

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.
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to 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.
- 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: 11/10/2021

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

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

d. Address

Street 1: 115 S Andrews Avenue

Street 2: A370

City: Fort Lauderdale

County: Broward

State: Florida

Country: United States

Zip / Postal Code: 33301

e. Organizational Unit (optional)

Department Name: Human Services

Division Name: Community Partnerships/HIP

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

Prefix: Ms.

First Name: Bertha

Middle Name:

Last Name: Henry

Suffix:

Title: Broward County Administrator

Organizational Affiliation: Broward County, Florida

Telephone Number: (954) 357-7353

Extension:
Fax Number: (954) 357-5521
Email: bhenry@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: Care Resource - CoC RRH

16. Congressional District(s):

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

16b. Project: FL-020, FL-021, FL-024, FL-025, FL-022, FL-023
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 03/01/2022

b. End Date: 02/28/2023

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? a. Yes

If "YES", enter the date this application was made available to the State for review: 11/16/2021

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: 11/10/2021

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: \$287,000.00

(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: 11/10/2021

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: 11/10/2021

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 |
|---|

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: 11/10/2021

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: 11/10/2021

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: 11/10/2021

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:

| Organization | Type | Sub-Award Amount |
|-----------------------------|------|------------------|
| This list contains no items | | |

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.

For over three decades, Care Resource Community Health Centers, Inc., d/b/a Care Resource, has been successful in utilizing federal funds and performing the proposed activities to its diverse target population. A federal qualified health center (FQHC) since 2009 and a major HOPWA program provider in Broward County, Care Resource has an extensive experience working with and addressing the housing and supportive service needs of the subpopulations to be served by the proposed CoC RRH project. Care Resource’s Housing Services department in Broward County is fully staffed, and the supervisory team has over 10 years of experience in managing contracts of similar nature with favorable results in program monitoring and no findings. Currently, Care Resource is a participant organization and a RRH service provider under the Emergency Solutions Grants (ESG) Program in the Fort Lauderdale/Broward County CoC.

2. Describe your organization’s (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.

Care Resource has a vast experience with leveraging federal, state, local and private funds in order to maximize the level and amount of services provided to its clients. Selected funds include: HRSA, CDC, FL DOH, Broward DOH, Miami-Dade DOH, United Way/EFSP, Merck Foundation, Health Foundation of South Florida, etc. Funds that relate to Housing include federal and local funds: HOPWA, City of Miami, and City of Fort Lauderdale.

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

Care Resource has experienced ongoing fiscal stability for the past 37 years. The organization has implemented a comprehensive set of fiscal policies and procedures and operates a sophisticated cost accounting software system, Abila MIP Fund Accounting. These policies and procedures are well defined in the organization’s Finance Manual. The purpose of this manual is to describe all accounting policies and procedures currently in use and to ensure that the financial statements conform to generally accepted accounting principles; assets are safeguarded; guidelines of grantors and donors are complied with; and finances are managed with accuracy, efficiency, and transparency. These policies are reviewed and updated annually, revised by staff as needed, and approved by the Chief Financial Officer. The responsibilities of the Finance Department are organized to ensure proper internal controls, segregation of duties, and adequate safeguards of agency assets. Internal controls are

designed to prevent mishandling of funds, to safeguard against loss, and to prevent one individual from having responsibility for more than one component. Management's representations in the financial statements are independently audited annually. The agency is in compliance with every funder's unique reporting requirement; provides internal management and Board of Directors (BOD) with timely fiscal reports and manages the day-to-day fiscal operations. Care Resource's Quality Assurance department conducts monthly reviews of financial transactions to ensure that transactions are documented properly, systemic mistakes are corrected and updated, and the financial integrity of the agency is operating according to established policy and procedure.

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: Care Resource - CoC RRH

4. Project Status: Standard

5. Component Type: PH

5a. Select the type of PH project: RRH

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

3B. Project Description

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

According to the most recent 2021 Point-in-Time (PIT) Homeless Count, Broward ranks second in the state of Florida among all counties with the highest number of (sheltered and unsheltered) persons experiencing homelessness (n=2,561). The same data source shows that the number of unsheltered persons (n=1,767) has almost doubled since the 2020 reporting period (n=984). The population to be served by this CoC Rapid Re-Housing (RRH) program includes Broward County residents defined as (or at risk of becoming) chronically homeless under HUD’s categories 1, 2, 3, and 4. Priority populations are, for the purpose of this solicitation, households with at least one adult and one child, including those residing on streets or in emergency shelters, as identified by the County HCoC (Homeless Continuum of Care).

