

RESOLUTION NO. 201 - \_\_\_\_\_

**CITY OF POMPANO BEACH**  
**Broward County, Florida**

**A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF POMPANO BEACH, FLORIDA, APPROVING AND AUTHORIZING THE PROPER CITY OFFICIALS TO EXECUTE A SUBRECIPIENT AGREEMENT BETWEEN THE CITY OF POMPANO BEACH AND BROWARD CHILDRENS CENTER, INC., PROVIDING FOR THE FUNDING AND ADMINISTRATION OF COMMUNITY DEVELOPMENT BLOCK GRANT PROJECTS; PROVIDING AN EFFECTIVE DATE.**

**BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF POMPANO BEACH, FLORIDA:**

**SECTION 1.** That a SUBRECIPIENT Agreement between the City of Pompano Beach and **BROWARD CHILDRENS CENTER, INC.**, providing for the Funding and Administration of Community Development Block Grant Projects, a copy of which Agreement is attached hereto and is incorporated by reference as if set forth in full, is hereby approved.

**SECTION 2.** That the proper City officials are hereby authorized to execute said Agreement between the City of Pompano Beach and **BROWARD CHILDRENS CENTER, INC.**

**SECTION 3.** This Resolution shall become effective upon passage.

**PASSED AND ADOPTED** this \_\_\_\_\_ day of \_\_\_\_\_, 2017.

\_\_\_\_\_  
**LAMAR FISHER, MAYOR**

**ATTEST:**

\_\_\_\_\_  
**ASCELETA HAMMOND, CITY CLERK**

## **Exhibit B - Work Plan**

**BROWARD CHILDREN'S CENTER'S**  
**POMPANO BEACH CHAMPIONS CLUB**

**SCOPE OF WORK**

Broward Children's Center will provide a 12 week program for adults ages 18-40 with disabilities. The Pompano Beach Champions Clubs which began with funding from the City of Pompano Beach's Community Block Development grant in June 2017 will continue to operate in the recreation center, located at 200 SE 19<sup>th</sup> Avenue in Pompano Beach adjacent to its Children's Comprehensive Care Center. This program is designed to meet the need and fill the gap in day programming for an underserved, underfunded and often forgotten population – adults with special needs.

The program will serve 20 adults two days (Tuesday/Thursday) a week – 4 hours per day in a safe and welcoming environment. The program will be staffed by a Recreational Therapist, two Activities Assistant and Nurse. Experienced volunteers from the community will also help with program activities. Program objectives focus on learning, skill development, increased self-sufficiency, improved self-esteem, inclusion and community involvement. Program activities will include motivational speakers, cooking and nutrition education, social activities, yoga, music and art therapy and skills training. Lunch and snack will be provided. Transportation will be provided for the Center's residents by BCC and for city residents through the county's Paratransit program.

The Pompano Beach Champion's Club will begin on Tuesday, March 6<sup>th</sup> and will end on Thursday, May 25<sup>th</sup> for a total of 96 program hours. There will be no cost to program participants

Program objectives include: creating a suitable living environment for adults with special needs while addressing the need of providing high quality program for this population. The goal of this program is to also increase awareness and improve the availability of city services to adults with disabilities. Positive outcomes include collaborating with a local organization that specializes in providing high quality programming for children and adults with special health care needs and providing them with access to a free program especially designed to meet their needs.

EXHIBIT C

COMPENSATION AND BUDGET SUMMARY

**BROWARD CHILDRENS CENTER, INC.**

- A. All payments shall be in the form of reimbursements for program services provided. **SUBRECIPIENT** will be paid according to the approved budget submitted to the CITY for the specific program. The budget determined for **BROWARD CHILDRENS CENTER, INC.** for the funding period beginning October 1, 2017 through September 30, 2018 is attached and hereby incorporated and made part of Exhibit C.

The City shall pay **BROWARD CHILDRENS CENTER, INC.** (hereinafter referred to as the "SUBRECIPIENT") as maximum compensation for the services required pursuant to this Agreement the sum of **\$15,000.00**.

- B. During the term hereof and for a period of one (1) year following the date of the last payment made hereunder, the CITY shall have the right to review and audit the time records and related records of the SUBRECIPIENT pertaining to any payments by the CITY.
- C. Requests for payment should be made at least on a monthly basis, by the 15<sup>th</sup> of the month. Reimbursement requests should be submitted to the City within thirty (30) calendar days after the indebtedness has been incurred on the reimbursement request form provided by the Office of Housing and Urban Improvement.
- D. The SUBRECIPIENT must submit the final request for payment to the City within 30 calendars days following the expiration date or termination date of this Agreement on a form a provided by the Office of Housing and Urban Improvement. If the SUBRECIPIENT fails to comply with this requirement, the SUBRECIPIENT shall forfeit all rights to payment and the City shall not honor any request submitted thereafter.
- E. Any payment due under this Agreement may be withheld pending the receipt and approval by the City of all reports due from the SUBRECIPIENT as a part of this Agreement and any modifications.

