

## 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.gov at [https://www.hud.gov/program\\_offices/comm\\_planning/coc](https://www.hud.gov/program_offices/comm_planning/coc).
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to [CoCNOFO@hud.gov](mailto:CoCNOFO@hud.gov).
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to [e-snaps@hud.gov](mailto:e-snaps@hud.gov).
- 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) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO and the FY 2021 General Section NOFO.
- 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.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing 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).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2021 CoC Program Competition NOFO.

## 1A. SF-424 Application Type

**1. Type of Submission:**

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

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

**If "Other", specify:**

**3. Date Received:** 10/11/2021

**4. Applicant Identifier:**

**a. Federal Entity Identifier:**

**5. Federal Award Identifier:**

**6. Date Received by State:**

**7. State Application Identifier:**

## 1B. SF-424 Legal Applicant

### 8. Applicant

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

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

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

**Street 1:** 115 S Andrews Avenue

**Street 2:** A370

**City:** Fort Lauderdale

**County:** Broward

**State:** Florida

**Country:** United States

**Zip / Postal Code:** 33301

### e. Organizational Unit (optional)

**Department Name:** Human Services

**Division Name:** Community Partnerships/HIP

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

**Prefix:** 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](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-6500-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 - Expansion

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

**16a. Applicant:** FL-020, FL-021, FL-024, FL-025, FL-022, FL-023

**16b. Project:** FL-021, FL-024, FL-025, FL-022, FL-023  
(for multiple selections hold CTRL key)

**17. Proposed Project**

**a. Start Date:** 12/01/2022

**b. End Date:** 11/30/2023

**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:** 10/11/2021

# 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

**4a. Total Amount Requested for this project: \$247,001.00**

(Requested amounts will be automatically entered within applications)

**5. State the name and location (street address, City and State) of the project or activity.**

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	\$1,818,672.00	CoC eligible Activities Match
Broward County, Florida, 115 S Andrews Ave Rm# A370 Ft Lauderdale, FL 33301	In Kind Match	\$1,633,215.00	CoC eligible Activities Match

**Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.**

**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	\$0.00	0%
NA		NA	\$0.00	0%
NA		NA	\$0.00	0%
NA		NA	\$0.00	0%
NA		NA	\$0.00	0%

**Note: If there are no other people included, write NA in the boxes.**

**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:** 10/11/2021

# 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:**

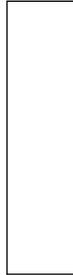
I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying 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;	

### 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.)  
 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** X

**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.**



WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 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:** 10/11/2021

## **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
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**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:** 10/11/2021

# 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 Representative:** Considered signed upon submission in e-snaps.  
**Date Signed:** 10/11/2021

## IK. SF-424B

### (SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

**OMB Number: 4040-0007**  
**Expiration Date: 02/28/2022**

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- |    |   |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.   |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.   |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.  |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.  |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).  |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.  |

- |     |  |
|-----|--|
| 8.  | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.   |
| 9.  | Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.   |
| 10. | Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.  |
| 11. | Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205). |
| 12. | Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.   |
| 13. | Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).  |
| 14. | Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.   |
| 15. | Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.  |
| 16. | Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.   |
| 17. | Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."  |
| 18. | Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.  |
| 19. | Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.   |

As the duly authorized representative of the applicant, I certify:

**Authorized Representative for:** Broward County, Florida  
**Prefix:** Ms.

**First Name:** Bertha

**Middle Name:**

**Last Name:** Henry

**Suffix:**

**Title:** County Administrator

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

**Date Signed:** 10/11/2021

## 1L. SF-424D

**Are you requesting CoC Program funds for construction costs in this application?** No

**No SF-424D is required. Select "Save and Next" 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: \$247,000**

Organization	Type	Sub-Award Amount
Broward Partnership for the Homeless, Inc.	M. Nonprofit with 501C3 IRS Status	\$247,000

## 2A. Project Subrecipients Detail

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

**b. Organization Type:** M. Nonprofit with 501C3 IRS Status  
**If "Other" specify:**

**c. Employer or Tax Identification Number:** 65-0777033

	<b>* d. Organizational DUNS:</b>	025654083	<b>PLUS 4:</b>	
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### 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:** \$247,000

### 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

## **2B. Experience of Applicant, Subrecipient(s), and Other Partners**

### **1. Describe your organization’s (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.**

The subrecipient has extensive experience in managing Federal, state, and local grant funding, with the most recent fiscal year showing a total operating budget \$11.9M, of which 84% represents public funding sources. The subrecipient has been under contract with Broward County’s Homeless Initiative Partnership to operate the Central Homelessness Assistance Center (230 beds) for more than 22 years, and in 2019, the subrecipient was asked to assume responsibility for the North Homeless Assistance Center (268 beds). During this time, the subrecipient has successfully passed each administrative and programmatic monitoring visit resulting in the identification of no negative financial or programmatic findings. For the last five years, the subrecipient has administered three HUD-funded permanent supportive housing programs for chronically homeless persons. To date, the subrecipient has successfully operated and administered 14 Emergency Solutions Grants, formerly known as Emergency Shelter Grants, and 10 Community Development Block Grants, through the City of Fort Lauderdale. All these grants met the required performance outcomes and received no monitoring deficiencies. Since November 2012, the subrecipient has successfully administered behavioral health and substance abuse treatment funding through the Broward Behavioral Health Coalition, and prior to that for 14 years as a direct licensed recipient from the Florida Department of Children and Families.

