

MISCELLANEOUS APPROPRIATIONS CONTRACT

THIS CONTRACT is signed this ___ day of _____, 2019, by the City of Pompano Beach ("City") and First Call For Help Of Broward, Inc., a Not For Profit Corporation authorized to do business in the State of Florida ("Recipient").

WHEREAS, the City of Pompano Beach has appropriated for its current Fiscal Year 2019-20 (October 1st through September 30th), the sum of \$15,000 to RECIPIENT, to conduct a program entitled or activity as described in Exhibit "A" Recipients Requirements, Contractual Responsibilities and Program Description which is attached hereto and incorporated herein by reference, for the period beginning October 1, 2019 and ending September 30, 2020; and

WHEREAS, it is in the best interest of the City of Pompano Beach to enter into a contract with the RECIPIENT for the conduct of said program or activity in accordance with the terms and conditions set forth herein; and

NOW, THEREFORE, in consideration of those mutual promises and the terms and conditions set forth hereafter, the parties agree as follows:

1. Contract Documents. This Contract consists of the following Exhibits: Exhibit "A" Recipients Requirements, Contractual Responsibilities and Program Description; Exhibit "B" Payment Schedule; and Exhibit "C" Insurance Requirements which are attached hereto and made a part hereof and incorporated herein; and all written change orders and modifications issued after execution of this Contract.
2. Term of Contract. This Contract shall be for the period beginning October 1, 2019 and ending September 30, 2020.
3. Renewal. This Contract is not subject to renewal.
4. City's Maximum Obligation. City agrees to pay Recipient for conducting the Program. Both parties agree that unless otherwise directed by City in writing, Recipient shall continue to provide the Program during the term of this Contract.
5. Payment of Program or Activity. City shall pay Recipient for performance of the program in accordance with Exhibit B Payment Schedule.
6. Disputes. Any factual disputes between City and the Recipient in regard to this Contract shall be directed to the City Manager for the City, and such decision shall be final.

7. Contract Administrators, Notices and Demands.

A. Contract Administrators. During the term of this Contract, the City's Contract Administrator shall be City Manager or Designee and the Recipient's Contract Administrator shall be Will Spencer (or their authorized written designee) as further identified below.

B. Notices and Demands. A notice, demand, or other communication hereunder by either party to the other shall be effective if it is in writing and sent via email, facsimile, registered or certified mail, postage prepaid to the representatives named below or is addressed and delivered to such other authorized representative at the address as that party, from time to time may designate in writing and forward to the other as provided herein.

If to Recipient: Will Spencer
Chief Social Enterprise Officer
250 NE 33rd St.
Oakland Park, FL 33334
Office: (954) 557-3912
Email: wspencer@211-broward.org

If to City: City Manager or Designee, Contract Administrator
Greg Harrison
City Manager
100 W Atlantic Blvd.
Pompano Beach, FL 33060
Office: (954) 786-4601
Email: greg.harrison@copbfl.com

8. Ownership of Documents and Information. All information, data, reports, plans, procedures or other proprietary rights in all Work items, developed, prepared, assembled or compiled by Recipient as required for the Work hereunder, whether complete or unfinished, shall be owned by the City without restriction, reservation or limitation of their use and made available at any time and at no cost to City upon reasonable written request for its use and/or distribution as City deems appropriate provided City has compensated Recipient for said Work product. City's re-use of Recipient's Work product shall be at its sole discretion and risk if done without Recipient's written permission. Upon completion of all Work contemplated hereunder or termination of this Contract, copies of all of the above data shall be promptly delivered to the City's Contract Administrator upon written request. The Recipient may not disclose, use, license or sell any work developed, created, or otherwise originated hereunder to any third party whatsoever. The rights and obligations created under this Article shall survive the termination or expiration of this Contract.

To the extent it exists and is necessary to perform the Work hereunder, City shall provide any information, data and reports in its possession to Recipient free of charge.

9. Termination. City shall have the right to terminate this Contract, in whole or in part, for cause, default or negligence on Recipient's part, upon ten (10) business days advance written notice to Recipient. Such Notice of Termination may include City's requests for certain product documents and materials, and other provisions regarding the program.

If there is any material breach or default in Recipient's performance of any covenant or obligation hereunder which has not been remedied within ten (10) business days after City's written Notice of Termination, City, in its sole discretion, may terminate this Contract immediately and Recipient shall not be entitled to receive further payment from the effective date of the Notice of Termination.

In the event that the City of Pompano Beach fails for any reason to appropriate funds for this contract, this Contract shall be deemed terminated and City shall provide Recipient with ten (10) business days written notice. Upon receipt of said notice, Recipient shall be responsible for any and all expenses and/or legal obligations made after receipt of written notice from the CITY.

10. Force Majeure. Neither party shall be obligated to perform any duty, requirement or obligation hereunder if such performance is prevented by fire, hurricane, earthquake, explosion, war, civil disorder, sabotage, accident, flood, acts of God or by any reason of any other matter or condition beyond the control of either party which cannot be overcome by reasonable diligence and without unusual expense ("Force Majeure"). In no event shall economic hardship or lack of funds be considered an event of Force Majeure. If either party is unable to perform or delayed in their performance of any obligations hereunder by reason of any event of Force Majeure, such inability or delay shall be excused at any time during which compliance therewith is prevented by such event and during such period thereafter as may be reasonably necessary for either party to correct the adverse effect of such event of Force Majeure.

In order to be entitled to the benefit of this provision, within five (5) days after the beginning of any such delay, a party claiming an event of Force Majeure shall have given the other party written notice of the cause(s) thereof, requested an extension for the period and also diligently proceeded to correct the adverse effect of any Force Majeure. The parties agree that, as to this provision, time is of the essence.

11. Insurance. Recipient shall maintain insurance in accordance with Exhibit "C" throughout the term of this Contract.

12. Indemnification. Except as expressly provided herein, no liability shall attach to the City by reason of entering into this Contract.

A. Recipient shall at all times indemnify, hold harmless and defend the City, its officials, employees, volunteers and other authorized agents from and against any and all claims, demands, suit, damages, attorneys' fees, fines, losses, penalties, defense costs or

liabilities suffered by the City arising directly or indirectly from any act, breach, omission, negligence, recklessness or misconduct of Recipient and/or any of its agents, officers, or employees hereunder, including any inaccuracy in or breach of any of the representations, warranties or covenants made by the Recipient, its agents, officers and/or employees, in the performance of services of this contract. Recipient agrees to investigate, handle, respond to, provide defense for, and defend any such claims at its sole expense and to bear all other costs and expenses related thereto, even if the claim(s) is/are groundless, false or fraudulent. To the extent considered necessary by City, any sums due Recipient hereunder may be retained by City until all of City's claims for indemnification hereunder have been settled or otherwise resolved, and any amount withheld shall not be subject to payment or interest by City.

