

## 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:** FL0498

**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> |  |
|--|--------------------------------|-----------|---------------|--|

### 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:** HOPE4Families Rapid Re-Housing

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

**17. Proposed Project**

**a. Start Date:** 12/01/2019

**b. End Date:** 11/30/2020

**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:** \$289,797.00

(Requested amounts will be automatically entered within applications)

**5. State the name and location (street address, city and state) of the project or activity:** HOPE4Families Rapid Re-Housing 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 ---<br>(1) The dangers of drug abuse in the workplace<br>(2) The Applicant's policy of maintaining a drug-free workplace;<br>(3) Any available drug counseling, rehabilitation, and employee assistance programs; and<br>(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 ---<br>(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<br>(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 ---<br>(1) Abide by the terms of the statement; and<br>(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?** Yes

**4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?** Yes

**Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.**

Hope4Families was underutilized by less than 1% during the 2015 Award year. Currently, the program is on track with budget expenditures and is expected to spend the full contract amount.



## 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: \$289,797**

| Organization             | Type                               | Type                               | Sub-Award Amount |
|--------------------------|------------------------------------|------------------------------------|------------------|
| HOPE South Florida, Inc. | M. Nonprofit with 501C3 IRS Status | M. Nonprofit with 501C3 IRS Status | \$289,797        |

## 2A. Project Subrecipients Detail

**a. Organization Name:** HOPE South Florida, Inc.

**b. Organization Type:** M. Nonprofit with 501C3 IRS Status

**c. Employer or Tax Identification Number:** 65-0670031

|  |                                  |           |               |  |
|--|----------------------------------|-----------|---------------|--|
|  | <b>* d. Organizational DUNS:</b> | 825160653 | <b>PLUS 4</b> |  |
|--|----------------------------------|-----------|---------------|--|

### e. Physical Address

**Street 1:** 1100 N Andrews Av.

**Street 2:**

**City:** Fort Lauderdale

**State:** Florida

**Zip Code:** 33311

**f. Congressional District(s):** FL-020, FL-021, FL-024, FL-025, FL-022, FL-023  
(for multiple selections hold CTRL key)

**g. Is the subrecipient a Faith-Based Organization?** Yes

**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:** \$289,797

### j. Contact Person

**Prefix:** Mr.

**First Name:** George

**Middle Name:** Steven

**Last Name:** Werthman

**Suffix:**

**Title:** Vice President of Operations

**E-mail Address:** swerthman@hopesouthflorida.org

**Confirm E-mail Address:** swerthman@hopesouthflorida.org

**Phone Number:** 954-670-7363

**Extension:**

**Fax Number:** 954-566-2302

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:** FL0498

(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:** HOPE4Families Rapid Re-Housing

**4. Project Status:** Standard

**5. Component Type:** PH

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

**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.**

HOPE4Families RRH serves 40 homeless families with Rental Assistance (RA) & case management (CM).

The project provides short or medium-term RA, CM & hsng. specialists, to assist families to obtain & remain in their own scattered-site apts. and link them to svcs. that will help promote long term hsng. stability. An avg. of \$5,000 in RA will be provided to Participants for up to 12 mo.'s. Exceptions can be made based on need to extend the term of assistance up to 24 mos. Participants meet HUD's definition of "Homeless" & must have at least 1 child under age 18.

The project also serves homeless Veterans who do not qualify for VA pgms.

Referrals come from the CoC's Coord. Assess. System through HMIS.

RA is administered by HOPE South Florida (HSF), the subrecipient. Broward County Housing Authority performs Housing Quality Standards (HQS) inspections & Rent Reasonableness determinations through a MOU with HSF.

While the project budget (which, based on the GIW, assumes CoC funds will cover the full monthly rent on a unit) indicates that this project provides 14 hsng. units, the actual number of units/households expected to be served is higher as participants with income pay a portion of the rent, leaving CoC funds available to support add'l hsng. units & families. Figures entered in 4B. reflect the higher # of households expected to be served.

Supportive Svcs. for Participants assist them to attain & maintain PH stability. HSF provides 2 CM. who: develop plans with Participants during assessment; meet at least monthly, with Participants in their apt. or the pgm. office to provide CM. & assess progress towards goals, provide assistance to Participants, through established ptrshps., to help them obtain and/or increase employment and other income to help them maintain PH stability; provide or link Participants with Life Skills trng. & with other svcs. as needed to promote PH stability.

H4F RRH is a HS first pgm. Please note: answers to questions in Sect. 3B.4 of this application indicate that participants will not be terminated for failing to participate in supportive svcs. This is true with the exception that this project adheres to the CoC requirement for RRH projects that, unless a project is exempted per 24 CFR 578.37, participants must meet with a CM at least once per month.

Outcomes: 79% will exit to PH during the op. yr.; 15% of adults will increase total income as of the end of the op. yr. or by pgm exit; 80% who exit to PH will maintain PH for 6 mo's.