Eligible activities/costs under the proposed Care Resource’s CoC RRH project will include: a) short- and medium-term rental assistance (tenant-based only); and b) supportive services (including -but not limited to- assistance with moving costs, food, transportation, and utility deposits).

Services will be provided county wide and project location will be Care Resource’s service delivery site at 871 W Oakland Park Blvd, Fort Lauderdale, FL 33311.

The proposed CoC RRH project will adhere to (and operate following) a Housing First approach “to prioritize rapid placement and stabilization in permanent housing without service participation requirements or preconditions”, as per the FY 2021 CoC Program Competition.

Project design and implementation will include initial assessment of participant’s housing needs and personal/support systems; a comprehensive individualized housing plan; coordination and monitoring of services to accomplish plans; vulnerability and self-sufficiency assessment to determine/identify client’s eligibility for services and related needs; assistance with securing appropriate housing; and collaboration with internal and external providers to address identified needs.

Success will be measured by how well project staff are able to provide clients with (eligible RRH supportive) services and for those project participants eligible for RRH rental assistance to be “rapidly moved” into permanent housing and maintained in non-homeless status. See section 3B.2 for more details on Proposed Timeline for Project Implementation.

Project anticipated outcomes are: a) increased access to eligible RRH rental assistance and supportive services among project priority subpopulations, and b) reduced risk of chronic homelessness among program participants by assessing/addressing potential needs for additional social support and health-related services.

Care Resource’s CoC RRH project proposes to serve 335 persons over the FY 2021 grant term.

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.

| | | |
|--------------------------------|---------|------------|
| New Project Application FY2021 | Page 26 | 11/10/2021 |
|--------------------------------|---------|------------|

| Project Milestones | Days from Execution of Grant Agreement | Days from Execution of Grant Agreement | Days from Execution of Grant Agreement | Days from Execution of Grant Agreement |
|---|--|--|--|--|
| | A | B | C | D |
| Begin hiring staff or expending funds | 30 | | | |
| Begin program participant enrollment | 14 | | | |
| Program participants occupy leased or rental assistance units or structure(s), or supportive services begin | 30 | | | |
| Leased or rental assistance units or structure, and supportive services near 100% capacity | 60 | | | |
| Closing on purchase of land, structure(s), or execution of structure lease | | | | |
| Start rehabilitation | | | | |
| Complete rehabilitation | | | | |
| Start new construction | | | | |
| Complete new construction | | | | |

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 into permanent housing? Yes

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.

Care Resource's CoC RRH program participants accessing supportive services are (and will be) required, as per HUD mandate, to meet with assigned project staff at least monthly in their first year of assistance. Program participants accessing RRH rental assistance will also be assisted in order to locate a property within the proposed project geographic area.

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

3C. Project Expansion Information

1. Is this a “Project Expansion” of an eligible renewal project? No

4A. Supportive Services for Participants

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

Project will assist program participants with obtaining/remaining in permanent housing by addressing and reducing barriers to permanent housing. This will be quantitatively measured by the following: 1) 100% of participants engage in an intake/orientation session relative to services provided and inclusive of participant rights, program benefits and expectations. This must be completed within three (3) calendar days, as defined by the existing Standards of Care; 2) 100% of service providers work with each participant to develop a housing plan with attainable goals, within thirty (30) calendar days after enrollment. Plan is to be signed by participant, assigned project staff and program supervisor; and 3) 100% of providers perform a formal review of the individualized housing plan and recertification of RRH is conducted every three (3) months or sooner when significant changes occur. Plan is to be signed by participant and assigned project staff at least every three (3) months.

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.

Depending on which CoC RRH project activities program participants are eligible for, staff will provide a number of additional resources that support the client’s goal to achieve housing stability or reduce the risk of chronic homelessness. These may include:

- a) Assisting program participants with applying for mainstream benefits (e.g., TANF, food stamps, SSI).
- b) Helping program participants to identify potential sources of income that may have gone unnoticed and referring them to additional social services and interventions (e.g., job placement services and navigation services).
- c) Linking and engaging eligible program participants, in particular those with special needs/conditions, to primary care and related health services.
- d) Guiding program participants in order to reduce out-of-pocket medical expenses and non-housing-related monthly expenses.