B. Recipient acknowledges and agrees that City would not enter into this Contract without this indemnification of City by Recipient. The parties agree that one percent (1%) of the total compensation paid to Recipient hereunder shall constitute specific consideration to Recipient for the indemnification provided under this Article and these provisions shall survive expiration or early termination of this Contract.

13. Sovereign Immunity. Nothing in this Contract shall be construed to affect in any way the rights, privileges and immunities of the City and agencies, as set forth in Article 768.28, Florida Statutes.

14. Non-Assignability and Subcontracting.

A. Non-Assignability. This Contract is not assignable and Recipient agrees it shall not assign or otherwise transfer any of its interests, rights or obligations hereunder, in whole or in part, to any other person or entity without City's prior written consent which must be sought in writing not less than fifteen (15) days prior to the date of any proposed assignment. Any attempt by Recipient to assign or transfer any of its rights or obligations hereunder without first obtaining City's written approval shall not be binding on City and, at City's sole discretion, may result in City's immediate termination of this Contract whereby City shall be released of any of its obligations hereunder. In addition, this Contract and the rights and obligations herein shall not be assignable or transferable by any process or proceeding in court, or by judgment, execution, proceedings in insolvency, bankruptcy or receivership. In the event of Recipient's insolvency or bankruptcy, City may, at its option, terminate and cancel this Contract without any notice of any kind whatsoever, in which event all rights of Recipient hereunder shall immediately cease and terminate.

B. Subcontracting. Prior to subcontracting for Work to be performed hereunder, Recipient shall be required to obtain the written approval of the City's Contract Administrator. If the City's Contract Administrator, in his/her sole discretion, objects to the proposed subcontractor, Recipient shall be prohibited from allowing that subcontractor to provide any Work hereunder. Although Recipient may subcontract Work in accordance with this Article, Recipient remains responsible for any and all contractual obligations hereunder and shall also be responsible to ensure that none of its proposed subcontractors are listed on the *Convicted Vendors List* referenced in accordance with the provisions of Article 28 below.

15. Performance Under Law. The Recipient, in the performance of duties under the Contract, agrees to comply with all applicable local, state and/or federal laws and ordinances including, but not limited to, standards of licensing, conduct of business and those relating to criminal activity.

16. Audit and Inspection Records. The Recipient shall permit the authorized representatives of the City to inspect and audit all data and records of the Recipient, if any, relating to the program being funded by this contract until the expiration of three years after final payment under this contract. The Recipient agrees that such inspections and audits may include the audit of the financial affairs of the Recipient by authorized City representatives, and may be done at any time with no advance notice by the City.

The Recipient further agrees to include in all his subcontracts hereunder a provision to the effect that the subcontractor agrees that City or any of their duly authorized representatives shall, until the expiration of three years after final payment under the subcontractor, have access to and the right to examine any directly pertinent books, documents, papers and records of such subcontractor, involving transactions related to the subcontractor.

In the event RECIPIENT receives fifty thousand dollars (\$50,000.00) or more from the City of Pompano Beach, the City of Pompano Beach reserves the right to request a copy of a grant auditing report conducted in accordance with generally accepted auditing standards, Government Auditing Standards, issued by the Comptroller General of the United States and the provisions of Office of Management and Budget Circular A-133. If such a request is made by the City, all grant funds shall be shown via explicit disclosure in the annual financial statements and/or the accompanying notes to the financial statement. Upon request, this report shall be due within 120 days of the close of the CITY'S fiscal year.

17. Adherence to Law. Both parties shall adhere to all applicable laws governing their relationship with their employees including, but not limited to, laws, rules, regulations and policies concerning worker's compensation, unemployment compensation and minimum wage requirements.

18. Independent Parties. The Recipient shall be deemed an independent Recipient for all purposes, and the employees of the Recipient or any of its contractors, subcontractors and the employees thereof, shall not in any manner be deemed to be employees of City. As such, the employees of the Recipient, its contractors or subcontractors, shall not be subject to any withholding for tax, social security or other purposes by City, nor shall such contractor, subcontractor or employee be entitled to sick leave, pension benefits, vacation, medical benefits, life insurance, workers or unemployment compensation or the like from City.

Furthermore; nothing in this contract shall be deemed to constitute or create a joint venture, partnership, pooling arrangement or other form of business entity between the Recipient and the City. Recipient agrees to indemnify and hold harmless the City of Pompano Beach from an against all claims, suits, damages, costs, losses and expenses in any manner arising out of or connected with the Recipient's expenditure of allotted funds under this contract and the Recipient's program or activity generally described herein and more particularly described in Exhibit "A" to this contract.

19. Mutual cooperation. The Recipient recognizes that the performance of this contract is essential to the provision of vital public services and the accomplishment of the stated goals and mission of City. Therefore, the Recipient shall be responsible to maintain a cooperative and good faith attitude in all relations with City and shall actively foster a public image of mutual benefit to both parties. The Recipient shall not make any statements or take any actions detrimental to this effort.

20. Public Records.

A. The City of Pompano Beach is a public agency subject to Chapter 119, Florida Statutes. The Recipient shall comply with Florida's Public Records Law, as amended. Specifically, the Recipient shall:

1. Keep and maintain public records required by the City in order to perform the service.

1. Upon request from the City's custodian of public records, provide the City with a copy of requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in Chapter 119, Florida Statutes or as otherwise provided by law.

2. Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the contract term and following completion of the contract if the Recipient does not transfer the records to the City.

4. Upon completion of the contract, transfer, at no cost to the City, all public records in possession of the Recipient, or keep and maintain public records required by the City to perform the service. If the Recipient transfers all public records to the City upon completion of the contract, the Recipient shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the Recipient keeps and maintains public records upon completion of the contract, the Recipient shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the City, upon request from the City's custodian of public records in a format that is compatible with the information technology systems of the City.

A. Failure of the Recipient to provide the above described public records to the City within a reasonable time may subject Recipient to penalties under 119.10, Florida Statutes, as amended.

