

## Before Starting the Project Application

**To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.**

Things to Remember:

- Additional training resources can be found on the HUD.gov at [https://www.hud.gov/program\\_offices/comm\\_planning/coc](https://www.hud.gov/program_offices/comm_planning/coc).
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to [CoCNOFO@hud.gov](mailto:CoCNOFO@hud.gov).
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to [e-snaps@hud.gov](mailto:e-snaps@hud.gov).
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO.
- 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:** FL0366

**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

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

**Street 1:** 115 S Andrews Avenue

**Street 2:** A370

**City:** Fort Lauderdale

**County:** Broward

**State:** Florida

**Country:** United States

**Zip / Postal Code:** 33301

### e. Organizational Unit (optional)

**Department Name:** Human Services

**Division Name:** Community Partnerships/HIP

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

**Prefix:** Dr.

**First Name:** Rebecca

**Middle Name:**

**Last Name:** Mcguire

**Suffix:** Ph.D

**Title:** Administrator

**Organizational Affiliation:** Broward County, Florida

**Telephone Number:** (954) 357-5686

**Extension:**  
**Fax Number:** (954) 357-5521  
**Email:** [rmcguire@broward.org](mailto:rmcguire@broward.org)

## 1C. SF-424 Application Details

**9. Type of Applicant:** B. County Government

**10. Name of Federal Agency:** Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Title:** CoC Program

**CFDA Number:** 14.267

**12. Funding Opportunity Number:** FR-6500-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:** S + C Permanent Housing 16 Unit

**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:** 06/01/2022

**b. End Date:** 05/31/2023

**18. Estimated Funding (\$)**

**a. Federal:**

**b. Applicant:**

**c. State:**

**d. Local:**

**e. Other:**

**f. Program Income:**

**g. Total:**

## 1E. SF-424 Compliance

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

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

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

**If "YES," provide an explanation:**

## 1F. SF-424 Declaration

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

I AGREE:

### 21. Authorized Representative

**Prefix:** Ms.

**First Name:** Bertha

**Middle Name:**

**Last Name:** Henry

**Suffix:**

**Title:** County Administrator

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

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

**Email:** bhenry@broward.org

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

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



# 1G. HUD 2880

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

## Applicant/Recipient Information

### 1. Applicant/Recipient Name, Address, and Phone

**Agency Legal Name:** Broward County, Florida

**Prefix:** Ms.

**First Name:** Bertha

**Middle Name:**

**Last Name:** Henry

**Suffix:**

**Title:** County Administrator

**Organizational Affiliation:** Broward County, Florida

**Telephone Number:** (954) 357-7353

**Extension:**

**Email:** bhenry@broward.org

**City:** Fort Lauderdale

**County:** Broward

**State:** Florida

**Country:** United States

**Zip/Postal Code:** 33301

**2. Employer ID Number (EIN):** 59-6000531

**3. HUD Program:** Continuum of Care Program

### 4. Amount of HUD Assistance Requested/Received

**4a. Total Amount Requested for this project:** \$288,583

**5. State the name and location (street address, city and state) of the project or activity:** S + C Permanent Housing 16 Unit 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:** 09/24/2021

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



WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

**Authorized Representative**

**Prefix:** Ms.

**First Name:** Bertha

**Middle Name**

**Last Name:** Henry

**Suffix:**

**Title:** County Administrator

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

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

**Email:** bhenry@broward.org

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

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

## **CERTIFICATION REGARDING LOBBYING**

### **Certification for Contracts, Grants, Loans, and Cooperative Agreements**

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

### **Statement for Loan Guarantees and Loan Insurance**

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

**the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.**

**I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:**

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

**Applicant's Organization:** Broward County, Florida

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

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

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

# 1J. SF-LLL

**DISCLOSURE OF LOBBYING ACTIVITIES**  
**Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.**  
**Approved by OMB0348-0046**

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

**Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?** No

**Legal Name:** Broward County, Florida

**Street 1:** 115 S Andrews Avenue

**Street 2:** A370

**City:** Fort Lauderdale

**County:** Broward

**State:** Florida

**Country:** United States

**Zip / Postal Code:** 33301

**11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.**

I certify that this information is true and complete.

X



**Authorized Representative**

**Prefix:** Ms.

**First Name:** Bertha

**Middle Name:**

**Last Name:** Henry

**Suffix:**

**Title:** County Administrator

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

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

**Email:** bhenry@broward.org

**Signature of Authorized 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.  |

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|-----|--|
| 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.**

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

<b>Part 7 - Attachment(s) &amp; Certification</b>	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7A. In-Kind Match MOU Attachment	<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):**

Changes need to be made in the description section to essentially update the contents

**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?** Yes

**4a. If HUD recaptured funds provide an explanation.**

HUD will recapture 3 percent of the funds from this project for various reasons. Reasons such as household compositions that are sent through the coordinated entry process are predominantly individuals as opposed to families that would utilize larger units that would expend a larger amount of the grant funding. Additionally, the length of time it takes for a participant to lease up rather initially or at re-examination has been beyond 60 days, because finding suitable affordable housing in Broward county has been further delayed by the pandemic and the length of time to locate participant for intake appointment has also been a contributing factor in the underutilization of this project.



## **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 screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.**

**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: \$259,454**

Organization	Type	Sub-Award Amount
Broward County Housing Authority	La. Public Housing Authority	\$259,454

## 2A. Project Subrecipients Detail

**a. Organization Name:** Broward County Housing Authority

**b. Organization Type:** La. Public Housing Authority

**c. Employer or Tax Identification Number:** 59-1562393

	<b>* d. Organizational DUNS:</b>	080191737	<b>PLUS 4</b>	
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### e. Physical Address

**Street 1:** 4780 N State Road 7

**Street 2:**

**City:** Lauderdale Lakes

**State:** Florida

**Zip Code:** 33319

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

**g. Is the subrecipient a Faith-Based Organization?** No

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

**i. Expected Sub-Award Amount:** \$259,454

### j. Contact Person

**Prefix:** Mrs.

**First Name:** Neva

**Middle Name:**

**Last Name:** Whittaker

**Suffix:**

**Title:** Grants Coordinator

**E-mail Address:** nwhittaker@bchaf1.org

**Confirm E-mail Address:** nwhittaker@bchaf1.org

**Phone Number:** 954-739-1114

**Extension:** 1,331

**Fax Number:** 954-484-5650

### 3A. Project Detail

**1. Expiring Grant Project Identification Number (PIN):** FL0366

(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:** S + C Permanent Housing 16 Unit

**5. Project Status:** Standard

**6. Component Type:** PH

**6a. Select the type of PH project.** PSH

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

**8. Does this project include Replacement Reserves as a CoC Operating Cost?** No  
(Attachment Requirement)

### 3B. Project Description

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

The Broward County Housing Authority (BCHA) is an experienced HUD programs grant recipient with the fiscal expertise and capacity to manage CoC funds. The BCHA Shelter Plus Care (S+C) 16 Unit Project serves chronically homeless individuals who may also have co-occurring disorders or other chronic disabilities. CoC funds are essential to ensure housing stability and self-sufficiency of its participants. BCHA currently provides tenant based rental assistance through the use of scattered sites. BCHA will provide tenant based rental assistance in the form of scattered site units. Should the participants have increases in income and that will contribute to an increase in their rent portions will allow this agency the opportunity to serve more than the contracted number of households by utilizing budget authority. BCHA anticipates providing 18 units to serve chronically homeless individuals and families. The program will offer permanent housing opportunities in conjunction with supportive services provided by the following agencies, Henderson Behavioral Health, Chrysalis Health, Community Rightful Center, Inc. and Archways Inc. These partnerships will help ensure participants are receiving the necessary supportive services, that allow the participants to stabilize their living situation and improve their quality of life while living independently. In addition, BCHA has partnered with Banyan Health and Pickett Fences through other allocations funded through the Homeless Continuum of Care. These agencies are willing to provide supportive services under this gran. as they are able to take on new clients that will be placed on this allocation. Clients are selected through the use of the Vulnerability Index and Service Prioritization Tool (VI-SPDAT) assessment to initiate the process for placement, meeting with homeless individuals to determine their vulnerability score. Once the score is established using the County’s Coordinated Entry process, submission of eligible referrals to the appropriate S+C housing program within BCHA. Data is input in the HMIS/ServicePoint system. This collaborative model between permanent housing and supportive services facilitates the adjustment to the responsibilities of independent living ensuring better housing retention. BCHA is focused on the achievement of the following three goals: 1) Obtain & Remain in Permanent Housing with a targeted measure of 85% attained; Increase or maintain income with a targeted measure of 75% attained; and Housing Stability; Post 6-month exit, with a targeted measure of 70%. BCHA recognizes that serving families is more than simply providing housing and will continue to work collaboratively with all CoC partners including supportive services for families. BCHA recognizes that serving families is more than simply providing housing and will continue to work collaboratively with all CoC partners including supportive services for families served.

**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

### 3C. Dedicated Plus

**This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.**

#### Dedicated and DedicatedPLUS

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

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

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

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

#### 1. Is this project "100% Dedicated," DedicatedPLUS

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**“DedicatedPLUS,” or "N/A"?**  
**(Only select "N/A" if this project was originally awarded as a grant that did not have requirements to only serve persons experiencing chronic homelessness and meets the definition of “non-dedicated permanent supportive housing beds” in the NOFO Section III.C.2.p).**

## 4A. Supportive Services for Program Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

**this project, subrecipient, or partner agency?**

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

## 4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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:** 18

**Total Beds:** 21

**Total Dedicated CH Beds:** 4

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	18	21

## 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:** 18

**b. Beds:** 21

**3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?** 4

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

### 4. Address:

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

**Street 1:** 4780 N State Road 7

**Street 2:**

**City:** Lauderdale Lakes

**State:** Florida

**ZIP Code:** 33319

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

129011 Broward County

## 5A. Program Participants - Households

**This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.**

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	4	14	0	18

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	4	21		25
Persons ages 18-24	0	0		0
Accompanied Children under age 18	5		0	5
Unaccompanied Children under age 18			0	0
<b>Total Persons</b>	9	21	0	30

**Click Save to automatically calculate totals**

## 5B. Program Participants - Subpopulations

**This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.**

### 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	4	0	0	0	0	4	0	1	2	0
Persons ages 18-24	0	0	0	0	0	0	0	0	0	0
Children under age 18	5			0	0	0	0	0	2	0
<b>Total Persons</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>1</b>	<b>4</b>	<b>0</b>

**Click Save to automatically calculate totals**

### Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	21	0	0	13	0	18	5	12	0	0
Persons ages 18-24	0	0	0	0	0	0	0	0	0	0
<b>Total Persons</b>	<b>21</b>	<b>0</b>	<b>0</b>	<b>13</b>	<b>0</b>	<b>18</b>	<b>5</b>	<b>12</b>	<b>0</b>	<b>0</b>

