

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.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2019 Project Application will be imported into the FY 2021 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2021 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. **Type of Submission:** Application
2. **Type of Application:** Renewal Project Application

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

If "Other", specify:

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

4. **Applicant Identifier:**

5a. **Federal Entity Identifier:**

5b. **Federal Award Identifier:** FL0498

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. **Date Received by State:**

7. **State Application Identifier:**

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Broward County, Florida

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

	c. Organizational DUNS:	066938358	PLUS 4	
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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

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-N25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): Florida
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: HOPE4Families Rapid Re-Housing

16. Congressional District(s):

a. Applicant: FL-020, FL-021, FL-024, FL-025, FL-022, FL-023
(for multiple selections hold CTRL key)

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

17. Proposed Project

a. Start Date: 12/01/2020

b. End Date: 11/30/2021

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

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

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE:

21. Authorized Representative

Prefix: Ms.

First Name: Bertha

Middle Name:

Last Name: Henry

Suffix:

Title: County Administrator

Telephone Number: (954) 357-7353
(Format: 123-456-7890)

Fax Number: (954) 357-5521
(Format: 123-456-7890)

Email: bhenry@broward.org

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

Date Signed: 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: \$324,021

5. State the name and location (street address, city and state) of the project or activity: HOPE4Families Rapid Re-Housing 115 S Andrews Avenue Fort Lauderdale Florida

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
 (For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
Broward County, Florida 115 S. Andrews Ave Rm# A370 Ft Lauderdale, FL 33301	Cash Match	\$1,818,672.00	CoC eligible Activities Match
Broward County, Florida, 115 S Andrews Ave Rm# A370 Ft Lauderdale, FL 33301	In Kind Match	1633215.0	CoC eligible Activities Match

Part III Interested Parties

You must disclose:

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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%

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: 10/04/2021

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;	

Sites for Work Performance.

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

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

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

X

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



WARNING: 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

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 Official: 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

Information About Submission without Changes

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

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

Due to e-snaps limitations, only previously submitted renewal applications can import data into the FY 2021 renewal project application. The data from previously submitted new and renewal project applications can be imported into a FY 2021 renewal project application. The “Submit without Changes” process is not applicable for:

- first time renewing project applications
- a project application that did not import last FY 2019 information
- a project that had Issues or Conditions that were addressed in FY 2019 Post-Award and updates need to be reflected in the FY 2021 project application
- a project that had amendments approved in FY 2019 or FY 2020 that need to be reflected in the FY 2021 project application

e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that brought forward data from FY 2019 and have either a Leasing budget, Operating budget or use HUD PAID RENTS (Actual Rents) instead of FMR MAY NOT use the “Submit Without Changes” process and e-snaps will automatically be set to “Make Changes”. All Leasing and Operating budgets, along with Rental Assistance budgets that use HUD PAID Rent will need to be updated in the application. Refer to the GIW posted on the HUD Exchange for accurate budget information on leasing and operating budgets and refer to the HUD PAID RENT document sent by your field office from HUD HQ to accurately set your rental assistance budgets that use HUD PAID rents. This will only impact the FY 2021 competition.

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

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

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2019 or 2020 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions found on the left side menu of e-snaps or hud.gov to find more in depth information about applying under the FY 2021 CoC Competition.

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	<input checked="" type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input checked="" type="checkbox"/>
4B. Housing Type	<input checked="" type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input checked="" type="checkbox"/>
5B. Subpopulations	<input checked="" type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input checked="" type="checkbox"/>
6C. Rental Assistance	<input checked="" type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input checked="" type="checkbox"/>
Part 7 - Attachment(s) & Certification	

7A. Attachment(s)	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

3.B. The only change made was to 3.B., Project Description. The reference to the position of "Employment Specialist" was deleted as this position no longer has private funding. There were no other changes.

You have selected "Make Changes." Once this screen is saved, you will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? Yes

2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No

3. Do you draw funds quarterly for your current renewal project? Yes

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? No

Renewal Grant Consolidation or Renewal Grant Expansion

The FY2021 CoC Competition will continue offering opportunities to expand or consolidate CoC projects. A few changes have occurred that differentiate the process from FY 2019.

1. Expansions and Consolidations will submit individual applications.
 - a. Expansions will ONLY submit a Stand-Alone Renewal application and a Stand-Alone New application.
 - b. Consolidations will ONLY submit individual renewal project applications, identifying the renewal application that will survive, and the renewal applications that will terminate. Up to 10 grants may be included in a consolidation.

2. HUD HQ will combine the data (e.g., units, budgets) for Expansion or Consolidation requests from the individual project applications selected for conditional award and provide a data report with further instructions for the field office and conditional recipient.