The subrecipient has built an extensive capacity to provide services to persons experiencing homelessness over its more than 20 years in existence. Further, the subrecipient has demonstrated a great ability to change systemically to provide and meet the evolving needs of its participants. During this time, the subrecipient implemented all the permanent housing programs described earlier in this section. In 2020 alone, the subrecipient provided housing solutions and social services to more than 1,400 unique individuals. This high penetration rate is a direct result of effective partnerships, a one-stop-shop approach to services, and a participant-centered model of care which emphasizes participant need, participant satisfaction, and a provider participant relationship built on trust, courtesy, and respect. The subrecipient’s programs benefit from a robust QA program, which monitors progress towards a host of performance outcomes and indicators. The subrecipient’s QA Committee meets monthly to review indicators, and the results are reported monthly to the full Board of Directors.

### **2. Describe your organization’s (and subrecipient(s) if applicable)**

**experience in leveraging Federal, State, local and private sector funds.**

Funding for operation of the subrecipient’s emergency homeless assistance centers through Broward County’s Homeless Initiative Partnership has been renewed annually since each program’s inception. The subrecipient provided health screening and assessment services under a U.S. Department of Housing and Urban Development (HUD) Supportive Service Only (SSO) grant from April 2000 through February 2014. The subrecipient consistently exceeded outcome goals set forth in each contract. The subrecipient has received funding since 2000 from the Florida Department of Children & Families for adult mental health/substance abuse treatment services, which has been renewed annually based on successful contract and licensure evaluations. The subrecipient successfully operated and administered 11 Broward County Emergency Solutions Grants (ESG), formerly known as Emergency Shelter Grants. The agency successfully administered two (2) ESG grants under the Florida State DCF Office on Homelessness; fourteen (14) City of Fort Lauderdale ESG grants; ten (10) City of Fort Lauderdale Community Development Block Grants (CDBG); and its first City of Pompano Beach CDBG award in 2020 with 100% outcome achievement and no deficiencies. In addition, the subrecipient secures and maintains more than \$1 million annually in private funding from foundations, corporations, faith-based organizations, and individuals.

**3. Describe your organization’s (and subrecipient(s) if applicable) financial management structure.**

Governance of the subrecipient is managed by a Board of Directors consisting of 30 members, representing the private, public, and faith-based sectors of Broward County. The subrecipient’s Board members live and work in cities throughout the County, and one seat on the Board is designated in perpetuity for a formerly homeless individual. The subrecipient’s Board of Directors enjoys a strong reputation as a most effective and respected organization that promotes and ensures transparency and accountability. This reputation is the result of programmatic and financial success made possible by a diverse, influential, effective, and involved Board.

The subrecipient’s executive management team is led by the CEO, who was hired by and reports to the Board of Directors, and is charged with providing leadership, overall direction, and administration of the agency’s programs. The CEO interprets and directs the implementation of the agency’s policies and establishes and leads implementation of key procedures within which the agency’s various activities are conducted. In partnership with the Board and with input from staff, clients, collaborators, other constituent groups, the CEO also develops short and long-range organizational goals and evaluates the agency’s activities. The executive management team meets monthly and regularly solicits and considers staff input in the decision-making process. Mid-level managers hold monthly department meetings and are integrally involved in developing and managing the operational budget. The subrecipient participates on all the CoC committees and workgroups, and one staff member and one Board member of the subrecipient hold seats on the local HCoC Advisory Board. The subrecipient has the financial infrastructure and experience necessary to meet the financial requirements of the program. Financial transactions are executed in accordance with written fiscal policies and procedures and a complete automated accounting system maintained by the subrecipient. All financial transactions are properly recorded in the accounting

system in a timely basis under the supervision and responsibility of the CFO. Assets, accounting records, and other tangible items of value are safeguarded and appropriate supervisory personnel control access to them. Accounting processes are controlled through segregation of duties with the Finance Department Staff and all entries in BPHI's accounting system are supported by documentation bearing appropriate authorization and/or approval. The subrecipient's accounting records are maintained in accordance with generally accepted accounting principles (GAAP); monthly financial statements are approved by the Board; and an audit of the subrecipient's financial statements is conducted by a qualified independent certified public accounting firm annually.