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 | | |
| Assistance with Moving Costs | Applicant | Annually |

| |
|--|
| Case Management |
| Child Care |
| Education Services |
| Employment Assistance and Job Training |
| Food |
| Housing Search and Counseling Services |
| Legal Services |
| Life Skills Training |
| Mental Health Services |
| Outpatient Health Services |
| Outreach Services |
| Substance Abuse Treatment Services |
| Transportation |
| Utility Deposits |

| | |
|-----------|-----------|
| | |
| | |
| | |
| | |
| Applicant | Bi-weekly |
| Applicant | Bi-weekly |
| | |
| | |
| | |
| | |
| | |
| Applicant | Monthly |
| Applicant | Annually |



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? No

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: 10

Total Beds: 30

| Housing Type | Housing Type (JOINT) | Units | Beds | Dedicated CH Beds |
|--------------------------------|----------------------|-------|------|-------------------|
| Single family homes/townhou... | --- | 10 | 30 | |

4B. Housing Type and Location Detail

1. Housing Type: Single family homes/townhouses/duplexes

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

2a. Units: 10

2b. Beds: 30

3. Address

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

Street 1: 871 W Oakland Park Blvd

Street 2:

City: Fort Lauderdale

State: Florida

ZIP Code: 33311

***4. 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)**

122448 Pembroke Pines, 122022 Miramar,
120708 Deerfield Beach, 121320 Hollywood,
120954 Ft Lauderdale, 120534 Coconut Creek,
121878 Margate, 129011 Broward County

5A. Project Participants - Households

Households Table

| | Households with at Least One Adult and One Child | Adult Households without Children | Households with Only Children | Total |
|--|---|--|--|-------|
| Number of Households | 55 | | | 55 |
| | | | | |
| 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 |
| Persons over age 24 | 230 | | | 230 |
| Persons ages 18-24 | 50 | | | 50 |
| Accompanied Children under age 18 | 55 | | | 55 |
| Unaccompanied Children under age 18 | | | | 0 |
| Total Persons | 335 | 0 | 0 | 335 |

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 | 225 | 3 | 2 | 10 | 15 | 8 | 9 | 5 | 3 | |
| Persons ages 18-24 | 50 | | | 6 | 3 | 2 | 4 | 2 | 2 | |
| Children under age 18 | 55 | | | | 1 | 1 | | 1 | 2 | |
| Total Persons | 330 | 3 | 2 | 16 | 19 | 11 | 13 | 8 | 7 | 0 |

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 | | | | | | | | | | |
| Persons ages 18-24 | | | | | | | | | | |
| Total Persons | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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 | | | | | | | | | | |
| Total Persons | 0 | | | | 0 | 0 | 0 | 0 | 0 | 0 |

6A. Funding Request

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

1a. DV Bonus Only: This project can realistically be under grant agreement by September 15, 2022.

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? Yes

Indirect cost rate proposals should be submitted as soon as the applicant is notified of a conditional award. Conditional award recipients will be asked to submit the proposal rate during the e-snaps post-award process.

Applicants with an approved indirect cost rate must submit a copy of the approval with this application.

3a. Complete the indirect cost rate table below

| Agency | Indirect Cost Rate | Direct Cost Base | Date approved or enter "NA" if using 10 % de minimis rate |
|--|--------------------|------------------|---|
| Care Resource Community Health Centers, Inc. | 10% | | NA |
| | | | |
| | | | |
| | | | |
| | | | |

The applicant must complete at least one row in the indirect cost rate schedule.

b. Has this rate been approved by your cognizant agency? Yes

c. Do you plan to use the 10% de minimis rate? Yes



4. Select a grant term: 1 Year

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

| | |
|----------------------------|---|
| Rental Assistance | X |
| Supportive Services | X |
| HMIS | |

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

6E. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the  icon. To view or update information already listed, select the  icon.

| Total Request for Grant Term: | | | \$164,880 |
|-------------------------------|--|-----------------------|---------------|
| Total Units: | | | 10 |
| Type of Rental Assistance | FMR Area | Total Units Requested | Total Request |
| TRA | FL - Fort Lauderdale, FL HUD Metro FM... | 10 | \$164,880 |

Rental Assistance Budget Detail

Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

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 rents in the chart below.