**1. Is this renewal project application No
requesting to consolidate or expand?**

If "No" click on "Next" or "Save & Next" below to move to the next screen.

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards: \$303,465

Organization	Type	Sub-Award Amount
HOPE South Florida, Inc.	M. Nonprofit with 501C3 IRS Status	\$303,465

2A. Project Subrecipients Detail

a. Organization Name: HOPE South Florida, Inc.

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

c. Employer or Tax Identification Number: 65-0670031

	* d. Organizational DUNS:	825160653	PLUS 4	
--	----------------------------------	-----------	---------------	--

e. Physical Address

Street 1: 1100 N Andrews Av.

Street 2:

City: Fort Lauderdale

State: Florida

Zip Code: 33311

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

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

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

i. Expected Sub-Award Amount: \$303,465

j. Contact Person

Prefix: Mr.

First Name: George

Middle Name: Steven

Last Name: Werthman

Suffix:

Title: Chief Operating Officer

E-mail Address: stevev@hopesouthflorida.org

Confirm E-mail Address: stevev@hopesouthflorida.org

Phone Number: 954-336-8143

Extension:

Fax Number: 954-206-0047

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

3A. Project Detail

1. Expiring Grant Project Identification Number (PIN): FL0498

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2. CoC Number and Name: FL-601 - Ft Lauderdale/Broward County CoC

3. CoC Collaborative Applicant Name: Broward County, Florida

4. Project Name: HOPE4Families Rapid Re-Housing

5. Project Status: Standard

6. Component Type: PH

6a. Select the type of PH project. RRH

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

3B. Project Description

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

HOPE4Families RRH serves at least 14 homeless families with Rental Assistance (RA) & case management (CM).
 The project provides short or medium-term RA, CM, & hsng. specialists, to assist families to obtain & remain in their own scattered-site apts. and link them to svcs. that will help promote long term hsng. stability. RA will be provided to Participants for up to 12 mo.'s. Exceptions can be made based on need to extend the term of assistance up to 24 mos. to reduce recidivism. Participants meet HUD's definition of "Homeless." The project also serves homeless Veterans who do not qualify for VA pgms. Referrals come from the CoC's Coordinated Entry and Assessment through HMIS.
 RA is administered by HOPE South Florida (HSF), the subrecipient. Broward County Housing Authority performs Housing Quality Standards (HQS) inspections & Rent Reasonableness determinations through a MOU with HSF. While the project budget (which, based on the GIW, assumes CoC funds will cover the full monthly rent on a unit) indicates that this project provides 14 hsng. units, the actual number of units/households expected to be served is higher as participants with income pay a portion of the rent, leaving CoC funds available to support add'l hsng. units & families.
 Supportive Svcs. for Participants assists them to attain & maintain PH stability. HSF provides a CM who develops plans with Participants during assessment; meets at least monthly, with Participants in their apt. or the pgm. office to provide CM. & assesses progress towards goals, provides assistance to Participants, through established ptrnrshps., to help them obtain and/or increase employment and other income to help them maintain PH stability; provides or links Participants with Life Skills trng. & with other svcs. as needed to promote PH stability.
 H4F RRH is a HS first pgm. Please note: answers to questions in Sect. 3B.4 of this application indicate that participants will not be terminated for failing to participate in supportive svcs. This is true with the exception that this project adheres to the CoC requirement for RRH projects that, unless a project is exempted per 24 CFR 578.37, participants must meet with a CM at least once per month.
 Outcomes: 80% will exit to PH during the op. yr.; 15% of adults will increase total income as of the end of the op. yr. or by pgm exit; 80% who exit to PH will maintain PH for 6 mo's.
 Data quality reports are reviewed biweekly, & monthly reports are submitted to ensure HMIS data quality is accurate & outcomes are on target. CM will continue to follow up on a monthly basis with clients to ensure housing stability is maintained both before and after client exit. Renewal CoC funding is needed to maintain PH capacity.

2. 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 with Children	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Chronic Homeless	<input type="checkbox"/>
		Other(Click 'Save' to update)	<input type="checkbox"/>

3. Housing First

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

3b. Does 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"/>

3c. 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"/>

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

4A. Supportive Services for Program Participants

**1. 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	Monthly
Assistance with Moving Costs	Subrecipient	As needed
Case Management	Subrecipient	Monthly
Child Care	Non-Partner	Daily
Education Services	Non-Partner	As needed
Employment Assistance and Job Training	Partner	As needed
Food	Non-Partner	As needed
Housing Search and Counseling Services	Subrecipient	As needed
Legal Services	Non-Partner	As needed
Life Skills Training	Subrecipient	Monthly
Mental Health Services	Partner	As needed
Outpatient Health Services	Partner	As needed
Outreach Services	Non-Partner	As needed
Substance Abuse Treatment Services	Non-Partner	As needed
Transportation	Subrecipient	As needed
Utility Deposits	Subrecipient	As needed

Identify whether the project includes the following activities:



2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? Yes

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes

4. Do program participants have access to SSI/SSDI technical assistance provided by this project, subrecipient, or partner agency? Yes

4a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months? 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: 14

Total Beds: 28

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	14	28

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.

a. Units: 14

b. Beds: 28

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: 1100 N Andrews Av.

