

**BROWARD COUNTY, FLORIDA**

**COMMUNITY DEVELOPMENT BLOCK GRANT DISASTER  
RECOVERY (CDBG-DR) GRANT**

**ADMINISTRATIVE ACTION PLAN**

**FY 2024- 2025**



**PREPARED BY:**

**THE BROWARD COUNTY HOUSING FINANCE DIVISION**

**BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS**

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# Introduction

The U.S. Department of Housing and Urban Development (HUD) announced the allocation of \$29,222,000, in CDBG-DR funding to Broward County due to severe storms and flooding that occurred in 2023.

The Declaration area of service is all of Broward County. Developments in the City of Fort Lauderdale will be considered for multi-family affordable housing projects, if the applicant demonstrates need, no duplication of benefits occurs, and will benefit all Broward County residents.

To meet disaster recovery needs, the statutes making CDBG-DR funds available have imposed requirements and authorized HUD to modify the rules that apply to the annual CDBG program to enhance flexibility and allow for a quicker recovery. HUD has allocated CDBG-DR funds to Broward County in response to (FEMA-4709-DR), through the publication of the Federal Register, 90 FR 4760 (January 16, 2025). <https://www.govinfo.gov/content/pkg/FR-2025-01-16/pdf/2025-00943.pdf>. This allocation was made through PL 118-158: ("the 2025 Appropriations Act").

Broward County Housing Finance Division (HFD) is the lead and responsible agency for administering the CDBG-DR funds.

As further outlined in [Notice CPD-2023-06](#), **program administrative costs (PACs)** are reasonable general costs, including carrying charges, of grant management that do not include staff and overhead costs directly related to carrying out other CDBG-DR eligible activities, since those costs are eligible as part of such activities.

The CDBG-DR appropriations act allows grantees to access funding for PACs prior to the Secretary's certification of financial controls and procurement processes, and adequate procedures for proper grant management. The Act requires that all CDBG-DR funds be used pursuant to an action plan. This Action Plan is subject to the Universal Notice, section I.B. of the Universal Notice which outlines the process for submitting an Administrative (Admin) Action Plan to HUD to access funds for PACs prior to the award of the full grant.

The five (5) percent allowable administrative costs is \$1,461,100.00. The proposed budget/distribution of administrative funds is in Section II of this Administrative Action Plan. These funds are for the duration of the grant.

Broward County has chosen to use the HUD template to complete the Admin Action Plan which includes the necessary components of the Admin Action Plan submission process to meet the Universal Notice's requirements.

Broward County will subsequently submit the Programmatic CDBG-DR Action Plan.

## I. General Information for Admin Action Plan Submission

<b>Grantee Name:</b>	Broward County
<b>Date Plan Submitted:</b>	4/2/2025
<b>Total Grant Amount:</b>	\$29,222,000
<b>Total Amount of PACs Budgeted:</b>	\$1,461,100
<b>Grantee Contact (Name):</b>	Yvette Lopez
<b>Grantee Contact (Email/Phone):</b>	<a href="mailto:ylopez@broward.org">ylopez@broward.org</a> (954)357-4930
<b>HUD Contact (Name):</b>	Dana Sibley
<b>HUD Contact (Email/Phone):</b>	<a href="mailto:dana.k.sibley@hud.gov">dana.k.sibley@hud.gov</a> (305) 520-5021

## II. Proposed Allocation of Funds

<b>Program Administration Activity/Activities</b>	<b>Criteria for Eligibility (e.g., 24 CFR 570.206(a))</b>	<b>Budget/Allocation (Overall Proposed budget Allocation)</b>	<b>Proposed Pre-Award Costs (Funds Projected to be expended prior to HUD AP Approval)</b>
Providing local officials and citizens with information about the program	24 CFR 570.206(a)(1)(i)	\$5,000	\$2,500
Preparing reports and other documents related to the program for submission to HUD	24 CFR 570.206(a)(1)(vi)	\$225,000	\$10,000
Coordinating the resolution of audit and monitoring findings	24 CFR 570.206(a)(1)(vii)		
Evaluating program results against stated objectives	24 CFR 570.206(a)(1)(viii)	\$200,000	
Travel costs incurred for official business in carrying out the program	24 CFR 570.206(a)(2)	\$10,000	\$5,000
Administrative services performed under third party contracts or agreements, including such services as general legal services, accounting services, and audit services	24 CFR 570.206(a)(3)	\$500,000	\$75,000