**Click Save to automatically calculate totals**

### Persons in Households with Only Children

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

<b>Total Persons</b>	0			0	0	0	0	0	0	0
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## 6A. Funding Request

**This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.**

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

## 6C. Rental Assistance Budget

**This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.**

**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.**

<b>Total Request for Grant Term:</b>		\$262,512	
<b>Total Units:</b>		18	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	FL - Fort Lauderdale, FL HUD Metro FM...	18	\$262,512

## 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	17	x	\$1,198	\$1,198	x	12	=	\$244,392
2 Bedrooms	1	x	\$1,510	\$1,510	x	12	=	\$18,120
3 Bedrooms		x	\$2,161	\$2,161	x	12	=	\$0
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
<b>Total Units and Annual Assistance Requested</b>	18							\$262,512
<b>Grant Term</b>								1 Year
<b>Total Request for Grant Term</b>								\$262,512

**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:	\$0
Total Value of In-Kind Commitments:	\$145,199
Total Value of All Commitments:	\$145,199

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

**Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.**

Type	Source	Contributor	Value of Commitments
In-Kind	Private	Henderson Behavio...	\$82,971
In-Kind	Private	Community Rightfu...	\$25,928
In-Kind	Private	Archways	\$36,300

## Sources of Match Detail

**1. Type of Match Commitment:** In-Kind

**2. Source:** Private

**3. Name of Source:** Henderson Behavioral Health

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

**4. Amount of Written Commitment:** \$82,971

**Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.**

## Sources of Match Detail

**1. Type of Match Commitment:** In-Kind

**2. Source:** Private

**3. Name of Source:** Community Rightful Center

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

**4. Amount of Written Commitment:** \$25,928

**Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.**

## Sources of Match Detail

**1. Type of Match Commitment:** In-Kind

**2. Source:** Private

**3. Name of Source:** Archways

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

**4. Amount of Written Commitment:** \$36,300

**Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.**

## 6E. Summary Budget

**This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.**

**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	\$262,512
3. Supportive Services	\$0
4. Operating	\$0
5. HMIS	\$2,047
6. Sub-total Costs Requested	\$264,559
7. Admin (Up to 10%)	\$24,024
8. Total Assistance plus Admin Requested	\$288,583
9. Cash Match	\$0
10. In-Kind Match	\$145,199
11. Total Match	\$145,199
12. Total Budget	\$433,782

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment	No		
3) Other Attachment	No		

## **Attachment Details**

**Document Description:** Cert Docs

## **Attachment Details**

**Document Description:** Match and Leverage

## **Attachment Details**

**Document Description:** Certificates of Consistency



## 7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	16 Units	10/08/2021

## Attachment Details

**Document Description:** 16 Units

## 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	09/24/2021
1B. SF-424 Legal Applicant	No Input Required

Renewal Project Application FY2021	Page 54	10/11/2021
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<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	10/01/2021
<b>1E. SF-424 Compliance</b>	09/24/2021
<b>1F. SF-424 Declaration</b>	09/24/2021
<b>1G. HUD-2880</b>	09/24/2021
<b>1H. HUD-50070</b>	09/24/2021
<b>1I. Cert. Lobbying</b>	09/24/2021
<b>1J. SF-LLL</b>	09/24/2021
<b>IK. SF-424B</b>	09/24/2021
<b>Submission Without Changes</b>	09/27/2021
<b>Recipient Performance</b>	10/01/2021
<b>Renewal Grant Consolidation or Renewal Grant Expansion</b>	09/27/2021
<b>2A. Subrecipients</b>	09/24/2021
<b>3A. Project Detail</b>	09/27/2021
<b>3B. Description</b>	10/01/2021
<b>3C. Dedicated Plus</b>	09/24/2021
<b>4A. Services</b>	09/24/2021
<b>4B. Housing Type</b>	09/24/2021
<b>5A. Households</b>	09/24/2021
<b>5B. Subpopulations</b>	No Input Required
<b>6A. Funding Request</b>	09/24/2021
<b>6C. Rental Assistance</b>	09/24/2021
<b>6D. Match</b>	10/08/2021
<b>6E. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	No Input Required
<b>7A. In-Kind Match MOU Attachment</b>	10/08/2021
<b>7B. Certification</b>	09/27/2021



September 28, 2021

Ann Deibert, Chief Executive Officer  
Broward County Housing Authority  
4780 North State Road 7  
Lauderdale Lakes, FL 33319

RE: S + C Permanent Housing 16 Unit /FY 2021 HUD Continuum of Care Competition

Dear Mrs. Deibert:

We are pleased to present the following confirmation of in-kind match to your project.

Sincerely,

A handwritten signature in blue ink, appearing to read "P. Galan", is written over a light blue horizontal line.

**Pamela Galan**  
Chief Operating Officer  
September 28, 2021

Name of Organization providing contribution	Henderson Behavioral Health
In-kind Contribution	\$ 82,970.88
Type of Contribution	In-Kind
Numbers of Individuals to be Served with the Contribution	16
Value of the Contribution per Individual	\$ 5,185.68
Total Value of the Contribution	\$ 82,970.88
Name of Project	S + C Permanent Housing 16 Unit
Name of Project Sponsor Organization	Broward County Housing Authority
Date the Contribution will be made available	June 1, 2022 through May 31, 2023
Name of Person Authorized to Commit this Contribution	Pamela Galan
Title of Person Authorized to Commit this Contribution	Chief Operating Officer
Signature of Person Authorized to Commit this Contribution	
Date	September 28 , 2021

4740 North State Road 7, Suite 201  
Lauderdale Lakes, FL 33319-5860

T 954.486.4005 F 954.735.6717

[www.hendersonbehavioralhealth.org](http://www.hendersonbehavioralhealth.org)





October 8, 2021

Ann Deibert, Chief Executive Officer  
 Broward County Housing Authority  
 4780 North State Road 7  
 Lauderdale Lakes, FL 33319

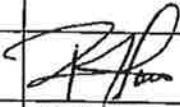
RE: S + C Permanent Housing 16 Unit /FY 2020 HUD Continuum of Care Competition

Dear Mrs. Deibert:

We are pleased to present the following confirmation of in-kind match to your project.

Sincerely,

**Name: Roseline LouisXVI**  
**Title Executive Director**  
**Date 10/08/2021**

Name of Organization providing contribution	Community Rightful Center, Inc
In-kind Contribution	\$ 25,928.40
Type of Contribution	In-Kind
Numbers of Individuals to be Served with the Contribution	5
Value of the Contribution per Individual	\$ 5,185.68
Total Value of the Contribution	\$ 25,928.40
Name of Project	S + C Permanent Housing 16 Unit
Name of Project Sponsor Organization	Broward County Housing Authority
Date the Contribution will be made available	June 1, 2021 through May 31, 2022
Name of Person Authorized to Commit this Contribution	Roseline LouisXVI
Title of Person Authorized to Commit this Contribution	Executive Director
Signature of Person Authorized to Commit this Contribution	
Date	10/09/2021



(954) 763-2030  
FAX (954) 763-9847

919 N.E. 13<sup>TH</sup> STREET • Ft. Lauderdale, FL 33304

October 8, 2021

Ann Deibert, Chief Executive Officer  
Broward County Housing Authority  
4780 North State Road 7  
Lauderdale Lakes, FL 33319

RE: S + C Permanent Housing 16 Unit /FY 2021 HUD Continuum of Care Competition

Dear Mrs. Deibert:

We are pleased to present the following confirmation of in-kind match to your project.

Sincerely,

*Aileen Turner-Nestor*

**Aileen Turner-Nestor**  
**Executive Director/CEO**  
**October 8, 2021**

Name of Organization providing contribution	Archways
In-kind Contribution	\$ 36,299.76
<b>Type of Contribution</b>	In-Kind
Numbers of Individuals to be Served with the Contribution	7
Value of the Contribution per Individual	\$ 5,185.68
Total Value of the Contribution	\$ 36,299.76
Name of Project	S + C Permanent Housing 16 Unit
Name of Project Sponsor Organization	Broward County Housing Authority
Date the Contribution will be made available	June 1, 2022 through May 31, 2023
<b>Name of Person Authorized to Commit this Contribution</b>	Aileen Turner-Nestor
<b>Title of Person Authorized to Commit this Contribution</b>	Executive Director/CEO
<b>Signature of Person Authorized to Commit this Contribution</b>	<i>Aileen Turner-Nestor</i>
<b>Date</b>	October 8, 2021

*Providing Quality Behavioral Healthcare Since 1983*

David M. Fawcett, PhD, LCSW  
CHAIRPERSON

Aileen Turner-Nestor, LMHC  
CEO

## **Memorandum of Understanding Between Broward County Housing Authority and Henderson Behavioral Health**

This Memorandum of Understanding (MOU) is made by and between Broward County Housing Authority (BCHA) located at 4780 North State Road 7, Lauderdale Lakes FL 33319 and Henderson Behavioral Health, herein referred to as the 'Provider', located at 4740 North State Rd 7 Lauderdale Lakes, FL 33319 regarding S + C Permanent Housing 16 Units Continuum of Care Program herein referred to as the 'Program'.

### **Background**

The Program is funded by a grant from the United States Department of Housing and Urban Development (HUD) and requirements are outlined in 24 Code of Federal Regulations (CFR) 578. BCHA shall provide permanent housing through scattered site tenant-based rental assistance for at least eighteen (18) chronically homeless individuals and families as contracted with the Broward County - Homeless Initiative Partnership, here in referred to as 'HIP'.

The Project shall involve the assertive outreach of the Broward County Continuum of Care under the Zero: 2016 program or other such program as designated by the Continuum of Care and the Broward County Government. BCHA will collaborate with the Continuum of Care, Coordinated Assessment Committee and Provider.

All referrals originate with the Broward County Continuum of Care – Coordinated Assessment (COC).

### **Purpose of Memorandum of Understanding**

The purpose of the Memorandum of Understanding (MOU) is to clearly identify the services to be provided and the responsibilities of the Provider and the responsibilities of BCHA.

The tenant-based rental assistance will be provided through the Continuum of Care Grant and combined with case management and other core supportive services. The supportive services will be designed to assist participants in successfully obtaining and remaining in permanent housing, increasing skills and/or income, and maximizing their ability to live independently.

### **Responsibilities**

The Housing Authority will perform the following activities:

1. Perform initial, interim and annual income certifications for program participant referrals for qualification of housing and continued eligibility.
2. Conduct all Housing Quality Standards (HQS) inspections in accordance with BCHA policy and regulations.
3. Conduct initial and periodic Rent Reasonableness studies in accordance regulations.
4. Use Continuum of Care grant funds to pay for rental assistance to landlords.