**4. Are there any unresolved HUD monitoring or OIG audit findings for any HUD grants (including ESG) under your organization?** No

### 3A. Project Detail

**1. CoC Number and Name:** FL-601 - Ft Lauderdale/Broward County CoC  
**2. CoC Collaborative Applicant Name:** Broward County, Florida

**3. Project Name:** Broward Partnership Housing III - Expansion

**4. Project Status:** Standard

**5. Component Type:** PH

**5a. Select the type of PH project:** PSH

**6. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?** No

**7. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement)** No

**8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))?** No

**9. Will this project include replacement reserves in the Operating budget?** No

### **3B. Project Description**

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

As an expansion of the existing Broward Partnership Housing III project, 11 units in the Seven on Seventh residential community, currently under construction in Fort Lauderdale, FL, will be specifically allocated to provide permanent supportive housing for extremely low income (ELI) individuals who also meet HUD’s definition of chronic homelessness. The 8-story Seven on Seventh complex, funded through Low Income Housing Tax Credits and the Florida State Apartment Incentive Loan program, will encompass 72 units of affordable housing and a host of on-site amenities and supportive services. Clients will be engaged through the Broward County Homeless Continuum of Care’s (HCoC) Coordinated Entry and Assessment (CEA) system. The project will utilize ServicePoint for its Homeless Management Information System (HMIS), except when serving domestic violence clients, under a current agreement with Broward County as the HMIS Lead.

A Master’s level Intensive Case Manager (ICM) will provide ongoing supportive services by conducting home visits on a regular basis. The ICM works with clients to develop and implement a comprehensive and person-centered service plan. The ICM utilizes the evidence-based practice of Motivational Interviewing (MI®), a collaborative conversation designed to strengthen an individual’s motivation and movement toward a specific goal by eliciting and exploring the individual’s own reasons for change within an atmosphere of acceptance and compassion.

The ICM assists clients in applying for eligible benefits and linkages for medical and dental care, medical insurance, mental health services, legal assistance, transportation, and other services as needed, with the goal that clients will expand their knowledge of available community resources and be able to identify assistance on their own for future needs. Depending on the severity of their disabling condition, eligible clients may be referred to the Partnership’s workforce development program, located next door at the Central Homeless Assistance Center (CHAC), which provides vocational education, training, job search assistance and placement opportunities, and a computer lab to assist in overcoming employment barriers, as well as a work-from-home technology hub. Clients will have access to an interactive library / computer lab and community room located on the first floor of Seven on Seventh. The Partnership also maintains a formal Memorandum of Understanding with Broward College, which through its Broward UP (Unlimited Potential) program provides free college education and vocational certificate training for residents residing in the zip code in which the building is located (33311). A primary goal for all clients will be to increase income by applying for mainstream benefits and/or obtaining secure employment at wages that will sustain basic needs and independence.

**2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.**

Project Milestones	Days from Execution of Grant Agreement			
	A	B	C	D
Begin hiring staff or expending funds	0	0	0	0
Begin program participant enrollment	30	0	0	0
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	30	0	0	0
Leased or rental assistance units or structure, and supportive services near 100% capacity	120	0	0	0
Closing on purchase of land, structure(s), or execution of structure lease	0	0	0	0
Start rehabilitation	0	0	0	0
Complete rehabilitation	0	0	0	0
Start new construction	0	0	0	0
Complete new construction	0	0	0	0

**2a. If requesting capital costs (i.e., acquisition, rehabilitation, or new construction), describe the proposed development activities with responsibilities of the applicant, and subrecipients if included, to develop and maintain the property using CoC Program funds.**

The subrecipient is not requesting capital costs.

**3. Check the appropriate box(s) if this project will have a specific subpopulation focus.**

**(Select ALL that apply)**

N/A - Project Serves All Subpopulations	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Chronic Homeless	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

**4. Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements?** Yes

**5. Housing First**

**5a. Will the project quickly move participants** Yes

**into permanent housing?**

**5b. Will the project enroll program participants who have the following barriers? 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"/>

**5c. Will the project prevent program participant termination 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"/>

**5d. Will the project follow a "Housing First" approach?** Yes  
 (Click 'Save' to update)

**6 Will program participants be required to live in a specific structure, unit, or locality at any time while in the program?** Yes

**6a. Explain how and why the project will implement this requirement.**

The 11 units included in this proposal are project-based in the new 72-unit Seven on Seventh affordable housing community, which is currently under construction as a public-private partnership between Broward Partnership and the Green Mills Group. As part of the Low-Income Housing Tax Credit requirements, a total of 36 units in the building must be allocated to homeless / formerly homeless individuals and families, and of those 36 units, 11 must be allocated to extremely low income (ELI) individuals and families. The 11 households who occupy these units must also meet HUD's definition of chronic homelessness.

**7. Will more than 16 persons live in a single** No

**structure?**

**100% Dedicated or 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.

**8. Is this project 100% Dedicated or DedicatedPLUS? 100% Dedicated**

### 3C. Project Expansion Information

**1. Is this a “Project Expansion” of an eligible renewal project?** Yes

**Enter the PIN (first 6 characters of the grant number) and Project Name for the CoC funded grant that is applying for renewal in FY 2021 upon which this project proposes to expand.**

**1a. Eligible Renewal Grant PIN:** FL0477

**1b. Eligible Renewal Grant Project Name:** Broward Partnership Housing III

**2. Will this expansion project increase the number of program participants?** Yes

<b>2a.</b>	<b>Currently Approved Renewal Numbers (from “Stand-alone Renewal” project application)</b>	
	Number of persons (From renewal application Screen 5A)	19
	Number of units (From renewal application Screen 4B)	17
	Number of beds (From renewal application Screen 4B)	19
<b>2b.</b>	<b>New Requested Numbers to Add (from this “Stand-alone New” project application)</b>	
	Number of additional persons (From this new application Screen 5A)	12
	Number of additional units (From this new application Screen 4B)	11
	Number of additional beds (From this new application Screen 4B)	12

