

## Before Starting the Project Application

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

### Things to Remember

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/> - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

## 1A. SF-424 Application Type

**1. Type of Submission:** Application

**2. Type of Application:** Renewal Project Application

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

**If "Other", specify:**

**3. Date Received:** 09/14/2018

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:** FL0249

**This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**

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

**6. Date Received by State:**

**7. State Application Identifier:**

## 1B. SF-424 Legal Applicant

### 8. Applicant

**a. Legal Name:** Broward County, Florida

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

	<b>c. Organizational DUNS:</b>	066938358	<b>PLUS 4</b>	
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### d. Address

**Street 1:** 115 S Andrews Avenue

**Street 2:** A370

**City:** Fort Lauderdale

**County:** Broward

**State:** Florida

**Country:** United States

**Zip / Postal Code:** 33301

### e. Organizational Unit (optional)

**Department Name:** Human Services

**Division Name:** Community Partnerships/HIP

### f. Name and contact information of person to be contacted on matters involving this application

**Prefix:** Ms.

**First Name:** Rebecca

**Middle Name:**

**Last Name:** Mcguire

**Suffix:** Ph.D

**Title:** Administrator

**Organizational Affiliation:** Broward County, Florida

**Telephone Number:** (954) 357-5686

**Extension:**  
**Fax Number:** (954) 357-5521  
**Email:** [rmcguire@broward.org](mailto:rmcguire@broward.org)

## 1C. SF-424 Application Details

**9. Type of Applicant:** B. County Government

**10. Name of Federal Agency:** Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Title:** CoC Program

**CFDA Number:** 14.267

**12. Funding Opportunity Number:** FR-6200-N-25

**Title:** Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**

**Title:**

## 1D. SF-424 Congressional District(s)

**14. Area(s) affected by the project (State(s) only):** Florida  
(for multiple selections hold CTRL key)

**15. Descriptive Title of Applicant's Project:** Chalet Apartments

**16. Congressional District(s):**

**a. Applicant:** FL-020, FL-021, FL-024, FL-025, FL-022, FL-023  
(for multiple selections hold CTRL key)

**b. Project:** FL-023  
(for multiple selections hold CTRL key)

**17. Proposed Project**

**a. Start Date:** 06/01/2019

**b. End Date:** 05/31/2020

**18. Estimated Funding (\$)**

**a. Federal:**

**b. Applicant:**

**c. State:**

**d. Local:**

**e. Other:**

**f. Program Income:**

**g. Total:**

## 1E. SF-424 Compliance

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

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

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

**If "YES," provide an explanation:**

## 1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE:

### 21. Authorized Representative

**Prefix:** Ms.

**First Name:** Bertha

**Middle Name:**

**Last Name:** Henry

**Suffix:**

**Title:** County Administrator

**Telephone Number:** (954) 357-7353  
**(Format: 123-456-7890)**

**Fax Number:** (954) 357-5521  
**(Format: 123-456-7890)**

**Email:** bhenry@broward.org

**Signature of Authorized Representative:** Considered signed upon submission in e-snaps.

**Date Signed:** 09/14/2018



# 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - Form 2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Approval No. 2510-0011 (exp.11/30/2018)**

## Applicant/Recipient Information

### 1. Applicant/Recipient Name, Address, and Phone

**Agency Legal Name:** Broward County, Florida

**Prefix:** Ms.

**First Name:** Bertha

**Middle Name:**

**Last Name:** Henry

**Suffix:**

**Title:** County Administrator

**Organizational Affiliation:** Broward County, Florida

**Telephone Number:** (954) 357-7353

**Extension:**

**Email:** bhenry@broward.org

**City:** Fort Lauderdale

**County:** Broward

**State:** Florida

**Country:** United States

**Zip/Postal Code:** 33301

**2. Employer ID Number (EIN):** 59-6000531

**3. HUD Program:** Continuum of Care Program

**4. Amount of HUD Assistance Requested/Received:** \$226,952.00

(Requested amounts will be automatically entered within applications)

**5. State the name and location (street address, city and state) of the project or activity:** Chalet Apartments 115 S Andrews Avenue Fort Lauderdale Florida

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

**Part I Threshold Determinations**

**1. Are you applying for assistance for a specific project or activity?** Yes  
 (For further information, see 24 CFR Sec. 4.3).

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
Broward County, Florida 115 S. Andrews Ave Rm# A370 Ft Lauderdale, FL 33301	Cash Match	\$1,386,586.00	CoC eligible Activities Match
Broward County, Florida, 115 S Andrews Ave Rm# A370 Ft Lauderdale, FL 33301	In Kind Match	113366.0	CoC eligible Activities Match

**Part III Interested Parties**

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

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	NA	NA	\$0.00	0%
NA	NA	NA	\$0.00	0%
NA	NA	NA	\$0.00	0%
NA	NA	NA	\$0.00	0%
NA	NA	NA	\$0.00	0%

**Certification**

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

I certify that this information is true and complete.