S + C Permanent Housing 16 Units– MOU – Henderson Behavioral Health  
June 1, 2022 – May 31, 2023

5. Monitor grant performance and submit annual grant reports to HUD via the Broward County Continuum of Care as well as any reports required under contract with the Broward County Homeless Initiative Partnership.
6. Enter participant data in the County authorized Homeless Management Information System (HMIS), proper consent forms will be utilized.
7. Notify the Provider of any participant issues/problems that case management should be made aware of.
8. Track Supportive Service Match and notify Provider of insufficient match.
9. Notify the Provider of any changes to the Housing Authority contacts for this MOU.

The Provider unconditionally commits to be responsible for:

1. Designating a single contact person/liason for the grant.
2. Case Management Services for the qualifying member, provided by a case manager, social worker or other Human Services Professional, which includes, but is not limited to:
  - a. Conduct outreach to persons eligible for the program, including attending county initiated meetings to obtain information on homeless persons and select those that may meet program requirements.
  - b. Completion of entire referral packet, disability and homelessness documentation, and submission in accordance with standards issued by HIP.
  - c. Assisting participant in completion of paperwork, locating, securing, and maintaining housing within the program parameters.
  - d. Communicate with landlords, agents, and owners to ensure the family can be successful in the program which may include obtaining proper releases from the parties to ensure seamless coordination of service.
  - e. Attending all BCHA appointments with the program participant in order to assist with the process and to be aware of any needs that may come forward during said appointments.
  - f. A minimum of once per month contact with the program participant.
  - g. Provision of, or referral to, any assistance the participant may need in order to retain independent living under the program.
  - h. Annual Assessment of Services
    - i. Provide written certification of Annual Assessment of Services and continued eligibility for services.
    - ii. If participant is ready to graduate from services, to provide written notification to the BCHA and provide coordination of services until participant has been officially housed under another program (based on program availability).
  - i. If participant is ready to graduate from supportive services, provide written notification to BCHA and continue to provide coordination of services, as well as, match documentation until the participant has officially been transferred to another partner provider or housed in another non-Continuum of Care program.
  - j. Make written recommendations in the event the participant has violated his/her responsibilities under the program including support of termination or action plan to resolve issue resulting in program violation. BCHA and Provider will make all efforts to mediate program violations before pursuing termination. If a termination action is pursued, the Provider representatives must attend and participate in informal

- termination hearings or mediations as necessary, especially those initiated by the Provider.
- k. Communicate with BCHA designated staff should a serious issue arise during participation in the program.
  - l. Any other requirements the Provider may have under their own policy, regulation or other requirements of the program.
  - m. To train staff for disaster preparedness this includes but is not limited to, hurricanes, floods, pandemic or etc., in accordance with Provider's Continuity of Operations Plan (COOP).
  - n. To communicate with customers, disaster safety, special needs registrations, and all other necessary disaster related assistance. In addition, Provider agrees to contact clients, after disaster related events to assess any unaddressed needs, not exceeding the Provider's scope
3. Linkage with appropriate services to ensure the participant is able to continue to live independently.
  4. Maintenance and documentation of case management records, including but not limited to:
    - a. Monthly Match documentation.
      - i. Exhibit A provides the value of services that may be provided as match.
    - b. Provide documentation of Annual Assessment of Services, at the participant's annual reexamination.
    - c. Provide significant accomplishments for use in Annual Progress Reports to HUD.
  5. Attend trainings/meetings as needed requested by BCHA and HIP.
  6. The Supportive Services administered by the Provider are designated as the required match for the Project. Regulations require match equal to a minimum of 25% of the Rental Assistance plus Administrative Costs.

Any match in excess of the required 25% will be utilized as leverage under this Program.

### **Recordkeeping and Reporting**

Provider agrees to maintain on a current basis documentation of matching service contributions, eligibility and occupancy records, as may be applicable, complete and current monthly service logs, application logs, and all related documents and records to assure proper accounting of fund and performance under the terms of this MOU. Record access and retention should be in accordance with the Broward County Human Services Department Community Partnerships Division "Handbook for Contracted Services Providers". Provider agrees to participate in local and national evaluation of the Continuum of Care Program using a data collection system developed by Broward County and HUD respectively.

**Documentation of Match** will be submitted to the BCHA Grant Administrator on a monthly basis no later than the 8<sup>th</sup> of each month. Match documentation will be in the form of an 'Electronic Health Care Record – Client Account Record' which will supply the date of service, service type, and cost of service.

Match activities also include all Supportive Service activities listed in 24 Code of Federal Regulations 578.53.

**Annual Assessment of Services**

The Provider agrees to provide to BCHA with a Confirmation of Annual Assessment of Services for the participant during the intake process and at least annually so long as the participant remains on the program. These forms confirm continued service, and provide vital information for Semi-annual reports and renewal applications.

**Accomplishments**

The Annual Progress Reports require narratives that include the significant accomplishments of the program participants. Provider agrees to immediately notify the BCHA as participants reach significant accomplishments. Such notification shall be by e-mail to the Grant Administrator.

**Other Communication**

If the participant moves out of the subsidized unit, is placed in a facility, arrested, deceased, or otherwise not in the unit, the Provider agrees to notify the BCHA and provide written verification upon request. Notification via e-mail is an acceptable method of notification.

In accordance with Broward County Human Services Department Community Partnerships Division, "Handbook for Contracted Services Providers", notification of such matters must occur within 24 hours of such incident.

**Indemnity and Insurance**

Provider shall indemnify BCHA, its' officers and employees against any and all liability for injury and damage caused by any negligent or willful act of omission of Provider or any of Provider's employees or volunteers in the performance of duties specified in this MOU.

BCHA shall likewise indemnify and hold Provider harmless. Provider shall have General Liability, Workers' Compensation, Automobile and Professional insurance coverage as required and appropriate. Proof of coverage will be provided upon request of the BCHA.

**Compliance with Federal Regulations**

Provider agrees to comply with all applicable requirements which are now, or which may hereafter be, imposed by HUD for the Continuum of Care Program, including but not limited to the requirements of 24 CFR 578 Continuum of Care Program. There will be no displacement of participants through the provision of services pursuant to this MOU.

**Confidentiality**

Provider must have written procedures and policy to ensure the safety and confidentiality of all records containing personally identifying information of any individual or family who applies for or receives Continuum of Care assistance.

S + C Permanent Housing 16 Units– MOU – Henderson Behavioral Health  
June 1, 2022 – May 31, 2023

Provider agrees that no person shall, on the ground of race, color, religion, national origin, sex, sexual orientation, handicap, ancestry, familial status, or age be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program participating in the Continuum of Care Program or funded in whole or in part with funds made available to Provider pursuant to this MOU.

**Training**

The BCHA will offer training to designated Provider staff as it relates to the Continuum of Care application procedures and eligibility requirements.

**Other Concerns**

The BCHA requires the participant to receive case management/supportive services under the program. The BCHA is aware that in certain circumstances the Provider may not be able to provide services to the participant for reasons other than participant non-compliance. In such cases, the Provider will notify the BCHA immediately of such circumstance and ensure the participant is transitioned to another case management agency. The Provider will supply the BCHA with contact information for the new supportive service provider.

**Term**

The term of this MOU is June 1, 2022 to May 31, 2023.

**Independent Contractor**

This MOU does not create an employee/employer relationship between the parties. It is the intent of the parties that each party is an independent contractor for this MOU and are not the other parties' employees for all purpose, including but not limited to, the application of the Fair labor Standards Act minimum wage and overtime payments, Federal Insurance Contribution Act, the Social Security Act, the federal Unemployment Tax Act, and the State of unemployment insurance aw. Each party shall retain sole and absolute discretion in the judgement of the manner and means of carrying out their respective responsibilities hereunder. The parties agree that each party is a separate and independent enterprise, that they have the full opportunity to find other business, that hit has made its own investment in its business, and that I will utilize a high level of skill necessary to perform the work. This MOU shall not be construed as creating any joint employment relationship between the parties and the parties will not be liable for any obligation incurred by the other parties, including but not limited to unpaid minimum wages and/or overtime premiums.

**Amendment**

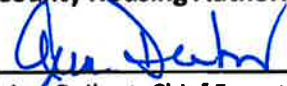
This MOU may be amended with the written agreement by both agencies.

S + C Permanent Housing 16 Units- MOU – Henderson Behavioral Health  
June 1, 2022 – May 31, 2023

**Signatures**

In witness whereof, the parties hereto have caused this agreement to be executed this 1<sup>st</sup> day of October 2021.

**Broward County Housing Authority**

By:   
Ann Deibert, Chief Executive Officer

Date: 10/01/2021

**Henderson Behavioral Health**

By:  C.O.O.  
Steven Ronik, Chief Executive Officer

Date: September 28, 2021

**Witnesses:**

By: 

Print: Noah Szegajin

Date: 10/01/2021

By: 

Print: Renee Burkel

Date: September 28, 2021



## **Memorandum of Understanding Between Broward County Housing Authority and Banyan Health Systems**

This Memorandum of Understanding (MOU) is made by and between Broward County Housing Authority (BCHA) located at 4780 North State Road 7, Lauderdale Lakes FL 33319 and Banyan Health Systems, herein referred to as the 'Provider' located at 1061 West Oakland Park Blvd, Oakland Park, FL 33311 regarding S + C Permanent Housing 16 Units Continuum of Care Program herein referred to as the 'Program'.

### **Background**

The Program is funded by a grant from the United States Department of Housing and Urban Development (HUD) and requirements are outlined in 24 Code of Federal Regulations (CFR) 578. BCHA shall provide permanent housing through scattered site tenant-based rental assistance for at least eighteen (18) chronically homeless individuals and families as contracted with the Broward County - Homeless Initiative Partnership, here in referred to as 'HIP'.

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### **Responsibilities**

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1. Perform initial, interim and annual income certifications for program participant referrals for qualification of housing and continued eligibility.
2. Conduct all Housing Quality Standards (HQS) inspections in accordance with BCHA policy and regulations.
3. Conduct initial and periodic Rent Reasonableness studies in accordance regulations.
4. Use Continuum of Care grant funds to pay for rental assistance to landlords.

5. Monitor grant performance and submit annual grant reports to HUD via the Broward County Continuum of Care as well as any reports required under contract with the Broward County Homeless Initiative Partnership.
6. Enter participant data in the County authorized Homeless Management Information System (HMIS), proper consent forms will be utilized.
7. Notify the Provider of any participant issues/problems that case management should be made aware of.
8. Track Supportive Service Match and notify Provider of insufficient match.
9. Notify the Provider of any changes to the Housing Authority contacts for this MOU.