**3. Will this expansion project provide additional supportive services to program participants?** Yes

**3a. Indicate how the project will provide additional supportive services to program participants. (Check one or both boxes)**

Increase number of or expand supportive services provided	<input type="checkbox"/>
Increase frequency or intensity of supportive services	<input type="checkbox"/>

**4. Will this expansion project bring existing facilities up to government health or safety standards?** No

## **4A. Supportive Services for Participants**

### **1. Describe how program participants will be assisted to obtain and remain in permanent housing.**

The 11 units described in this proposal are project-based in the new Seven on Seventh affordable housing complex and are specifically allocated to this project. Clients will be referred through the HCoC's CEA process and will be assisted by the ICM in completing the application and intake process. The ICM works with every client to complete a strengths-based assessment and develop an appropriate service plan to address any identified needs. The ICM works with every client to document goals and objectives, with housing stability and increased income as the primary goals. The service plan is an ongoing process throughout the client's participation in the program, and the choices that the client makes are central to the case management process. Following the Housing First model and based on the intake and assessment process, clients will be encouraged (but not required) to participate in appropriate stabilization services as soon as they enter the program and on an ongoing basis.

### **2. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.**

The ICM will assist clients in obtaining benefits and link them with medical and dental care, behavioral health services, access to benefits, legal assistance, transportation, and other services as needed, with the goal that they will expand their knowledge of available community resources and be able to identify assistance on their own for future needs. The ICM will also assist clients with developing a local community support system, including extended family members, friends, neighbors, clergy, peers, and others, that can serve as sources of emotional and practical support and help prevent future situations from reaching a crisis point. By providing resources and linkages to supportive and stabilization services, combined with a genuine empathy and respect for an individual's specialized needs, the ICM will help empower clients to identify and overcome the initial challenges of re-integrating back into the community and maintain long-term housing stability and self-sufficiency.

Clients will have access to a variety of stabilization services available both on-site and at CHAC next door, such as job development, mental health and substance abuse services, internet access and work-from-home space, and urgent / primary care. Services include:

- Job Development including vocational assessment, preparing for and obtaining a GED, enrolling in vocational training programs, improving communication skills, creating a résumé, pursuing job leads, and preparing for interviews; on-site computer lab to acquire computer skills, create resumes, apply for benefits, and perform on-line job searches and interviews.

- Life Skills classes are offered on topics related to achieving and maintaining self-sufficiency, such as financial literacy, understanding tenant leases, business etiquette, interviewing skills, goal setting, dressing for success, parenting skills, and substance abuse educational and support groups.
- A full-time SOAR Specialist will assist clients in accessing disability benefits utilizing the SSI/SSDI Outreach Access Recovery (SOAR) process.

**3. For all supportive services available to program 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	Partner	As needed
Transportation	Subrecipient	As needed
Utility Deposits	Subrecipient	As needed

**Identify whether the project will include the following activities:**

- 4. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?** Yes
- 5. Annual follow-ups with program participants to ensure mainstream benefits are received and renewed?** Yes
- 6. Will program participants have access to SSI/SSDI technical assistance provided by this project the applicant, a subrecipient, or partner agency?** Yes

**6a. 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:** 11

**Total Beds:** 12

**Total Dedicated CH Beds:** 12

Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
Scattered-site apartments (...)	---	11	12	12

## 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 program participants at the selected housing site.**

**2a. Units:** 11

**2b. Beds:** 12

**3. How many beds in “2b. Beds” are dedicated to persons experiencing chronic homelessness?** 12

**This includes both the “dedicated” and “prioritized” beds.**

### 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 new projects, select the area(s) expected to be covered.  
(for multiple selections hold CTRL key)**

120954 Ft Lauderdale

## 5A. Project Participants - Households

**Households Table**

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
<b>Number of Households</b>	1	10	0	11
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
<b>Persons over age 24</b>	1	10		11
<b>Persons ages 18-24</b>	0	0		0
<b>Accompanied Children under age 18</b>	1		0	1
<b>Unaccompanied Children under age 18</b>			0	0
<b>Total Persons</b>	2	10	0	12

**Click Save to automatically calculate totals**

## 5B. Project Participants - Subpopulations

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

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	1			0	0	0	0	1	0	0
Persons ages 18-24	0			0	0	0	0	0	0	0
Children under age 18	1			0	0	0	0	0	1	0
<b>Total Persons</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>

**Click Save to automatically calculate totals**

### Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans- (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	10	0	0	4	0	4	0	2	0	0
Persons ages 18-24	0	0	0	0	0	0	0	0	0	0
<b>Total Persons</b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>

**Click Save to automatically calculate totals**

### Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										
<b>Total Persons</b>	<b>0</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## 6A. Funding Request

