

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) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program 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 navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- 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 2018 Project Application will be imported into the FY 2019 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 2019 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:** 09/09/2019

4. **Applicant Identifier:**

5a. **Federal Entity Identifier:**

5b. **Federal Award Identifier:** FL0477

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

	c. Organizational DUNS:	066938358	PLUS 4	
--	--------------------------------	-----------	---------------	--

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: Dr.

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

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-6300-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: Broward Partnership Housing III

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

17. Proposed Project

a. Start Date: 12/01/2020

b. End Date: 11/30/2021

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: 09/09/2019

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

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: \$351,124.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Broward Partnership Housing III 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	\$1,620,148.00	CoC eligible Activities Match
Broward County, Florida, 115 S Andrews Ave Rm# A370 Ft Lauderdale, FL 33301	In Kind Match	1587230.0	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 the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

I AGREE:

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

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

Date Signed: 07/31/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Broward County, Florida

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

Sites for Work Performance.

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

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

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I

X

acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

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: 09/09/2019

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: 09/09/2019

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: 09/09/2019

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the "Submit Without Changes" process.

In general, HUD expects a project's proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year's FY 2018 information, e-snaps will automatically be set to "Make Changes" and all questions on each screen must be updated.

Renewal projects that select "Fully Consolidated" on the Grant Consolidation screen may not use the "Submit Without Changes" process and esnaps will automatically be set to "Make Changes". However, if the applicant selects "Individual Renewal", this project application(s) can use the "Submit Without Changes" process. In addition, esnaps will automatically be set to "Make Changes" if the project applicant indicates on the Renewal Expansion Screen, this project application is for a "Combined Renewal Expansion" project application. However, the stand-alone renewal expansion project application(s) can use the "Submit Without Changes" process.

The e-snaps screens that remain "open" for required annual updates and do not affect applicants' ability to select "Submit without Changes" are:

- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in "Read-Only" format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select "Submit Without Changes" in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: "Submission Without Changes" Screen, select "Make Changes", and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Once a project applicant selects a checkbox and clicks "Save", the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.

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.

The Broward Partnership Housing III program ended its 2016 Award year underutilized by 13%. The balance was left in supportive services due to staff vacancy, however the project successfully utilized all rental assistance funds. Formal Technical Assistance was submitted to HUD to request a change of funds from Supportive Services to Rental Assistance in order to better serve our population and increase the number of units served from 15 to 17. HUD approved the change of funds from budget line items in an official amendment, which will ensure full utilization of funds for the current 2017 Award year.

Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, 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 combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen. No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2019 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) 2020, as confirmed on the FY 2019 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 2019 CoC Program Competition?** No
If "No" click on "Next" or "Save & Next" below to move to the next screen.

2A. Project Subrecipients

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: \$351,124

Organization	Type	Type	Sub-Award Amount
Broward Partnership for the Homeless, Inc.	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$351,124

2A. Project Subrecipients Detail

a. Organization Name: Broward Partnership for the Homeless, Inc.

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

c. Employer or Tax Identification Number: 65-0777033

	* d. Organizational DUNS:	025654083	PLUS 4	
--	----------------------------------	-----------	---------------	--

e. Physical Address

Street 1: 920 NW 7th Avenue

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? No

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

i. Expected Sub-Award Amount: \$351,124

j. Contact Person

Prefix: Mr.

First Name: Tom

Middle Name:

Last Name: Campbell

Suffix:

Title: Chief Operating Officer

E-mail Address: tcampbell@bphi.org

Confirm E-mail Address: tcampbell@bphi.org

Phone Number: 954-779-3990

Extension: 1,301

Fax Number: 954-779-7349

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: FL0477

(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, Florida

3. Project Name: Broward Partnership Housing III

4. Project Status: Standard

5. Component Type: PH

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

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

3B. Project Description

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

BPHIII addresses the needs of chronically homeless persons in Broward Co. by providing PSH & supportive svcs. (SS). The program provides rental assistance for 17 1- or 2-bedroom scattered-site units/19 beds (2 units added in 2018) in Broward Co., & SS provided by intensive case managers (ICMs) & other staff. Clients receive a biopsychosocial assessment to evaluate medical, behavioral, substance abuse, housing, & social svcs. needs, & work with ICMs to develop a client-centered treatment plan & monitor progress towards personal goals/outcomes. The program utilizes evidence-based practices of Motivational Interviewing, Solutions Focused Brief Therapy, & Cognitive Behavioral Therapy in the provision of SS. The ultimate goal is empowering clients to overcome challenges of reintegrating back into the community, improving income & maintaining long-term housing. Referrals are received through Broward Co. CoC's Coordinated Entry & Assessment System & HMIS. ICMs assist in identifying appropriate neighborhoods, conducting housing searches, & with execution of lease agreements. ICMs work with clients to develop & implement a case plan, to monitor progress towards goals, & to update the plan as needed. A primary goal for clients is to increase income by applying for mainstream benefits and/or obtaining secure employment at wages to sustain basic needs & independence. Based on the severity of their disabling conditions, clients are referred to the subrecipient's job developer, providing access to vocational education, training, job search & placement assistance, & aid in overcoming employment barriers. ICMs assist in applying for benefits & linkages with medical/dental care, medical insurance, mental health svcs., legal assistance, transportation, & other svcs., with the goal that clients expand their knowledge of resources & identify assistance on their own for future needs. Clients are assisted with developing a support system of extended family, friends, neighbors, clergy & others that can serve as emotional & practical support to help prevent future situations from reaching a crisis. ICMs provide in-home & community-based svcs. & may transport clients to/from appointments for other svcs.

Expected outcomes: 87% of adults remain in/exit to PH; 45% will maintain/increase income; 80% will not return to homelessness within 6 mos. of program exit. The subrecipient has extensive experience managing CoC grants & follows a housing first model. CoC funds are essential to ensure housing stability and self-sufficiency

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

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

Chronic Homeless	<input checked="" type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
------------------	-------------------------------------	-------------------	--------------------------

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

Other:

3. Housing First

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

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

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

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

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

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

3C. Dedicated Plus

Dedicated and DedicatedPLUS

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

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

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

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

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

4A. Supportive Services for Participants

**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	Annually
Assistance with Moving Costs	Subrecipient	As needed
Case Management	Subrecipient	As needed
Child Care	Non-Partner	As needed
Education Services	Non-Partner	As needed
Employment Assistance and Job Training	Subrecipient	As needed
Food	Subrecipient	As needed
Housing Search and Counseling Services	Subrecipient	As needed
Legal Services	Partner	As needed
Life Skills Training	Subrecipient	As needed
Mental Health Services	Subrecipient	As needed
Outpatient Health Services	Partner	As needed
Outreach Services	Non-Partner	As needed
Substance Abuse Treatment Services	Subrecipient	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 SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

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

4B. Housing Type and Location

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: 17

Total Beds: 19

Total Dedicated CH Beds: 19

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	17	19

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: 17

b. Beds: 19

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 19

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

4. Address:

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

Street 1: 920 NW 7th Avenue

Street 2:

City: Fort Lauderdale

State: Florida

ZIP Code: 33311

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

120954 Ft Lauderdale

5A. Project Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	2	15	0	17

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	2	15		17
Persons ages 18-24	0	0		0
Accompanied Children under age 18	2		0	2
Unaccompanied Children under age 18			0	0
Total Persons	4	15	0	19

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Adults over age 24	2	0	0	1	0	0	1	0	0	0
Persons ages 18-24	0	0	0	0	0	0	0	0	0	0
Children under age 18	2			0	0	0	0	0	0	0
Total Persons	4	0	0	1	0	0	1	0	0	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Adults over age 24	15	0	0	11	0	4	0	0	0	0
Persons ages 18-24	0	0	0	0	0	0	0	0	0	0
Total Persons	15	0	0	11	0	4	0	0	0	0

Click Save to automatically calculate totals



Persons in Households with Only Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

6A. Funding Request

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

6C. Rental Assistance Budget

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.