The Provider unconditionally commits to be responsible for:

1. Designating a single contact person/liaison for the grant.
2. Case Management Services for the qualifying member, provided by a case manager, social worker or other Human Services Professional, which includes, but is not limited to:
  - a. Conduct outreach to persons eligible for the program, including attending county initiated meetings to obtain information on homeless persons and select those that may meet program requirements.
  - b. Completion of entire referral packet, disability and homelessness documentation, and submission in accordance with standards issued by HIP.
  - c. Assisting participant in completion of paperwork, locating, securing, and maintaining housing within the program parameters.
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  - m. To train staff for disaster preparedness this includes but is not limited to, hurricanes, floods, pandemic or etc., in accordance with Provider's Continuity of Operations Plan (COOP).
  - n. To communicate with customers, disaster safety, special needs registrations, and all other necessary disaster related assistance. In addition, Provider agrees to contact clients, after disaster related events to assess any unaddressed needs, not exceeding the Provider's scope
3. Linkage with appropriate services to ensure the participant is able to continue to live independently.
  4. Maintenance and documentation of case management records, including but not limited to:
    - a. Monthly Match documentation.
      - i. Exhibit A provides the value of services that may be provided as match.
    - b. Provide documentation of Annual Assessment of Services, at the participant's annual reexamination.
    - c. Provide significant accomplishments for use in Annual Progress Reports to HUD.
  5. Attend trainings/meetings as needed requested by BCHA and HIP.
  6. The Supportive Services administered by the Provider are designated as the required match for the Project. Regulations require match equal to a minimum of 25% of the Rental Assistance plus Administrative Costs.

Any match in excess of the required 25% will be utilized as leverage under this Program.

### **Recordkeeping and Reporting**

Provider agrees to maintain on a current basis documentation of matching service contributions, eligibility and occupancy records, as may be applicable, complete and current monthly service logs, application logs, and all related documents and records to assure proper accounting of fund and performance under the terms of this MOU. Record access and retention should be in accordance with the Broward County Human Services Department Community Partnerships Division "Handbook for Contracted Services Providers". Provider agrees to participate in local and national evaluation of the Continuum of Care Program using a data collection system developed by Broward County and HUD respectively.

**Documentation of Match** will be submitted to the BCHA Grant Administrator on a monthly basis no later than the 8<sup>th</sup> of each month. Match documentation will be in the form of an 'Electronic Health Care Record – Client Account Record' which will supply the date of service, service type, and cost of service.

Match activities also include all Supportive Service activities listed in 24 Code of Federal Regulations 578.53.

**Annual Assessment of Services**

The Provider agrees to provide to BCHA with a Confirmation of Annual Assessment of Services for the participant during the intake process and at least annually so long as the participant remains on the program. These forms confirm continued service, and provide vital information for Semi-annual reports and renewal applications.

**Accomplishments**

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**Other Communication**

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In accordance with Broward County Human Services Department Community Partnerships Division, "Handbook for Contracted Services Providers", notification of such matters must occur within 24 hours of such incident.

**Indemnity and Insurance**

Provider shall indemnify BCHA, its' officers and employees against any and all liability for injury and damage caused by any negligent or willful act of omission of Provider or any of Provider's employees or volunteers in the performance of duties specified in this MOU.

BCHA shall likewise indemnify and hold Provider harmless. Provider shall have General Liability, Workers' Compensation, Automobile and Professional insurance coverage as required and appropriate. Proof of coverage will be provided upon request of the BCHA.

**Compliance with Federal Regulations**

Provider agrees to comply with all applicable requirements which are now, or which may hereafter be, imposed by HUD for the Continuum of Care Program, including but not limited to the requirements of 24 CFR 578 Continuum of Care Program. There will be no displacement of participants through the provision of services pursuant to this MOU.

**Confidentiality**

Provider must have written procedures and policy to ensure the safety and confidentiality of all records containing personally identifying information of any individual or family who applies for or receives Continuum of Care assistance.

**Non-Discrimination and Equal Opportunity**

Provider agrees that no person shall, on the ground of race, color, religion, national origin, sex, sexual orientation, handicap, ancestry, familial status, or age be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program participating in the Continuum of Care Program or funded in whole or in part with funds made available to Provider pursuant to this MOU.

**Training**

The BCHA will offer training to designated Provider staff as it relates to the Continuum of Care application procedures and eligibility requirements.

**Other Concerns**

The BCHA requires the participant to receive case management/supportive services under the program. The BCHA is aware that in certain circumstances the Provider may not be able to provide services to the participant for reasons other than participant non-compliance. In such cases, the Provider will notify the BCHA immediately of such circumstance and ensure the participant is transitioned to another case management agency. The Provider will supply the BCHA with contact information for the new supportive service provider.

**Term**

The term of this MOU is June 1, 2022 to May 31, 2023.

**Independent Contractor**

This MOU does not create an employee/employer relationship between the parties. It is the intent of the parties that each party is an independent contractor for this MOU and are not the other parties' employees for all purpose, including but not limited to, the application of the Fair labor Standards Act minimum wage and overtime payments, Federal Insurance Contribution Act, the Social Security Act, the federal Unemployment Tax Act, and the State of unemployment insurance aw. Each party shall retain sole and absolute discretion in the judgement of the manner and means of carrying out their respective responsibilities hereunder. The parties agree that each party is a separate and independent enterprise, that they have the full opportunity to find other business, that hit has made its own investment in its business, and that I will utilize a high level of skill necessary to perform the work. This MOU shall not be construed as creating any joint employment relationship between the parties and the parties will not be liable for any obligation incurred by the other parties, including but not limited to unpaid minimum wages and/or overtime premiums.

**Amendment**

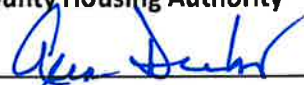
This MOU may be amended with the written agreement by both agencies.

S + C Permanent Housing 16 Units- MOU – Banyan Health Systems  
June 1, 2022 – May 31, 2023

**Signatures**

In witness whereof, the parties hereto have caused this agreement to be executed this 5 day of October 2021.

**Broward County Housing Authority**

By:   
Ann Deibert, Chief Executive Officer


Date: 10/05/2021


**Banyan Health Systems**

By:   
Vincent Carrodegua, President and CEO

Date: 10/5/21

**Witnesses:**

By:   
Print: Noah Spurgeon  
Date: 10/5/21

By:   
Print: JEFFREY KING  
Date: 10/5/21

## **Memorandum of Understanding Between Broward County Housing Authority and Community Rightful Center Inc.**

This Memorandum of Understanding (MOU) is made by and between Broward County Housing Authority (BCHA) located at 4780 North State Road 7, Lauderdale Lakes FL 33319 and Community Rightful Center Inc., herein referred to as the 'Provider', located at 9526 N.E. 2nd Avenue, Suite #202D Miami Shores, FL 33138 regarding S + C Permanent Housing 16 Units Continuum of Care Program herein referred to as the 'Program'.

### **Background**

The Program is funded by a grant from the United States Department of Housing and Urban Development (HUD) and requirements are outlined in 24 Code of Federal Regulations (CFR) 578. BCHA shall provide permanent housing through scattered site tenant-based rental assistance for at least eighteen (18) chronically homeless individuals and families as contracted with the Broward County - Homeless Initiative Partnership, here in referred to as 'HIP'.

The Project shall involve the assertive outreach of the Broward County Continuum of Care under the Zero: 2016 program or other such program as designated by the Continuum of Care and the Broward County Government. BCHA will collaborate with the Continuum of Care, Coordinated Assessment Committee and Provider.

All referrals originate with the Broward County Continuum of Care – Coordinated Assessment (COC).

### **Purpose of Memorandum of Understanding**

The purpose of the Memorandum of Understanding (MOU) is to clearly identify the services to be provided and the responsibilities of the Provider and the responsibilities of BCHA.

The tenant-based rental assistance will be provided through the Continuum of Care Grant and combined with case management and other core supportive services. The supportive services will be designed to assist participants in successfully obtaining and remaining in permanent housing, increasing skills and/or income, and maximizing their ability to live independently.

### **Scope of Services**

The Housing Authority will perform the following activities:

1. Perform initial, interim and annual reviews of household composition, income, assets and deductions for determination of initial eligibility and continued housing assistance
2. Conduct initial, complaint, and annual Housing Quality Standards (HQS) inspections in accordance with applicable regulations.
3. Conduct initial and periodic Rent Reasonableness studies in accordance with applicable regulations.
4. Use Continuum of Care grant funds to pay for rental assistance to landlords.

**S + C Permanent Housing 16 Units– MOU – Community Rightful Center, Inc  
June 1, 2021 – May 31, 2022**

5. Monitor grant performance and submit annual grant reports to HUD via the Broward County Continuum of Care as well as any reports required under contract with the Broward County Homeless Initiative Partnership.
6. Enter participant data in the County authorized Homeless Management Information System (HMIS), proper consent forms will be utilized.
7. Notify the Provider of any participant issues/problems that case management should be made aware of.
8. Track Supportive Service Match and notify Provider of insufficient match.
9. Notify the Provider of any changes to the Housing Authority contacts for this MOU.

The Provider, unconditionally commits to be responsible for:

1. Designating a single contact person/liason for the grant.
2. Case Management Services for the qualifying member, provided by a case manager, social worker or other Human Services Professional, which includes, but is not limited to, at least 24 months of case management with a post-discharge follow up period of three months. This follow up period should consist of at least one appointment to ensure the client has remained stable post discharge. Further, if Provider is unable to supply more than 24 months of case management for a participant and the participant remains in need of services to continue independent living, Provider will coordinate a seamless transition to another partner provider and follow-up within first quarter of handoff:
  - a. Conduct outreach to persons eligible for the program, including attending county-initiated meetings to obtain information on homeless persons and select those that may meet program requirements.
  - b. Completion of entire referral packet, disability and homelessness documentation, and submission in accordance with standards issued by HIP.
  - c. Assisting participant in completion of paperwork, locating, securing, and maintaining housing within the program parameters.
  - d. Communicate with landlords, agents, and owners to ensure the family can be successful in the program which may include obtaining proper releases from the parties to ensure seamless coordination of service.
  - e. Attending all BCHA appointments with the program participant in order to assist with the process and to be aware of any needs that may come forward during said appointments.
  - f. A minimum of once per month contact with the program participant.
  - g. Provision of, or referral to, any assistance the participant may need in order to retain independent living under the program.
  - h. A confirmation of annual assessment form will be completed at least annually to confirm the date of annual assessment, verify continued services, and indicate any significant accomplishments of the client during the year.
  - i. If participant is ready to graduate from supportive services, provide written notification to BCHA and continue to provide coordination of services, as well as, match documentation until the participant has officially been transferred to another partner provider or housed in another non-Continuum of Care program.
  - j. Make written recommendations in the event the participant has violated his/her responsibilities under the program including support of termination or action plan to



**S + C Permanent Housing 16 Units– MOU – Community Rightful Center, Inc  
June 1, 2021 – May 31, 2022**

resolve issue resulting in program violation. BCHA and Provider will make all efforts to mediate program violations before pursuing termination. If a termination action is pursued, the Provider representatives must attend and participate in informal termination hearings or mediations as necessary, especially those initiated by the Provider.