**I AGREE:**

**Name / Title of Authorized Official:** Bertha Henry, County Administrator

**Signature of Authorized Official:** Considered signed upon submission in e-snaps.

**Date Signed:** 09/14/2018

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Broward County, Florida

**Program/Activity Receiving Federal Grant Funding:** CoC Program

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

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b. Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;	

### Sites for Work Performance.

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

Workplaces, including addresses, entered in the attached project application. Refer to addresses entered into the attached project application.

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

X

**accurate.**

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

**Authorized Representative**

**Prefix:** Ms.

**First Name:** Bertha

**Middle Name**

**Last Name:** Henry

**Suffix:**

**Title:** County Administrator

**Telephone Number:** (954) 357-7353  
**(Format: 123-456-7890)**

**Fax Number:** (954) 357-5521  
**(Format: 123-456-7890)**

**Email:** bhenry@broward.org

**Signature of Authorized Representative:** Considered signed upon submission in e-snaps.

**Date Signed:** 09/14/2018

## **CERTIFICATION REGARDING LOBBYING**

### **Certification for Contracts, Grants, Loans, and Cooperative Agreements**

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

### **Statement for Loan Guarantees and Loan Insurance**

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

**the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.**

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

X

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

**Applicant's Organization:** Broward County, Florida

**Name / Title of Authorized Official:** Bertha Henry, County Administrator

**Signature of Authorized Official:** Considered signed upon submission in e-snaps.

**Date Signed:** 09/14/2018

# 1J. SF-LLL

**DISCLOSURE OF LOBBYING ACTIVITIES**  
**Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.**  
**Approved by OMB0348-0046**

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

**Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?** No

**Legal Name:** Broward County, Florida  
**Street 1:** 115 S Andrews Avenue  
**Street 2:** A370  
**City:** Fort Lauderdale  
**County:** Broward  
**State:** Florida  
**Country:** United States  
**Zip / Postal Code:** 33301

**11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.**

I certify that this information is true and complete.

X



**Authorized Representative**

**Prefix:** Ms.

**First Name:** Bertha

**Middle Name:**

**Last Name:** Henry

**Suffix:**

**Title:** County Administrator

**Telephone Number:** (954) 357-7353  
**(Format: 123-456-7890)**

**Fax Number:** (954) 357-5521  
**(Format: 123-456-7890)**

**Email:** bhenry@broward.org

**Signature of Authorized Official:** Considered signed upon submission in e-snaps.

**Date Signed:** 09/14/2018

## **Information About Submission without Changes**

**After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as "Read-Only;" except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.**

**If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.**

## Recipient Performance

**1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?** Yes

**2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?** No

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

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

Revised policy and procedure coupled with improvements in the Enterprise Resource Planning system implemented at the beginning of County fiscal 2017-18 have resulted in an 18% improvement in project drawdowns from FY2016. These implementations will assist in ensuring 100% quarterly drawdowns for all programs moving forward.

**4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?** No

## Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition?  No  
If "No" click on "Next" or "Save & Next" below to move to the next screen.

## 2A. Project Subrecipients

**This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.**

**This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.**

**Total Expected Sub-Awards: \$226,952**

Organization	Type	Type	Sub-Award Amount
Henderson Behavioral Health, Inc.	N. Nonprofit without 501C3 IRS Status	N. Nonprofit without 501C3 IRS Status	\$226,952

## 2A. Project Subrecipients Detail

**a. Organization Name:** Henderson Behavioral Health, Inc.

**b. Organization Type:** N. Nonprofit without 501C3 IRS Status

**c. Employer or Tax Identification Number:** 59-0711167

	<b>* d. Organizational DUNS:</b>	048106272	<b>PLUS 4</b>	
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### e. Physical Address

