fort Lauderdale, FL 33311

Congratulations! I am pleased to inform you that you are pre-approved for a home loan based on the following terms:

Monthly payment of: **\$1,856.26\***

Purchase price of: **\$250,000.00\*\***

Down payment of: **\$8,750.00**

Program: **FHA**

**First Lien Mortgage**

Loan type: **Fixed**

Term: **360 months**

Property type & use: **1 Family – Primary Residence**

\*How much you are pre-approved to borrow is calculated based on the maximum total monthly payment you can afford, which includes: Principal, Interest, Taxes, Insurance, Mortgage Insurance, if applicable, and any other dues or fees associated with home ownership. You may elect to waive your escrow based on program selection and qualification requirements.

\*\* "Purchase Price" is only a rough estimate of the total cost of the home you can afford and does not take into account other influences on your monthly payment, such as taxes or insurance; your pre-approval amount is based solely on the maximum total monthly payment.

This pre-approval is **valid for 60 days** from July 21, 2020 assuming that there are no changes in your financial situation. This pre-approval should not be considered a commitment to lend until the conditions listed on the following page are met.

Thank you for your business! I am here to make your purchasing experience a pleasant one and welcome your calls at any time.

Sincerely,

*Brian Joseph Coutu*  
NMLS #1200844  
brian.coutu@fairwaymc.com

cc:



## CREDIT APPROVAL/PREQUALIFICATION

Date 7/30/2020

**PARAMOUNT RESIDENTIAL MORTGAGE GROUP, INC.** is committed to providing outstanding service throughout the Home Loan Process to Real Estate Professionals and Borrowers alike. Our Team and Systems ensure that The Purchase Transaction Experience will be well communicated from start to finish.

This is to certify that as of 7/30/2020, CHERMAINE ALEXANDRIA JILES have/has been pre-qualified for a secured residential real estate loan with the following parameters:

Borrower(s):	CHERAMINE A. JILES	Occupancy Type:	OO
Sales Price:	259,000.00	Term:	360
Loan Number:	4255066509	Down Payment:	9,065.00
Loan Type:	<input checked="" type="checkbox"/> FHA <input type="checkbox"/> CalHFA-FHA <input type="checkbox"/> CONV <input type="checkbox"/> VA <input type="checkbox"/> Other _____		

This credit approval is based upon an initial review and verification of information you provided on income, debts and credit. This opinion is non-transferable and non-negotiable and is subject to the pricing and other terms and conditions applicable to the loan type and amount that is finally approved.

The signing of the application form or any related documents in connection with the application for a loan does not constitute a commitment to grant a loan. In order to grant a loan, our underwriter will evaluate factors other than just the application, including employment status, employment history, credit status, credit history, information contained in the documents provided to us, and others matters relating to the condition and valuation of the real property. Further, the granting of a loan may be provided provisionally with conditions concerning payoff of certain other credit obligations.

Each loan application is reviewed on its own merits on a case-by-case basis. This credit approval is valid for 60 days from the date indicated above. If interest rates increase, thereby increasing the monthly payment amount, it is possible you may not qualify for the maximum purchase price and loan amount indicated above. This credit approval is not a guarantee of points, fees, or interest rate. Any adverse material changes to the information you provided may affect final loan approval, causing us to change or void this opinion without further notice.

Thank you, for the opportunity to assist with this transaction. We look forward to working with you on a speedy loan approval and successful close of escrow. Our current closing time is 21 business days from date of full RPA acceptance.

Paramount Residential Mortgage Group, Inc.

NMLS# 75243

Isaura Enamorado

Mortgage Loan Originator

NMLS# 1370387

Phone: (305) 542-8675

Fax: (786) 452-8342

Email Address: [ienamorado@prmg.net](mailto:ienamorado@prmg.net)

*Making the American Dream of Homeownership Possible... Everyday!*

Note: This is not a loan commitment, guarantee of any financial benefit, or a guarantee of any kind. Loan approval and rate are dependent on borrower credit, collateral, and financial history, and loan programs available at time of preparation. Interest rate and loan terms are subject to change without notice. This is an estimate, actual costs may vary. © 2011 Paramount Residential Mortgage Group, Inc. All Rights Reserved.

**PRMG**  
Paramount Residential Mortgage Group, Inc.





May 9, 2020

LEYNDCY CENARY  
TAHJAE JOVANNIE BOLTON  
3101 OAKLAND SHORES DRIVE  
OAKLAND PARK, FL 33309

### HOME LOAN PREQUALIFICATION

Pre application Number: A72XSDXQ

Loan Program: FHA Govt Fixed 30  
Interest Rate / APR\*: 3.875% / 4.927%  
(as of 05/09/2020. Subject to change.)  
Occupancy: Owner Occupied  
Property Type: Single Family  
County: Broward

Sales Price: \$290,000  
Down Payment: \$10,150  
Loan Amount: \$284,747  
(excludes financed initial mortgage insurance amount of \$4,897)  
Loan to Value: 96.5%

LEYNDCY CENARY:

**Congratulations! Based on the information contained on your credit report and the income and asset information you provided, our automated underwriting system indicates that you qualify for a loan of up to \$284,747 as shown above,** subject to receipt and review of all documentation as required for the product you select. You may present a copy of this letter as proof to sellers and real estate agents that you're a qualified buyer based on the conditions below.

#### What you need to know


This is not a loan commitment or a loan approval. The information and documentation you provide are subject to review which may result in a change to the above.

1. We require receipt and validation of credit, income and asset documentation.
2. The property must meet all Bank collateral requirements.
3. Our closing and funding conditions must be satisfied.

This letter expires 30 calendar days from the date above.

Thank you for choosing Bank of America. I look forward to working with you to make your home financing experience as smooth as possible.