Data quality reports are reviewed biweekly, & monthly reports are submitted to ensure HMIS data quality is accurate & outcomes are on target. CM will continue to follow up on a monthly basis with clients to ensure housing stability

is maintained both before and after client exit. Project has hired an Employment Specialist and is developing a closer working relationship with CareerSource to improve client income from employment. Renewal CoC funding is needed to maintain PH capacity.

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

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

|                        |                                     |                                   |                          |
|------------------------|-------------------------------------|-----------------------------------|--------------------------|
| Chronic Homeless       | <input type="checkbox"/>            | Domestic Violence                 | <input type="checkbox"/> |
| Veterans               | <input checked="" type="checkbox"/> | Substance Abuse                   | <input type="checkbox"/> |
| Youth (under 25)       | <input type="checkbox"/>            | Mental Illness                    | <input type="checkbox"/> |
| Families with Children | <input checked="" type="checkbox"/> | HIV/AIDS                          | <input type="checkbox"/> |
|                        |                                     | Other<br>(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

## 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 | Monthly   |
| Assistance with Moving Costs           | Subrecipient | As needed |
| Case Management                        | Subrecipient | Monthly   |
| Child Care                             | Non-Partner  | Daily     |
| Education Services                     | Non-Partner  | As needed |
| Employment Assistance and Job Training | Partner      | As needed |
| Food                                   | Non-Partner  | As needed |
| Housing Search and Counseling Services | Subrecipient | As needed |
| Legal Services                         | Non-Partner  | As needed |
| Life Skills Training                   | Subrecipient | Monthly   |
| Mental Health Services                 | Partner      | As needed |
| Outpatient Health Services             | Partner      | As needed |
| Outreach Services                      | Non-Partner  | As needed |
| Substance Abuse Treatment Services     | Non-Partner  | As needed |
| Transportation                         | Subrecipient | As needed |
| Utility Deposits                       | Subrecipient | 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.** No

## 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:** 112

| Housing Type                    | Housing Type (JOINT) | Units | Beds |
|---------------------------------|----------------------|-------|------|
| Scattered-site apartments (...) | ---                  | 40    | 112  |

## 4B. Housing Type and Location Detail

**1. Housing Type:** Scattered-site apartments (including efficiencies)

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

**a. Units:** 40

**b. Beds:** 112

### 3. 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:** 101 SE 3rd Ave., 3rd floor

**Street 2:**

**City:** Ft. Lauderdale

**State:** Florida

**ZIP Code:** 33301

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

129011 Broward County

## 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 |
|----------------------------|--|-----------------------------------|-------------------------------|-------|
| Total Number of Households | 40   | 0                                 | 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 |
|-------------------------------------|---|--|--|-------|
| Adults over age 24                  | 32  | 0  |  | 32    |
| Adults ages 18-24                   | 8   | 0  |  | 8     |
| Accompanied Children under age 18   | 72  |  | 0  | 72    |
| Unaccompanied Children under age 18 |   |  | 0  | 0     |
| <b>Total Persons</b>                | 112   | 0  | 0  | 112   |

**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       | Chronically Homeless Non-Veterans | Chronically Homeless Veterans | Non-Chronically 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    |                                   | 0                             | 1                                 | 1                       | 1                     | 2                     | 7                            |                     | 0                        | 21   |
| Adults ages 18-24     |                                   | 0                             |                                   |                         |                       |                       |                              |                     | 0                        | 8  |
| Children under age 18 | 0                                 |                               |                                   |                         | 0                     | 0                     | 0                            | 0                   | 0                        | 72   |
| <b>Total Persons</b>  | 0                                 | 0                             | 1                                 | 1                       | 1                     | 2                     | 7                            | 0                   | 0                        | 101  |

**Click Save to automatically calculate totals**

### Persons in Households without Children

| Characteristics      | Chronically Homeless Non-Veterans | Chronically Homeless Veterans | Non-Chronically 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    |                                   |                               |                                   |                         |                       |                       |                              |                     |                          |  |
| <b>Total Persons</b> | 0                                 | 0                             | 0                                 | 0                       | 0                     | 0                     | 0                            | 0                   | 0                        | 0  |

### Persons in Households with Only Children

| Characteristics                     | Chronically Homeless Non-Veterans | Chronically Homeless Veterans | Non-Chronically 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  |

**Describe the unlisted subpopulations referred to above:**

Adults and children (families) who are not part of the other described subpopulations

## 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.**

|      |   |
|------|---|
| 20%  | Directly from the street or other locations not meant for human habitation.                                 |
| 80%  | Directly from emergency shelters.   |
| 0%   | Directly from safe havens.  |
| 0%   | Persons fleeing domestic violence.  |
| 0%   | Directly from transitional housing eliminated in a previous CoC Program Competition.                        |
|      | Directly from the TH Portion of a Joint TH and PH-RRH Component project.                                    |
|      | Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program. |
| 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:
- |                     |                                     |
|---------------------|-------------------------------------|
| Rental Assistance   | <input checked="" type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| HMIS                | <input type="checkbox"/>            |