**Street 1:** 4740 N State Road 7

**Street 2:** Suite 201

**City:** Fort Lauderdale

**State:** Florida

**Zip Code:** 33319

**f. Congressional District(s):** FL-023  
(for multiple selections hold CTRL key)

**g. Is the subrecipient a Faith-Based Organization?** No

**h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency?** Yes

**i. Expected Sub-Award Amount:** \$226,952

### j. Contact Person

**Prefix:** Mrs.

**First Name:** Debbie

**Middle Name:**

**Last Name:** Perry

**Suffix:**

**Title:** Branch Administrator

**E-mail Address:** dperry@hendersonbh.org

**Confirm E-mail Address:** dperry@hendersonbh.org

**Phone Number:** 954-735-4331

**Extension:** 103

**Fax Number:** 954-735-1214

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

### 3A. Project Detail

**1. Project Identification Number (PIN) of expiring grant:** FL0249

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

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

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

**3. Project Name:** Chalet Apartments

**4. Project Status:** Standard

**5. Component Type:** PH

**5a. Does the PH project provide PSH or RRH?** PSH

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

**7. Will this renewal project be part of a new application for a Renewal Expansion Grant?** No



### 3B. Project Description

**This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.**

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

Henderson Behavioral Health, Inc. (HBH) has 30 years of experience in the development and implementation of permanent supportive housing. Chalet Apartments offers permanent housing with supportive services to 40 chronically homeless adults with an existing DSM V mental health diagnoses of serious mental illness. The project was not initially funded as 100% of units dedicated to chronically homeless individuals, however for the past three years we have prioritized vacancies for this sub-population and will continue to do so. The Section 8 certificates for the project are managed by the Hollywood Housing Authority (HHA). CA offers opportunities for clients to improve the quality of their lives within an inclusive community free from discrimination. Most clients receive disability benefits and several are employed either part- or full-time. All are capable of independent living with supportive services. The project reduces barriers to entry by adopting a housing first model and uses this to maximize placement based on the order of prioritization per HUD notice CPD-16-11. Clients contribute toward their rental payments in accordance with HUD guidelines. The project utilizes the HMIS system. HBH participates in the CoC Coordinated Entry and Assessment (CEA) process thereby increasing consumer access to permanent housing. Referrals received through the CEA process are interviewed by Chalet staff to determine eligibility. Once approved by HHA, the applicant is given an expedient move-in date. The interview may be conducted at the facility, local emergency shelters, or wherever the person experiencing homelessness may be. Clients are assisted in retaining their housing by a treatment team approach. Everyone is offered a case manager who develops a service plan with the individual, linking them to services and supports identified as needed by the client. On-site staff provide support as needed. Psychiatric and other behavioral health services are available at Henderson's outpatient facilities.

During the most recent contract period all outcomes were achieved. Proposed outcomes include; 1) 90% of Clients remain in or exit to permanent housing, subsidized or unsubsidized, during operating year 2)85% of Clients 18 years or older, will maintain or increase their total income as evidenced by obtaining/maintaining employment, approval for benefits, and/or other legal sources of income as of the end of each operating year or program exit.3) 90% of participants who exit the program to permanent housing (subsidized or unsubsidized) will not return to homelessness within six months.

Future funding is necessary to continue to provide the intensity of services required to keep these high-risk individuals housed. Henderson Behavioral Health commits to improving compliance with system performance measures.

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

**2a. Please identify the specific population focus. (Select ALL that apply)**

Chronic Homeless	<input checked="" type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families with Children	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

Other:

**3. Housing First**

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

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

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

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

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>

Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

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

## 3C. Dedicated Plus

### Dedicated and DedicatedPLUS

**A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.**

**A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:**

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

**1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.** 100% Dedicated

## 4A. Supportive Services for Participants

**This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.**

**1. For all supportive services available to participants, indicate who will provide them and how often they will be provided.  
 Click 'Save' to update.**

Supportive Services	Provider	Frequency
Assessment of Service Needs	Subrecipient	As needed
Assistance with Moving Costs	Partner	As needed
Case Management	Subrecipient	As needed
Child Care	Non-Partner	As needed
Education Services	Non-Partner	As needed
Employment Assistance and Job Training	Subrecipient	As needed
Food	Partner	As needed
Housing Search and Counseling Services	Subrecipient	As needed
Legal Services	Partner	As needed
Life Skills Training	Subrecipient	As needed
Mental Health Services	Subrecipient	As needed
Outpatient Health Services	Partner	As needed
Outreach Services	Partner	As needed
Substance Abuse Treatment Services	Subrecipient	As needed
Transportation	Partner	As needed
Utility Deposits	Partner	As needed

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

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

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

**3. Do project participants have access to** Yes

**SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?**

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

## 4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

**Total Units:** 40

**Total Beds:** 40

**Total Dedicated CH Beds:** 40

Housing Type	Housing Type (JOINT)	Units	Beds
Single Room Occupancy (SRO)...	---	40	40

## 4B. Housing Type and Location Detail

**1. Housing Type:** Single Room Occupancy (SRO) units

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

**a. Units:** 40

**b. Beds:** 40

**3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?** 40

**This includes both the "dedicated" and "prioritized" beds from previous competitions.**

### 4. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

**Street 1:** 746 N 19th Avenue

**Street 2:**

**City:** Hollywood

**State:** Florida

**ZIP Code:** 33020

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

121320 Hollywood



## 5A. Project Participants - Households

**This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.**

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
<b>Total Number of Households</b>	0	40	0	40

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
<b>Adults over age 24</b>	0	40		40
<b>Adults ages 18-24</b>	0	0		0
<b>Accompanied Children under age 18</b>	0		0	0
<b>Unaccompanied Children under age 18</b>			0	0
<b>Total Persons</b>	0	40	0	40

**Click Save to automatically calculate totals**

## 5B. Project Participants - Subpopulations

**This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.**

### Persons in Households with at Least One Adult and One Child

Characteristics	Chronic Homeless Non-Veterans	Chronic Homeless Veterans	Non-Chronic Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Adults ages 18-24										
Children under age 18										
<b>Total Persons</b>	0	0	0	0	0	0	0	0	0	0

### Persons in Households without Children

Characteristics	Chronic Homeless Non-Veterans	Chronic Homeless Veterans	Non-Chronic Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	18	0	1	9	2	40	15	8	0	0
Adults ages 18-24		0	0	0	0	0	0	0	0	0
<b>Total Persons</b>	18	0	1	9	2	40	15	8	0	0

**Click Save to automatically calculate totals**

### Persons in Households with Only Children

Characteristics	Chronic Homeless Non-Veterans	Chronic Homeless Veterans	Non-Chronic Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
<b>Total Persons</b>	0			0	0	0	0	0	0	0

## 5C. Outreach for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Enter the percentage of project participants that will be coming from each of the following locations.