Size of Units: These options are system generated. 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 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

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 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 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>

Type of Rental Assistance: TRA

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

| Size of Units | # of Units (Applicant) | | FMR Area (Applicant) | | 12 Months | | Total Request (Applicant) |
|---------------|------------------------|---|----------------------|---|-----------|---|---------------------------|
| SRO | | x | \$794 | x | 12 | = | \$0 |
| 0 Bedroom | 1 | x | \$1,059 | x | 12 | = | \$12,708 |
| 1 Bedroom | 5 | x | \$1,198 | x | 12 | = | \$71,880 |

| | | | | | | | |
|--|----|---|---------|---|----|---|-----------|
| 2 Bedrooms | 3 | x | \$1,510 | x | 12 | = | \$54,360 |
| 3 Bedrooms | 1 | x | \$2,161 | x | 12 | = | \$25,932 |
| 4 Bedrooms | | x | \$2,614 | x | 12 | = | \$0 |
| 5 Bedrooms | | x | \$3,006 | x | 12 | = | \$0 |
| 6 Bedrooms | | x | \$3,398 | x | 12 | = | \$0 |
| 7 Bedrooms | | x | \$3,790 | x | 12 | = | \$0 |
| 8 Bedrooms | | x | \$4,182 | x | 12 | = | \$0 |
| 9 Bedrooms | | x | \$4,575 | x | 12 | = | \$0 |
| Total Units and Annual Assistance Requested | 10 | | | | | | \$164,880 |
| Grant Term | | | | | | | 1 Year |
| Total Request for Grant Term | | | | | | | \$164,880 |

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 | The budget includes the cost allocated to security deposits required by eligible clients for both the first and last months, up to two months. | \$5,000 |
| 3. Case Management | | |
| 4. Child Care | | |
| 5. Education Services | | |
| 6. Employment Assistance | | |
| 7. Food | This budget includes the total cost of food vouchers for this program. Food vouchers will be distributed to clients that are eligible. | \$10,000 |
| 8. Housing/Counseling Services | This budget includes the total cost of one Housing Case Manager Navigators salary/fringe - \$23/hr | \$71,238 |
| 9. Legal Services | | |
| 10. Life Skills | | |
| 11. Mental Health Services | | |
| 12. Outpatient Health Services | | |
| 13. Outreach Services | | |
| 14. Substance Abuse Treatment Services | | |
| 15. Transportation | The budget includes the cost allocated to the purchase of transportation vouchers. Clients will benefit from this service per month during the budget period. This line item covers the cost of Broward County Transit bus passes for daily, weekly and monthly use for eligible clients. | \$5,000 |
| 16. Utility Deposits | The budget includes the cost allocated to utility deposits required by eligible clients for both water and light. | \$5,000 |
| 17. Operating Costs | | |
| Total Annual Assistance Requested | | \$96,238 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$96,238 |

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: | \$71,750 |
| Total Amount of In-Kind Commitments: | \$0 |
| Total Amount of All Commitments: | \$71,750 |

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 | Care Resource Com... | \$71,750 |

Sources of Match Detail

1. Type of Match commitment: Cash

2. Source: Private

3. Name of Source: Care Resource Community Health Centers, Inc.
(Be as specific as possible and include the office or grant program as applicable)

4. Amount of Written Commitment: \$71,750

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 | \$0 | 1 Year | \$0 |
| 2b. Leased Structures | \$0 | 1 Year | \$0 |
| 3. Rental Assistance | \$164,880 | 1 Year | \$164,880 |
| 4. Supportive Services | \$96,238 | 1 Year | \$96,238 |
| 5. Operating | \$0 | 1 Year | \$0 |
| 6. HMIS | \$0 | 1 Year | \$0 |
| 7. Sub-total Costs Requested | | | \$261,118 |
| 8. Admin (Up to 10%) | | | \$25,882 |
| 9. Total Assistance Plus Admin Requested | | | \$287,000 |
| 10. Cash Match | | | \$71,750 |
| 11. In-Kind Match | | | \$0 |
| 12. Total Match | | | \$71,750 |
| 13. Total Budget | | | \$358,750 |

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | Care Resource - N... | 11/09/2021 |
| 3) Other Attachment(s) | No | Cash Match Commit... | 11/10/2021 |
| 2) Other Attachment(s) | No | Sites for Work Pe... | 11/09/2021 |