## 6C. Rental Assistance 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 list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the icon. To view or update information already listed, select the icon.**

| <b>Total Request for Grant Term:</b> |  | \$216,360             |               |
|--------------------------------------|--|-----------------------|---------------|
| <b>Total Units:</b>                  |  | 14                    |               |
| Type of Rental Assistance            | FMR Area                                 | Total Units Requested | Total Request |
| TRA                                  | FL - Fort Lauderdale, FL HUD Metro FM... | 14                    | \$216,360     |

## Rental Assistance Budget Detail

**Type of Rental Assistance:** TRA

**Metropolitan or non-metropolitan fair market rent area:** FL - Fort Lauderdale, FL HUD Metro FMR Area (1201199999)

**Does the applicant request rental assistance funding for less than the area's per unit size fair market rents?** No

| Size of Units                                      | # of Units (Applicant) |   | FMR Area (Applicant) | HUD Paid Rent (Applicant) |   | 12 Months |   | Total Request (Applicant) |
|--|------------------------|---|----------------------|---------------------------|---|-----------|---|---------------------------|
| SRO  |                        | x | \$622                | \$622                     | x |           | = | \$0                       |
| 0 Bedroom  |                        | x | \$829                | \$829                     | x |           | = | \$0                       |
| 1 Bedroom  | 5                      | x | \$1,023              | \$1,023                   | x |           | = | \$61,380                  |
| 2 Bedrooms   | 7                      | x | \$1,307              | \$1,307                   | x |           | = | \$109,788                 |
| 3 Bedrooms   | 2                      | x | \$1,883              | \$1,883                   | x |           | = | \$45,192                  |
| 4 Bedrooms   |                        | x | \$2,303              | \$2,303                   | x |           | = | \$0                       |
| 5 Bedrooms   |                        | x | \$2,648              | \$2,648                   | x |           | = | \$0                       |
| 6 Bedrooms   |                        | x | \$2,994              | \$2,994                   | x |           | = | \$0                       |
| 7 Bedrooms   |                        | x | \$3,339              | \$3,339                   | x |           | = | \$0                       |
| 8 Bedrooms   |                        | x | \$3,685              | \$3,685                   | x |           | = | \$0                       |
| 9 Bedrooms   |                        | x | \$4,030              | \$4,030                   | x |           | = | \$0                       |
| <b>Total Units and Annual Assistance Requested</b> | 14                     |   |                      |                           |   |           |   | \$216,360                 |
| <b>Grant Term</b>                                  |                        |   |                      |                           |   |           |   | 1 Year                    |
| <b>Total Request for Grant Term</b>                |                        |   |                      |                           |   |           |   | \$216,360                 |

**Click the 'Save' button to automatically calculate totals.**

## 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:    | \$62,849 |
| Total Value of In-Kind Commitments: | \$9,600  |
| Total Value of All Commitments:     | \$72,449 |

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

**Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.**

| Match | Type    | Source  | Contributor          | Date of Commitment | Value of Commitments |
|-------|---------|---------|----------------------|--------------------|----------------------|
| Yes   | Cash    | Private | Agency Cash          | 08/09/2018         | \$62,849             |
| Yes   | In-Kind | Private | Agency In-Kind Vo... | 08/09/2018         | \$9,600              |

## 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: Agency Cash  
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 08/09/2018
- 6. Value of Written Commitment: \$62,849

## Sources of Match Detail

- 1. Will this commitment be used towards Match? Yes
- 2. Type of Commitment: In-Kind
- 3. Type of Source: Private
- 4. Name the Source of the Commitment: Agency In-Kind Volunteer Hours  
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 08/09/2018
- 6. Value of Written Commitment: \$9,600

**Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.**



## 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                     | \$216,360  |
| 3. Supportive Services                   | \$55,182   |
| 4. Operating                             | \$0  |
| 5. HMIS                                  | \$0  |
| 6. Sub-total Costs Requested             | \$271,542  |
| 7. Admin (Up to 10%)                     | \$18,255   |
| 8. Total Assistance plus Admin Requested | \$289,797  |
| 9. Cash Match                            | \$62,849   |
| 10. In-Kind Match                        | \$9,600  |
| 11. Total Match                          | \$72,449   |
| 12. Total Budget                         | \$362,246  |

## 7A. Attachment(s)

| Document Type                           | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No        | HSF Nonprofit Doc... | 08/15/2018    |
| 2) Other Attachmenbt                    | No        | H4F Attachments      | 09/10/2018    |
| 3) Other Attachment                     | No        | Certifications       | 09/14/2018    |

## **Attachment Details**

**Document Description:** HSF Nonprofit Documentation

## **Attachment Details**

**Document Description:** H4F Attachments

## **Attachment Details**

**Document Description:** Certifications

## 7A. In-Kind Match MOU Attachment

| Document Type     | Required? | Document Description | Date Attached |
|-------------------|-----------|----------------------|---------------|
| In-Kind Match MOU | No        |                      |               |

## Attachment Details

### Document Description:

## 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"/>            |
| <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"/>            |
| 6C. Rental Assistance                                 | <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"/> |
| 7A. In-Kind Match MOU Attachment       | <input 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: Address change, award amount update
- 3B: Update Narrative
- 6A: No change. (Clicked in error)
- 6C: Update FMRs and rent calculations
- 6D: Update Match amounts
- 6E: Update Services budget to match total GIW amount