Street 2:

City: Ft. Lauderdale

State: Florida

ZIP Code: 33311

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

129011 Broward County

5A. Program Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	14	0	0	14

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	10	0		10
Persons ages 18-24	4	0		4
Accompanied Children under age 18	14		0	14
Unaccompanied Children under age 18			0	0
Total Persons	28	0	0	28

Click Save to automatically calculate totals

5B. Program 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		0	1	1	1	1	3		0	3
Persons ages 18-24		0							0	4
Children under age 18	0				0	0	0	0	0	14
Total Persons	0	0	1	1	1	1	3	0	0	21

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	0



Describe the unlisted subpopulations referred to above:

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

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No
3. Does this project propose to allocate funds according to an indirect cost rate? No
4. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year
5. Select the costs for which funding is requested:
- | | |
|---------------------|-------------------------------------|
| Rental Assistance | <input checked="" type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| HMIS | <input type="checkbox"/> |

6C. Rental Assistance Budget

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

Total Request for Grant Term:		\$250,584	
Total Units:		14	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	FL - Fort Lauderdale, FL HUD Metro FM...	14	\$250,584

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

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

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

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$794	\$794	x	12	=	\$0
0 Bedroom		x	\$1,059	\$1,059	x	12	=	\$0
1 Bedroom	5	x	\$1,198	\$1,198	x	12	=	\$71,880
2 Bedrooms	7	x	\$1,510	\$1,510	x	12	=	\$126,840
3 Bedrooms	2	x	\$2,161	\$2,161	x	12	=	\$51,864
4 Bedrooms		x	\$2,614	\$2,614	x	12	=	\$0
5 Bedrooms		x	\$3,006	\$3,006	x	12	=	\$0
6 Bedrooms		x	\$3,398	\$3,398	x	12	=	\$0
7 Bedrooms		x	\$3,790	\$3,790	x	12	=	\$0
8 Bedrooms		x	\$4,182	\$4,182	x	12	=	\$0
9 Bedrooms		x	\$4,575	\$4,575	x	12	=	\$0
Total Units and Annual Assistance Requested	14							\$250,584
Grant Term								1 Year
Total Request for Grant Term								\$250,584

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

The following list summarizes the funds that will be used as Match for 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 Value of Cash Commitments:	\$81,005
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$81,005

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

Type	Source	Contributor	Value of Commitments
Cash	Private	Agency Cash	\$81,005

Sources of Match Detail

1. Type of Match Commitment: Cash

2. Source: Private

3. Name of Source: Agency Cash

(Be as specific as possible and include the office or grant program as applicable)

4. Amount of Written Commitment: \$81,005

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$250,584
3. Supportive Services	\$45,849
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$296,433
7. Admin (Up to 10%)	\$27,588
8. Total Assistance plus Admin Requested	\$324,021
9. Cash Match	\$81,005
10. In-Kind Match	\$0
11. Total Match	\$81,005
12. Total Budget	\$405,026

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Nonprofit Documen...	08/15/2019
2) Other Attachment	No	Match Ltr., SAM, ...	10/08/2021
3) Other Attachment	No	Certification of ...	08/15/2019

Attachment Details

Document Description: Nonprofit Documentation

Attachment Details

Document Description: Match Ltr., SAM, Policies, etc.

Attachment Details

Document Description: Certification of Consistency

7B. Certification

A. For all projects: Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Bertha Henry

Date: 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).

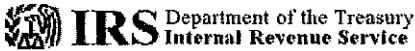
Active SAM Status Requirement.

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

Page	Last Updated
1A. SF-424 Application Type	10/04/2021
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	10/06/2021
Renewal Project Application FY2021	Page 48 10/11/2021

1E. SF-424 Compliance	10/01/2021
1F. SF-424 Declaration	10/04/2021
1G. HUD-2880	10/04/2021
1H. HUD-50070	10/04/2021
1I. Cert. Lobbying	10/04/2021
1J. SF-LLL	10/04/2021
IK. SF-424B	10/04/2021
Submission Without Changes	10/08/2021
Recipient Performance	10/01/2021
Renewal Grant Consolidation or Renewal Grant Expansion	10/01/2021
2A. Subrecipients	10/01/2021
3A. Project Detail	10/04/2021
3B. Description	10/04/2021
4A. Services	10/01/2021
4B. Housing Type	10/01/2021
5A. Households	10/01/2021
5B. Subpopulations	10/01/2021
6A. Funding Request	10/01/2021
6C. Rental Assistance	10/01/2021
6D. Match	10/04/2021
6E. Summary Budget	No Input Required
7A. Attachment(s)	10/08/2021
7B. Certification	10/07/2021



Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

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

00017392
BODC: TE

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

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

Dear HOPE SOUTH FLORIDA INC:

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

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

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

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

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

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

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

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

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

Sincerely yours,



Teri M. Johnson
Operations Manager, AM Ops. 3

HOPE

South Florida

October 6, 2021

Ms. Rebecca Mcguire, Administrator
 Broward Co. Homeless Initiative Partnership
 115 S. Andrews Av. Ste. A-300
 Ft. Lauderdale, FL 33301

**Re: Match Documentation – HOPE South Florida, HUD “HOPE4Families – Rapid re-Housing,”
 Renewal Project FY 2023**

Dear Ms. Mcguire,

This letter is to certify that HOPE South Florida will provide Match in the amount of **\$81,005** annually. Our anticipated Match commitment for 12/1/21 through 11/30/22 is:

Source(s) of Funds	Annual Amount	Description of Services
1. Match: Private – Subrecipient Cash / Gen. Contributions	Admin/Fin 14,708 CAO Admin/Fin 8,211 Finance Supv 16,318 Supvr HealthCare 8,245 Pension 849 ST: \$48,331	In-Kind administrative costs (Finance / Admin. / Supv. staff time, etc. as reflected on time sheets)
2. Match: Private – Subrecipient Cash / Gen. Contributions	\$103,298 x 9% FTE = \$9,297	Portion of salary of VP of Housing spent on eligible supportive services (e.g. supervision and reporting.)
3. Match: Private - Subrecipient Cash / Gen. Contributions	HS: \$39,000 x 55 %FTE = \$21,450 HS Health Benefit \$1,498 HS Pension = \$429	Portion of Housing Specialist's &
Total	\$81,005	

Thank you for this opportunity to serve homeless families in need in our community. Please feel free to contact me if you have any questions or need additional information.

Sincerely,

Dr. Ted Greer, Jr.
 Chief Executive Officer



HOPE SOUTH FLORIDA, INC.

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

DUNS Unique Entity ID 825160653	SAM Unique Entity ID JSYWLJ6GNLJ7	CAGE / NCAGE 5U8A2
Purpose of Registration Federal Assistance Awards Only	Expiration Date Jun 4, 2022	Registration Status Active
Physical Address 1100 N Andrews AVE Fort Lauderdale, Florida 33311-6258 United States	Mailing Address 1100 N Andrews Avenue Fort Lauderdale, Florida 33311-6258 United States	

Business Information

Doing Business as SHEPHERD'S WAY, THE	Division Name (blank)	Division Number (blank)
Congressional District Florida 20	State / Country of Incorporation Florida / United States	URL http://www.hopesouthflorida.org/
MPIN *****3681		

Registration Dates

Activation Date Jun 5, 2021	Submission Date Jun 4, 2021	Initial Registration Date Aug 2, 2012
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Entity Dates

Entity Start Date Mar 18, 1996	Fiscal Year End Close Date Dec 31
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Immediate Owner

CAGE (blank)	Legal Business Name (blank)
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Highest Level Owner

CAGE (blank)	Legal Business Name (blank)
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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	Entity Type	Organization Factors
Corporate Entity (Tax Exempt)	Business or Organization	(blank)
Profit Structure		
Non-Profit Organization		

Other Entity Qualifiers

Domestic Shelter

Financial Information

Accepts Credit Card Payments Yes	Debt Subject To Offset No	Department Code (blank)
Agency Location Code (blank)	Disbursing Office Symbol (blank)	

Electronic Funds Transfer

EFT Indicator 0000	CAGE Code 5U8A2	
Financial Institution AMERICAN NATIONAL BANK	Account Type Checking	Lock Box Number (blank)
Routing Number ****1977	Account Number ****5695	

Automated Clearing House

Financial Institution AMERICAN NATIONAL BANK	Phone (U.S.) 9545662311	Email (blank)
Phone (non-U.S.) (blank)	Fax (blank)	

Remittance Information

Merchant ID1 0	Merchant ID2 0	Accounting Station (blank)
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Remittance Address

**HOPE SOUTH FLORIDA, INC.
1100 N Andrews Avenue
Fort Lauderdale, Florida 33311
United States**

Taxpayer Information

EIN ****0031	Type of Tax Applicable Federal Tax	Taxpayer Name Hope South Florida Inc
Tax Year (Most Recent Tax Year) 2021	Name/Title of Individual Executing Consent Chief Operating Officer	TIN Consent Date Jun 4, 2021
Address 1100 N Andrews Avenue Fort Lauderdale, Florida 33311		

Points of Contact

Accounts Receivable POC

?