- i. Under COC regulations, a vacancy occurs when the client is out of the unit for 90 days, including situations where the client is in an institution. Time is of the essence as decisions must be made on payments, and client personal property in a short time.
      - k. Communicate with BCHA designated staff should a serious issue arise during participation in the program.
      - l. Any other requirements the Provider may have under their own policy, regulation or other requirements of the program.
3. Provision of or linkage to appropriate services to ensure the participant is able to continue to live independently.
4. Maintenance and documentation of case management records, including but not limited to:
  - a. Monthly Match documentation.
  - b. Provide documentation of Annual Assessment of Services at the participant's annual reexamination, including significant accomplishments of the client.
  - c. Provide significant accomplishments for use in Annual Progress Reports to HUD.
5. Attend trainings/meetings as needed requested by BCHA and HIP.
6. The Supportive Services administered by the Provider are designated as the required match for the Project. Regulations require match equal to a minimum of 25% of the Rental Assistance plus administrative costs.

Any match in excess of the required 25% will be utilized as leverage under this Program.

### **Recordkeeping and Reporting**

Provider agrees to maintain on a current basis documentation of matching service contributions, eligibility and occupancy records, as may be applicable, complete and current monthly service logs, application logs, and all related documents and records to assure proper accounting of fund and performance under the terms of this MOU. Record access and retention should be in accordance with the Broward County Human Services Department Community Partnerships Division "Handbook for Contracted Services Providers". Provider agrees to participate in local and national evaluation of the Continuum of Care Program using a data collection system developed by Broward County and HUD respectively.

**Documentation of Match** will be submitted on a Monthly basis to the BCHA Grant Administrator no later than the 8<sup>th</sup> of each month by noon. Match documentation will be in the form of an 'Electronic Health Care Record – Client Account Record' which will supply the date of service, service type, and cost of service.

Match activities also include all supportive service activities listed in 24 Code of Federal Regulations 578.53.

**Annual Assessment of Services**

The provider agrees to complete the Confirmation of Annual Assessment of Services form, provided by BCHA, for each participant during the intake and annually for each participant that remains on the housing program. The forms confirm continued services and vital information for Semi-annual reports and renewal applications.

**Accomplishments**

Reporting requirements include narratives that include the significant accomplishments of the program participants. Provider agrees to immediately notify the BCHA as participants reach significant accomplishments. Such notification shall be sent by e-mail to the BCHA Grant Administrator.

**Communication**

If the participant moves out of the subsidized unit, is placed in a facility, is arrested, deceased, or otherwise not in the unit, the Provider agrees to notify the BCHA and provide written verification upon request. Notification via e-mail is an acceptable method of notification.

In accordance with Broward County Human Services Department Community Partnerships Division, "Handbook for Contracted Services Providers", notification of such matters must occur within 24 hours of such incident.

**Indemnity and Insurance**

Provider shall indemnify BCHA, its' officers and employees against any and all liability for injury and damage caused by any negligent or willful act of omission of Provider or any of Provider's employees or volunteers in the performance of duties specified in this MOU.

BCHA shall likewise indemnify and hold Provider harmless. Provider shall have General Liability, Workers' Compensation, Automobile and Professional insurance coverage as required and appropriate. Proof of coverage will be provided upon request of the BCHA.

**Compliance with Federal Regulations**

Provider agrees to comply with all applicable requirements which are now, or which may hereafter be, imposed by HUD for the Continuum of Care Program, including but not limited to the requirements of 24 CFR 578 Continuum of Care Program. There will be no displacement of participants through the provision of services pursuant to this MOU.

**Confidentiality**

Provider must have written procedures and policy to ensure the safety and confidentiality of all records containing personally identifying information of any individual or family who applies for or receives Continuum of Care assistance.

### **Non-Discrimination and Equal Opportunity**

Provider agrees that no person shall, on the ground of race, color, religion, national origin, sex, sexual orientation, handicap, ancestry, familial status, or age be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program participating in the Continuum of Care Program or funded in whole or in part with funds made available to Provider pursuant to this MOU.

### **Training**

The BCHA will offer training to designated Provider staff as it relates to the Continuum of Care application procedures and eligibility requirements.

### **Other Concerns**

The BCHA requires the participant to receive case management/supportive services under the program. The BCHA is aware that in certain circumstances the Provider may not be able to provide services to the participant for reasons other than participant non-compliance. In such cases, the Provider will notify the BCHA immediately of such circumstance and ensure the participant is transitioned to another case management agency. The Provider will supply the BCHA with contact information for the new supportive service provider.

### **Term**

The term of this MOU is June 1, 2021 – May 31, 2022.

### **Independent Contractor**

This MOU does not create an employee/employer relationship between the parties. It is the intent of the parties that each party is an independent contractor for this MOU and are not the other parties' employees for all purpose, including but not limited to, the application of the Fair labor Standards Act minimum wage and overtime payments, Federal Insurance Contribution Act, the Social Security Act, the federal Unemployment Tax Act, and the State of unemployment insurance aw. Each party shall retain sole and absolute discretion in the judgement of the manner and means of carrying out their respective responsibilities hereunder. The parties agree that each party is a separate and independent enterprise, that they have the full opportunity to find other business, that hit has made its own investment in its business, and that I will utilize a high level of skill necessary to perform the work. This MOU shall not be construed as creating any joint employment relationship between the parties and the parties will not be liable for any obligation incurred by the other parties, including but not limited to unpaid minimum wages and/or overtime premiums.

### **Amendment**

This amended MOU may be amended with the written agreement by both agencies.


S+C Permanent Housing 16 Units – MOU – Community Rightful  
June 1, 2021 – May 31, 2022

**Signatures**

In witness whereof, the parties hereto have caused this agreement to be executed this 7<sup>th</sup> day of Oct, 2021.

**Broward County Housing Authority**

By:

  
Ann Deibert, Chief Executive Officer

Date:

10/07/2021

**Community Rightful Center, Inc**

By:

  
Roseline Louis XVI, Chief Executive Officer

Date:

10/05/2021

**Witnesses:**

By:

N. Gray


Print:

Noah Spurgeon

Date:

10/7/21

By:



Print:

Franceline Pierre-Louis

Date:

10/05/2021

## **Memorandum of Understanding Between Broward County Housing Authority and Community Rightful Center Inc.**

This Memorandum of Understanding (MOU) is made by and between Broward County Housing Authority (BCHA) located at 4780 North State Road 7, Lauderdale Lakes FL 33319 and Community Rightful Center Inc., herein referred to as the 'Provider', located at 9526 N.E. 2nd Avenue, Suite #202D Miami Shores, FL 33138 regarding S + C Permanent Housing 16 Units Continuum of Care Program herein referred to as the 'Program'.

### **Background**

The Program is funded by a grant from the United States Department of Housing and Urban Development (HUD) and requirements are outlined in 24 Code of Federal Regulations (CFR) 578. BCHA shall provide permanent housing through scattered site tenant-based rental assistance for at least eighteen (18) chronically homeless individuals and families as contracted with the Broward County - Homeless Initiative Partnership, here in referred to as 'HIP'.

The Project shall involve the assertive outreach of the Broward County Continuum of Care under the Zero: 2016 program or other such program as designated by the Continuum of Care and the Broward County Government. BCHA will collaborate with the Continuum of Care, Coordinated Assessment Committee and Provider.

All referrals originate with the Broward County Continuum of Care – Coordinated Assessment (COC).

### **Purpose of Memorandum of Understanding**

The purpose of the Memorandum of Understanding (MOU) is to clearly identify the services to be provided and the responsibilities of the Provider and the responsibilities of BCHA.

The tenant-based rental assistance will be provided through the Continuum of Care Grant and combined with case management and other core supportive services. The supportive services will be designed to assist participants in successfully obtaining and remaining in permanent housing, increasing skills and/or income, and maximizing their ability to live independently.

### **Scope of Services**

The Housing Authority will perform the following activities:

1. Perform initial, interim and annual reviews of household composition, income, assets and deductions for determination of initial eligibility and continued housing assistance
2. Conduct initial, complaint, and annual Housing Quality Standards (HQS) inspections in accordance with applicable regulations.
3. Conduct initial and periodic Rent Reasonableness studies in accordance with applicable regulations.
4. Use Continuum of Care grant funds to pay for rental assistance to landlords.

**S + C Permanent Housing 16 Units– MOU – Community Rightful Center, Inc  
June 1, 2022 – May 31, 2023**

5. **Monitor grant performance and submit annual grant reports to HUD via the Broward County Continuum of Care as well as any reports required under contract with the Broward County Homeless Initiative Partnership.**
6. **Enter participant data in the County authorized Homeless Management Information System (HMIS), proper consent forms will be utilized.**
7. **Notify the Provider of any participant issues/problems that case management should be made aware of.**
8. **Track Supportive Service Match and notify Provider of insufficient match.**
9. **Notify the Provider of any changes to the Housing Authority contacts for this MOU.**

**The Provider, unconditionally commits to be responsible for:**

1. **Designating a single contact person/liaison for the grant.**
2. **Case Management Services for the qualifying member, provided by a case manager, social worker or other Human Services Professional, which includes, but is not limited to, at least 24 months of case management with a post-discharge follow up period of three months. This follow up period should consist of at least one appointment to ensure the client has remained stable post discharge. Further, if Provider is unable to supply more than 24 months of case management for a participant and the participant remains in need of services to continue independent living, Provider will coordinate a seamless transition to another partner provider and follow-up within first quarter of handoff:**
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  - d. **Communicate with landlords, agents, and owners to ensure the family can be successful in the program which may include obtaining proper releases from the parties to ensure seamless coordination of service.**
  - e. **Attending all BCHA appointments with the program participant in order to assist with the process and to be aware of any needs that may come forward during said appointments.**
  - f. **A minimum of once per month contact with the program participant.**
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  - h. **A confirmation of annual assessment form will be completed at least annually to confirm the date of annual assessment, verify continued services, and indicate any significant accomplishments of the client during the year.**
  - i. **If participant is ready to graduate from supportive services, provide written notification to BCHA and continue to provide coordination of services, as well as, match documentation until the participant has officially been transferred to another partner provider or housed in another non-Continuum of Care program.**
  - j. **Make written recommendations in the event the participant has violated his/her responsibilities under the program including support of termination or action plan to**

**S + C Permanent Housing 16 Units– MOU – Community Rightful Center, Inc  
June 1, 2022 – May 31, 2023**

resolve issue resulting in program violation. BCHA and Provider will make all efforts to mediate program violations before pursuing termination. If a termination action is pursued, the Provider representatives must attend and participate in informal termination hearings or mediations as necessary, especially those initiated by the Provider.

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  - l. Any other requirements the Provider may have under their own policy, regulation or other requirements of the program.
- 3. Provision of or linkage to appropriate services to ensure the participant is able to continue to live independently.
- 4. Maintenance and documentation of case management records, including but not limited to:
  - a. Monthly Match documentation.
  - b. Provide documentation of Annual Assessment of Services at the participant's annual reexamination, including significant accomplishments of the client.
  - c. Provide significant accomplishments for use in Annual Progress Reports to HUD.
- 5. Attend trainings/meetings as needed requested by BCHA and HIP.
- 6. The Supportive Services administered by the Provider are designated as the required match for the Project. Regulations require match equal to a minimum of 25% of the Rental Assistance plus administrative costs.