**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.**

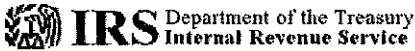
## 8B Submission Summary

| 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 |

|                                    |         |            |
|------------------------------------|---------|------------|
| Renewal Project Application FY2018 | Page 51 | 09/14/2018 |
|------------------------------------|---------|------------|

|   |                   |
|---|-------------------|
| <b>1D. SF-424 Congressional District(s)</b> | 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>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>                   | 09/14/2018        |
| <b>5C. Outreach</b>                         | 09/14/2018        |
| <b>6A. Funding Request</b>                  | 09/14/2018        |
| <b>6C. Rental Assistance</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>7A. In-Kind Match MOU Attachment</b>     | No Input Required |
| <b>7B. Certification</b>                    | 09/14/2018        |
| <b>Submission Without Changes</b>           | 09/14/2018        |



Department of the Treasury  
Internal Revenue Service

P.O. Box 2508  
Cincinnati OH 45201

In reply refer to: 0752856967  
Mar. 01, 2018 LTR 4168C 0  
65-0670031 000000 00

00017392  
BODC: TE

HOPE SOUTH FLORIDA INC  
% DONNA ENGLISH  
5110 N FEDERAL HWY STE 102  
FT LAUDERDALE FL 33308

Employer ID Number: 65-0670031  
Form 990 required: Y

Dear HOPE SOUTH FLORIDA INC:

This is in response to your request dated Feb. 20, 2018, regarding your tax-exempt status.

We issued you a determination letter in OCTOBER 199, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(03).

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

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

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

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

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

0752856967  
Mar. 01, 2018 LTR 4168C 0  
65-0670031 000000 00  
00017393

HOPE SOUTH FLORIDA INC  
% DONNA ENGLISH  
5110 N FEDERAL HWY STE 102  
FT LAUDERDALE FL 33308

Sincerely yours,



Teri M. Johnson  
Operations Manager, AM Ops. 3

# 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):<br>HOPE South Florida, Inc.<br>1100 N Andrews Av., Ft. Lauderdale, FL 33311, Ph. 954-566-3211 | 2. Social Security Number or Employer ID Number:<br>650670031 |
| 3. HUD Program Name<br>FY 2018-2019 HUD Homeless Continuum of Care program - HOPE4Families   | 4. Amount of HUD Assistance Requested/Received<br>\$289,797   |
| 5. State the name and location (street address, City and State) of the project or activity:<br>1100 N Andrews Av., Ft. Lauderdale, FL 33311 and scattered sites    |   |

## 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 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 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 |
|--|--------------------|---------------------------|----------------------------|
|  |                    |                           |                            |

(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:<br> | Date: (mm/dd/yyyy)<br>07/25/2018 |
|---|----------------------------------|

X


## DISCLOSURE OF LOBBYING ACTIVITIES

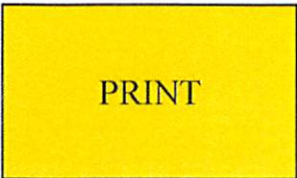
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

|  |  |  |
|--|--|--|
| <b>1. Type of Federal Action:</b><br><input type="checkbox"/> a. contract<br><input type="checkbox"/> b. grant<br><input type="checkbox"/> c. cooperative agreement<br><input type="checkbox"/> d. loan<br><input type="checkbox"/> e. loan guarantee<br><input type="checkbox"/> f. loan insurance  | <b>2. Status of Federal Action:</b><br><input type="checkbox"/> a. bid/offer/application<br><input type="checkbox"/> b. initial award<br><input type="checkbox"/> c. post-award  | <b>3. Report Type:</b><br><input type="checkbox"/> a. initial filing<br><input type="checkbox"/> b. material change<br><b>For Material Change Only:</b><br>year _____ quarter _____<br>date of last report _____ |
| <b>4. Name and Address of Reporting Entity:</b><br><input type="checkbox"/> Prime <input checked="" type="checkbox"/> Subawardee<br>Tier _____, if known:<br><br>Hope South Florida, Inc.<br>1100 N Andrews Ave<br>Fort Lauderdale, FL 33311<br><br>Congressional District, if known : 4c FL 20 - 25   | <b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b><br>Broward County Board of County Commissioners<br>115 S Andrews Av., Rm. A-370<br>Ft. Lauderdale, FL 33301<br><br>Congressional District, if known : FL-20 thru 25 |  |
| <b>6. Federal Department/Agency:</b><br>N/A  | <b>7. Federal Program Name/Description:</b><br>N/A<br><br>CFDA Number, if applicable : _____   |  |
| <b>8. Federal Action Number, if known :</b><br>N/A   | <b>9. Award Amount, if known :</b><br>\$ _____   |  |
| <b>10. a. Name and Address of Lobbying Registrant</b><br>( if individual, last name, first name, MI ):<br>N/A  | <b>b. Individuals Performing Services</b> (including address if different from No. 10a )<br>(last name, first name, MI ):<br>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: _____<br><br>Print Name: _____<br>Title: Chief Executive Officer<br>Telephone No.: 954-566-2311      Date: _____ 07/25/2018                                   |  |
| <b>Federal Use Only:</b>   |  | Authorized for Local Reproduction<br>Standard Form LLL (Rev. 7-97)   |





# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

HOPE South Florida, Inc.