PUBLIC RECORDS CUSTODIAN

IF THE RECIPIENT HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE RECIPIENT'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT:

**CITY CLERK
100 W. Atlantic Blvd., Suite 253
Pompano Beach, Florida 33060
(954) 786-4611
RecordsCustodian@copbfl.com**

21. Governing Law. This Contract has been and shall be construed as having been made and delivered within the State of Florida, and it is agreed by each party hereto that this Contract shall be governed by the laws of the State of Florida, both as to interpretation and performance. Any action at law, or in equity, shall be instituted and maintained only in courts of competent jurisdiction in Broward County, Florida.

22. Waiver and Modification.

A. No waiver made by either party with respect to performance, manner, time, or any obligation of either party or any condition hereunder shall be considered a waiver of that party's rights with respect to the particular obligation or condition beyond those expressly waived in writing or a waiver of any other rights of the party making the waiver or any other obligations of the other party.

B. No Waiver by Delay. The City shall have the right to institute such actions or proceedings as it may deem desirable for effectuating the purposes of this Contract provided that any delay by City in asserting its rights hereunder shall not operate as a waiver of such rights or limit them in any way. The intent of this provision is that City shall not be constrained to exercise such remedy at a time when it may still hope to otherwise resolve the problems created by the default or risk nor shall any waiver made by City with respect to any specific default by Recipient be considered a waiver of City's rights with respect to that default or any other default by Recipient.

C. Either party may request changes to modify certain provisions of this Contract; however, unless otherwise provided for herein, any such changes must be contained in a written amendment executed by both parties with the same formality of this Contract.

23. No Contingent Fee. Recipient warrants that other than a bona fide employee working solely for Recipient, Recipient has not employed or retained any person or entity, or

paid or agreed to pay any person or entity, any fee, commission, gift or any other consideration to solicit or secure this Contract or contingent upon or resulting from the award or making of this Contract. In the event of Recipient's breach or violation of this provision, City shall have the right to terminate this Contract without liability and, at City's sole discretion, to deduct from the Price Formula set forth in Article 7 or otherwise recover the full amount of such fee, commission, gift or other consideration.

24. Attorneys' Fees and Costs. In the event of any litigation involving the provisions of this Contract, both parties agree that the prevailing party in such litigation shall be entitled to recover from the non-prevailing party reasonable attorney and paraprofessional fees as well as all out-of-pocket costs and expenses incurred thereby by the prevailing party in such litigation through all appellate levels.

25. No Third Party Beneficiaries. Recipient and City agree that this Contract and other contracts pertaining to Recipient's performance hereunder shall not create any obligation on Recipient or City's part to third parties. No person not a party to this Contract shall be a third-party beneficiary or acquire any rights hereunder.

26. Public Entity Crimes Act. As of the full execution of this Contract, Recipient certifies that in accordance with §287.133, Florida Statutes, it is not on the *Convicted Vendors List* maintained by the State of Florida, Department of General Services. If Recipient is subsequently listed on the *Convicted Vendors List* during the term of this Contract, Recipient agrees it shall immediately provide City written notice of such designation in accordance with Article 9 above.

27. Entire Contract. This document incorporates and includes all prior negotiations, correspondence, conversations, contracts or understandings applicable to the matters contained herein, and the parties agree that there are no commitments, contracts or understandings concerning the subject matter of this Contract that are not contained in this document. Accordingly, it is agreed that no deviation from the terms hereof shall be predicated upon any prior representations or contracts, whether oral or written.

28. Headings. The headings or titles to Articles of this Contract are not part of the Contract and shall have no effect upon the construction or interpretation of any part of this Contract.

29. Counterparts. This Contract may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. A photocopy, email or facsimile copy of this Contract and any signatory hereon shall be considered for all purposes as original.

30. Approvals. Whenever CITY approval(s) shall be required for any action under this Contract, said approval(s) shall not be unreasonably withheld.

31. Absence of Conflicts of Interest. Both parties represent they presently have no interest and shall acquire no interest, either direct or indirect, which would conflict in any

manner with their performance under this Contract and that no person having any conflicting interest shall be employed or engaged by either party in their performance hereunder.

32. Binding Effect. The benefits and obligations imposed pursuant to this Contract shall be binding and enforceable by and against the parties hereto.

33. Severability. Should any provision of this Contract or the applications of such provisions be rendered or declared invalid by a court action or by reason of any existing or subsequently enacted legislation, the remaining parts of provisions of this Contract shall remain in full force and effect.

THE REMAINDER OF THE PAGE IS INTENTIONALLY LEFT BLANK

IN WITNESS WHEREOF, the parties hereto have caused this Contract to be executed the day and year hereinabove written.

"CITY":

Witnesses:

CITY OF POMPANO BEACH

By: _____
REX HARDIN, MAYOR

By: _____
GREGORY P. HARRISON, CITY MANAGER

Attest:

ASCELETA HAMMOND, CITY CLERK

(SEAL)

Approved As To From:

MARK E. BERMAN, CITY ATTORNEY

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this _____ day of _____, 2019 by **REX HARDIN** as Mayor, **GREGORY P. HARRISON** as City Manager, and **ASCELETA HAMMOND** as City Clerk of the City of Pompano Beach, Florida, a municipal corporation, on behalf of the municipal corporation, who are personally known to me.

NOTARY'S SEAL:

NOTARY PUBLIC, STATE OF FLORIDA


(Name of Acknowledger Typed, Printed or Stamped)

Commission Number

"RECIPIENT"

First Call For Help Of Broward, Inc.
(Print or type name of company here)

Witnesses:



Will Spencer
(Print or Type Name)



Louisa Morris
(Print or Type Name)

By: Sheila J. Smith

Print Name: Sheila J. Smith

Title: President/CEO

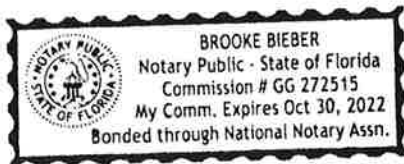
Business License No. _____

STATE OF FLORIDA

COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 5th day of SEPTEMBER, 2019, by Sheila J. Smith as PRESIDENT of FIRST CALL FOR HELP OF BROWARD, INC., a Florida corporation on behalf of the corporation or a Florida limited liability company on behalf of the company. He/she is personally known to me or who has produced _____ (type of identification) as identification.