**1. Will it be feasible for the project to be under grant agreement by September 15, 2023?** Yes

**2. What type of CoC funding is this project applying for in this CoC Program Competition?** CoC Bonus

**3. Does this project propose to allocate funds according to an indirect cost rate?** No

**4. Select a grant term:** 1 Year

**\* 5. Select the costs for which funding is requested:**

<b>Leased Units</b>	<input checked="" type="checkbox"/>
<b>Leased Structures</b>	<input type="checkbox"/>
<b>Rental Assistance</b>	<input type="checkbox"/>
<b>Supportive Services</b>	<input checked="" type="checkbox"/>
<b>Operating</b>	<input checked="" type="checkbox"/>
<b>HMIS</b>	<input checked="" type="checkbox"/>

**6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? (13 to 18 months)** No

## 6C. Leased Units

**The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.**

<b>Total Annual Assistance Requested:</b>		\$158,544	
<b>Grant Term:</b>		1 Year	
<b>Total Request for Grant Term:</b>		\$158,544	
<b>Total Units:</b>		11	
FMR Area	Total Units Requested	Total Annual Assistance Requested	Total Budget Requested
FL - Fort Lauderd...	11	\$158,544	\$158,544

## Leased Units Budget Detail

### Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rent for each unit in the FMR Area column in the chart below. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

Size of Units: Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

# of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

HUD Paid Rents: This is a required field. For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement in 24 CFR 578.49.

12 Months: These fields are populated with the value 12 to calculate the annual rent request. The total request for this budget will calculate based on the grant term selected on Screen "6A. Funding Request."

Total Request: This column populates with the total calculated amount from each row.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated with the grant term selected on the "Funding Request" screen and will be read only.

Total Request for Grant Term: This field is calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

**In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.**

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

### Leased Units Annual Budget

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Size of Units	Number of units (Applicant)		FMR (Applicant)	HUD Paid Rent (Applicant)		12 months		Total request (Applicant)
SRO		x	\$794		x	12	=	\$0
0 Bedroom	2	x	\$1,059	\$1,059	x	12	=	\$25,416
1 Bedroom	8	x	\$1,198	\$1,198	x	12	=	\$115,008
2 Bedroom	1	x	\$1,510	\$1,510	x	12	=	\$18,120
3 Bedroom		x	\$2,161		x	12	=	\$0
4 Bedroom		x	\$2,614		x	12	=	\$0
5 Bedroom		x	\$3,006		x	12	=	\$0
6 Bedroom		x	\$3,398		x	12	=	\$0
7 Bedroom		x	\$3,790		x	12	=	\$0
8 Bedroom		x	\$4,182		x	12	=	\$0
9 Bedroom		x	\$4,575		x	12	=	\$0
<b>Total units and annual assistance requested:</b>	11							\$158,544
<b>Grant term:</b>								1 Year
<b>Total request for grant term:</b>								\$158,544

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

## 6F. Supportive Services Budget

**A quantity AND description must be entered for each requested cost.**

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management		
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation	Bus passes	\$5,000
16. Utility Deposits	Figured at \$250 per household	\$2,750
17. Operating Costs	Direct services provision: monthly cell phones for ICMs @ \$100/mo.	\$6,000
<b>Total Annual Assistance Requested</b>		<b>\$13,750</b>
<b>Grant Term</b>		<b>1 Year</b>
<b>Total Request for Grant Term</b>		<b>\$13,750</b>

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

## 6G. Operating

**Instructions:**

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

**Eligible Costs:** The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

**Quantity AND Detail:** This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. .75 FTE hours and benefits for staff, utility types, monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

**Annual Assistance Requested:** This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility.

**Total Annual Assistance Requested:** This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

**Grant Term:** This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

**Total Request for Grant Term:** This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

**A quantity AND description must be entered for each requested cost.**

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
<b>1. Maintenance/Repair</b>	12 mos. general maint./repair, pest control, waste removal, permits	\$22,752
<b>2. Property Taxes and Insurance</b>	Figured at 15% of total annual cost	\$6,000
<b>3. Replacement Reserve</b>		
<b>4. Building Security</b>		
<b>5. Electricity, Gas, and Water</b>	Figured @ approx. \$417 per mo. over 12 mos. for units/facilities costs	\$5,000
<b>6. Furniture</b>	Figured @ approx. \$1,000 per client	\$12,000
<b>7. Equipment (lease, buy)</b>	Purchase of facilities equipment, tools, mechanical, etc. figured at @ approx. \$417 over 12 mos.	\$5,000
<b>Total Annual Assistance Requested</b>		\$50,752
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$50,752

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

## 6H. HMIS Budget

**Instructions:**

Enter the quantity and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of the relevant HMIS activity. The system populates a list of eligible costs associated with the implementation of an HMIS and for which CoC funds can be requested.

**Quantity Detail:** This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (eg. .75 FTE hours and benefits for staff, utility types, monthly allowance for food and supplies) for each HMIS cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

**Annual Assistance Requested:** This is a required field. For each grant year, enter the amount funds requested for each activity.