Donna English, Chief of Administration
denglish@hopesouthflorida.org
9545662311

Electronic Business

⚙ Donna English, Chief of Administration denglish@hopesouthflorida.org 9545662311	1100 N Andrews AV. Fort Lauderdale, Florida 33311 United States
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Government Business

⚙ Steve Werthman, Chief Operating Officer Stevew@hopesouthflorida.org 9545662311	1100 N Andrews AV. Fort Lauderdale, Florida 33311 United States
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Security Information

Company Security Level (blank)	Highest Level Employee Security Level (blank)
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Service Classifications

NAICS Codes

Primary	NAICS Codes	NAICS Title
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Size Metrics

IGT Size Metrics

Annual Revenue (from all IGTs)
(blank)

Worldwide

Annual Receipts (in accordance with 13 CFR 121) (blank)	Number of Employees (in accordance with 13 CFR 121) (blank)
---	---

Location

Annual Receipts (in accordance with 13 CFR 121) (blank)	Number of Employees (in accordance with 13 CFR 121) (blank)
---	---

Industry-Specific

Barrels Capacity (blank)	Megawatt Hours (blank)	Total Assets (blank)
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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.

HOPE

South Florida

Annual Training Plan

(Based on County FY Oct. 1 – Sept. 30)

HOPE South Florida (HSF) has established an Annual Training Plan for new and current staff and supervisors as needed and related to the area of assignment. Training encompasses key legal issues such as fair housing laws and tenants' rights and responsibilities to ensure staff have the most current and available information. Other training topics include mental health related issues, conducting client assessments, implementing successful housing searches, and strategies for employment related resources. The Plan will be implemented by HSF Human Resources (HR) along with managers who will be responsible for providing certificates of completion to HR. The following topics, resources, and time frames comprise this Plan, which is subject to updates and revisions throughout the year.

Topic	Resource(s)	Time Frame / Target Dates
Case Management	Group Victory	8 Hours / Q1
Housing First & Rapid Re-Housing	Group Victory	8 Hours / Q1
Motivational Interviewing	Group Victory, TaskForce Fore Ending Homelessness	4 or 8 Hours / Q1
HIPAA	Group Victory	4 Hours / Q1
Security Awareness	TBD	TBD
Domestic Violence	Women In Distress	4 Hours / Q1
HMIS	Broward County	As needed
Webinars and Workshops on Homelessness and Housing	HOPE Fair Housing Center, National Low Income Housing Coalition, National Alliance to End Homelessness, Corporation for Supportive Housing, FL Housing Coalition, HUD, VA, or other web-based relevant training	16 Hours Annually / Ongoing
Civil Rights Training	Broward County Dismantling Racism Initiative (DRI), HOPE Fair Housing Center	TBD / Q2
Cultural Competency	Group Victory	8 Hours / Q1 or Q2
Racial Equity	Group Victory, Broward County DRI	8 Hours / Q1 or Q2
Performance Outcome Training	Group Victory	8 Hours / Q1
Broward County Workshop	Broward County	1 Day / TBD
HIV/AIDS	Group Victory	4 Hours / Q2 (every other year)
CPR/AED and Universal Precautions	Holy Cross Hospital, American Red Cross	Annually or as the certificate indicates / Q2

EQUAL EMPLOYMENT OPPORTUNITY - POLICY # 1:5

PURPOSE

HOPE South Florida (HSF) is an equal opportunity employer. It is the policy of HSF to prohibit discrimination of any type and to afford equal employment opportunities to employees and applicants, without regard to race, color, religion, gender, sexual orientation, genetic information, national origin, age, disability, marital status, amnesty, or status as covered veterans in accordance with applicable federal, state and local laws. HSF complies with applicable state and local laws governing non-discrimination in employment in every location in which HSF has facilities and/or offers services (refer to policy 1:8 and 2:6 in this manual for more on these subjects).

HSF will take action to employ, advance in employment and treat qualified Vietnam era veterans and disabled veterans without discrimination in all employment practices.

GENERAL SCOPE

The policy of equal employment opportunity and anti-discrimination applies to all aspects of the relationship between HSF and its employees, including but not limited to: Recruitment, Employment, Promotion, Transfer, Education and/or Training, Working conditions, Wage/salary administration, Employee benefits and application of policies.

The policies and principles of equal employment opportunity also apply to the selection and treatment of independent contractors, personnel working on our premises who are employed by temporary agencies and any other persons or firms doing business for or with HSF (refer to policy 1:5 in this manual on MINORITY/WOMEN-OWNED BUSINESS ENTERPRISE POLICY).