NOTARY'S SEAL:



Brooke Bieber
NOTARY PUBLIC, STATE OF FLORIDA

Brooke Bieber
(Name of Acknowledger Typed, Printed or Stamped)

#GG 272515
Commission Number

Exhibit "A"

Recipients Requirements, Contractual Responsibilities and Program Description

1. RECIPIENT agrees to do as follows:

- a) To accept the funds as appropriated in accordance with the terms of this Contract; and
- b) If RECIPIENT intends on obtaining matching funds from another source at the time of the application for the CITY grant, the CITY reserves the right to request a copy of the matching fund contract along with a financial report; and
- c) Prior to the award of any CITY funds, RECIPIENT shall provide documentation substantiating that RECIPIENT's corporation/organization falls within Section 501(c)(3) and Section 501(A) of the Internal Revenue Code and a W9 form; and
- d) To abide by Chapter 119, Florida Statutes, as from time to time amended, and to comply with all applicable federal, state, county and municipal laws, ordinances, codes and regulations. Any difference between the above federal, state, county or municipal guidelines or regulations and this Contract shall be resolved in favor of the more restrictive guidelines; and
- e) To utilize allotted funds under this Contract for the sole purpose set forth in this Contract – FRAUDULENT USE OF CITY FUNDS SHALL RESULT IN THE TERMINATION OF THIS CONTRACT AND THE RECIPIENT SHALL BE OBLIGATED TO RETURN ALL THE FUNDS AWARDED BY THIS CONTRACT. IN ADDITION, THE CITY RESERVES ANY AND ALL RIGHTS AFFORDED UNDER THE LAW INCLUDING PROSECUTION FOR SUCH FRAUDULENT USE OF CITY FUNDS IN A COURT OF COMPETENT JURISDICTION. ALL UNSPENT FUNDS MUST BE RETURNED TO THE CITY; and
- f) To return to the CITY within fifteen (15) days of demand all CITY funds paid to said RECIPIENT under the terms of this Contract upon the finding that the terms of any contract executed by the RECIPIENT of the provisions or any applicable ordinance or law have been violated by the RECIPIENT; and
- g) To return to the CITY all funds expended for disallowed expenditures as determined by the CITY which includes, but not limited to:
 - i. Personal digital assistants (PDAs), cell phones, smartphones, and similar devices
 - ii. Service costs to support PDAs, cell phones, smartphones, and similar devices such as wireless services and data plans
 - iii. Proposal preparation including the costs to develop, prepare or write the proposal
 - iv. Pre-award costs
 - v. Out-of-state travel; non-local travel expenses
 - vi. Gift cards
 - vii. Purchase/lease of facilities or vehicles (e.g., buildings, buses, vans, cars)
 - viii. Rentals – one day only (written justification and approval needed for additional time)
 - ix. Entertainment – exceptions shall be made for community events (written

- justification and approval needed prior)
- x. Land acquisition
- xi. Furniture
- xii. Honorariums for presenters/speakers and any costs associated with travel expenses
- xiii. Appliances and home goods (e.g., refrigerators, microwaves, stoves, tabletop burners) (written justification and approval needed)
- xiv. Tuition/Scholarships
- xv. Capital improvements and permanent renovations (e.g., playgrounds, buildings, fences, wiring)
- xvi. Clothing or uniforms (written justification and approval needed)
- xvii. Project banquets/luncheons
- xviii. Costs for items/services already covered by indirect costs allocation (supplanting)
- xix. Out of state college tours
- xx. Out of county field trips
- xxi. Alcohol
- xxii. Airfare
- xxiii. Boat rentals
- xxiv. Family incentives
- xxv. Car mileage
- xxvi. Stipends
- xxvii. Laboratory fees
- xxviii. Computers
- xxix. Health benefits
- xxx. Digital Cameras
- xxxi. Plaques
- xxxii. Hotel Costs
- xxxiii. Housing - (written justification and approval needed based on programming)

h) To maintain books, records and documents in accordance with generally accepted accounting procedures and practices to maintain adequate internal controls which, relating to the project(s), sufficiently and properly reflect all expenditures of funds provided by the CITY under this Contract; and

- 2) RECIPIENT agrees to provide the City Manager's Office or designee with a quarterly narrative and financial progress report, if applicable, on the program or activity described in Exhibit "A" Recipients Requirements, Contractual Responsibilities and Program Description.

Such reports shall include basic statistical information relative to the program or activity and a statement of expenditures made in each budget category and line item identified in the budget which is included in Exhibit "A" Recipients Requirements, Contractual Responsibilities and Program Description.

RECIPIENT shall receive the first wave of funding upon approval by the City Commission. A narrative and financial report shall be due on the dates listed below, as applicable.

However, following the completion of the first narrative and financial report and as indicated in Exhibit "B" Payment Schedule, the remaining distribution payment to the RECIPIENT shall be contingent upon prior receipt of the required progress narrative and financial report which is due during the preceding quarter. Narrative and financial reports for recipients receiving

quarterly or monthly payments as indicated in Exhibit "B" Payment Schedule shall be due no later than the following dates:

1st Quarterly Narrative & Financial Report (October/November/December) - February 1st
2nd Quarterly Narrative & Financial Report (January/February/March) - May 1st
3rd Quarterly Narrative & Financial Report (April/May/June) - August 1st
4th Quarterly Narrative & Financial Report (July/August/September) - September 30th

If RECIPIENT receives a lump sum payment for a one-time event or an award amount of \$5,000 or less then the RECIPIENT shall be required to submit their narrative and financial report on a due date above as assigned by the CITY at a later date. The due date shall occur after the program or activity described in Exhibit "A" Recipients Requirements, Contractual Responsibilities and Program Description has concluded.

However, if any of the above dates fall on a weekend, then the due date shall be extended to the next business day, thereafter, as long as it does not exceed the term of this contract.

When submitting the quarterly narrative reports, RECIPIENT shall track and report to the CITY the following:

- a. Current and final outcomes for the program based on the objectives provided in the RECIPIENT's grant application
- b. Include all available statistics and/or numbers regarding the demographics of individuals served by the program; such as the number of CITY of Pompano Beach residents served (include tracking method used)
 - i. Age
 - ii. Race
 - iii. Gender
 - iv. Zip Codes
 - v. Household income (if applicable)
- c. Describe accomplishments of the program to date
- d. Summary of the impact the program has had on its intended target audience; to include challenges faced, photographs of the project and success stories (How did the CITY's funding make a difference in a resident/recipient's life?)

Failure to provide the quarterly narrative reports shall render an organization ineligible to receive future payouts.

- 3) The approved budget for the RECIPIENT, included in Exhibit "A" Recipients Requirements, Contractual Responsibilities and Program Description and any changes in the budget which would affect expenditure of funds provided under the terms of this contract, must be approved in writing by the City Manager or his/her designee prior to the expenditure of such funds; provided, that nothing herein shall authorize or allow any expenditure or obligation of funds in excess of the total sum aforesaid.