Program/Activity Receiving Federal Grant Funding

HOPE4Families Rapid re-Housing

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.)

1100 N Andrews Av., Ft. Lauderdale. FL 33311

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

Dr. Ted Greer, Jr.

Title

Chief Executive Officer

Signature



Date

07/26/2018

X



## CODE OF CONDUCT - POLICY # 3:3

### PURPOSE

HOPE South Florida (HSF) has developed the employee Code of Conduct Policy to provide all employees with guidelines, definitions and expectations set for employee conduct and to clarify the meaning of common potential conflicts of interest encountered by all employees at HSF. No employee, at any level within the organization shall be permitted to use his/her position or any confidential HSF information to benefit themselves or another person or entity.

Please note that this policy is intended to provide guidance and should not be construed to address all potential conflicts of interest, should any conflict of interest arise (see Conflict of Interest & Outside Employment, Policy #1:2 for details) not listed in this policy, the situation shall be investigated and dealt with on a case-by-case basis.

**Conduct:** HSF employees should not permit their private conduct to interfere with their ability to fulfill their professional responsibilities. HSF employees should not participate in, condone, or be associated with dishonesty, fraud, or deception.

**Code Violations:** Such processes are generally separate from legal or administrative procedures and insulated from legal review or proceedings to allow the profession to counsel and discipline its own members.

Alleged violations of the *Code* would be subject to a review process. If any employee, organization member or other person believes that he or she is being subjected to breach of the previously mentioned *Codes* by any employee of HOPE South Florida, or believes that he or she is being subjected to discrimination because others are receiving favored treatment in exchange, for example, for sexual favors, he or she must bring this to the attention of the Executive Director in writing.

Any person who files a complaint under this policy will be treated courteously and the problem will be handled as quickly and confidentially as feasible in light of the need to take appropriate corrective action. The registering of a complaint will neither be used against the complainant nor will it have an adverse impact upon the employment status of the complainant, if the complainant is a member of HSF or an employee.

Depending upon the severity of the violation, loss of employment may be the logical and responsible result for the employee who has a complaint filed against them.

### GENERAL SCOPE

HOPE South Florida employees are expected to dedicate their best efforts to HSF and avoid any conflicts of interests, putting HSF business first. HSF has great trust and confidence in the conduct of its employees. Employees should at all times act in a manner to preserve that trust and confidence.

**Avoid Conflicts of Interest:** Employees must maintain the highest degree of integrity when conducting business for HSF, using independence in their judgment, and must avoid activity or interest that creates or appears to create a conflict of interest between the employees' interests and those of HSF.

A conflict of interest arises when the employees' loyalties or interests are divided between the organizations' best interest and the employee's personal interests or those of another. Employees should never act in a manner that could adversely affect the integrity of HSF or its' procedures nor the confidence of management at HSF, co-workers, clients, customers or the public.

Employees may not engage in any personal business transaction that occurs from or is based upon the employees' position/authority within the organization or other information that they gained by reason of employment or authority with HSF. Employees must not act on any HSF matter with anyone with whom they have a personal, business, or financial relationship or interest without the prior approval of the division Director and/or the Executive Director. This includes, but is not limited to anyone who is a current or prospective customer, client, vendor, or consultant.

**Ownership or Other financial Relationships:** HSF employees and their immediate families may not have a significant ownership or other financial relationship in or with any other company if that interest compromises or appears to compromise the employee's loyalty to HSF.

**Scope of Other Employment or Directorship Duties:** Refer to Conflict of Interest & Outside Employment Policy, #1:2 for details. Using HSF assets, whether it is property or labor resources, for personal use, is prohibited.

**Gifts or Gratuities:** Employees must conduct all interactions and business dealings on behalf of HSF in the best interest of HSF, using consistent and unbiased standards. Employees must not accept any gifts, entertainment, or gratuities that could influence, or be perceived to influence, our business decisions, or be in a position to derive any direct or indirect personal benefit or interest from a party having business dealings with HSF nor shall employees furnish or offer to furnish any such gifts, meals, entertainment, compensation or anything of value to any person who has business dealings with HSF, including vendors, clients, customers, and competitors.

**Business Record Documentation:** Employees must ensure that all HSF documents are completed accurately, truthfully, and in a timely manner, and where applicable, are properly authorized. The making of false or misleading entries, records, or documentation is strictly prohibited. Financial activities are to be recorded and controlled in compliance with all accounting policies, practices and governing laws. HSF is firmly committed to strong internal financial operations, controls, and compliance with all laws and regulations relating to the preservation of records.