Attachment Details

Document Description: Care Resource - Nonprofit Documentation

Attachment Details

Document Description: Cash Match Commitment Letter

Attachment Details

Document Description: Sites for Work Performance

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: 11/10/2021

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

X

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 |
|------------------------------------|--------------------|
| 1A. SF-424 Application Type | No Input Required |
| New Project Application FY2021 | Page 50 11/10/2021 |

| | |
|---|-------------------|
| 1B. SF-424 Legal Applicant | No Input Required |
| 1C. SF-424 Application Details | No Input Required |
| 1D. SF-424 Congressional District(s) | 11/10/2021 |
| 1E. SF-424 Compliance | 11/10/2021 |
| 1F. SF-424 Declaration | 11/09/2021 |
| 1G. HUD 2880 | 11/09/2021 |
| 1H. HUD 50070 | 11/09/2021 |
| 1I. Cert. Lobbying | 11/09/2021 |
| 1J. SF-LLL | 11/09/2021 |
| IK. SF-424B | 11/09/2021 |
| 1L. SF-424D | 11/09/2021 |
| 2A. Subrecipients | No Input Required |
| 2B. Experience | 11/09/2021 |
| 3A. Project Detail | 11/09/2021 |
| 3B. Description | 11/09/2021 |
| 3C. Expansion | 11/09/2021 |
| 4A. Services | 11/10/2021 |
| 4B. Housing Type | 11/09/2021 |
| 5A. Households | 11/09/2021 |
| 5B. Subpopulations | No Input Required |
| 6A. Funding Request | 11/10/2021 |
| 6E. Rental Assistance | 11/09/2021 |
| 6F. Supp Srvcs Budget | 11/10/2021 |
| 6I. Match | 11/10/2021 |
| 6J. Summary Budget | No Input Required |
| 7A. Attachment(s) | 11/10/2021 |
| 7D. Certification | 11/09/2021 |

CINCINNATI OH 45999-0038

In reply refer to: 0248388032
Apr. 05, 2017 LTR 4168C 0
59-2564198 000000 00
00018195
BODC: TE

CARE RESOURCE COMMUNITY HEALTH
CENTERS INC
DBA CARE RESOURCE
3510 BISCAYNE BLVD FL 3
MIAMI FL 33137



016717

Employer ID Number: 59-2564198
Form 990 required: YES

Dear Taxpayer:

This is in response to your request dated Mar. 27, 2017, regarding your tax-exempt status.

We issued you a determination letter in September 1985, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c) (03).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Section 509(a)(2).

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

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

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

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

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CARE RESOURCE COMMUNITY HEALTH
CENTERS INC
DBA CARE RESOURCE
3510 BISCAYNE BLVD FL 3
MIAMI FL 33137

Sincerely yours,



Kim A. Billups, Operations Manager
Accounts Management Operations I

November 10, 2021

MIAMI-DADE COUNTY

Midtown
3801 Biscayne Blvd.
Miami, FL 33137
T: 305.576.1234
F: 305.571.2020

Little Havana
1901 S.W. 1st Street
3rd Fl.
Miami, FL 33135
T: 305.203.5230
F: 305.203.5231




Miami Beach
1680 Michigan Avenue
Suite 912
Miami Beach, FL 33139
T: 305.534.0503
T: 305.673.3555
F: 305.538.4090

BROWARD COUNTY

Fort Lauderdale
871 West Oakland Park Blvd.
Ft. Lauderdale, FL 33311
T: 954.567.7141
F: 954.565.5624

Oakland Park
3160 Powerline Road
Oakland Park, FL 33309

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/CareResource 
#CareResource 

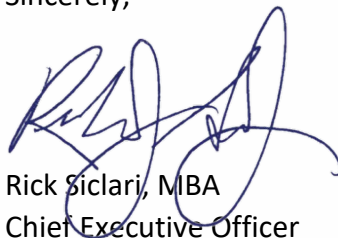
Rebecca S.E. McGuire, Ph.D.
Human Services Administrator
Homeless Initiative Partnership
Broward County Florida

RE: Program/Activity Receiving Federal Grant Funding: CoC Program
Project Name: Care Resource – CoC RRH

Dear Dr. McGuire:

This letter serves as proof of commitment that Care Resource Community Health Centers, Inc. will provide cash match in the amount of \$71,750 for the above-referenced CoC Bonus project.

Sincerely,



Rick Siclari, MBA
Chief Executive Officer
Care Resource

Sites for Work Performance

Project Name: Care Resource – CoC RRH

Project Number: 191678

Place of Performance: 871 W Oakland Park Blvd, Fort Lauderdale, FL 33311