Total Request for Grant Term:		\$215,508	
Total Units:		17	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	FL - Fort Lauderdale, FL HUD Metro FM...	17	\$215,508

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? Yes

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$667	\$667	x	12	=	\$0
0 Bedroom		x	\$889	\$889	x	12	=	\$0
1 Bedroom	15	x	\$1,086	\$1,023	x	12	=	\$184,140
2 Bedrooms	2	x	\$1,387	\$1,307	x	12	=	\$31,368
3 Bedrooms		x	\$2,015	\$2,015	x	12	=	\$0
4 Bedrooms		x	\$2,443	\$2,443	x	12	=	\$0
5 Bedrooms		x	\$2,809	\$2,809	x	12	=	\$0
6 Bedrooms		x	\$3,176	\$3,176	x	12	=	\$0
7 Bedrooms		x	\$3,542	\$3,542	x	12	=	\$0
8 Bedrooms		x	\$3,909	\$3,909	x	12	=	\$0
9 Bedrooms		x	\$4,275	\$4,275	x	12	=	\$0
Total Units and Annual Assistance Requested	17							\$215,508
Grant Term								1 Year
Total Request for Grant Term								\$215,508

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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:	\$91,039
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$91,039

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Broward Partnersh...	08/15/2019	\$91,039

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:** Broward Partnership for the Homeless, Inc.
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/15/2019
- 6. Value of Written Commitment:** \$91,039

6E. Summary Budget

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 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, 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	\$215,508
3. Supportive Services	\$103,696
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$319,204
7. Admin (Up to 10%)	\$31,920
8. Total Assistance plus Admin Requested	\$351,124
9. Cash Match	\$91,039
10. In-Kind Match	\$0
11. Total Match	\$91,039
12. Total Budget	\$442,163

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	IRS 501c3 Determi...	07/31/2019
2) Other Attachmenbt	No	BPH-III Certifica...	08/23/2019
3) Other Attachment	No	Certification of ...	08/15/2019

Attachment Details

Document Description: IRS 501c3 Determination

Attachment Details

Document Description: BPH-III Certifications 2019-08-15

Attachment Details

Document Description: Certification of Consistency

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: 09/09/2019
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).

Active SAM Status Requirement.

I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.

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.

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

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

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

Questions 3B, 4B, 5A and 5B are updated to reflect the addition of two (2) additional units approved by HUD in 2018

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
1A. SF-424 Application Type	07/31/2019
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

Renewal Project Application FY2019	Page 47	09/12/2019
------------------------------------	---------	------------

1D. SF-424 Congressional District(s)	07/31/2019
1E. SF-424 Compliance	07/30/2019
1F. SF-424 Declaration	07/31/2019
1G. HUD-2880	07/31/2019
1H. HUD-50070	07/31/2019
1I. Cert. Lobbying	07/31/2019
1J. SF-LLL	07/31/2019
Recipient Performance	08/14/2019
Renewal Expansion	07/31/2019
Renewal Grant Consolidation	08/13/2019
2A. Subrecipients	08/07/2019
3A. Project Detail	07/31/2019
3B. Description	08/14/2019
3C. Dedicated Plus	07/30/2019
4A. Services	07/30/2019
4B. Housing Type	08/13/2019
5A. Households	08/13/2019
5B. Subpopulations	No Input Required
6A. Funding Request	07/30/2019
6C. Rental Assistance	08/13/2019
6D. Match	08/23/2019
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/23/2019
7B. Certification	08/15/2019
Submission Without Changes	08/13/2019

ATLANTA GA 39901-0001

In reply refer to: 0752858409
June 26, 2014 LTR 4170C 0
65-0777033 000000 00
00035714
BODC: TE

BROWARD PARTNERSHIP FOR THE
HOMELESS INC
920 NW 7TH AVE
FT LAUDERDALE FL 33311



011018

Person to Contact: CUSTOMER SERVICE
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of June 17, 2014, regarding the tax-exempt status of BROWARD PARTNERSHIP FOR THE HOMELESS INC .

Our records indicate that a determination letter was issued in JUNE 1998, granting this organization exemption from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate this organization is not a private foundation within the meaning of section 509(a) of the Code because it is described in section(s) 509(a)(1) and 170(b)(1)(A)(v).