DISSEMINATION & IMPLEMENTATION OF POLICY

The Director of Administration at HSF will be responsible for the dissemination of this policy. The Executive Director, Directors, Managers and Supervisors are responsible for implementing equal employment practices within each division. The Executive Director is responsible for the organization's overall compliance, and shall maintain personnel records in compliance with applicable laws and regulations.

- HSF displays posters regarding equal employment opportunity in areas highly visible to Employees. The organization advertises for job applicants to include statement regarding "EOE/M/F/D/V."
- HSF forbids retaliation against any individual who files a charge of discrimination, reports harassment, or who assists, testifies or participates in an equal employment proceeding.
- Employees are required to report to a member of management, Director of Administration or the Executive Director at HSF of any apparent discrimination or harassment issue (also refer to policy 1:6 in this manual). The report should be made within forty-eight hours of the incident.
- The Director of Administration/Division Manager/Supervisor shall promptly notify the Executive Director at HSF of details of the alleged infraction and discuss action to be taken.

VIOLATION OF POLICY

Violations of this policy, regardless of whether or not an actual law has been violated, will not be tolerated.

The Executive Director of HSF will investigate issues brought to its attention in this area and take appropriate disciplinary action, up to and including termination of employment for those found in violation of policy.

Policy Effective Date: 10-18-2011

Martin

Revision Date:

Approved by:



Executive Director – Robin

#1.5

HOPE

South Florida

NON-DISCRIMINATION and ANTI- HARASSMENT - POLICY # 1:8

PURPOSE

HOPE South Florida (HSF) is committed to a work environment in which all individuals are treated with respect and dignity. All employees have the right to work in a professional atmosphere that promotes equal employment opportunities and prohibits discriminatory practices, including harassment. Therefore, HSF expects that all relationships among persons in the workplace will be business-like and free of bias, prejudice and harassment.

EQUAL EMPLOYMENT OPPORTUNITY

It is the policy of HSF to ensure equal employment opportunity without discrimination or harassment with regard to race, color, religion, gender, genetic information, sexual orientation, national origin, age, disability, marital status, amnesty, or status as a covered veteran in accordance with applicable federal, state and local laws. HSF complies with applicable state and local laws governing non-discrimination in employment in every location in which HSF has facilities and prohibits any such discrimination or harassment.

DEFINITIONS of HARASSMENT

Sexual harassment constitutes discrimination and is illegal under federal, state and local laws. For the purposes of this policy, sexual harassment is defined, as in the Equal Employment Opportunity Commission Guidelines, as unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature when, for example:

- 1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment;
- 2) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or
- 3) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment.

Sexual harassment may include a range of subtle and not so subtle behaviors and may involve individuals of the same or different gender. Depending on the circumstances, these behaviors may include, but are not limited to: unwanted sexual advances or requests for sexual favors; sexual jokes and innuendo; verbal abuse of a sexual nature; commentary about an individual's body, sexual prowess or sexual deficiencies; leering, catcalls or touching; insulting or obscene comments or gestures; display or circulation in the workplace of sexually suggestive objects, pictures or written word (including through e-mail); and other physical, verbal or visual conduct of a sexual nature.

Harassment on the basis of any other protected characteristic is also strictly prohibited. Under this policy, harassment is verbal or physical conduct that denigrates or shows hostility or aversion toward an individual because of his/her race, color, religion, gender, sexual orientation, national origin, age, disability, marital status, amnesty, or status as a covered veteran or any other characteristic protected by law or that of his/her relatives, friends or associates, and that:

- 1) has the purpose or effect of creating an intimidating, hostile or offensive work environment;
- 2) has the purpose or effect of unreasonably interfering with an individual's work performance or
- 3) otherwise adversely affects an individual's employment opportunities.

Harassing conduct includes, but is not limited to: epithets, slurs or negative stereotyping; threatening, intimidating or hostile acts; denigrating jokes and display or circulation in the workplace of written or graphic material that denigrates or shows hostility or aversion toward an individual or group (including through e-mail).

INDIVIDUALS and CONDUCT COVERED

These policies apply to all applicants and employees, and prohibit harassment, discrimination and retaliation whether engaged in by fellow employees, by a supervisor or manager or by someone not directly connected to HSF (e.g., an outside vendor, consultant or customer).

Conduct prohibited by these policies is unacceptable in the workplace and in any work-related setting outside the workplace, such as during business trips, business meetings and business-related social events.