Other costs for goods and services required for administration of the program, including such goods and services as rental or purchase of equipment, insurance, utilities, office supplies, and rental and maintenance (but not purchase) of office space	24 CFR 570.206(a)(4)	\$115,600	\$15,000
Accounting and Financial Management	24 CFR 570.206(a)(1)(ii)	\$100,000	\$5,000
DRGR Recordkeeping	24 CFR 570.206(a)(1)(vi)		
Overall Grant Management	24 CFR 570.206(a)(1)	\$150,000	\$10,000
Marketing and Outreach for Action Plan development & amendments	24 CFR 570.206(a)(1)(i)	\$5,000	\$2,500
Monitoring of Programs and subrecipients	24 CFR 570.206(a)(1)(v)	\$100,000	
Internal Auditor activities	24 CFR 570.206(a)(1)(vii)		
Non-specific Legal/accounting/HR/audit	24 CFR 570.206(a)(1)		
Personnel/ Human Resources activities	24 CFR 570.206(a)(1)		
Staff and contracted services for the above activities	24 CFR 570.206(a)(1)	\$50,000	\$5,000
Costs related to the provision of fair housing services designed to further the fair housing objectives of the Fair Housing Act (42 U.S.C. 3601-20) by making all persons, without regard to race, color, religion, sex, national origin, familial status, or handicap, aware of the range of housing opportunities available to them.	24 CFR 570.206(c)		
Costs related to other fair housing enforcement, education, and outreach activities.	24 CFR 570.206(c)	\$500	

Costs for other activities designed to further the housing objective of avoiding undue concentrations of assisted persons in areas containing a high proportion of low- and moderate-income persons.	24 CFR 570.206(c)		
<b>Total</b>		\$1,461,100	\$130,000

### III. Publication of the Admin Action Plan

Broward County Housing Finance Division (HFD) Posted the proposed Admin Action Plan on the HFD Website at

Additionally, it maintains a hard copy for review at the offices located at 110 NE 3<sup>rd</sup> Street, Suite 300, Fort Lauderdale, Florida 33301

### IV. Standard Form 424 (SF-424)

The SF- 424 Form is attached as Exhibit 1

### V. Certifications

The certifications form (appendix A of the HUD Actin Plan Template) is attached as Exhibit 2

Exhibit 1

<a href="#">View Burden Statement</a>		OMB Number: 4040-0004 Expiration Date: 11/30/2025
<b>Application for Federal Assistance SF-424</b>		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <div style="border: 1px solid black; height: 15px; width: 100%;"></div> * Other (Specify): <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
* 3. Date Received: <div style="border: 1px solid black; background-color: yellow; height: 15px; width: 100%;"></div>	4. Applicant Identifier: <div style="border: 1px solid black; padding: 2px;">B-25-UC-12-0001-CDBG</div>	
5a. Federal Entity Identifier: <div style="border: 1px solid black; padding: 2px;">B-25-UC-12-0001-CDBG</div>		5b. Federal Award Identifier: <div style="border: 1px solid black; padding: 2px;">B-25-UC-12-0001-CDBG</div>
<b>State Use Only:</b>		
6. Date Received by State: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>		7. State Application Identifier: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: <div style="border: 1px solid black; padding: 2px;">Broward County</div>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <div style="border: 1px solid black; padding: 2px;">59-6000531</div>		* c. UEI: <div style="border: 1px solid black; padding: 2px;">F62KF2SJJ237</div>
<b>d. Address:</b>		
* Street1: <div style="border: 1px solid black; padding: 2px;">110 NE 3rd Street</div>		
Street2: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>		
* City: <div style="border: 1px solid black; padding: 2px;">Fort Lauderdale</div>		
County/Parish: <div style="border: 1px solid black; padding: 2px;">Broward</div>		
* State: <div style="border: 1px solid black; padding: 2px;">FL: Florida</div>		
Province: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>		
* Country: <div style="border: 1px solid black; padding: 2px;">USA: UNITED STATES</div>		
* Zip / Postal Code: <div style="border: 1px solid black; padding: 2px;">33301-1034</div>		
<b>e. Organizational Unit:</b>		
Department Name: <div style="border: 1px solid black; padding: 2px;">Resilient Environment Depart.</div>		Division Name: <div style="border: 1px solid black; padding: 2px;">Housing Finance Division</div>
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: <div style="border: 1px solid black; padding: 2px;">Mr.</div>		
* First Name: <div style="border: 1px solid black; padding: 2px;">Ralph</div>		
Middle Name: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>		
* Last Name: <div style="border: 1px solid black; padding: 2px;">Stone</div>		
Suffix: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>		
Title: <div style="border: 1px solid black; padding: 2px;">Director</div>		
Organizational Affiliation: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>		
* Telephone Number: <div style="border: 1px solid black; padding: 2px;">(954) 357-5320</div>		Fax Number: <div style="border: 1px solid black; padding: 2px;">(954) 357-8221</div>
* Email: <div style="border: 1px solid black; padding: 2px;">RStone@Broward.org</div>		