William Mendoza  
NMLS Identifier: 214757  
Title: FC Lending Officer  
Telephone: (954) 832-3050  
Cell Phone: (443) 622-6181  
william.mendoza@bofa.com

Bank of America, N.A., Member FDIC  Equal Housing Lender © 2019 Bank of America Corporation. Credit and collateral are subject to approval. Terms and conditions apply. This is not a commitment to lend. Programs, rates, terms and conditions are subject to change without notice.

\*APR (Annual Percentage Rate) is an estimate and may be more or less with any changes in loan amount, down payment, closing costs, or other terms. Rate is subject to change until locked and rate increases may lower the loan amount for which you were prequalified.

POS PRE-QUALIFICATION LETTER (PREQUAL.US)  
17573.54 (09/19)

Page 1 of 1

BANK OF AMERICA, N.A.



\*1002851931710234000\*





6810 North State Road 7, Suite 142  
Coconut Creek, FL 33073

## PREQUALIFICATION LETTER

Date: June 26, 2020

Dear: Henry Flores  
Michelle Lovett

**CONGRATULATIONS!** You have been **PREQUALIFIED**. This prequalification is based on a preliminary review by your Mortgage Loan Originator of your requested terms of credit, credit report, information, and documentation you provided regarding your income and available assets. This prequalification provides you with a price range to help in your home search. The results of the review is as follows:

**Purchase Price: \$** 235,000.00  
**Loan Type, Term and Product:** CONV 30 Year Fixed  
**This prequalification expires on** 08/25/2020

If you have any questions about your prequalification, or need any help along the way, please feel free to contact me.

Sincerely,

Sharyn Peoples  
Title: Mortgage Loan Originator  
NMLS ID #: 381535  
Company NMLS #: 3028  
Phone: 954-361-0499  
Fax: 248-247-1891  
Email: speoples@americu.com  
Website: www.americu.com

The prequalification is based on preliminary review of unverified information provided as of the date of this letter. This prequalification is subject to the receipt of a completed mortgage loan application and verification of credit related information, the collateral for the loan (for example appraisals, inspections, title commitment, survey and insurance), executed purchase agreement, execution of loan documents, as required, and satisfying all underwriting loan conditions that are prior to and at closing. **This is not an approval for the loan requested** and a written commitment to make a mortgage loan has not yet been issued.

This prequalification is subject to change and is contingent upon the following: the original information provided remaining true and accurate; material changes indicated from updated information; change in loan product and/or terms; changes to your credit report and/or credit score; your financial or employment status. This prequalification is also contingent if: information provided cannot be verified or becomes inaccurate; mortgage requirements beyond our control that may be compulsory if your loan no longer meets investors, government agencies or mortgage insurers. Although, this letter is valid until the date shown above, any documents, such as your credit report may expire within that period and will need to be updated if your loan has not closed. Interest rates are subject to daily change without notice and may affect the loan amount for which you qualify.

***Your actual rate, payment and costs could be higher. Get an official Loan Estimate before choosing a loan.***

Corporate Address: 2170 E. Big Beaver Road, Ste. A., Troy, MI 48083

PrequalificationLetter02\_2019



# Attachment Q



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/7/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## PRODUCER

ALL COUNTY INSURANCE  
PO Box 15268  
West Palm Beach, FL 33416-5268

## CONTACT

PHONE (A/C No. Ext): (561)471-0513 FAX (A/C No.): (561)471-2715  
E-MAIL ADDRESS: anthonya@allcountyinsurance.com

## INSURED

OASIS OF HOPE COMMUNITY DEVELOPMENT INC  
351 SOUTH CYPRESS ROAD #301  
POMPAÑO BEACH, FL 33060

## INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: SCOTTSDALE INSURANCE

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		CPS3281228	9/22/2020	9/22/2021	EACH OCCURRENCE \$ 1,000,000
		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
		MED EXP (Any one person) \$ 5,000				
		PERSONAL & ADV INJURY \$ 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					GENERAL AGGREGATE \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					BODILY INJURY (Per person) \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				BODILY INJURY (Per accident) \$
A	BUILDING 1 BUILDING 2		CPS2859654	9/22/2020	9/22/2021	PROPERTY DAMAGE (Per accident) \$
						EACH OCCURRENCE \$
						AGGREGATE \$
						PER STATUTE \$
						OTH-ER \$
						E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
						2500 AOP 5% WIND 250,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

1305-1309 NW 2ND AVE  
POMPAÑO BEACH, FL 33060

## CERTIFICATE HOLDER

CENTENNIAL BANK  
ISAOA ATIMA  
PO BOX 906  
CONWAY, AR 72033

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

## **Attachment R**





City of Fort Lauderdale • Procurement Services Division  
100 N. Andrews Avenue, 619 • Fort Lauderdale, Florida 33301  
954-828-5933 Fax 954-828-5576  
[purchase@fortlauderdale.gov](mailto:purchase@fortlauderdale.gov)

ITB NO. 12385-105

## Scattered Site Infill Housing

### ADDENDUM NO. 1

ISSUED: August 21, 2020

This Addendum is being issued to provide the following information. It is hereby made a part of the Plans and Specifications and shall be included with all contract documents.

Acknowledge receipt of this Addendum by inserting its number and date on the CITB Construction Bid Certification Page.

a) Opening Bid, Questions and Answers will be extended:

**New Dates:**

**Questions and Answers: November 9, 2020**

**Opening Bid: November 16, 2020**

All other terms, conditions, and specifications remain unchanged.

*Fausto Vargas*

Procurement Specialist

Company Name: Oasis of Hope Community Development Corp, Inc.  
(please print)

Bidder's Signature: *[Signature]*

Date: 11/13/2020