**Confidentiality:** In our mission, we receive or have access to confidential, sensitive, and non-public information, both about HSF and about others. As a general rule, employees must presume that any information they receive about HSF or its' customers, employees, clients, or others through employment at HSF is **confidential**, and therefore should not be disclosed to family members/anyone or made public in any fashion. Employees have the obligation to protect confidential information and use it only in the performance of their responsibilities at HSF, only speaking about confidential matters in a private workspace, on non-cellular phones lines, keeping documents and confidential information in secure work files and avoid sharing computer ID's/passwords with others.

Employees should NOT send confidential information through e-mail. Other points of interest on confidentiality may be found in Team Development and Human Resource Policy on Confidentiality #1:3 and Employee/Personnel Files #2:3.

Employees are reminded that they must be sensitive to issues of security, confidentiality, and conflicts of interest if their spouse/other family member, or someone else they are close to is employed by HSF customers, clients or



vendors.

Due to such situations, that could create a conflict of interest of the appearance of such to others, employees should review their specific situation with HSF management to assess the nature and extent of the concern and seek resolution where required.

**Relationships with Others:** The way we treat each other affects the success of HSF. All employees and clients want and deserve an environment where they are respected and appreciated. Everyone working for and with HSF must contribute to providing an environment that is free of any type of harassment and promotes honesty, integrity, respect and trust, maintaining each employee's personal information in a confidential and private manner, according to HSF policy and applicable laws. Refer to Team Development and Human Resource Policy on Non-Discrimination and Anti-Harassment, Policy #1:5, Employee/Personnel Files, Policy #2:3, and Problem Solving, Policy 3:16 for more information.

Management at HSF has a special responsibility to foster an environment that is in compliance with HSF policy and values.

**Gossip and Rumors:** Employees must not spread gossip and/or rumors; engage in behavior which creates discord and lack of harmony; interfere with another employee on the job; restrict work output or encourage others to do the same.

**Code of Conduct Violations:** If an employee knows or suspects a violation of applicable laws, regulations, or Code of Conduct, they may report suspected violations through the "Silent Whistle" procedure (refer to Human Resource Silent Whistle Policy, #3:16), directly to their supervisor, the Executive Director or other HSF management. Employees should treat the information they provide as Confidential to the fullest possible extent, sharing information with only those HSF Directors/Management who have a reason/right to know and for business purposes. No employee will be subject to retaliation because of a good faith report of alleged misconduct or violation of policy. All alleged violations will be promptly investigated as quickly and thoroughly as possible (refer to Team Development and Human Resource Policy on: Complaint Filing & Investigation, Policy #3:5 and Ethic, Policy #3:12).

HSF personnel who violate this Code of Conduct and other HSF policy and procedures may be subject to disciplinary action, up to and including immediate discharge. HSF policy waivers may be made only by the Executive Director/Board of Directors.

**Policy Effective Date: 10-18-2011**

**Approved by:**



**Executive Director – Robin**

**Martin**

**Revision Date:**

**#3.3**

**ALERT - June 11, 2018:** Entities registering in SAM must submit a [notarized letter](#) appointing their authorized Entity Administrator. Read our [updated FAQs](#) to learn more about  changes to the notarized letter review process and other system improvements.

## Entity Dashboard

- › [Entity Overview](#)
- › [Entity Registration](#)
  - › [Core Data](#)
  - › [Assertions](#)
  - › [Reps & Certs](#)
  - › [POCs](#)
- › [Reports](#)
  - › [Service Contract Report](#)
  - › [BioPreferred Report](#)
- › [Exclusions](#)
  - › [Active Exclusions](#)

**HOPE SOUTH FLORIDA, INC.**  
DUNS: 825160653 CAGE Code: 5U8A2  
Status: Active  
Expiration Date: 09/10/2019  
Purpose of Registration: Federal Assistance Awards Only

1100 N ANDREWS AVE  
FORT LAUDERDALE, FL, 33311-6258,  
UNITED STATES

### Entity Overview

#### Entity Registration Summary

DUNS: 825160653  
Name: HOPE SOUTH FLORIDA, INC.  
Doing Business As: SHEPHERD'S WAY, THE  
Business Type: Business or Organization  
Last Updated By: Steve Werthman  
Registration Status: Active  
Activation Date: 09/10/2018  
Expiration Date: 09/10/2019

#### Exclusion Summary



# HOPE South Florida

providing hope for the homeless and hurting in our community

*Chief Executive Officer*

**Dr. Ted Greer, Jr.**

July 27, 2018

*Board Chair*

**Kim Salswick**  
Holy Cross Hospital

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

*Vice Chair*

**Jason Smith**  
ADT

*Second Vice Chair*

**Matt Lomenick**  
Rio Vista Community  
Church

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

*Treasurer*

**David Smith**  
Franklin Templeton

Dear Mr. Wright,

*Secretary*

**Jen Stepelton**  
Stacy Foundation

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

*Board Members*

**Donise E. Brown, Esq.**  
Starbucks Corporation

**Julius Newman**  
Client Representative  
Hope4Vets

**Brett Opalinski**  
Christ Church UMC

**Fred Scarbrough**  
Founder

**Steven Sims**  
First United Methodist Church

**Elvin A. Williams, CPA**  
Williams & Company

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 is currently implementing a coordinated assessment process to make it easier for consumers to access services and improve outcomes for both the consumer and system. The CoC standardized coordinated assessment and referral process is utilized 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. The CoC will enter in memorandums of understanding (MOUs) with Non-County contracted homeless providers and agencies once the new coordinated assessment process is finalized. Our agency commits to use the FL-601 Fort Lauderdale/Broward County dedicated homeless Coordinated Assessment process for all homeless programs.