Application for Federal Assistance SF-424			
<b>* 9. Type of Applicant 1: Select Applicant Type:</b>			
<input type="text" value="B: County Government"/>			
<b>Type of Applicant 2: Select Applicant Type:</b>			
<input type="text"/>			
<b>Type of Applicant 3: Select Applicant Type:</b>			
<input type="text"/>			
<b>* Other (specify):</b>			
<input type="text"/>			
<b>* 10. Name of Federal Agency:</b>			
<input type="text" value="United States Department of Housing and Urban Development"/>			
<b>11. Catalog of Federal Domestic Assistance Number:</b>			
<input type="text" value="14.218"/>			
<b>CFDA Title:</b>			
<input type="text" value="Community Development Block Grant (CDBG) Program"/>			
<b>* 12. Funding Opportunity Number:</b>			
<input type="text" value="B-25-UC-12-0001-CDBG"/>			
<b>* Title:</b>			
<input type="text" value="Community Development Block Grant (CDBG) Program"/>			
<b>13. Competition Identification Number:</b>			
<input type="text"/>			
<b>Title:</b>			
<input type="text"/>			
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b>			
<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
<b>* 15. Descriptive Title of Applicant's Project:</b>			
<input type="text" value="FY 2025 Community Development Block Grant Disaster Recover (CDBG-DR) Grant Administrative Action Plan"/>			
Attach supporting documents as specified in agency instructions.			
<input type="button" value="Add Attachments"/>	<input type="button" value="Delete Attachments"/>	<input type="button" value="View Attachments"/>	

Application for Federal Assistance SF-424	
<b>16. Congressional Districts Of:</b>	
* a. Applicant <input style="width: 100px;" type="text" value="FL-020"/>	* b. Program/Project <input style="width: 100px;" type="text" value="FL-020"/>
Attach an additional list of Program/Project Congressional Districts if needed. <div style="display: flex; align-items: center;"> <input style="width: 200px; height: 20px;" type="text"/> <div style="margin-left: 10px;"> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> </div> </div>	
<b>17. Proposed Project:</b>	
* a. Start Date: <input style="width: 100px;" type="text" value="10/01/2025"/>	* b. End Date: <input style="width: 100px;" type="text" value="09/30/2031"/>
<b>18. Estimated Funding (\$):</b>	
* a. Federal	1,461,100.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	1,461,100.00
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b> <input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input style="width: 100px;" type="text"/> . <input checked="" type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="checkbox"/> c. Program is not covered by E.O. 12372.	
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", provide explanation and attach <div style="display: flex; align-items: center;"> <input style="width: 200px; height: 20px;" type="text"/> <div style="margin-left: 10px;"> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> </div> </div>	
<b>21. *By signing 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 18, Section 1001)</b> <input checked="" type="checkbox"/> ** I AGREE <small>** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</small>	
<b>Authorized Representative:</b>	
Prefix: <input style="width: 100px;" type="text" value="Ms."/>	* First Name: <input style="width: 200px;" type="text" value="Monica"/>
Middle Name: <input style="width: 200px;" type="text"/>	
* Last Name: <input style="width: 250px;" type="text" value="Cepero"/>	
Suffix: <input style="width: 100px;" type="text"/>	
* Title: <input style="width: 250px;" type="text" value="County Administrator"/>	
* Telephone Number: <input style="width: 150px;" type="text" value="(954) 357-7362"/>	Fax Number: <input style="width: 150px;" type="text"/>
* Email: <input style="width: 250px;" type="text" value="MCepero@broward.org"/>	
* Signature of Authorized Representative:	* Date Signed:



Exhibit 2

**Certification in Appendix A of the Universal Notice include the following:**

- a. **Compliance with Anti-discrimination Laws:** The grantee certifies that the grant will be conducted and administered in conformity with title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), the Fair Housing Act (42 U.S.C. 3601-3619), and implementing regulations.
- b. **Affirmatively Further Fair Housing:** The grantee certifies that it will affirmatively further fair housing.
- c. **Anti-Lobbying:** The grantee certifies its compliance with restrictions on lobbying required by 24 CFR 87, together with disclosure forms, if required by part 87.
- d. **Authority of Grantee:** The grantee certifies that the Admin Action Plan for disaster recovery is authorized under state and local law (as applicable) and that the grantee, and any entity or entities designated by the grantee, and any contractor, subrecipient, or designated public agency carrying out an activity with CDBG-DR funds, possess(es) the legal authority to carry out the program for which it is seeking funding, in accordance with applicable HUD regulations as modified by waivers and alternative requirements.
- e. **Consistency with the Action Plan:** The grantee certifies that activities to be undertaken with CDBG-DR funds are consistent with its Admin Action Plan.
- f. **Citizen Participation:** The grantee certifies that it is following a detailed citizen participation plan that satisfies the requirements of 24 CFR 91.115 or 91.105 (except as provided for in waivers and alternative requirements). Also, each local government receiving assistance from a state grantee must follow a detailed citizen participation plan that satisfies the requirements of 24 CFR 570.486 (except as provided for in waivers and alternative requirements).
- g. **Use of Funds:** The grantee certifies that it is complying with each of the following criteria:
  - (1) Purpose of the Funds. Funds will be used solely for necessary expenses related to disaster relief, long-term recovery, restoration of infrastructure and housing, economic revitalization, and mitigation in the most impacted and distressed areas for which the President declared a major disaster pursuant to the Stafford Act (42 U.S.C. 5121 *et seq.*).
  - (2) Maximum Feasibility Priority. With respect to activities expected to be assisted with CDBG-DR funds, the Admin Action Plan has been developed so as to give the maximum feasible priority to activities that will benefit low- and moderate-income families.
  - (3) Overall benefit. The aggregate use of CDBG-DR funds shall principally benefit low- and moderate-income families in a manner that ensures that at least 70 percent (or another percentage permitted by HUD in a waiver) of the grant amount is expended for activities that benefit such persons.
  - (4) Special Assessment. The grantee will not attempt to recover any capital costs of public improvements assisted with CDBG-DR grant funds, by assessing any amount against properties owned and occupied by persons of low- and moderate-income, including any fee charged or assessment made as a condition of obtaining access to such public improvements, unless: (a) the grant funds are used to pay the proportion of such fee or assessment that relates to the capital costs of such public improvements that are financed from revenue sources other than under this title; or (b) for purposes of assessing any amount against properties owned and occupied by persons of moderate income, the grantee certifies to the Secretary that it lacks sufficient CDBG funds (in any form) to comply with the requirements of clause (a).

- h. **Excessive Force:** The grantee certifies that it has adopted and is enforcing the following policies, and, in addition, state grantees must certify that they will require local governments that receive their grant funds to certify that they have adopted and are enforcing:
  - (1) A policy prohibiting the use of excessive force by law enforcement agencies within its jurisdiction against any individuals engaged in nonviolent civil rights demonstrations; and
  - (2) A policy of enforcing applicable state and local laws against physically barring entrance to or exit from a facility or location that is the subject of such nonviolent civil rights demonstrations within its jurisdiction.
- i. **Grant Timeliness:** The grantee certifies that it (and any subrecipient or administering entity) currently has or will develop and maintain the capacity to carry out disaster recovery activities in a timely manner and that the grantee has reviewed the requirements applicable to the use of grant funds.
- j. **Environmental Requirements:** The grantee certifies that it will comply with environmental requirements at 24 CFR 55 (as applicable) and 24 CFR 58.
- k. **Compliance with Laws:** The grantee certifies that it will comply with the provisions of title I of the HCDA and with other applicable laws.

*Warning: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001, and 31 U.S.C. 3729.*

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Signature of Certifying Official (Date)

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Printed Name of Certifying Official (Date)