Any match in excess of the required 25% will be utilized as leverage under this Program.

### **Recordkeeping and Reporting**

Provider agrees to maintain on a current basis documentation of matching service contributions, eligibility and occupancy records, as may be applicable, complete and current monthly service logs, application logs, and all related documents and records to assure proper accounting of fund and performance under the terms of this MOU. Record access and retention should be in accordance with the Broward County Human Services Department Community Partnerships Division "Handbook for Contracted Services Providers". Provider agrees to participate in local and national evaluation of the Continuum of Care Program using a data collection system developed by Broward County and HUD respectively.

**Documentation of Match** will be submitted on a Monthly basis to the BCHA Grant Administrator no later than the 8<sup>th</sup> of each month by noon. Match documentation will be in the form of an 'Electronic Health Care Record – Client Account Record' which will supply the date of service, service type, and cost of service.

Match activities also include all supportive service activities listed in 24 Code of Federal Regulations 578.53.

**Annual Assessment of Services**

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**Accomplishments**

Reporting requirements include narratives that include the significant accomplishments of the program participants. Provider agrees to immediately notify the BCHA as participants reach significant accomplishments. Such notification shall be sent by e-mail to the BCHA Grant Administrator.

**Communication**

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**Indemnity and Insurance**

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BCHA shall likewise indemnify and hold Provider harmless. Provider shall have General Liability, Workers' Compensation, Automobile and Professional insurance coverage as required and appropriate. Proof of coverage will be provided upon request of the BCHA.

**Compliance with Federal Regulations**

Provider agrees to comply with all applicable requirements which are now, or which may hereafter be, imposed by HUD for the Continuum of Care Program, including but not limited to the requirements of 24 CFR 578 Continuum of Care Program. There will be no displacement of participants through the provision of services pursuant to this MOU.

**Confidentiality**

Provider must have written procedures and policy to ensure the safety and confidentiality of all records containing personally identifying information of any individual or family who applies for or receives Continuum of Care assistance.



### **Non-Discrimination and Equal Opportunity**

Provider agrees that no person shall, on the ground of race, color, religion, national origin, sex, sexual orientation, handicap, ancestry, familial status, or age be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program participating in the Continuum of Care Program or funded in whole or in part with funds made available to Provider pursuant to this MOU.

### **Training**

The BCHA will offer training to designated Provider staff as it relates to the Continuum of Care application procedures and eligibility requirements.

### **Other Concerns**

The BCHA requires the participant to receive case management/supportive services under the program. The BCHA is aware that in certain circumstances the Provider may not be able to provide services to the participant for reasons other than participant non-compliance. In such cases, the Provider will notify the BCHA immediately of such circumstance and ensure the participant is transitioned to another case management agency. The Provider will supply the BCHA with contact information for the new supportive service provider.

### **Term**

The term of this MOU is June 1, 2022 – May 31, 2023.

### **Independent Contractor**

This MOU does not create an employee/employer relationship between the parties. It is the intent of the parties that each party is an independent contractor for this MOU and are not the other parties' employees for all purpose, including but not limited to, the application of the Fair labor Standards Act minimum wage and overtime payments, Federal Insurance Contribution Act, the Social Security Act, the federal Unemployment Tax Act, and the State of unemployment insurance aw. Each party shall retain sole and absolute discretion in the judgement of the manner and means of carrying out their respective responsibilities hereunder. The parties agree that each party is a separate and independent enterprise, that they have the full opportunity to find other business, that hit has made its own investment in its business, and that i will utilize a high level of skill necessary to perform the work. This MOU shall not be construed as creating any joint employment relationship between the parties and the parties will not be liable for any obligation incurred by the other parties, including but not limited to unpaid minimum wages and/or overtime premiums.

### **Amendment**

This amended MOU may be amended with the written agreement by both agencies.

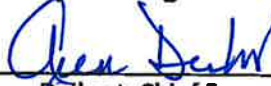
S+C Permanent Housing 16 Units – MOU – Community Rightful  
June 1, 2022 – May 31, 2023

**Signatures**

In witness whereof, the parties hereto have caused this agreement to be executed this 7<sup>th</sup> day of Oct. 2021.

**Broward County Housing Authority**

By:

  
Ann Deibert, Chief Executive Officer

Date:

10/07/2021

**Community Rightful Center, Inc**

By:


  
Roseline Louis XVI, Chief Executive Officer

Date:

10/05/2021

**Witnesses:**

By:



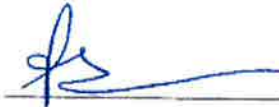
Print:

Noah Seragjin

Date:

10/7/21

By:



Print:

Franceline Pierre-Louis

Date:

10/05/2021

## **Memorandum of Understanding Between Broward County Housing Authority and Chrysalis Health**

This Memorandum of Understanding (MOU) is made by and between Broward County Housing Authority (BCHA) located at 4780 North State Road 7, Lauderdale Lakes FL 33319 and Chrysalis Health, herein referred to as the 'Provider', located at 3800 West Broward Blvd. Suite 100, Fort Lauderdale, FL 33312 regarding S + C Permanent Housing 16 Units Continuum of Care Program herein referred to as the 'Program'.

### **Background**

The Program is funded by a grant from the United States Department of Housing and Urban Development (HUD) and requirements are outlined in 24 Code of Federal Regulations (CFR) 578. BCHA shall provide permanent housing through scattered site tenant-based rental assistance for at least eighteen (18) chronically homeless individuals and families as contracted with the Broward County - Homeless Initiative Partnership, here in referred to as 'HIP'.

The Project shall involve the assertive outreach of the Broward County Continuum of Care under the Zero: 2016 program or other such program as designated by the Continuum of Care and the Broward County Government. BCHA will collaborate with the Continuum of Care, Coordinated Assessment Committee and Provider.

All referrals originate with the Broward County Continuum of Care – Coordinated Assessment (COC).

### **Purpose of Memorandum of Understanding**

The purpose of the Memorandum of Understanding (MOU) is to clearly identify the services to be provided and the responsibilities of the Provider and the responsibilities of BCHA.

The tenant-based rental assistance will be provided through the Continuum of Care Grant and combined with case management and other core supportive services. The supportive services will be designed to assist participants in successfully obtaining and remaining in permanent housing, increasing skills and/or income, and maximizing their ability to live independently.

### **Responsibilities**

The Housing Authority will perform the following activities:

1. Perform initial, interim and annual income certifications for program participant referrals for qualification of housing and continued eligibility.
2. Conduct all Housing Quality Standards (HQS) inspections in accordance with BCHA policy and regulations.
3. Conduct initial and periodic Rent Reasonableness studies in accordance regulations.
4. Use Continuum of Care grant funds to pay for rental assistance to landlords.

S + C Permanent Housing 16 Units– MOU – Chrysalis Health  
June 1, 2022 – May 31, 2023

5. Monitor grant performance and submit annual grant reports to HUD via the Broward County Continuum of Care as well as any reports required under contract with the Broward County Homeless Initiative Partnership.
6. Enter participant data in the County authorized Homeless Management Information System (HMIS), proper consent forms will be utilized.
7. Notify the Provider of any participant issues/problems that case management should be made aware of.
8. Track Supportive Service Match and notify Provider of insufficient match.
9. Notify the Provider of any changes to the Housing Authority contacts for this MOU.

The Provider unconditionally commits to be responsible for:

1. Designating a single contact person/liaison for the grant.
2. Case Management Services for the qualifying member, provided by a case manager, social worker or other Human Services Professional, which includes, but is not limited to:
  - a. Conduct outreach to persons eligible for the program, including attending county initiated meetings to obtain information on homeless persons and select those that may meet program requirements.
  - b. Completion of entire referral packet, disability and homelessness documentation, and submission in accordance with standards issued by HIP.
  - c. Assisting participant in completion of paperwork, locating, securing, and maintaining housing within the program parameters.
  - d. Communicate with landlords, agents, and owners to ensure the family can be successful in the program which may include obtaining proper releases from the parties to ensure seamless coordination of service.
  - e. Attending all BCHA appointments with the program participant in order to assist with the process and to be aware of any needs that may come forward during said appointments.
  - f. A minimum of once per month contact with the program participant.
  - g. Provision of, or referral to, any assistance the participant may need in order to retain independent living under the program.
  - h. Annual Assessment of Services
    - i. Provide written certification of Annual Assessment of Services and continued eligibility for services.
    - ii. If participant is ready to graduate from services, to provide written notification to the BCHA and provide coordination of services until participant has been officially housed under another program (based on program availability).
  - i. If participant is ready to graduate from supportive services, provide written notification to BCHA and continue to provide coordination of services, as well as, match documentation until the participant has officially been transferred to another partner provider or housed in another non-Continuum of Care program.
  - j. Make written recommendations in the event the participant has violated his/her responsibilities under the program including support of termination or action plan to resolve issue resulting in program violation. BCHA and Provider will make all efforts to mediate program violations before pursuing termination. If a termination action is pursued, the Provider representatives must attend and participate in informal

- termination hearings or mediations as necessary, especially those initiated by the Provider.
- k. Communicate with BCHA designated staff should a serious issue arise during participation in the program.
  - l. Any other requirements the Provider may have under their own policy, regulation or other requirements of the program.
  - m. To train staff for disaster preparedness this includes but is not limited to, hurricanes, floods, pandemic or etc., in accordance with Provider's Continuity of Operations Plan (COOP).
  - n. To communicate with customers, disaster safety, special needs registrations, and all other necessary disaster related assistance. In addition, Provider agrees to contact clients, after disaster related events to assess any unaddressed needs, not exceeding the Provider's scope
3. Linkage with appropriate services to ensure the participant is able to continue to live independently.
  4. Maintenance and documentation of case management records, including but not limited to:
    - a. Monthly Match documentation.
      - i. Exhibit A provides the value of services that may be provided as match.
    - b. Provide documentation of Annual Assessment of Services, at the participant's annual reexamination.
    - c. Provide significant accomplishments for use in Annual Progress Reports to HUD.
  5. Attend trainings/meetings as needed requested by BCHA and HIP.
  6. The Supportive Services administered by the Provider are designated as the required match for the Project. Regulations require match equal to a minimum of 25% of the Rental Assistance plus Administrative Costs.

Any match in excess of the required 25% will be utilized as leverage under this Program.

### **Recordkeeping and Reporting**

Provider agrees to maintain on a current basis documentation of matching service contributions, eligibility and occupancy records, as may be applicable, complete and current monthly service logs, application logs, and all related documents and records to assure proper accounting of fund and performance under the terms of this MOU. Record access and retention should be in accordance with the Broward County Human Services Department Community Partnerships Division "Handbook for Contracted Services Providers". Provider agrees to participate in local and national evaluation of the Continuum of Care Program using a data collection system developed by Broward County and HUD respectively.