RETALIATION IS PROHIBITED

HSF prohibits retaliation against any individual who reports discrimination or harassment or participates in an investigation of such reports. Retaliation against an individual for reporting harassment or discrimination or for participating in an investigation of a claim of harassment or discrimination is a serious violation of this policy and, like harassment or discrimination itself, will be subject to disciplinary action up to and including termination.

COMPLAINT PROCEDURE

REPORTING an INCIDENT of HARASSMENT, DISCRIMINATION or RETALIATION

HSF strongly urges the reporting of all incidents of discrimination, harassment or retaliation, regardless of the offender's identity or position. Individuals who believe they have experienced conduct that they believe is contrary to HSF's policy or who have concerns about such matters should file their complaints with their immediate supervisor, the Director of Administration or other management in the absence of the supervisor/Executive Director. Individuals should not feel obligated to file their complaints with their immediate supervisor first before bringing the matter to the attention of one of the other HSF designated representatives identified in this policy.

IMPORTANT NOTICE TO ALL EMPLOYEES

Employees who have experienced conduct they believe is contrary to this policy have an obligation to take advantage of this complaint procedure. An employee's failure to fulfill this obligation could affect his or her rights in pursuing legal action.

Early reporting and intervention have proven to be the most effective method of resolving actual or perceived incidents of harassment. Therefore, while no fixed reporting period has been established, HSF strongly urges the prompt reporting of complaints or concerns so that rapid and constructive action can be taken.

The availability of this complaint procedure does not preclude individuals who believe they are being subjected to harassing conduct from promptly advising the offender that his or her behavior is unwelcome and requesting that it be discontinued.

THE INVESTIGATION

Any reported allegations of harassment, discrimination or retaliation will be investigated promptly. The investigation may include individual interviews with the parties involved and, where necessary, with individuals who may have observed the alleged conduct or may have other relevant knowledge.

Confidentiality will be maintained throughout the investigation process to the extent consistent with adequate investigation and appropriate corrective action.

RESPONSIVE ACTION

Misconduct constituting harassment, discrimination or retaliation will be dealt with appropriately. Responsive action may include, for example, training, referral to counseling and/or disciplinary action such as warning, reprimand, withholding of a promotion or pay increase, reassignment, temporary suspension without pay or termination, as HSF believes appropriate under the circumstances.

If an employee making a complaint does not agree with its resolution, the employee may appeal to the Executive Director at HSF.

Individuals who have questions or concerns about these policies should talk with the Executive Director.

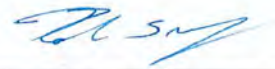
Finally, these policies should not, and may not, be used as a basis for excluding or separating individuals of a particular gender, or any other protected characteristic, from participating in business or work-related social activities or discussions in order to avoid allegations of harassment. The law and the policies of HSF prohibit disparate treatment on the basis of sex or any other protected characteristic, with regard to terms, conditions, privileges and perquisites of employment. The prohibitions against harassment, discrimination and retaliation are intended to complement and further these policies, not to form the basis of an exception to them.

Policy Effective Date: 10-18-2011

Martin

Revision Date:

Approved by:



Executive Director – Robin

#1.8

HOPE

South Florida

CODE OF CONDUCT - POLICY # 3:3

PURPOSE

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

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

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

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

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

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

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

GENERAL SCOPE

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

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

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

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

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

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

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

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

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

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

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

vendors.

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

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

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

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

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

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

Policy Effective Date: 10-18-2011

Approved by: _____



Executive Director – Robin

Martin

Revision Date:

#3.3

HOPE

South Florida

QUALITY ASSURANCE/QUALITY IMPROVEMENT PROGRAM POLICIES AND PROCEDURES

Organization Quality Assurance/Quality Improvement Policy

HOPE South Florida has a quality assurance and improvement program (QA/QI). The agency has a Designated Coordinator, who is the Chief Operating Officer, in cooperation with the Asst. Vice President of Housing and/or designee. The duties of this individual are to oversee monitor quality assurance for HSF contracts and deliverables.

The Quality Assurance program consists of periodic supervision by the Designated Coordinator. Daily logs, client files, and other documentation are reviewed on a periodic basis to ensure contract compliance. Staff meetings are held to discuss weaknesses in documentation efforts, and possible ways to improve.

Reports on services outcomes are provided to the HOPE South Florida Leadership Team and at quarterly staff meetings as well as to Board of Directors that meets monthly. Feedback is provided by these forums and delivered directly to the Designated Coordinator of the QA/QI program and any necessary changes are immediately implemented.

Methods for determining employee's competence are obtained during the employee's yearly evaluation report. The employee fills out his/her own evaluation form, along with their supervisor. Administrative competence is also obtained by peer review.

Brief descriptions of methods used to facilitate the QA/QI function are described below.

Program QA/QI

A number of outside monitoring agencies are continually involved in the evaluation of our programs. This agency involvement is summarized below.