RECIPIENT shall submit financial reports with all required documentation of expenditures (including original receipts/proofs of payments and itemized list).

Failure to provide a narrative and financial report as assigned by the CITY and/or failure to utilize all of the prior allocated funds from the first six months of the contract shall render an organization ineligible to receive additional payouts and render the organization ineligible for current and future funding from the CITY.

Failure from the RECIPIENT to provide a Quarterly or Final narrative or Monthly, Quarterly or Lump Sum, financial report shall forfeit all outstanding project funding and shall render the RECIPIENT ineligible for additional funding from the CITY.

RECIPIENT shall not be allowed to receive any new funding from the CITY if RECIPIENT has any unspent or uncommitted funds from a previous awarded contract that have not been returned to CITY.

- 4) RECIPIENT agrees that any funds provided by the CITY for the operation of the program or activity during the current CITY's fiscal year, which are residual funds remaining unspent or unencumbered by any existing (not contingent) legal obligation shall be retained by the CITY.
- 5) RECIPIENT shall not use the CITY's logo, materials, or testimony for promotion of the RECIPIENT's program without written authorization from the CITY Manager or its designee.
- 6) RECIPIENTS shall attend a mandatory Orientation provided by the CITY at a date to be determined by the CITY. Failure to attend said Orientation shall be grounds for termination of the contract.
- 7) In cases where a contract is terminated by the CITY for default by RECIPIENT, the CITY reserves the right to deny RECIPIENT's future applications for new funding for a time to be determined by the City Manager, and/or his or her designee, and/or the City Commission.

Organization name: First Call For Help Of Broward, Inc.

Program funded: General Helpline and Touchline Programs

Amount funded: \$15,000

Program description: 24 hours a day, seven days a week 211-Broward will connect Pompano Beach residents to resources they need with just one call. Without a 211 it takes an estimated 7 calls to find the help you need and are eligible to receive. 211 takes the guesswork out and often pre-screens for eligibility. Whether the caller is in crisis or just needs a referral, 211 is always available with accurate information. 211 answers incoming calls and texts and also makes outbound follow-up and reassurance calls. Our Helpline Counselors address the three top priorities that the City has identified, but does not limit a caller to those categories. We measure our success by listening and assisting as long as is necessary to meet the needs of callers. Some calls are quick and others are more complex and require in-depth problem solving. Most of our callers are from low-income families, but this is not a requirement.

Form Name:	City of Pompano Beach 2019-2020 Nonprofit Sponsorship Application
Submission Time:	May 10, 2019 11:04 am
Browser:	Chrome 64.0.3282.140 / Windows
IP Address:	12.199.219.210
Unique ID:	503701899
Location:	37.750999450684, -97.821998596191

About Your Organization

Which Fiscal Year Is Your Organization Applying For? 2019-2020

Full Name of Nonprofit: First Call for Help of Broward, Inc. dba 211-Broward

Mission of Nonprofit: 211-Broward connects people in need with the services that can help them.

Simply by dialing "2-1-1" any time of day or night, Pompano Beach residents can speak anonymously and confidentially with a degreed Helpline Counselor who will listen, de-escalate crisis situations, identify caller needs, help develop an action plan, link callers with appropriate services and support, and walk them through what to do next. 211-Broward maintains and updates a comprehensive database of nearly one thousand agencies offering four thousand programs and services available in Broward County.

Brief Overview of Nonprofit: 211-Broward is an essential partner with government, non-profit organizations and community leadership. 211 is the "go to" resource for help in Broward County. Helpline Counselors are extensively trained in crisis intervention techniques, problem solving, and local service systems. They offer support which will address a caller's needs and put them on a path to resolution and stability. The majority of calls relate to the needs of low-income individuals and families such as food, housing, health, education, mental health, employment, and childcare. 211-Broward answers all calls to the National Suicide Prevention Lifeline that originate in the County. 211 makes daily reassurance calls to seniors who live alone to confirm their safety and well-being.

Nonprofit Website: www.211-broward.org

Which Funding Priority Does Your Nonprofit Qualify For: Workforce Readiness

Type of Organization - select the one that best applies: Human Services

Executive Summary of How Nonprofit will use City of Pompano Beach Funding: 211-Broward will use City of Pompano Beach funding to directly support the staffing of our General Helpline and Touchline (seniors) programs. All funding from the City will be allocated to the salary costs of degreed Helpline Counselors. We are grateful for prior years' support which allows us to be there whenever a Pompano Beach resident reaches out to ask for help with whatever they need.

How Does Your Nonprofit/Program Fit the Guidelines and Funding Interests?

Although the application only allows us to select one funding priority, 211-Broward offers services that qualify for all four priorities. Workforce readiness and education are closely related in our scope of services and we collaborate with community partners to achieve these goals. We have an ongoing partnership with CareerSource, and routinely connect callers to training and educational opportunities. We partner with the school district and Children's Services Council to help high school students with their financial aid applications as they forge a pathway to college or vocational training and ultimately connect them to employment. We leverage an extraordinary relationship with Broward College to assist adults, many of whom are first-generation college students, to apply and succeed at school. We work to close the skills gap through improved educational attainment, financial literacy programs in collaboration with SunTrust Bank, and by partnering to provide social support and crisis intervention in middle and high schools. We know that these efforts directly help individuals and families, but the benefits of workforce readiness and education are shared by the whole community through a stronger economic engine. Seniors make up a considerable portion of Broward's population. 211 makes daily reassurance calls to check on the safety and wellbeing of seniors to help maintain their independence. 211 participates in outreach activities hosted by and within Pompano Beach.

Statement of Need:

The needs of Pompano Beach residents are as varied as the residents themselves. In the last fiscal year 211-Broward answered 5854 requests for services from Pompano Beach residents. These same residents received 9374 referrals as most callers/families have more than one need. There were 24 suicide related interventions and 2 suicides in progress from Pompano Beach. We participated in 16 community outreach activities in Pompano Beach. All of the programs funded last year by the City of Pompano Beach are listed in our database which is also available online and increases access to care for your residents. 211-Broward made 564 follow-up calls to Pompano Beach residents. We made 2860 daily reassurance calls to seniors living in Pompano Beach. The top five major needs expressed by callers were: basic needs such as food and housing/shelter (3356), government and community services (1360), family problems (1257), mental health (1101), and health and wellness (984). 99.3% of callers who responded to questions about their satisfaction with our services gave a favorable rating. 75% of Pompano Beach callers were women. 234 spoke Spanish, 78 Haitian Creole, 11 Portuguese, and 2- other languages. 53.7% had children in the household, and 18.5% had seniors in the household. 228 had members of the military in their household and 1598 had a family member with a disability.