Our records indicate that in December 1938, the American National Red Cross was held to be exempt from Federal income tax under section 101(6) of the Internal Revenue Act of 1938, which now corresponds to section 501(c)(3) of the Internal Revenue Code. In a subsequent determination, the American Red Cross was classified as a publicly supported organization described in sections 509(a)(1) and 170(b)(1)(a)(vi) of the Code.

Even though the American National Red Cross was issued an individual ruling, this ruling covers its chapters, branches, and auxiliaries.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

If you have any questions, please call us at the telephone number shown above.

0752858409

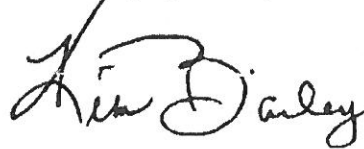
June 26, 2014 LTR 4170C 0

65-0777033 000000 00

00035715

BROWARD PARTNERSHIP FOR THE
HOMELESS INC
920 NW 7TH AVE
FT LAUDERDALE FL 33311

Sincerely yours,

A handwritten signature in black ink that reads "Kim D. Bailey". The signature is written in a cursive style with a large, stylized initial "K".

Kim D. Bailey
Operations Manager, AM Operations 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): Broward Partnership for the Homeless, Inc. 920 NW 7th Avenue, Fort Lauderdale, FL 33311	2. Social Security Number or Employer ID Number: 65-0777033
3. HUD Program Name Fiscal Year (FY) 2019 Continuum of Care (CoC) Program	4. Amount of HUD Assistance Requested/Received \$351,124
5. State the name and location (street address, City and State) of the project or activity: Broward Partnership Housing III, 920 Northwest 7th Avenue, Fort 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). <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No.
--	---

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

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

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

Department/State/Local Agency Name and Address	Type of Assistance	Amount Requested/Provided	Expected Uses of the Funds

(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 %)

(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.

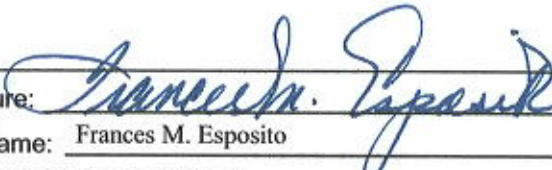
Signature: 	Date: (mm/dd/yyyy) 7/31/2019
---	---------------------------------

Frances M. Esposito, Chief Executive Officer

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

Approved by OMB
0348-0046

1. Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input checked="" type="checkbox"/> Subawardee Tier _____, if known: Broward Partnership for the Homeless, Inc. 920 Northwest 7th Avenue Fort Lauderdale, FL 33311 Broward Partnership Housing III Congressional District, if known: 4c: 20, 22	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Broward County Board of County Commissioners 115 South Andrews Avenue, Room A370 Fort Lauderdale, FL 33301 Congressional District, if known: 20, 22	
6. Federal Department/Agency: US Department of Housing and Urban Development	7. Federal Program Name/Description: FY 2019 Continuum of Care Program CFDA Number, if applicable: 14.267	
8. Federal Action Number, if known:	9. Award Amount, if known: \$ 351,124	
10. a. Name and Address of Lobbying Registrant <i>(if individual, last name, first name, MI):</i> N/A	b. Individuals Performing Services <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i> N/A	
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.	Signature:  Print Name: Frances M. Esposito Title: Chief Executive Officer Telephone No.: 954-779-3990 Date: 7/31/19	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Broward Partnership for the Homeless, Inc.

Program/Activity Receiving Federal Grant Funding

Broward Partnership Housing III

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.)

920 Northwest 7th Avenue
Fort 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)

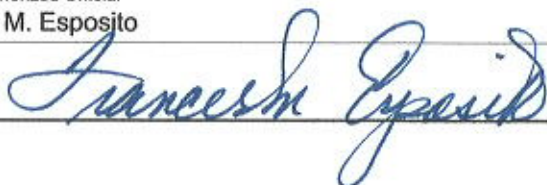
Name of Authorized Official

Frances M. Esposito

Title

Chief Executive Officer

Signature



Date

7/31/2019

X



The road to health, jobs & homes for the homeless

August 15, 2019

Ms. Rebecca McGuire, Administrator
Broward County Homeless Initiative Partnership
115 South Andrews Avenue, Room A370
Fort Lauderdale, Florida 33301

Re: Match Documentation – Broward Partnership Housing III
HUD NoFA 2019 Project Renewal (2020-2021)

Dear Ms. McGuire:

This letter provides documentation that the Broward Partnership is the recipient of grant funding from Broward County under the U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) program for the provision of services via the Broward Partnership Housing III project. Cash and in-kind match in the amount of \$91,039 was raised through fundraising activities and will be available for BPH-III during the period of 12/01/2020 – 11/30/2021.