35%	Directly from the street or other locations not meant for human habitation.
65%	Directly from emergency shelters.
	Directly from safe havens.
0%	Persons fleeing domestic violence.
100%	Total of above percentages

## 6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant? No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No
3. Does this project propose to allocate funds according to an indirect cost rate? No
4. Renewal Grant Term: 1 Year
5. Select the costs for which funding is being requested:
- |                     |                                     |
|---------------------|-------------------------------------|
| Leased Units        | <input type="checkbox"/>            |
| Leased Structures   | <input type="checkbox"/>            |
| Rental Assistance   | <input type="checkbox"/>            |
| Supportive Services | <input checked="" type="checkbox"/> |
| Operating           | <input type="checkbox"/>            |
| HMIS                | <input type="checkbox"/>            |

## 6D. Sources of Match

**This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.**

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

### Summary for Match

Total Value of Cash Commitments:	\$56,738
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$56,738

**1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant?**      No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	operating costs p...	08/15/2018	\$56,738

## Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Private
- 4. Name the Source of the Commitment:** operating costs paid by HBH  
**(Be as specific as possible and include the office or grant program as applicable)**
- 5. Date of Written Commitment:** 08/15/2018
- 6. Value of Written Commitment:** \$56,738

## 6E. Summary Budget

**This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.**

**The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.**

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$212,105
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$212,105
7. Admin (Up to 10%)	\$14,847
8. Total Assistance plus Admin Requested	\$226,952
9. Cash Match	\$56,738
10. In-Kind Match	\$0
11. Total Match	\$56,738
12. Total Budget	\$283,690

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	IRS 501 (C) Certi...	08/15/2018
2) Other Attachmenbt	No	HUD 2880, Disclos...	08/30/2018
3) Other Attachment	No	Certifications	09/14/2018



## **Attachment Details**

**Document Description:** IRS 501 (C) Certification

## **Attachment Details**

**Document Description:** HUD 2880, Disclosure of Lobbying, HUD 500-70 Code of Conduct, SAMs, Letter of Participation, Match Letter

## **Attachment Details**

**Document Description:** Certifications

## **7B. Certification**

### **A. For all projects: Fair Housing and Equal Opportunity**

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

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

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

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

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

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

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

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

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**20-Year Operation Rule.**

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

**15-Year Operation Rule – 24 CFR part 578 only.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

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

**C. Explanation.**

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

**Name of Authorized Certifying Official** Bertha Henry

**Date:** 09/14/2018

**Title:** County Administrator

**Applicant Organization:** Broward County, Florida

**PHA Number (For PHA Applicants Only):**

**I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).**

X
---

## Submission Without Changes

**1. Are the requested renewal funds reduced from the previous award as a result of reallocation?** No

**2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.** Make changes

**3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.**

<b>Part 2 - Subrecipient Information</b>	
2A. Subrecipients	<input type="checkbox"/>
<b>Part 3 - Project Information</b>	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input type="checkbox"/>
3C. Dedicated Plus	<input type="checkbox"/>
<b>Part 4 - Housing Services and HMIS</b>	
4A. Services	<input type="checkbox"/>
4B. Housing Type	<input type="checkbox"/>
<b>Part 5 - Participants and Outreach Information</b>	
5A. Households	<input type="checkbox"/>
5B. Subpopulations	<input type="checkbox"/>
5C. Outreach	<input type="checkbox"/>
<b>Part 6 - Budget Information</b>	
6A. Funding Request	<input type="checkbox"/>
6D. Match	<input type="checkbox"/>

6E. Summary Budget	<input type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

**The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):**

- 2A- Updated Organization Type
- 3A- Update information
- 3B- Update description

**The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.**

## 8B Submission Summary

Page	Last Updated
<b>1A. SF-424 Application Type</b>	09/14/2018
<b>1B. SF-424 Legal Applicant</b>	No Input Required
<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	09/14/2018
Renewal Project Application FY2018	Page 47 09/14/2018

<b>1E. SF-424 Compliance</b>	09/14/2018
<b>1F. SF-424 Declaration</b>	09/14/2018
<b>1G. HUD-2880</b>	09/14/2018
<b>1H. HUD-50070</b>	09/14/2018
<b>1I. Cert. Lobbying</b>	09/14/2018
<b>1J. SF-LLL</b>	09/14/2018
<b>Recipient Performance</b>	09/14/2018
<b>Renewal Grant Consolidation</b>	09/14/2018
<b>2A. Subrecipients</b>	09/14/2018
<b>3A. Project Detail</b>	09/14/2018
<b>3B. Description</b>	09/14/2018
<b>3C. Dedicated Plus</b>	09/14/2018
<b>4A. Services</b>	09/14/2018
<b>4B. Housing Type</b>	09/14/2018
<b>5A. Households</b>	09/14/2018
<b>5B. Subpopulations</b>	No Input Required
<b>5C. Outreach</b>	09/14/2018
<b>6A. Funding Request</b>	09/14/2018
<b>6D. Match</b>	09/14/2018
<b>6E. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	09/14/2018
<b>7B. Certification</b>	09/14/2018
<b>Submission Without Changes</b>	09/14/2018