Include a Description of the Geographic Area You Serve:

We serve all of Broward County.

Does Your Organization Receive Matching Funds?

Yes

If Yes, please explain the matching gift partnership you have.

United Way of Broward County provides support in the form of grant related activities for their Mission United programs to better serve veterans, and also leverages support to specifically increase matching gifts which help to provide additional resources to Broward.

Your organization will be able to provide the City documentation of your Matching Funds .

Yes

About Your Board of Directors

Board Disabled

0

Board Minorities

6

Board Seniors

1

Total Board Members

16

Program/Event Information #1

Will your organization be hosting an event on City property?

No

Which are you applying for? (Program/Event)

Program

Program/Event Name

General Helpline and Touchline Programs

Type of Program/Event

Nonprofit Program/Seminar/Workshop

Describe the program/event succinctly:

24 hours a day, seven days a week 211-Broward will connect Pompano Beach residents to resources they need with just one call. Without a 211 it takes an estimated 7 calls to find the help you need and are eligible to receive. 211 takes the guesswork out and often pre-screens for eligibility. Whether the caller is in crisis or just needs a referral, 211 is always available with accurate information. 211 answers incoming calls and texts and also makes outbound follow-up and reassurance calls. Our Helpline Counselors address the three top priorities that the City has identified, but does not limit a caller to those categories. We measure our success by listening and assisting as long as is necessary to meet the needs of callers. Some calls are quick and others are more complex and require in-depth problem solving. Most of our callers are from low-income families, but this is not a requirement.

Elaborate on your program/event objectives. How do you plan on using the funding to solve the problem?

Our program objectives are to answer the calls of Pompano Beach residents and help address their needs. We will use City of Pompano Beach funding to pay a portion of a HelpLine Counselor's salary. Last year Pompano Beach residents accounted for 6.6% of contact volume and 7.4% of referrals overall. We recognize that \$15,000 is a large percentage of the dollars available through this funding opportunity, but when compared to the 9374 needs addressed for Pompano Beach residents we hope you'll agree that \$1.60 per referral is both efficient and cost-effective.

What are the outcomes of your program/event?

The best way to measure a society is by how it treats its most vulnerable citizens. The outcomes of our efforts to address individual and family needs are a safer and more stable community. Everyone in Pompano Beach benefits by helping those in need. Those who express needs change from year to year, but peace of mind comes from knowing someone is always there to assist. In fact approximately 9% of callers never express a specific need. They feel better simply because someone was there to listen. 211-Broward does this all day, every day.

Estimated # of Attendees at the Program/Event (select the one that best applies)

10,001+

Please Specify the Number of City of Pompano Beach Residents Your Organization will Serve if the Program/Event is Funded:

6000

Describe the demographics of the population you are impacting with this program/event: Demographics: Socioeconomic characteristics of a population expressed statistically, such as age, sex, education level, income level, occupation.

We serve all residents of Broward County. A number of statistics specific to Pompano Beach residents were included in the statement of need response, but primarily 211 serves low-income families (80%+). Overwhelmingly it is women who make the calls to us (75%). Residents feel more comfortable asking for our help because we allow them to remain anonymous if they choose to. We ask permission to collect personal and contact information, and if they wish to receive follow up calls. We use age ranges to gather information such as 0-18, and 55+. Unless they are in an ongoing care collaboration we generally will not ask their occupation. Our counselors are skilled at asking for information throughout the conversation and recording that data, but the primary things we want to know are what is your zip code and how can we help.

Start Date of Program/Event:

Oct 01, 2019

End Date of Program/Event:

Sep 30, 2020

Does your program/event have a start time/end time?

No

Name of Program/Event Venue:

General Helpline and Touchline (seniors)

Address of Program/Event Venue Location:	250 NE 33rd Street Oakland Park, FL 33334
---	--

Attire of Program/Event (select the one that best applies):	Business Casual
--	-----------------

List any Benefits or Amenities the City of Pompano Beach Receives:	We will provide support and assistance to all residents of Pompano Beach who seek help. The City of Pompano Beach can refer anyone to us if they are unavailable or unsure of how to help. We are willing to provide data which we collect to the City. 211-Broward prefers to help people before their circumstances reach a crisis, but we remain available to offer crisis and suicide intervention and prevention as well. Our comprehensive database is available online and can be searched at any time by people in need or by those willing to assist. The City of Pompano Beach can rest assured that 211- Broward will always be there for its residents in all ways.
---	---

Amount Requested:	15000
--------------------------	-------

Are you applying for a second Program/Event?	No
---	----

Additional Activities

Are there any additional activities associated with the primary sponsorship event (Examples include VIP event, Kickoff event, Awards Ceremony, Thank You/Recognition Party, etc...)	No
--	----

Additional Information

What are your organization's credentials? Tell us why your organization does it better than anyone else.	Since 1995 we have been answering the calls of Broward residents. We are nationally accredited by AIRS (Association of Information & Referral Specialists) and AAS (American Association of Suicidology) which ensures that we operate according to established standards and best practices. We have recruited, trained and retained highly qualified staff, more than half of whom have been employed for more than a decade. We have invested in the most up to date and secure technology systems which we combine with local knowledge and expertise to offer excellent customer service that is effective and efficient. We are continuously learning, and seeking out collaborative opportunities to serve the entire County. There is no other organization in Broward with our network of nearly one thousand partners.
---	--

Any other information you wish to share?

211-Broward functions in a similar fashion to 9-1-1, but does not receive any direct federal assistance or local tax authority dollars. We independently raise funds for our programs and directly ask every municipality for support. We are grateful for the financial consideration the City of Pompano Beach has previously provided.

Important note regarding itemized budget: given that our Helpline Counselors must be prepared to answer any type of call that comes next it is not feasible to break out the program specific budget. Our business model is that of a call center and we cannot exclusively assign a specific person to a specific type of call. We operate 24 hours a day, 365 days a year. In an effort to be transparent regarding other sources of funding and expenses I have attached an itemized budget which reflects both. In essence our general helpline is woven into our entire organization.

City of Pompano Beach Funding History

Has your organization been funded before by City of Pompano Beach?

Yes

If yes, when was the most recent year?