- Broward County Homeless Initiative Partnership – Faith In Action, Kes2HOPE and HUD HOPE4Families Rapid re-Housing programs
- City of Hollywood – HUD CDBG & HOME, State SHIP
- United Way of Broward
- Veterans' Administration – HOPE4Vets

Client Satisfaction Survey

HSF has in place a system for client satisfaction surveys and provider satisfaction surveys. Client satisfaction surveys are periodically disbursed to clients and are filled out anonymously. Any suggestions are reviewed, and if deemed appropriate, are then implemented. A comprehensive analysis of client satisfaction is normally planned for the mid-calendar year time frame.

Policy Effective Date: 01-01-2019

Approved by:



Chief Executive Officer – Dr. Ted Greer, Jr.

Revision Date: 8.9.2019

HOPE

South Florida

DATA QUALITY ASSURANCE/QUALITY IMPROVEMENT PROGRAM POLICIES AND PROCEDURES

Organization Data Quality Assurance/Quality Improvement Policy

HOPE South Florida has a data quality assurance and improvement program (QA/QI). The agency has a Designated Coordinator, who is the Chief Operating Officer, in cooperation with management staff and Homeless Management Information System (HMIS) Administrators and/or designee. The duties of this individual are to oversee monitor data quality assurance for HSF contracts and deliverables.

The Data Quality assurance program consists of periodic supervision by the Designated Coordinator.

Reports on services outcomes are provided to the HOPE South Florida Leadership Team and at quarterly staff meetings as well as to Board of Directors that meets monthly. Feedback is provided by these quorums and delivered directly to the Designated Coordinator of the QA/QI program and any necessary changes are immediately implemented.

Brief descriptions of methods used to facilitate the Data QA/QI function are described below.

Timeliness

- Client and program information is entered into HMIS within 24 hours of administered service provision.
- Active client data is updated every 30 days

Completeness

- All client data is entered with a target goal of 0% error rate of entire client record including client identifiers, characteristics, demographic information, and services.
- Entry data is entered into HMIS within 3 days of program entry. Exit data is entered within 24 hours of discharge or last interaction with client.

Accuracy

- Truthfulness of clients will be checked through multiple methods including: Tie information given to eligibility benefits; increase trust through data collection process; Show client what is entered; give client a report of record; collect basic info within the first 24 hours, and more personal information in 48 hours; explain privacy procedures; offer chance to tell their story not just pieces of data; clarify who uses data.
- Verification is conducted by reviewing client files on a monthly basis and asking client that has established trust to review information originally entered.

Consistency

HOPE

South Florida

- Common definitions and how to word questions and answers consistently are ensured through attendance at CoC HMIS trainings (including common forms, essential fields; Screen design (e.g. asterisks, color-coding) and User Group meetings every month; on-line or printed document with detail about minimal elements updated regularly through CoC.

Monitoring

- All benchmarks will be monitored monthly for each program by HOPE South Florida HMIS Administrator using HMIS Report Cards.
- Outside monitoring agencies are continually involved in the evaluation of our programs' data. This agency involvement includes, but is not limited to below: Broward County – Homeless Initiative Partnership (HIP), for Faith In Action, Keys2HOPE and HUD HOPE4Families programs and other homeless housing and services programs. HIP serves as the CoC Lead and executes User Agreements with contracted agencies and produces a HMIS User Manual for all CoC end users.

Incentives

- Methods for determining employee's competence are obtained during the employee's yearly evaluation conducted with their supervisor and includes contractual requirements for Data Quality. Results are tied to merit-based salary increases. Poor performance is subject to requirements for remedial trainings and/or progressive counseling and verbal and written warnings. Administrative competence is also established by peer review.

Policy Effective Date: 01-01-2019

Approved by:



Chief Executive Officer – Dr. Ted Greer, Jr.

Revision Date: 8.9.19

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Hope South Florida, Inc.

Program/Activity Receiving Federal Grant Funding

Hope4Families Rapid Re-Housing

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

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

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

1100 N Andrews Ave,
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

Ted Greer, Jr

Title

Chief Executive Officer

Signature



Date

10/8/2021

X

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: Broward County, Florida

Project Name: HOPE4Families Rapid Re-Housing

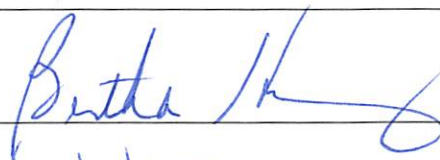
Location of the Project: Scattered sites throughout Broward County

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

Name of Certifying Jurisdiction: Broward County, Florida

Certifying Official of the Jurisdiction Name: Bertha Henry

Title: County Administrator

Signature: 

Date: 8/15/2019