**Total Annual Assistance Requested:** This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

**Grant term:** This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

**Total Request for Grant Term:** This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

**A quantity AND description must be entered for each requested cost.**

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Equipment	Laptop for ICM	\$1,500
2. Software		
3. Services		
4. Personnel		
5. Space & Operations		
<b>Total Annual Assistance Requested:</b>		\$1,500
<b>Grant Term:</b>		1 Year
<b>Total Request for Grant Term:</b>		\$1,500

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

## 6I. Sources of Match

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

### Summary for Match

Total Amount of Cash Commitments:	\$22,120
Total Amount of In-Kind Commitments:	\$0
Total Amount of All Commitments:	\$22,120

**1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project?**    No

Type	Source	Name of Source	Amount of Commitments
Cash	Private	Broward Partnersh...	\$22,120

## Sources of Match Detail

**1. Type of Match commitment:** Cash

**2. Source:** Private

**3. Name of Source:** Broward Partnership for the Homeless, Inc.  
**(Be as specific as possible and include the office or grant program as applicable)**

**4. Amount of Written Commitment:** \$22,120

## 6J. Summary Budget

**The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.**

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$158,544	1 Year	\$158,544
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$0	1 Year	\$0
4. Supportive Services	\$13,750	1 Year	\$13,750
5. Operating	\$50,752	1 Year	\$50,752
6. HMIS	\$1,500	1 Year	\$1,500
7. Sub-total Costs Requested			\$224,546
8. Admin (Up to 10%)			\$22,455
9. Total Assistance Plus Admin Requested			\$247,001
10. Cash Match			\$22,120
11. In-Kind Match			\$0
12. Total Match			\$22,120
13. Total Budget			\$269,121

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

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	IRS Determination...	10/06/2021
2) Other Attachment(s)	No	Subrecipient Cert...	10/08/2021
3) Other Attachment(s)	No		

## Attachment Details

**Document Description:** IRS Determination 501C3

## Attachment Details

**Document Description:** Subrecipient Certifications

## Attachment Details

**Document Description:**

## 7D. 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 part 578 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.**

**15-Year Operation Rule.**

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.**

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 provide

**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:** 10/11/2021

**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.**

## 8B. Submission Summary

**Applicant must click the submit button once all forms have a status of Complete.**

Page	Last Updated
New Project Application FY2021	Page 57
	10/11/2021

<b>1A. SF-424 Application Type</b>	No Input Required
<b>1B. SF-424 Legal Applicant</b>	No Input Required
<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	10/06/2021
<b>1E. SF-424 Compliance</b>	10/06/2021
<b>1F. SF-424 Declaration</b>	10/06/2021
<b>1G. HUD 2880</b>	10/06/2021
<b>1H. HUD 50070</b>	10/06/2021
<b>1I. Cert. Lobbying</b>	10/06/2021
<b>1J. SF-LLL</b>	10/06/2021
<b>IK. SF-424B</b>	10/06/2021
<b>1L. SF-424D</b>	10/06/2021
<b>2A. Subrecipients</b>	10/06/2021
<b>2B. Experience</b>	10/08/2021
<b>3A. Project Detail</b>	10/07/2021
<b>3B. Description</b>	10/08/2021
<b>3C. Expansion</b>	10/08/2021
<b>4A. Services</b>	10/07/2021
<b>4B. Housing Type</b>	10/07/2021
<b>5A. Households</b>	10/07/2021
<b>5B. Subpopulations</b>	No Input Required
<b>6A. Funding Request</b>	10/06/2021
<b>6C. Leased Units</b>	10/06/2021
<b>6F. Supp Srvcs Budget</b>	10/06/2021
<b>6G. Operating</b>	10/08/2021
<b>6H. HMIS Budget</b>	10/06/2021
<b>6I. Match</b>	10/06/2021
<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	10/08/2021

**7D. Certification**

Please Complete

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](http://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, appearing to read "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) 2021 Homeless Continuum of Care (CoC) Program	4. Amount of HUD Assistance Requested/Received \$247,000
5. State the name and location (street address, City and State) of the project or activity: Broward Partnership Housing III Expansion, 920 Northwest 7th Avenue, Fort Lauderdale, FL 33311	

## 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).

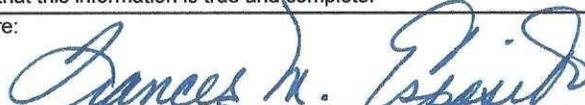
Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation in Project/Activity	Financial Interest in Project/Activity (\$ and %)

(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) 10-05-2021
---	----------------------------------

Frances M. Esposito, Chief Executive Officer

# 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 - Expansion

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.