2018-19

What was the name of program/event funded?

General Helpline and Touchline

How much was the funding for this program/event?

15000

Requested Budget Information

What is the total value your nonprofit is applying for?

15000

If you are not awarded the full funding requested for your event/program, will you be able to complete your project?

Yes

Are you including the following:

Itemized Budget - Please provide a budget for the program/event you are applying for vs. the agency's annual budget = Yes
W9 = Yes
IRS Letter = Yes
List of Board of Directors = Yes
Articles of Incorporation = Yes

Upload your documents: All items are mandatory.

Itemized Budget - Please provide a budget ONLY for the program/event you are applying for. Annual agency budgets will not be accepted.

https://s3.amazonaws.com/files.formstack.com/uploads/3276970/72077528/503701899/72077528_211_broward_itemized_budget_18-19.pdf

W9

https://s3.amazonaws.com/files.formstack.com/uploads/3276970/72077535/503701899/72077535_w9_211_111518.pdf

IRS Letter

https://s3.amazonaws.com/files.formstack.com/uploads/3276970/72077552/503701899/72077552_211_broward_irs_ltr.pdf

List of Board of Directors

https://s3.amazonaws.com/files.formstack.com/uploads/3276970/72077556/503701899/72077556_board_roster_211_april2019.pdf

Articles of Incorporation

https://s3.amazonaws.com/files.formstack.com/uploads/3276970/72077558/503701899/72077558_211_broward_articles_of_incorporation_1995.pdf

Charity/Organization Contact

Name

Will Spencer

Title

Chief Social Enterprise Officer

Email

wspencer@211-broward.org

Phone Number

(954) 557-3912

Address

250 NE 33rd St.
Oakland Park, FL 33334



IRS Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248222025
Dec. 29, 2011 LTR 4168C EO
65-0589294 000000 00

00025034
BODC: TE

FIRST CALL FOR HELP OF BROWARD INC
250 NE 33RD ST
OAKLAND PARK FL 33334-1144



012247

Employer Identification Number: 65-0589294
Person to Contact: R CLEMONS
Toll Free Telephone Number: 1-877-829-5500

Dear TAXPAYER:

This is in response to your Dec. 19, 2011, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in AUGUST 1995.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/efo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0248222025
Dec. 29, 2011 LTR 4168C E0
65-0589294 000000 00
00025035

FIRST CALL FOR HELP OF BROWARD INC
250 NE 33RD ST
OAKLAND PARK FL 33334-1144

If you have any questions, please call us at the telephone number
shown in the heading of this letter.

Sincerely yours,



S. A. Martin, Operations Manager
Accounts Management Operations

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

First Call For Help of Broward, Inc.

2 Business name/disregarded entity name, if different from above

d/b/a 2-1-1 Broward

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC

☒ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

250 NE 33rd Street

6 City, state, and ZIP code

Oakland Park, FL 33334

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type.
See Specific Instructions on page 3.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

____ - ____ - ____

or

Employer identification number

6 5 - 0 5 8 9 2 9 4

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Date ►

8-7-2019

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

N95000002739

W. George Allen

ONE RIVER PLAZA - SUITE 701
305 SOUTH ANDREWS AVENUE
POST OFFICE BOX 4738
FORT LAUDERDALE, FLORIDA 33302

TELEPHONE (305) 463-0000
DAGE (305) 940-7070
FAX (305) 463-0000

June 1, 1995

300001506483
-06/06/95--01060--006
****122.50 ****122.50

Department of State
Division of Corporations
Corporate Records Bureau
P.O. Box 6327
Tallahassee, Fl. 32301


RE: First Call for Help of Broward Inc.

Gentlemen:

Enclosed please find original and one copy of the Articles of Incorporation for the above-referenced corporation, together with check in the amount of \$122.50.

Please file the original and return a certified copy to the undersigned.

Sincerely,


W. George Allen

WGA/sh
Enc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

95 JUN -6 AM 8:49

FILED

PR. SDG

ARTICLES OF INCORPORATION
OF
FIRST CALL FOR HELP OF BROWARD, INC.
Florida Nonprofit Corporation

ARTICLE I

Corporate Name

The name of this corporation is FIRST CALL FOR HELP OF BROWARD, INC.

ARTICLE II

Corporate Nature

This is a nonprofit corporation, organized solely for providing crisis help for persons in need in Broward County, Florida, and for general, educational and charitable purposes pursuant to the Florida Corporations Not for Profit laws set forth in Section 617 of the Florida Statutes.

ARTICLE III

Duration

The term of existence of the corporation is perpetual.

ARTICLE IV

General and Specific Purposes

The specific and primary purposes for which this corporation is formed are:

- (a) to operate crisis information to persons in need in Broward County, Florida;
- (b) for the advancement of education, charitable and any other related or corresponding charitable purposes by the distribution of its funds for such purposes.
- (c) to operate exclusively in any other manner for such

THIS DOCUMENT IS
NOT TO BE
REPRODUCED
WITHOUT
THE WRITTEN
CONSENT OF
THE
BROWARD COUNTY
COMMISSIONERS
OFFICE
BROWARD COUNTY
FLORIDA
6-10-80

educational purposes as will qualify it as an exempt organization under Section 501(c)(3) of the Internal Revenue Code of 1954, (or the corresponding provision of any other applicable Internal Revenue Law) as amended, or under any corresponding provisions of any subsequent federal tax laws, covering distributions to organizations qualified as tax exempt organizations under the Internal Revenue Code, including private foundations and private operating foundations.

ARTICLE V

Management of Corporate Affairs

(a) Board of Directors. The powers of this corporation shall be exercised, its properties controlled, and its affairs conducted by a Board of Directors. The number of Directors of the corporation shall be not more than (5), but not less than three (3), provided, however, that such number may be changed by a bylaw duly adopted by the members.

The Directors named herein as the first Board of Directors shall hold office until the first meeting of members at which time an election of Directors shall be held.

Directors selected at the first annual meeting, and at all times thereafter, shall serve for a term of one (1) year until the annual meeting of members following the election of Directors and until the qualification of the successors in office. Annual meetings shall be held at a place to be designated by the Board of Directors on June 1st of each year, or at such times

or places as the Board of Directors may designate from time to time by resolution.

Any action required or permitted to be taken by the Board of Directors under any provision of law may be taken without a meeting, if all members of the board shall individually or collectively consent in writing to such action. Such written consent or consents shall be filed with the minutes of the proceedings of the board, and any such action by written consent shall have the same force and effect as if taken by unanimous vote of the Directors. Any certificate or other document filed under any provision of law which relates to action so taken shall state that the action was taken by unanimous written consent of the Board of Directors without a meeting, and that the Articles of Incorporation and the Bylaws of this corporation authorize the Directors to so act. Such a statement shall be prima facie evidence of such authority.