CINCINNATI OH 45999-0038

In reply refer to: 0248188044  
June 01, 2018 LTR 4168C 0  
59-0711167 000000 00  
00014097  
BODC: TE

HENDERSON BEHAVIORAL HEALTH INC  
4740 N STATE ROAD 7 STE 201  
LAUD LAKES FL 33319

018456

Employer ID number: 59-0711167  
Form 990 required: Yes

Dear Taxpayer:

We're responding to your request dated May 22, 2018, about your tax-exempt status.

We issued you a determination letter in March 1954, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(iii).

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

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

Thank you for your cooperation.

Sincerely yours,

Kim A. Billups, Operations Manager  
Accounts Management Operations 1

# Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing and Urban Development

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

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

## Applicant/Recipient Information

Indicate whether this is an Initial Report  or an Update Report

1. Applicant/Recipient Name, Address, and Phone (include area code): Henderson Behavioral Health 4740 N. State Rd. 7, Suite #208 Lauderdale Lakes, FL 33319	2. Social Security Number or Employer ID Number: 59-0711167
3. HUD Program Name HUD-Continuum of Care Program - Henderson Behavioral Health Chalet Apartments	4. Amount of HUD Assistance Requested/Received \$226,952.00
5. State the name and location (street address, City and State) of the project or activity: 746 N. 19th Avenue, Hollywood, Florida 33020	

## Part I Threshold Determinations

- |  |  |
|--|--|
| 1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3).<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

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

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

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

Department/State/Local Agency Name and Address	Type of Assistance	Amount Requested/Provided	Expected Uses of the Funds
Henderson Behavioral Health-4740 N. State Rd 7	Cash Match	\$56,738	Operational costs
Henderson Behavioral Health - 4740 N. State Rd 7	In-Kind Leverage	\$109,765	Operational costs/services

(Note: Use Additional pages if necessary.)

## Part III Interested Parties. You must disclose:

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


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

(Note: Use Additional pages if necessary.)

## Certification

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

I certify that this information is true and complete.

Signature: X 	Date: (mm/dd/yyyy) 08/30/2018
---	----------------------------------

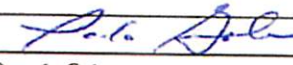
## DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input type="checkbox"/> Prime <input checked="" type="checkbox"/> Subawardee Tier _____, if known:  Congressional District, if known: 4c	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b> Broward County Board of County Commissioners 115 S. Andrews Avenue, Room A370 Fort Lauderdale, FL 33301  Congressional District, if known: 20-25	
<b>6. Federal Department/Agency:</b>  N/A	<b>7. Federal Program Name/Description:</b>  N/A  CFDA Number, if applicable: _____	
<b>8. Federal Action Number, if known:</b>  N/A	<b>9. Award Amount, if known:</b>  \$ N/A	
<b>10. a. Name and Address of Lobbying Registrant</b> <i>(if individual, last name, first name, MI):</i>  N/A	<b>b. Individuals Performing Services</b> <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>  N/A	
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: <u></u> Print Name: <u>Pamela Galan</u> Title: <u>Chief Operating Officer</u> Telephone No.: <u>954-777-1622</u> Date: <u>7.18.18</u>	
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)



# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Henderson Behavioral Health 4740 N. State Rd. 7, Suite 201, Lauderdale Lakes, FL 33319

Program/Activity Receiving Federal Grant Funding

Chalet Apartments 746 N. 19th Avenue, Hollywood, FL 33020

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Name of Authorized Official

PAMELA GALAN

Title

C.O.O.

Signature

*[Handwritten Signature]*

Date

7.18.18

X



Below please find Henderson Behavioral Health's Standards of Conduct Policy.

Lee Wein, Director of Quality Management/Compliance Officer is the responsible official for this policy.

Her contact information is:

Henderson Behavioral Health

4740 N. State Rd. 7

Fort Lauderdale, Florida 33319

(954) 777-1673

[lwein@hendersonbh.org](mailto:lwein@hendersonbh.org)

**POLICY:** Henderson Behavioral Health (HBH) is committed to conducting its business lawfully and ethically, therefore, it is mandated that all of its employees meet the highest standards of legal and ethical conduct.

**PURPOSE:** The Standards of Conduct statement ensures that all Henderson Behavioral Health employees/peers have a clear understanding of the business, professional, legal and personal ethics that are expected of them while employed by HBH; and institutes that adherence with them is a condition of continued employment with the organization.