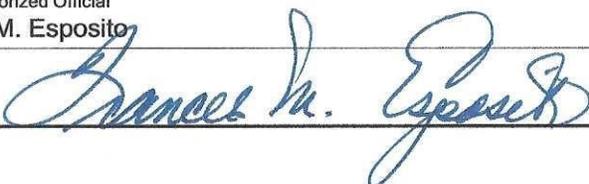
**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.  
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Frances M. Esposito

Signature

X



Title

Chief Executive Officer

Date

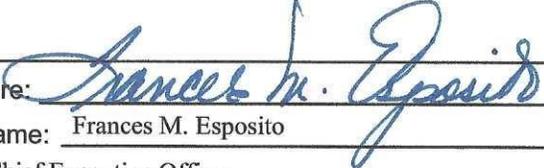
10.05.2021

## DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB  
0348-0046

(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	<b>2. Status of Federal Action:</b> <input checked="" type="checkbox"/> a. bid/offer/application b. initial award c. post-award	<b>3. Report Type:</b> <input checked="" type="checkbox"/> a. initial filing b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input type="checkbox"/> Prime <input checked="" type="checkbox"/> Subawardee Tier _____, if known:  Broward Partnership for the Homeless, Inc. 920 Northwest 7th Avenue Fort Lauderdale, FL 33311 Broward Partnership Housing III - Expansion  <b>Congressional District, if known:</b> 4c: 20, 22	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b> Broward County Board of County Commissioners 115 South Andrews Avenue, Room A370 Fort Lauderdale, FL 33301  <b>Congressional District, if known:</b> 20, 22	
<b>6. Federal Department/Agency:</b>  US Department of Housing and Urban Development	<b>7. Federal Program Name/Description:</b>  FY 2019 Continuum of Care Program  <b>CFDA Number, if applicable:</b> 14.267	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b>  \$ 247,000	
<b>10. a. Name and Address of Lobbying Registrant</b> <i>(if individual, last name, first name, MI):</i>  N/A	<b>b. Individuals Performing Services</b> <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>  N/A	
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	<b>Signature:</b>  <b>Print Name:</b> Frances M. Esposito <b>Title:</b> Chief Executive Officer <b>Telephone No.:</b> 954-779-3990 <b>Date:</b> 10.05.2021	
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

# BROWARD PARTNERSHIP FOR THE HOMELESS, INC.

**ALERT!** This entity is only available FOR OFFICIAL USE ONLY.

DUNS Unique Entity ID <b>025654083</b>	SAM Unique Entity ID <b>EBCFKTBAG8N4</b>	CAGE / NCAGE <b>56E55</b>
Purpose of Registration <b>Federal Assistance Awards Only</b>	Expiration Date <b>Jun 11, 2022</b>	Registration Status <b>Submitted</b>
Physical Address <b>920 North West 7TH AVE Fort Lauderdale, Florida 33311 United States</b>	Mailing Address <b>920 North West 7TH AVE Fort Lauderdale, Florida 33311 United States</b>	

## Business Information

Doing Business as <b>(blank)</b>	Division Name <b>N/a</b>	Division Number <b>(blank)</b>
Congressional District <b>Florida 20</b>	State / Country of Incorporation <b>Florida / United States</b>	URL <b>https://www.bphi.org</b>
MPIN <b>*****20NW</b>		

## Registration Dates

Activation Date <b>(blank)</b>	Submission Date <b>Jun 11, 2021</b>	Initial Registration Date <b>Aug 26, 2008</b>
-----------------------------------	--	--

## Entity Dates

Entity Start Date <b>Jul 2, 1997</b>	Fiscal Year End Close Date <b>Sep 30</b>
---	---

## Immediate Owner

CAGE <b>(blank)</b>	Legal Business Name <b>(blank)</b>
------------------------	---------------------------------------

## Highest Level Owner

CAGE <b>(blank)</b>	Legal Business Name <b>(blank)</b>
------------------------	---------------------------------------

## Executive Compensation

In your business or organization's preceding completed fiscal year, did your business or organization (the legal entity to which this specific SAM record, represented by a DUNS number, belongs) receive both of the following: 1. 80 percent or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements and 2. \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

**No**

Does the public have access to information about the compensation of the senior executives in your business or organization (the legal entity to which this specific SAM record, represented by a DUNS number, belongs) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

**Not Selected**

## Proceedings Questions

Is your business or organization, as represented by the DUNS Number on this entity registration, responding to a Federal procurement opportunity that contains the provision at FAR 52.209-7, subject to the clause in FAR 52.209-9 in a current Federal contract, or applying for a Federal grant opportunity which contains the award term and condition described in 2 C.F.R. 200 Appendix XII?

**No**

Does your business or organization, as represented by the DUNS number on this specific SAM record, have current active Federal contracts and/or grants with total value (including any exercised/unexercised options) greater than \$10,000,000?

**Not Selected**

Within the last five years, had the business or organization (represented by the DUNS number on this specific SAM record) and/or any of its principals, in connection with the award to or performance by the business or organization of a Federal contract or grant, been the subject of a Federal or State (1) criminal proceeding resulting in a conviction or other acknowledgment of fault; (2) civil proceeding resulting in a finding of fault with a monetary fine, penalty, reimbursement, restitution, and/or damages greater than \$5,000, or other acknowledgment of fault; and/or (3) administrative proceeding resulting in a

finding of fault with either a monetary fine or penalty greater than \$5,000 or reimbursement, restitution, or damages greater than \$100,000, or other acknowledgment of fault?