Margaret Evans, CEO  
Name and Title

10/12/2017  
Date

**BROWARD CHILDREN'S CENTER'S BUDGET  
POMPANO BEACH CHAMPION'S CLUB  
FY 2017-2018**

1 Recreational Therapist – 10 hours per week (5 hours per day) X \$15.00 per hour X 12 weeks	\$1800
Start-Up Program Costs (Registration, Planning, Scheduling Activities, Ordering)	
40 hours of Program Preparation 40- hours X \$15.00 per hour	\$ 600
2 Recreational Assistants – 20 hours per week (10 hours each) X \$13.00 per hour X 12 weeks	\$3,120
40 hours of start-up X \$13.00 per hour (20 hours each Assistant)	\$ 520
1 Nurse – 8 hours per week (4 hours per day) X \$24.00 X 12 weeks	\$2,304
1 Bus Driver – 8 hours per week (4 hours per day) X \$12.00 per hours X 12 weeks	\$1152
Activities (Cooking, Art/Music Therapy, Special Shows, Skill Training, Motivational Speakers)	\$5,000
Materials/Supplies	\$ 504
<b>Total CBDG Request</b>	<b>\$15,000</b>

**EXHIBIT D**

**CITY OF POMPANO BEACH – OFFICE OF HOUSING AND URBAN IMPROVEMENT**

**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 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 Form to Report Lobbying," in accordance with its instructions.

(1) This undersigned shall require that the language of this certification be included in the award documents for "All" sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients 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 pre-requisite 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.

BROWARD CHILDRENS CENTER, INC.  
*Marjorie Evans CEO*  
\_\_\_\_\_  
SUBRECIPIENT

MARJORIE EVANS  
\_\_\_\_\_  
PRINT NAME OF CERTIFYING OFFICIAL

*Marjorie Evans CEO*  
\_\_\_\_\_  
SIGNATURE OF CERTIFYING OFFICIAL

*10/12/2017*  
\_\_\_\_\_  
DATE

\* Note: In these instances, "All" in the Final Rule is expected to be clarified to show that it applies to covered contract/grant transactions over \$100,000 (per OMB).

**EXHIBIT E**

**CITY OF POMPANO BEACH – OFFICE OF HOUSING AND URBAN IMPROVEMENT**

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER  
RESPONSIBILITY MATTERS PRIMARY COVERED TRANSACTIONS**

1. The Subrecipient certifies to the best of its knowledge and belief, that it and its principals:
  - a. Are not presently debarred, suspended, proposed for debarment, and declared ineligible or voluntarily excluded from covered transactions by any Federal department or agency.
  - b. Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or falsification or destruction of records, making false statements, or receiving stolen property;
  - c. Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph 1.b of this certification; and
  - d. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.
  
2. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall submit an explanation to the City of Pompano Beach.

SUBRECIPIENT

Marjorie Evans, CEO

PRINT NAME OF CERTIFYING OFFICIAL

Marjorie Evans, CEO      10/12/2017

SIGNATURE OF CERTIFYING OFFICIAL

DATE

**EXHIBIT F**

**CITY OF POMPANO BEACH – OFFICE OF HOUSING AND URBAN IMPROVEMENT**

**SWORN STATEMENT PURSUANT TO SECTION 287.133(3)(A).  
FLORIDA STATUTES ON PUBLIC ENTITY CRIME**

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to \_\_\_\_\_

By Marjorie Evans, CEO  
MARJORIE EVANS CEO  
(print this individual's name and title)

for Broward Childrens Center, Inc  
Broward Childrens Center, Inc  
(print name of entity submitting statements)

whose business address is 200 SE 19 AVE  
Pompano Beach, Florida 33060

and if applicable is Federal Employer Identification Number (FEIN) is 59-137-82-44

If the entity has no FEIN, include the Social Security Number of the individual signing this sworn Statement:

2. I understand that a "public entity crime" as defined in paragraph 287.133(1)(a), Florida Statutes, mean a violation of any state or federal law by a person with respect to and directly related to the transactions of business with any public entity or with an agency or political subdivision of any other state or with the United States including, but not limited to any bid or contract for goods or services to be provided to any public entity or any agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.

3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes means a finding of guilt or a conviction of a public entity crime, with or without adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a Jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.

4. I understand that an "affiliate" as defined in paragraph 287.133(1)(a), Florida Statutes, means:

1. A predecessor or successor of a person convicted of public entity crime; or
2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in



another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

- 5. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
- 6. Based on information and belief, the statement which I have marked below is true in a relation to the entity submitting this sworn statement. (Please indicate which statement applies).

Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or any affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months.

X The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity or an affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months. AND (Please indicate which additional statement applies).

\_\_\_\_\_ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months. However, there has been a subsequent proceeding before a Hearing Officers of the State of Florida, Division of Administrative Hearings and the Final Order by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (Attached is a copy of the final order).

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THE PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED AND FOR THE PERIOD OF THE CONTRACT ENTERED INTO, WHICHEVER PERIOD IS LONGER. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES, FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

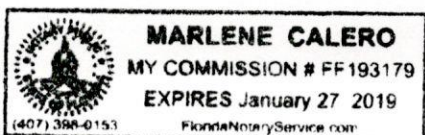
Marlene Calero, PE  
\_\_\_\_\_  
(Signature)

Sworn to me and subscribed before me this 12<sup>th</sup> day of October, 2017.

Personally known  
\_\_\_\_\_

Or produced identification Notary Public—State of Florida

\_\_\_\_\_ My commission expires 1-27-19  
(Type of Identification)





(Printed, typed or stamped commissioned name of notary public)