[www.hopesouthflorida.org](http://www.hopesouthflorida.org)

1100 N Andrews Ave  
Fort Lauderdale  
Florida 33311

Office:  
954.566.2311

Fax:  
954.566.2302

[hsfadmin@hopesouthflorida.org](mailto:hsfadmin@hopesouthflorida.org)

Sincerely,



Dr. Ted Greer, Jr.  
Chief Executive Officer



# HOPE

South Florida

providing hope for the homeless and hurting in our community

Chief Executive Officer

Dr. Ted Greer, Jr.

Board Chair

Kim Salswick  
Holy Cross Hospital

Vice Chair

Jason Smith  
ADT

Second Vice Chair

Matt Lomenick  
Rio Vista Community Church

Treasurer

David Smith  
Franklin Templeton

Secretary

Jen Stepelton  
Stacy Foundation

Board Members

Donise E. Brown, Esq.  
Starbucks Corporation

Julius Newman  
Client Representative  
Hope4Vets

Brett Opalinski  
Christ Church UMC

Fred Scarbrough  
Founder

Steven Sims  
First United Methodist Church

Elvin A. Williams, CPA  
Williams & Company

[www.hopesouthflorida.org](http://www.hopesouthflorida.org)

1100 N Andrews Ave  
Fort Lauderdale  
Florida 33311

Office:  
954.566.2311

Fax:  
954.566.2302

[hsfadmin@hopesouthflorida.org](mailto:hsfadmin@hopesouthflorida.org)

August 9, 2018

Ms. Rebecca Mcguire, Acting Administrator  
Broward Co. Homeless Initiative Partnership  
115 S. Andrews Av. Ste. A-370  
Ft. Lauderdale, FL 33301

**Re: Match Documentation – HOPE South Florida, HUD “HOPE4Families – Rapid re-Housing,” Renewal Project FY 2019**

Dear Ms. Mcguire,

This letter is to certify that HOPE South Florida will provide Match in the amount of **\$72,449** annually. Our anticipated Match commitment for 12/1/19 through 11/30/20 is:

| Source(s) of Funds  | Annual Amount  | Description of Services  |
|---|--|--|
| 1. Match: Private – Subrecipient<br>Cash / Gen. Contributions | 33% (approx..) of \$55,182 Supportive Services requested = \$17,942                | Portion of Case Manager & Case Manager Aide salaries and benefits  |
| 2. Match: Private – Subrecipient<br>Cash / Gen. Contributions | Admin/Fin (5%) \$6,000<br>Supv (15%) \$6,000<br>HealthCare \$9,147<br>ST: \$21,147 | In-Kind administrative costs (Finance / Admin. / Supv. staff time, etc. as reflected on time sheets)                         |
| 3. Match: Private – Subrecipient<br>Cash / Gen. Contributions | \$40,000 x .33 FTE = \$13,200  | Portion of salary of Family Support Team Director spent on eligible supportive services (e.g. life skills training & coord.) |
| 4. Match: Private - Subrecipient<br>Cash / Gen. Contributions | \$32,000 x .33 FTE = \$10,560  | Portion of Housing Specialist's time to assist with housing placement services   |
| <b>Total</b>  | <b>\$62,849</b>  |  |

Thank you for this opportunity to serve homeless families in need in our community.

Please feel free to contact me if you have any questions or need additional information.

Sincerely,

Dr. Ted Greer, Jr.  
Chief Executive Officer





# HOPE

South Florida

providing hope for the homeless and hurting in our community

*Chief Executive Officer*  
**Dr. Ted Greer, Jr.**

August 9, 2018

*Board Chair*  
**Kim Saiswick**  
 Holy Cross Hospital

*Vice Chair*  
**Jason Smith**  
 ADT

*Second Vice Chair*  
**Matt Lomenick**  
 Rio Vista Community Church

*Treasurer*  
**David Smith**  
 Franklin Templeton

*Secretary*  
**Jen Stepelton**  
 Stacy Foundation

*Board Members*

**Donise E. Brown, Esq.**  
 Starbucks Corporation

**Julius Newman**  
 Client Representative  
 Hope4Vets

**Brett Opalinski**  
 Christ Church UMC

**Fred Scarbrough**  
 Founder

**Steven Sims**  
 First United Methodist Church

**Elvin A. Williams, CPA**  
 Williams & Company

Ms. Rebecca Mcguire, Acting Administrator  
 Broward Co. Homeless Initiative Partnership  
 115 S. Andrews Av. Ste. A-370  
 Ft. Lauderdale, FL 33301