#### **GENERAL CONSIDERATIONS:**

1. The Board of Directors, employees, independent contractors, volunteers, student interns and peers of HBH have a primary responsibility to maintain high standards of professional competence, and to practice the highest possible quality of care.
2. HBH established a Regulatory Compliance Program with Standards of Conduct to protect its reputation and to assure uniformity in its adherence to the Program. The Standards of Conduct with the Regulatory Compliance Program prohibits the real and apparent conflicts of interest that may arise among employees, officers, board members, or any member of his/her immediate family.
3. A Regulatory Compliance Officer has been appointed to ensure adherence to the Program, serve as a contact for employees to report potential Program, law or regulatory violations; and to take appropriate subsequent action on these violations.
4. The Standards of Conduct statement establishes the general policies and procedures with which all employees must comply as a condition of their continued employment with Henderson.
5. Adherence to the Standards of Conduct is part of every HBH employee's job description, and is reviewed as part of their annual Performance Evaluation.
6. All HBH employees will sign an Acknowledgement of Receipt and Statement of Understanding of the Regulatory Compliance Program form, after being trained in the Regulatory Compliance Program, and receiving a copy of the Plan, and Standards of Conduct statement. This form will be filed in their Human Resources file.
7. The Standards of Conduct statement is part of the Regulatory Compliance Handbook that is provided to all employees/volunteers/interns/peer supports during the Orientation for New Employees. The Standards address the following areas: Quality of Service and Care, Clinical Ethics, Business Ethics, Conflicts of Interest, Human Resources, Communication, Protection of Assets, Employee Responsibilities, and Non-Retaliation Statement

#### **PROCEDURE:**

**Responsibility:** Regulatory Compliance Officer, Human Resource Department

**Action:**





**Central Branch**  
330 SW 27<sup>th</sup> Avenue  
Fort Lauderdale, FL 33319  
954.791.4300

**Chalet Apartments**  
746 N. 19<sup>th</sup> Avenue  
Hollywood, FL 33020  
954.925.3353

**Crisis Stabilization Unit**  
2677 N.W. 19<sup>th</sup> Street  
Fort Lauderdale, FL 33311  
954.739.8066

**Forensic Residential Treatment Facility**  
5700 NW 27<sup>th</sup> Court, Bldg D  
Lauderhill, FL 33319  
954.735.9541

**Headway Office Park**  
4700 N. State Road 7 Bldg A  
Lauderdale Lakes, FL 33319  
Community Support, Suite 108 - 954.730.7284  
HILL Project, Suite 102 - 954.730.7284  
First Episode Program, Suite 206 - 954.634.8096  
FMT, Suite 104 - 954.730.7284  
HHOPE, Suite 202 - 954.735.4530  
Housing Services & CM, Suite 208 - 954.735.4331  
Youth Prevention Services, Suite 220 - 954.735.4530

4720 North State Road 7 Bldg B  
Lauderdale Lakes, FL 33319  
Centralized Receiving Center - 954.606.0911  
Crisis Services - 954.463.0911  
FACT Broward - 954.485.8888

4740 N. State Road 7 Bldg C  
Lauderdale Lakes, FL 33319  
Administration  
954.486.4005

**New Vistas Branch**  
2900 West Prospect Road  
Tamarac, FL 33309  
Adult Services - 954.731.1000  
Youth & Family Services - 954.731.5100

**Palm Beach Branch- FACT & Youth Services**  
3199 Lake Worth Road, Suite 1  
Lake Worth, FL 33461  
561.649.6500

**Parkside House**  
5700 N.W. 27<sup>th</sup> Court, Bldg A  
Lauderhill, FL 33313  
954.735.1901

**Rainbow Villas & COURT Project**  
5800 N.W. 27<sup>th</sup> Court  
Lauderhill, FL 33313  
954.731.2835

**Safe Haven**  
5700 NW 27<sup>th</sup> Court, Bldg B & C  
Lauderhill, FL 33313  
954.735.1088

**South Branch**  
1957 Jackson Street  
Hollywood, FL 33020  
954.921.2600

**Student Counseling Services**  
NSU 954.424.6911  
Broward College 954.424.6916  
University of Miami 954.424.6868  
3538 S. University Drive  
Davie, FL 33328

**Summit Apartments**  
868 S.W. 10<sup>th</sup> Street  
Pompano Beach, FL 33060  
954.785.4079

**Treasure Coast Branch**  
546 NW University Drive, Suite 202  
Port Saint Lucie, FL 34986  
772.361.6767

**West Branch**  
3501 West University Drive, Suite 6  
Davie, FL 33328  
954.888.7999

1. If a HBH employee has violated, or failed to adhere to the Regulatory Compliance Program's Standards of Conduct, the Regulatory Compliance Officer will determine if further action is necessary. If so, the Reporting of Regulatory Compliance Violations policy will be followed.
2. If disciplinary action is determined to be necessary on the part of the employee, the situation will be addressed according to Human Resource policies and procedures.