**Documentation of Match** will be submitted to the BCHA Grant Administrator on a monthly basis no later than the 8<sup>th</sup> of each month. Match documentation will be in the form of an 'Electronic Health Care Record – Client Account Record' which will supply the date of service, service type, and cost of service.

Match activities also include all Supportive Service activities listed in 24 Code of Federal Regulations 578.53.

**Annual Assessment of Services**

The Provider agrees to provide to BCHA with a Confirmation of Annual Assessment of Services for the participant during the intake process and at least annually so long as the participant remains on the program. These forms confirm continued service, and provide vital information for Semi-annual reports and renewal applications.

**Accomplishments**

The Annual Progress Reports require narratives that include the significant accomplishments of the program participants. Provider agrees to immediately notify the BCHA as participants reach significant accomplishments. Such notification shall be by e-mail to the Grant Administrator.

**Other Communication**

If the participant moves out of the subsidized unit, is placed in a facility, arrested, deceased, or otherwise not in the unit, the Provider agrees to notify the BCHA and provide written verification upon request. Notification via e-mail is an acceptable method of notification.

In accordance with Broward County Human Services Department Community Partnerships Division, "Handbook for Contracted Services Providers", notification of such matters must occur within 24 hours of such incident.

**Indemnity and Insurance**

Provider shall indemnify BCHA, its' officers and employees against any and all liability for injury and damage caused by any negligent or willful act of omission of Provider or any of Provider's employees or volunteers in the performance of duties specified in this MOU.

BCHA shall likewise indemnify and hold Provider harmless. Provider shall have General Liability, Workers' Compensation, Automobile and Professional insurance coverage as required and appropriate. Proof of coverage will be provided upon request of the BCHA.

**Compliance with Federal Regulations**

Provider agrees to comply with all applicable requirements which are now, or which may hereafter be, imposed by HUD for the Continuum of Care Program, including but not limited to the requirements of 24 CFR 578 Continuum of Care Program. There will be no displacement of participants through the provision of services pursuant to this MOU.

**Confidentiality**

Provider must have written procedures and policy to ensure the safety and confidentiality of all records containing personally identifying information of any individual or family who applies for or receives Continuum of Care assistance.

S + C Permanent Housing 16 Units– MOU – Chrysalis Health  
June 1, 2022 – May 31, 2023

Provider agrees that no person shall, on the ground of race, color, religion, national origin, sex, sexual orientation, handicap, ancestry, familial status, or age be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program participating in the Continuum of Care Program or funded in whole or in part with funds made available to Provider pursuant to this MOU.

**Training**

The BCHA will offer training to designated Provider staff as it relates to the Continuum of Care application procedures and eligibility requirements.

**Other Concerns**

The BCHA requires the participant to receive case management/supportive services under the program. The BCHA is aware that in certain circumstances the Provider may not be able to provide services to the participant for reasons other than participant non-compliance. In such cases, the Provider will notify the BCHA immediately of such circumstance and ensure the participant is transitioned to another case management agency. The Provider will supply the BCHA with contact information for the new supportive service provider.

**Term**

The term of this MOU is June 1, 2022 to May 31, 2023.

**Independent Contractor**

This MOU does not create an employee/employer relationship between the parties. It is the intent of the parties that each party is an independent contractor for this MOU and are not the other parties' employees for all purpose, including but not limited to, the application of the Fair labor Standards Act minimum wage and overtime payments, Federal Insurance Contribution Act, the Social Security Act, the federal Unemployment Tax Act, and the State of unemployment insurance aw. Each party shall retain sole and absolute discretion in the judgement of the manner and means of carrying out their respective responsibilities hereunder. The parties agree that each party is a separate and independent enterprise, that they have the full opportunity to find other business, that hit has made its own investment in its business, and that I will utilize a high level of skill necessary to perform the work. This MOU shall not be construed as creating any joint employment relationship between the parties and the parties will not be liable for any obligation incurred by the other parties, including but not limited to unpaid minimum wages and/or overtime premiums.

**Amendment**

This MOU may be amended with the written agreement by both agencies.


S + C Permanent Housing 16 Units- MOU – Chrysalis Health  
June 1, 2022 – May 31, 2023

**Signatures**

In witness whereof, the parties hereto have caused this agreement to be executed this 24 day of Sept. 2021.

**Broward County Housing Authority**

By:



Ann Deibert, Chief Executive Officer

Date:

09/27/2021

**Chrysalis Health**

By:



Angel Juncuera, Chief Executive Officer

Date:

09/24/2021

**Witnesses:**

By:



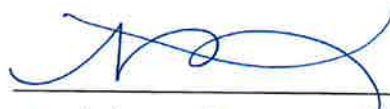
Print:

Noah Sangujan

Date:

9/27/2021

By:



Print:

Alicia Barreiro

Date:

09/24/2021



## **Memorandum of Understanding Between Broward County Housing Authority and Women in Distress of Broward, Inc.**

This Memorandum of Understanding (MOU) is made by and between Broward County Housing Authority (BCHA) located at 4780 North State Road 7, Lauderdale Lakes FL 33319 and Women in Distress of Broward County, Inc., herein referred to as the 'Provider', located at P.O. Box 50187 Lighthouse Point, FL 33074 regarding S + C Permanent Housing 16 Units Continuum of Care Program herein referred to as the 'Program'.

### **Background**

The Program is funded by a grant from the United States Department of Housing and Urban Development (HUD) and requirements are outlined in 24 Code of Federal Regulations (CFR) 578. BCHA shall provide permanent housing through scattered site tenant-based rental assistance for at least eighteen (18) chronically homeless individuals and families as contracted with the Broward County - Homeless Initiative Partnership, here in referred to as 'HIP'.

The Project shall involve the assertive outreach of the Broward County Continuum of Care under the Zero: 2016 program or other such program as designated by the Continuum of Care and the Broward County Government. BCHA will collaborate with the Continuum of Care, Coordinated Assessment Committee and Provider.

All referrals originate with the Broward County Continuum of Care – Coordinated Assessment (COC).

### **Purpose of Memorandum of Understanding**

The purpose of the Memorandum of Understanding (MOU) is to clearly identify the services to be provided and the responsibilities of the Provider and the responsibilities of BCHA.

The tenant-based rental assistance will be provided through the Continuum of Care Grant and combined with case management and other core supportive services. The supportive services will be designed to assist participants in successfully obtaining and remaining in permanent housing, increasing skills and/or income, and maximizing their ability to live independently.

### **Responsibilities**

The Housing Authority will perform the following activities:

1. Perform initial, interim and annual income certifications for program participant referrals for qualification of housing and continued eligibility.
2. Conduct all Housing Quality Standards (HQS) inspections in accordance with BCHA policy and regulations.
3. Conduct initial and periodic Rent Reasonableness studies in accordance regulations.
4. Use Continuum of Care grant funds to pay for rental assistance to landlords.

5. Monitor grant performance and submit annual grant reports to HUD via the Broward County Continuum of Care as well as any reports required under contract with the Broward County Homeless Initiative Partnership.
6. Enter participant data in the County authorized Homeless Management Information System (HMIS), proper consent forms will be utilized.
7. Notify the Provider of any participant issues/problems that case management should be made aware of.
8. Track Supportive Service Match and notify Provider of insufficient match.
9. Notify the Provider of any changes to the Housing Authority contacts for this MOU.

The Provider unconditionally commits to be responsible for:

1. Designating a single contact person/liaison for the grant.
2. Case Management Services for the qualifying member, provided by a case manager, social worker or other Human Services Professional, which includes, but is not limited to:
  - a. Conduct outreach to persons eligible for the program, including attending county initiated meetings to obtain information on homeless persons and select those that may meet program requirements.
  - b. Completion of entire referral packet, disability and homelessness documentation, and submission in accordance with standards issued by HIP.
  - c. Assisting participant in completion of paperwork, locating, securing, and maintaining housing within the program parameters.
  - d. Communicate with landlords, agents, and owners to ensure the family can be successful in the program which may include obtaining proper releases from the parties to ensure seamless coordination of service.
  - e. Attending all BCHA appointments with the program participant in order to assist with the process and to be aware of any needs that may come forward during said appointments.
  - f. A minimum of once per month contact with the program participant.
  - g. Provision of, or referral to, any assistance the participant may need in order to retain independent living under the program.
  - h. Annual Assessment of Services
    - i. Provide written certification of Annual Assessment of Services and continued eligibility for services.
    - ii. If participant is ready to graduate from services, to provide written notification to the BCHA and provide coordination of services until participant has been officially housed under another program (based on program availability).
  - i. If participant is ready to graduate from supportive services, provide written notification to BCHA and continue to provide coordination of services, as well as, match documentation until the participant has officially been transferred to another partner provider or housed in another non-Continuum of Care program.
  - j. Make written recommendations in the event the participant has violated his/her responsibilities under the program including support of termination or action plan to resolve issue resulting in program violation. BCHA and Provider will make all efforts to mediate program violations before pursuing termination. If a termination action is pursued, the Provider representatives must attend and participate in informal

- termination hearings or mediations as necessary, especially those initiated by the Provider.
- k. Communicate with BCHA designated staff should a serious issue arise during participation in the program.
  - l. Any other requirements the Provider may have under their own policy, regulation or other requirements of the program.
  - m. To train staff for disaster preparedness this includes but is not limited to, hurricanes, floods, pandemic or etc., in accordance with Provider's Continuity of Operations Plan (COOP).
  - n. To communicate with customers, disaster safety, special needs registrations, and all other necessary disaster related assistance. In addition, Provider agrees to contact clients, after disaster related events to assess any unaddressed needs, not exceeding the Provider's scope
3. Linkage with appropriate services to ensure the participant is able to continue to live independently.
  4. Maintenance and documentation of case management records, including but not limited to:
    - a. Monthly Match documentation.
      - i. Exhibit A provides the value of services that may be provided as match.
    - b. Provide documentation of Annual Assessment of Services, at the participant's annual reexamination.
    - c. Provide significant accomplishments for use in Annual Progress Reports to HUD.
  5. Attend trainings/meetings as needed requested by BCHA and HIP.
  6. The Supportive Services administered by the Provider are designated as the required match for the Project. Regulations require match equal to a minimum of 25% of the Rental Assistance plus Administrative Costs.

Any match in excess of the required 25% will be utilized as leverage under this Program.

### **Recordkeeping and Reporting**

Provider agrees to maintain on a current basis documentation of matching service contributions, eligibility and occupancy records, as may be applicable, complete and current monthly service logs, application logs, and all related documents and records to assure proper accounting of fund and performance under the terms of this MOU. Record access and retention should be in accordance with the Broward County Human Services Department Community Partnerships Division "Handbook for Contracted Services Providers". Provider agrees to participate in local and national evaluation of the Continuum of Care Program using a data collection system developed by Broward County and HUD respectively.