**Re: Match Documentation – HOPE South Florida, HUD  
 “HOPE4Families – Rapid re-Housing,” Renewal Project FY 2019**

Dear Ms. Mcguire,

This letter is to certify that HOPE South Florida will provide Match in the amount of **\$72,449** annually. Our anticipated Match commitment for 12/1/19 through 11/30/20 is:

| Source(s) of Funds            | Annual Amount  | Description of Services             |
|-------------------------------|--|-------------------------------------|
| 1. Match:<br>Volunteer<br>GIK | 20 families x 2 vols each x<br>2 hrs/mth x 12 mths x \$10<br>= \$9,600 | Life-skills training /<br>mentoring |
| <b>Total</b>                  | <b>\$9,600</b>   |                                     |

Thank you for this opportunity to serve homeless families in need in our community.

Please feel free to contact me if you have any questions or need additional information.

Sincerely,

Dr. Ted Greer, Jr.  
 Chief Executive Officer

[www.hopesouthflorida.org](http://www.hopesouthflorida.org)

1100 N Andrews Ave  
 Fort Lauderdale  
 Florida 33311

Office:  
 954.566.2311

Fax:  
 954.566.2302

[hsfadmin@hopesouthflorida.org](mailto:hsfadmin@hopesouthflorida.org)





# HOPE

South Florida

providing hope for the homeless and hurting in our community

Chief Executive Officer  
Dr. Ted Greer, Jr.

August 9, 2018

Board Chair  
Kim Saiswick  
Holy Cross Hospital

Vice Chair  
Jason Smith  
ADT

Second Vice Chair  
Matt Lomenick  
Rio Vista Community  
Church

Treasurer  
David Smith  
Franklin Templeton

Secretary  
Jen Stepelton  
Stacy Foundation

Board Members

Donise E. Brown, Esq.  
Starbucks Corporation

Julius Newman  
Client Representative  
Hope4Vets

Brett Opalinski  
Christ Church UMC

Fred Scarbrough  
Founder

Steven Sims  
First United Methodist Church

Elvin A. Williams, CPA  
Williams & Company

[www.hopesouthflorida.org](http://www.hopesouthflorida.org)

1100 N Andrews Ave  
Fort Lauderdale  
Florida 33311

Office:  
954.566.2311

Fax:  
954.566.2302

[hsfadmin@hopesouthflorida.org](mailto:hsfadmin@hopesouthflorida.org)

Ms. Rebecca Mcguire, Acting Administrator  
Broward Co. Homeless Initiative Partnership  
115 S. Andrews Av. Ste. A-370  
Ft. Lauderdale, FL 33301

**Re: Leveraging Documentation – HOPE South Florida, HUD  
“HOPE4Families – Rapid re-Housing,” Renewal Project FY 2019**

Dear Ms. Mcguire,

**Leveraging will be provided as follows for the period 12/1/19 through 11/30/20:** Through our existing services and church volunteer network, we can provide Community-based shelter / Safe-house services (including hotel/motel vouchers) for unsheltered homeless families as they are locating and moving into their own apartments.

10 families x \$1,340 per family = \$ 13,400

In addition, life skills classes, van transportation to appointments, discounted bus passes, Move-in assistance, furniture and clothing will be provided as needed and practicable depending on available resources.

Thank you for this opportunity to serve homeless families in need in our community.

Please feel free to contact me if you have any questions or need additional information.

Sincerely,



Dr. Ted Greer, Jr.  
Chief Executive 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

---

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 County, 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 Certificates with the new name; but the needed information to confirm the consistency with the jurisdiction's Consolidated Plan is on each original attached Certificate.

The Project names are identified on each Certificate.

---

**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, Florida

Project Name: HOPE4Families Rapid Re-Housing

Location of the Project: Scattered sites throughout Broward County

\_\_\_\_\_

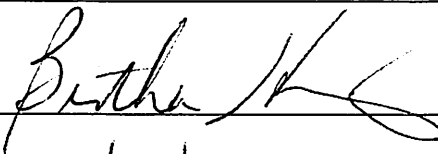
\_\_\_\_\_

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

Name of Certifying Jurisdiction: Broward County, Florida

Certifying Official of the Jurisdiction Name: Bertha Henry

Title: County Administrator

Signature: 

Date: 9/13/2018



# 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: HOPE4Families Rapid Re-Housing

Location of the Project: Scattered Sites in Broward County

\_\_\_\_\_  
\_\_\_\_\_

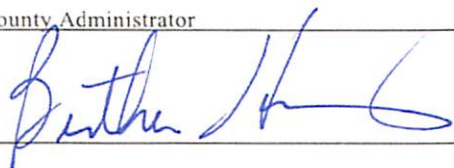
Name of the Federal Program to which the applicant is applying: HUD Continuum of Care Homeless Assistance Competition

Name of Certifying Jurisdiction: Broward County, Florida

Certifying Official of the Jurisdiction

Name: Bertha Henry

Title: County Administrator

Signature: 

Date: 08/17/18