**SAM Search Results**  
**List of records matching your search for :**

**Search Term : henderson\* behavioral\* health\***  
**Record Status: Active**

<b>ENTITY</b>	Henderson Behavioral Health, Inc.	Status: Active
DUNS: 048106272	+4:	CAGE Code: 4BDK1 DoDAAC:
Expiration Date: Mar 5, 2019	Has Active Exclusion?: No	Debt Subject to Offset?: No
Address: 4740 N State Road 7 Ste 201		
City: Lauderdale Lakes	State/Province: FLORIDA	
ZIP Code: 33319-5839	Country: UNITED STATES	



**Crisis Services**  
1720 N. State Road 7, Bldg. B  
Lauderdale Lakes, FL 33319  
354.463.0911

**Youth and Family Services**  
3900 West Prospect Road  
Famarac, FL 33309  
354.731.5100

**New Vistas**  
3900 West Prospect Road  
Famarac, FL 33309  
354.735.4530

**Central Branch**  
330 SW 27<sup>th</sup> Avenue  
Fort Lauderdale, FL 33319  
354.791.4300

**South Branch**  
1957 Jackson Street  
Hollywood, FL 33020  
354.921.2600

**Community Support**  
1720 N. State Road 7  
Lauderdale Lakes, FL 33319  
354.730.7284

**Housing Services and Parkside House**  
3700 N.W. 27<sup>th</sup> Court  
Lauderhill, FL 33313  
354.735.4331

**HOPE Team**  
1700 N. State Road 7, Suite 102  
Lauderdale Lakes, FL 33319  
354.735.9550

**Youth Services**  
1700 N State Road 7, Suite 220  
Lauderdale Lakes, FL 33319  
354.735.4530

**Rainbow Villas**  
3800 N.W. 27<sup>th</sup> Court  
Lauderhill, FL 33313  
354.731.2835

**Summit Apartments**  
368 S.W. 10<sup>th</sup> Street  
Pompano Beach, FL 33060  
354.785.4079

**Chalet Apartments**  
746 N. 19<sup>th</sup> Avenue  
Hollywood, FL 33020  
354.925.3353

**Crisis Stabilization Unit**  
3677 N.W. 19<sup>th</sup> Street  
Fort Lauderdale, FL 33311  
354.739.8066

**West Broward Branch**  
3501 South University Drive, Suite 6  
Davie, FL 33328  
354.888.7999

**FACT - Broward**  
1720 N. State Road 7  
Lauderdale Lakes, FL 33319  
354.485.8888

**FACT - Palm Beach**  
3199A Lake Worth Road  
Lake Worth, FL 33461  
361.649.6500

**Student Counseling Services - NSU**  
3538 S. University Drive  
Davie, FL 33328  
354.424.6911

**Student Counseling Services -  
Broward College**  
3538 S. University Drive  
Davie, FL 33328  
354.424.6916

**Administration**  
1740 N. State Road 7, Suite 201  
Lauderdale Lakes, FL 33319  
354.486.4005

July 18, 2018

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

Re: Agency certification of participation in FL-601 Fort Lauderdale/Broward County Homeless Continuum of Care (CoC) Coordinated Assessment system for the FY2018 HUD Continuum of Care Program Competition

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

Pursuant to 24 CFR 578.5 and 578.7 of the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 our CoC has developed a coordinated assessment process to make it easier for persons experiencing homelessness to access services and improve outcomes for both the individual and system. The CoC standardized coordinated assessment and referral process is accessed through the Homeless Management Information System (HMIS) and assists with prioritizing individuals and families for the appropriate intervention(s) to prevent, divert and/or end their homelessness.

The CoC requires all CoC affiliated agencies, regardless of funding source, to participate in the coordinated assessment process through their formal contractual agreements. Our organization commits to use the FL-601 Fort Lauderdale/Broward County dedicated homeless Coordinated Assessment process for County funded homeless programs.

Sincerely,

A handwritten signature in blue ink, appearing to read "P. Galan", is written over a faint, larger version of the signature.