**Documentation of Match** will be submitted to the BCHA Grant Administrator on a monthly basis no later than the 8<sup>th</sup> of each month. Match documentation will be in the form of an 'Electronic Health Care Record – Client Account Record' which will supply the date of service, service type, and cost of service.

Match activities also include all Supportive Service activities listed in 24 Code of Federal Regulations 578.53.

**Annual Assessment of Services**

The Provider agrees to provide to BCHA with a Confirmation of Annual Assessment of Services for the participant during the intake process and at least annually so long as the participant remains on the program. These forms confirm continued service, and provide vital information for Semi-annual reports and renewal applications.

**Accomplishments**

The Annual Progress Reports require narratives that include the significant accomplishments of the program participants. Provider agrees to immediately notify the BCHA as participants reach significant accomplishments. Such notification shall be by e-mail to the Grant Administrator.

**Other Communication**

If the participant moves out of the subsidized unit, is placed in a facility, arrested, deceased, or otherwise not in the unit, the Provider agrees to notify the BCHA and provide written verification upon request. Notification via e-mail is an acceptable method of notification.

In accordance with Broward County Human Services Department Community Partnerships Division, "Handbook for Contracted Services Providers", notification of such matters must occur within 24 hours of such incident.

**Indemnity and Insurance**

Provider shall indemnify BCHA, its' officers and employees against any and all liability for injury and damage caused by any negligent or willful act of omission of Provider or any of Provider's employees or volunteers in the performance of duties specified in this MOU.

BCHA shall likewise indemnify and hold Provider harmless. Provider shall have General Liability, Workers' Compensation, Automobile and Professional insurance coverage as required and appropriate. Proof of coverage will be provided upon request of the BCHA.

**Compliance with Federal Regulations**

Provider agrees to comply with all applicable requirements which are now, or which may hereafter be, imposed by HUD for the Continuum of Care Program, including but not limited to the requirements of 24 CFR 578 Continuum of Care Program. There will be no displacement of participants through the provision of services pursuant to this MOU.

**Confidentiality**

Provider must have written procedures and policy to ensure the safety and confidentiality of all records containing personally identifying information of any individual or family who applies for or receives Continuum of Care assistance.

**Non-Discrimination and Equal Opportunity**

Provider agrees that no person shall, on the ground of race, color, religion, national origin, sex, sexual orientation, handicap, ancestry, familial status, or age be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program participating in the Continuum of Care Program or funded in whole or in part with funds made available to Provider pursuant to this MOU.

### **Training**

The BCHA will offer training to designated Provider staff as it relates to the Continuum of Care application procedures and eligibility requirements.

### **Other Concerns**

The BCHA requires the participant to receive case management/supportive services under the program. The BCHA is aware that in certain circumstances the Provider may not be able to provide services to the participant for reasons other than participant non-compliance. In such cases, the Provider will notify the BCHA immediately of such circumstance and ensure the participant is transitioned to another case management agency. The Provider will supply the BCHA with contact information for the new supportive service provider.

### **Term**

The term of this MOU is June 1, 2022 to May 31, 2023.

### **Independent Contractor**

This MOU does not create an employee/employer relationship between the parties. It is the intent of the parties that each party is an independent contractor for this MOU and are not the other parties' employees for all purpose, including but not limited to, the application of the Fair Labor Standards Act minimum wage and overtime payments, Federal Insurance Contribution Act, the Social Security Act, the federal Unemployment Tax Act, and the State of unemployment insurance law. Each party shall retain sole and absolute discretion in the judgement of the manner and means of carrying out their respective responsibilities hereunder. The parties agree that each party is a separate and independent enterprise, that they have the full opportunity to find other business, that each has made its own investment in its business, and that each will utilize a high level of skill necessary to perform the work. This MOU shall not be construed as creating any joint employment relationship between the parties and the parties will not be liable for any obligation incurred by the other parties, including but not limited to unpaid minimum wages and/or overtime premiums.

### **Amendment**


This MOU may be amended with the written agreement by both agencies.

S + C Permanent Housing 16 Units- MOU – Women in Distress of Broward County, Inc  
June 1, 2022 – May 31, 2023

**Signatures**

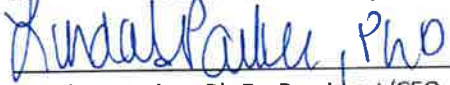
In witness whereof, the parties hereto have caused this agreement to be executed this 5<sup>th</sup> day of Oct. 2021.

**Broward County Housing Authority**

By:   
Ann Deibert, Chief Executive Officer


Date: 10/05/2021

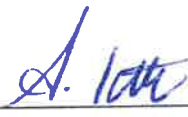
**Women in Distress of Broward County, Inc.**

By:   
Linda L. Parker, Ph.D., President/CEO

Date: 10/5/21

**Witnesses:**

By:   
Print: Noah Szegocai  
Date: 10/5/21

By:   
Print: SHEILA KITT  
Date: 10/5/21

## **Memorandum of Understanding Between Broward County Housing Authority and Pickett Fences**

This Memorandum of Understanding (MOU) is made by and between Broward County Housing Authority (BCHA) located at 4780 North State Road 7, Lauderdale Lakes FL 33319 and Pickett Fences, herein referred to as the 'Provider', located at 2701 W Oakland Park Ste 101 Fort Lauderdale, FL 33311 regarding S + C Permanent Housing 16 Units Continuum of Care Program herein referred to as the 'Program'.

### **Background**

The Program is funded by a grant from the United States Department of Housing and Urban Development (HUD) and requirements are outlined in 24 Code of Federal Regulations (CFR) 578. BCHA shall provide permanent housing through scattered site tenant-based rental assistance for at least eighteen (18) chronically homeless individuals and families as contracted with the Broward County - Homeless Initiative Partnership, here in referred to as 'HIP'.

The Project shall involve the assertive outreach of the Broward County Continuum of Care under the Zero: 2016 program or other such program as designated by the Continuum of Care and the Broward County Government. BCHA will collaborate with the Continuum of Care, Coordinated Assessment Committee and Provider.

All referrals originate with the Broward County Continuum of Care – Coordinated Assessment (COC).

### **Purpose of Memorandum of Understanding**

The purpose of the Memorandum of Understanding (MOU) is to clearly identify the services to be provided and the responsibilities of the Provider and the responsibilities of BCHA.

The tenant-based rental assistance will be provided through the Continuum of Care Grant and combined with case management and other core supportive services. The supportive services will be designed to assist participants in successfully obtaining and remaining in permanent housing, increasing skills and/or income, and maximizing their ability to live independently.

### **Responsibilities**

The Housing Authority will perform the following activities:

1. Perform initial, interim and annual income certifications for program participant referrals for qualification of housing and continued eligibility.
2. Conduct all Housing Quality Standards (HQS) inspections in accordance with BCHA policy and regulations.
3. Conduct initial and periodic Rent Reasonableness studies in accordance regulations.
4. Use Continuum of Care grant funds to pay for rental assistance to landlords.

5. Monitor grant performance and submit annual grant reports to HUD via the Broward County Continuum of Care as well as any reports required under contract with the Broward County Homeless Initiative Partnership.
6. Enter participant data in the County authorized Homeless Management Information System (HMIS), proper consent forms will be utilized.
7. Notify the Provider of any participant issues/problems that case management should be made aware of.
8. Track Supportive Service Match and notify Provider of insufficient match.
9. Notify the Provider of any changes to the Housing Authority contacts for this MOU.

The Provider unconditionally commits to be responsible for:

1. Designating a single contact person/liaison for the grant.
2. Case Management Services for the qualifying member, provided by a case manager, social worker or other Human Services Professional, which includes, but is not limited to:
  - a. Conduct outreach to persons eligible for the program, including attending county initiated meetings to obtain information on homeless persons and select those that may meet program requirements.
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  - d. Communicate with landlords, agents, and owners to ensure the family can be successful in the program which may include obtaining proper releases from the parties to ensure seamless coordination of service.
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### **Recordkeeping and Reporting**

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**Annual Assessment of Services**

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**Other Communication**

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**Indemnity and Insurance**

Provider shall indemnify BCHA, its' officers and employees against any and all liability for injury and damage caused by any negligent or willful act of omission of Provider or any of Provider's employees or volunteers in the performance of duties specified in this MOU.

BCHA shall likewise indemnify and hold Provider harmless. Provider shall have General Liability, Workers' Compensation, Automobile and Professional insurance coverage as required and appropriate. Proof of coverage will be provided upon request of the BCHA.

**Compliance with Federal Regulations**

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**Confidentiality**

Provider must have written procedures and policy to ensure the safety and confidentiality of all records containing personally identifying information of any individual or family who applies for or receives Continuum of Care assistance.

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### **Training**

The BCHA will offer training to designated Provider staff as it relates to the Continuum of Care application procedures and eligibility requirements.

### **Other Concerns**

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### **Term**

The term of this MOU is June 1, 2022 – May 31, 2023.

### **Independent Contractor**

This MOU does not create an employee/employer relationship between the parties. It is the intent of the parties that each party is an independent contractor for this MOU and are not the other parties' employees for all purpose, including but not limited to, the application of the Fair Labor Standards Act minimum wage and overtime payments, Federal Insurance Contribution Act, the Social Security Act, the federal Unemployment Tax Act, and the State of unemployment insurance law. Each party shall retain sole and absolute discretion in the judgement of the manner and means of carrying out their respective responsibilities hereunder. The parties agree that each party is a separate and independent enterprise, that they have the full opportunity to find other business, that it has made its own investment in its business, and that it will utilize a high level of skill necessary to perform the work. This MOU shall not be construed as creating any joint employment relationship between the parties and the parties will not be liable for any obligation incurred by the other parties, including but not limited to unpaid minimum wages and/or overtime premiums.

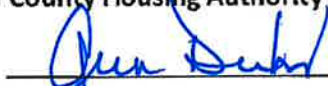
### **Amendment**

This MOU may be amended with the written agreement by both agencies.

**Signatures**

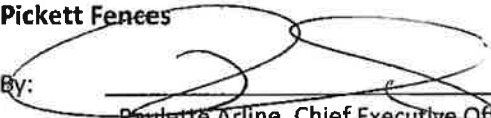
In witness whereof, the parties hereto have caused this agreement to be executed this 6 day of 10 2021.

**Broward County Housing Authority**

By:   
Ann Deibert, Chief Executive Officer

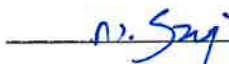
Date: 10/08/2021


**Pickett Fences**

By:   
Paulette Arline, Chief Executive Officer

Date: October 6, 2021

**Witnesses:**

By:   
Print: Noah Pruzgajew  
Date: 10/8/21

By:   
Print: Nicola Miller  
Date: 10-06-2021