**Not Selected**

#### SAM Search Authorization

I authorize my entity's non-sensitive information to be displayed in SAM public search results:

**Yes**

#### Entity Types

##### Business Types

Entity Structure <b>Corporate Entity (Tax Exempt)</b>	Entity Type <b>Business or Organization</b>	Organization Factors <b>(blank)</b>
Profit Structure <b>Non-Profit Organization</b>		

##### Government Types

**(blank)**

#### Financial Information

Accepts Credit Card Payments <b>Yes</b>	Debt Subject To Offset <b>No</b>	Department Code <b>(blank)</b>
CAGE Code <b>56E55</b>	Agency Location Code <b>(blank)</b>	Disbursing Office Symbol <b>(blank)</b>

##### Electronic Funds Transfer

Financial Institution <b>BANK OF AMERICA, N.A.</b>	Account Type <b>Checking</b>	Lock Box Number <b>(blank)</b>
Routing Number <b>*****0047</b>	Account Number <b>*****1701758</b>	

##### Automated Clearing House

Financial Institution <b>BANK OF AMERICA, N.A.</b>	Phone (U.S.) <b>9542330164</b>	Email <b>(blank)</b>
Phone (non-U.S.) <b>(blank)</b>	Fax <b>(blank)</b>	

##### Remittance Information

Merchant ID1 <b>(blank)</b>	Merchant ID2 <b>(blank)</b>	Accounting Station <b>(blank)</b>
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##### Remittance Address

**Leisha Austin, Chief Financial Officer**  
**Bphi**  
**920 NW 7TH Avenue**  
**Fort Lauderdale, Florida 33311**  
**United States**

#### Taxpayer Information

EIN <b>*****7033</b>	Type of Tax <b>Applicable Federal Tax</b>	Taxpayer Name <b>BROWARD PARTNERSHIP FOR THE HOMELESS INC</b>
Tax Year (Most Recent Tax Year) <b>2018</b>	Name/Title of Individual Executing Consent <b>Bphi Cfo</b>	TIN Consent Date <b>Jun 11, 2021</b>
Address <b>920 NW 7TH AVE</b> <b>Fort Lauderdale, Florida 33311</b>		

#### Points of Contact

##### Accounts Receivable POC

**♀**  
**Leisha Austin, Chief Financial Officer**

laustin@bphi.org  
9548327050

## Electronic Business

♀  
Leisha Austin, Chief Financial Officer  
laustin@bphi.org  
9548327050

**Bphi**  
**Fort Lauderdale, Florida 33311**  
**United States**

LAURA TURK, GRANTS & CONTRACTS  
ljturk@bphi.org  
9547793990

Bphi  
920 NW 7TH Avenue  
Fort Lauderdale, Florida 33311  
United States

## Government Business

♀  
Laura Turk, Contracts Manager  
ljturk@bphi.org  
9547793990

**Bphi**  
**920 NW 7TH Avenue**  
**Fort Lauderdale, Florida 33311**  
**United States**

Thomas Campbell, Chief Operating Officer  
tcampbell@bphi.org  
9547793990

Bphi  
920 NW 7TH Avenue  
Fort Lauderdale, Florida 33311  
United States

## Past Performance

♀  
LAURA BUDAY, GRANTS & CONTRACTS  
ljbuday@bphi.org  
9547793990

**Bphi**  
**920 NW 7TH Avenue**  
**Fort Lauderdale, Florida 33311**  
**United States**

ROBERT HIGDON, Director of Grants & Contract Management  
rhigdon@bphi.org  
9547793990

Bphi  
920 NW 7TH Avenue  
Fort Lauderdale, Florida 33311  
United States

## Security Information

Company Security Level  
**(blank)**

Highest Level Employee Security Level  
**(blank)**

## Service Classifications

### NAICS Codes

Primary	NAICS Codes	NAICS Title
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## Size Metrics

### IGT Size Metrics

Annual Revenue (from all IGTs)  
**(blank)**

### World Wide

Annual Receipts (3 Year Average)  
**(blank)**

Number of Employees (12 Month Average)  
**(blank)**

### Location

Annual Receipts (3 Year Average)  
**(blank)**

Number of Employees (12 Month Average)  
**(blank)**

### Industry-Specific

Barrels Capacity  
**(blank)**

Megawatt Hours  
**(blank)**

Total Assets  
**(blank)**

## Electronic Data Interchange (EDI) Information

This entity did not enter the EDI information

## Disaster Response

This entity does not appear in the disaster response registry.



## **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.



*The road to health, jobs & homes for the homeless*

October 5, 2021

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

Re: Match Documentation – HUD NOFO 2021 New/Bonus Project (2022-23)  
Broward Partnership Housing III – Expansion

Dear Ms. McGuire:

This letter provides documentation that the Broward Partnership and the Broward Partnership Housing III Expansion project are projected to be the recipient of grant funding from Broward County under the U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) program. Cash and in-kind match in the amount of \$22,120 raised through fundraising activities will be available for BPH-III during the 2022-23 funding cycle.

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

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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](http://www.BPHI.ORG)

Broward County Central Homeless Assistance Centers  
Central Campus 920 Northwest 7<sup>th</sup> Avenue, Fort Lauderdale, Florida 33311-7229  
North Campus 1700 Blount Road Pompano Beach, Florida 33069  
Tel: 954.779.3990 Fax: 954.779.3991