Pamela Galan  
Chief Operating Officer





**Crisis Services**

1720 N. State Road 7, Bldg. B  
Lauderdale Lakes, FL 33319  
354 463 0911

**Youth and Family Services**

2500 West Prospect Road  
Lamarac, FL 33309  
354 731 5100

**New Vistas**

2500 West Prospect Road  
Lamarac, FL 33309  
354 735 4530

**Central Branch**

130 SW 27<sup>th</sup> Avenue  
Fort Lauderdale, FL 33319  
354 791 4300

**South Branch**

1957 Jackson Street  
Hollywood, FL 33020  
354 921 2600

**Community Support**

1720 N. State Road 7  
Lauderdale Lakes, FL 33319  
354 730 7284

**Housing Services and Parkside House**

1700 N.W. 27<sup>th</sup> Court  
Lauderhill, FL 33313  
354 735 4331

**HOPE Team**

1700 N. State Road 7, Suite 102  
Lauderdale Lakes, FL 33319  
354 735 9550

**Youth Services**

1700 N State Road 7, Suite 220  
Lauderdale Lakes, FL 33319  
354 735 4530

**Rainbow Villas**

1900 N.W. 27<sup>th</sup> Court  
Lauderhill, FL 33313  
354 731 2835

**Summit Apartments**

168 S.W. 10<sup>th</sup> Street  
Pompano Beach, FL 33060  
354 785 4079

**Chalet Apartments**

146 N. 19<sup>th</sup> Avenue  
Hollywood, FL 33020  
354 925 3353

**Crisis Stabilization Unit**

1677 N.W. 19<sup>th</sup> Street  
Fort Lauderdale, FL 33311  
354 739 6066

**West Broward Branch**

1501 South University Drive Suite 6  
Davie, FL 33328  
354 888 7999

**FACT – Broward**

1720 N. State Road 7  
Lauderdale Lakes, FL 33319  
354 485 8888

**FACT – Palm Beach**

1199A Lake Worth Road  
Lake Worth, FL 33461  
361 649 6500

**Student Counseling Services – NSU**

1538 S. University Drive  
Davie, FL 33328  
354 424 6911

**Student Counseling Services – Broward College**

1538 S. University Drive  
Davie, FL 33328  
354 424 6916

**Administration**

1740 N. State Road 7, Suite 201  
Lauderdale Lakes, FL 33319  
354 485 4005

August 14, 2018

Rebecca McGuire, Acting Administrator  
Homeless Initiative Partnership  
Broward County Government Center  
115 South Andrews Avenue Ste. A-370  
Fort Lauderdale, Florida 33301

Dear Ms. McGuire:

Henderson Behavioral Health, Inc. was incorporated October 20, 1953 as a not-for-profit 501(c)(3) corporation. Our mission is to be the premier provider of accessible, cost effective, and quality behavioral healthcare services to the residents of South Florida, in order to promote their mental health and well-being.

We are committed to serving the homeless mentally ill population in our community, specifically through our Chalet Apartments project, and agree to commit \$56,738 in match funds for fiscal year 2019-20 for the HUD grant application, through program operating costs paid by Henderson Behavioral Health. Funds will be available at the beginning of the grant term, June 1, 2019 – May 31, 2020.

If you have any questions or need further information, please contact me at 954-777-1622.

Sincerely,

Pamela Galan  
Chief Operating Officer




HUMAN SERVICES DEPARTMENT  
COMMUNITY PARTNERSHIPS DIVISION / Homeless Initiative Partnership Section  
115 S Andrews Avenue, Room A-370 • Fort Lauderdale, Florida 33301 • 954-357-6101 • FAX 954-357-5521

## MEMORANDUM

**DATE:** September 14, 2018

**TO:** U.S. Department of Housing and Urban Development  
Notice of Funding Availability for Fiscal Year (FY)2018  
Review Committee

**FROM:** Rebecca McGuire, Acting Administrator  
Homeless Initiative Partnership Section,  
FL-601-CoC 

**SUBJECT:** Change in Applicant Name

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Per the attached HUD Exchange Ask A Question Response to Question ID 126701, a change in the Legal name of our CoC was requested from Broward County Board of County Commissioners to Broward Couty, FL. It is a slight difference.

The Certificates of Consistency were secured prior to the name change request. For most of the Certificates, we were able to secure corrected ones. Both are attached. Some Certificates are from other municipalities and will take time to receive signed Certiciates with the new name; but the needed information to confirm the consistency with the juristriction's Consolidated Plan is on each original attached Certificate.

The Project names are identified on each Certificate.

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**Subject:** FW: Question Response for e-snaps Question ID 126701 - HUD Exchange Ask A Question

Question Status: Answered

Thank you for submitting a question via the HUD Exchange. The response to your question is listed below.

**Requestor Name:** Susan Batchelder

**Requestor Email:** [sbatchelder@broward.org](mailto:sbatchelder@broward.org)

**Question Related To:** e-snaps

**Question ID:** 126701

**Question Subject:**

NoFA requirements

**Question Text:**

We have requested a change of legal name from Broward County Board of County Commissioners, to Broward County, FL.

Per previous instructions, the Applicant Profile was updated to read Broward County, FL

Prior to the change over, all of the Certificates of Consistency were secured with the Applicant name as Broward County Board of County Commissioners. What do we have to do to confirm this is not a technical issue? Do the Certificates of Consistency all have to be corrected? Or can we submit a memo stating the reason? Can we submit as is?

Please advise

**Additional Information:**

Added by Requestor on 09-13-2018 10:39 AM (ET)

This is for the NoFA competition please expedite, 7-10 days will not assist our application.

**Response:**

You may submit the Consistency with the Consolidated Plan (HUD-2991) as they are currently with a memo stating the change in the applicant name since there is just a slight difference. The purpose of the HUD-2991 is a confirmation for the jurisdiction where the projects are located that these projects are needed and consistent with the jurisdiction's Consolidated Plan. We assume that the name of the projects are include on the HUD-2991s as well.



# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

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

Applicant Name: Broward County Board of County Commissioners

Project Name: Chalet Apartments

Location of the Project: 746 N. 19<sup>th</sup> Ave.  
Hollywood, FL  
33020

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

Name of Certifying Jurisdiction: City of Hollywood

Certifying Official of the Jurisdiction Name: Dr. Wazir Elshmael

Title: City Manager

Signature: [Handwritten Signature]

Date: 6/28/18