The match funds will be used for supportive services, administrative and other costs that are included in the approved budget. These costs will meet eligibility criteria as defined in the HUD CoC program and that exceed the HUD CoC funding provided to the project.

Sincerely,

A handwritten signature in blue ink that reads "Frances M. Esposito".

Frances M. Esposito
Chief Executive Officer

cc: Leisha Austin, CFO
Ryon Coote, CDO
Tom Campbell, COO

Funding for the Broward Partnership is provided by the following agencies and public grants and private contributions from individuals, corporations, foundations, local business, civic associations and faith based organizations.



www.BPHI.ORG

Broward County Central Homeless Assistance Center / Huizenga Campus
920 Northwest 7th Avenue, Fort Lauderdale, Florida 33311-7229
Tel: 954.779.3990 Fax: 954.779.3991

SAM Search Results
List of records matching your search for :

Search Term : broward partnership for the homeless*
Record Status: Active

ENTITY	BROWARD PARTNERSHIP FOR THE HOMELESS, INC.	Status: Active
DUNS: 025654083	+4:	CAGE Code: 56E55 DoDAAC:
Expiration Date: 11/30/2019	Has Active Exclusion?: No	Debt Subject to Offset?: No
Address: 920 NORTH WEST 7TH AVE		
City: FORT LAUDERDALE	State/Province: FLORIDA	
ZIP Code: 33311-7229	Country: UNITED STATES	



CODE OF ETHICS

As an employee of the Broward Partnership, I affirm that:

1. I will not discriminate against or refuse professional services to anyone on the basis of race, religion, color, gender, sexual orientation, gender identity, national origin, citizenship, marital status, age, disability, or handicap.
2. I will not use my professional relationships to further my own interests.
3. I will evidence a genuine interest in all persons served, and do hereby dedicate myself to their best interests and helping them help themselves.
4. I will respect the privacy of persons served and hold in confidence all information obtained in the course of professional service.
5. I will maintain confidentiality when storing or disposing of BP records.
6. I will maintain a professional attitude that upholds confidentiality toward individuals served, colleagues, applicants, and BP.
7. I will respect the rights and views of my colleagues, and treat them with fairness, courtesy and good faith.
8. I will not exploit the trust of the public or my co-workers. I will make every effort to avoid relationships that could impair my professional judgment.
9. I will not engage in or condone any form of harassment or discrimination.
10. I will not permit fellow members to present themselves as competent to or to perform services beyond their training and/or level of experience.
11. I will respect the confidences of my co-workers.
12. When I replace a colleague or am replaced, I will act with consideration for the interest, character and reputation of the other professional.
13. I will extend respect and cooperation to colleagues of all professions.
14. I will not assume professional responsibility for the clients of a colleague without appropriate consultation with that colleague.
15. If I see the client of a colleague during a temporary absence or emergency, I will serve that client with the same consideration afforded any client.
16. If I have the responsibility for employing and evaluating staff performance, I will do so in a responsible, fair, considerate and equitable manner.
17. If I know that a colleague has violated ethical standards, I will bring this to my supervisor's attention.

Conduct

Failure to interact courteously and tactfully with supervisors, co-workers, clients, and vendors to the point that productivity or morale suffers may be grounds for termination.

Violation of any of these rules may lead to discipline, up to and including immediate termination. Obviously, this list is not all inclusive and there may be other circumstances for which employees may be disciplined, up to and including immediate discharge. If you have any questions about these basics, or what we expect of you as one of our employees, please discuss them with your supervisor or Human Resources.

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: Broward Partnership Housing III

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: 8/15/2019