The names and addresses of such initial members of the Board of Directors are as follows:

<u>Name</u>	<u>Address</u>
Doug Endsley	520 S.E. 12th Street Dania, Fl. 33004
Jack Moss	1160 N. Federal Highway #1013 Ft. Lauderdale, Fl. 33304
Judy Henry	Jewish Federation of Ft. Lauderdale 8358 W. Oakland Park Blvd. Ft. Lauderdale, Fl. 33351

(b) Corporate Officers. The Board of Directors shall elect

the following officers: President, Vice-President, Secretary-Treasurer, and such other officers as the bylaws of this corporation may authorize the Directors to elect from time to time. Initially, such officers shall be elected at the first annual meeting of the Board of Directors. Until such election is held, the following persons shall serve as corporate officers:

<u>Office</u>	<u>Name</u>	<u>Address</u>
President:	Doug Endsley	520 S.E. 12th Street Dania, Fl. 33004
Vice-President	Judy Henry	Jewish Federation of Ft. Lauderdale 8358 W. Oakland Park Blvd. Ft. Lauderdale, Fl.
Secretary- Treasurer	Jack Moss	1160 N. Federal Hwy. #1013 Ft. Lauderdale, Fl.

ARTICLE VI

Earnings & Activities of Corporation

(a) No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, directors, officers or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article IV hereof.

(b) No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of

statements) any political campaign on behalf of any candidate for public office.

(c) Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law) or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law.

(d) Notwithstanding any other provision of these articles, this corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the purposes of this corporation.

ARTICLE VII

Distribution of Assets

Upon the dissolution of the corporation, the Board of Directors shall, after paying or making provision for the payment of all of the liabilities of the corporation, dispose of all of the assets of the corporation exclusively for the purposes of the corporation in such manner, or to such organization or organization organized and operated exclusively for charitable, education, religious or scientific purposes as shall at the time qualify as an exempt organization or organizations under section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of

any future United States Internal Revenue Law), as the Board of Directors shall determine. Any such assets not so disposed of shall also be disposed of by a Court of competent jurisdiction in the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations as such Court shall determine, which are organized and operated exclusively for such purposes.

ARTICLE VIII

Membership

(a) The corporation shall have one class of members and no more than one membership may be held by any one person. The rights and privileges of all members shall be equal. Each member shall be entitled to one vote.

(b) A prospective member shall be eligible for membership upon presentation and acceptance by the Board of Directors.

ARTICLE IX

Subscribers

The names and residence addresses of the Subscribers of this corporation are:

<u>Name</u>	<u>Address</u>
Doug Endsley	520 S.E. 12th Street Dania, Fl. 33004
Jack Moss	1160 N. Federal Highway #1013 Ft. Lauderdale, Fl. 33304
Judy Henry	Jewish Federation of Ft. Lauderdale 8358 W. Oakland Park Blvd. Ft. Lauderdale, Fl. 33351

ARTICLE X

Amendment of Bylaws

Subject to the limitations contained in the Bylaws, and any limitation set forth in the Corporation's Not for Profit law of the State of Florida, concerning corporate action that must be authorized or approved by the members of the corporation, Bylaws of this corporation may be made, altered, rescinded, added to, or new Bylaws may be adopted, either by resolution of the Board of Directors, or by following the procedure set forth therefor in the Bylaws.

ARTICLE XI

Dedication of Assets

The property of this corporation is irrevocably dedicated to educational and charitable purposes, and no part of the net income or assets of this corporation shall ever inure to the benefit of any director, officer or member thereof, or to the benefit of any private individual.

ARTICLE XII

Registered Agent and Office

The address of the corporation's registered office shall be 305 S. Andrews Avenue, Suite 701, Fort Lauderdale, Florida 33301 and its registered agent at said address shall be W. George Allen.


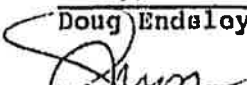
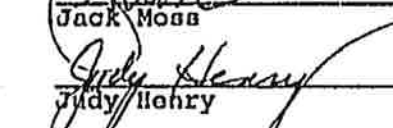
ARTICLE XIII

Amendment of Articles

Amendments to these Articles of Incorporation may be passed by a resolution adopted by the Board of Directors and presented to a

quorum of members for their vote.



We, the undersigned, being the subscribers and incorporators of this corporation, for the purpose of forming this nonprofit corporation under the laws of the State of Florida, have executed these Articles of Incorporation on this 30th day of May, 1995.


Doug Endsley

Jack Moss

Judy Henry

STATE OF FLORIDA
COUNTY OF BROWARD

BEFORE ME, the undersigned authority, personally appeared Doug Endsley, Jack Moss and Judy Henry, personally known to me to be the persons who executed the foregoing Articles of Incorporation and they acknowledged to and before me that they executed such instrument.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 30 day of May, 1995.


Notary Public
Printed Name: SHEILA HOROWITZ
Commission Expires: May 15, 1999

MY COMMISSION # CC 446550
EXPIRES: May 15, 1999
Bonded Thru Notary Public Underwriters

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICE OF PROCESS WITHIN THIS STATE
NAMING AGENT UPON WHOM SERVICE MAY BE SERVED

Pursuant to Chapter 48.091, Florida Statutes, the following is submitted in compliance with said Act.

First: That FIRST CALL FOR HELP OF BROWARD, .INC. FLORIDA desiring to organize under the laws of the State of Florida with its principal office as indicated in the Articles of Incorporation at 305 S. Andrews Avenue, Suite 701, Ft. Lauderdale, Fl. 33301 and W. George Allen as its agent to accept service of process within this state.

ACKNOWLEDGMENT:

Having been named to accept service of process for the above stated corporation, at place designated in this Certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said office.


W. George Allen,
Registered Agent

FILED
95 JUN -6 AM 8:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2-1-1 Broward Board of Directors

Board Officers	Board Members
Michael Wild, Esq., Chair Partner Wild, Felice & Partners, P.A. 1250 S. Pine Island Rd., Suite 300 Plantation, FL 33324 T: 954-944-2855 mwild@wfplaw.com	Tim Hogans External Affairs Area Manager Florida Power & Light Company 7201 Cypress Rd. Plantation, FL 33317 T: 954-321-2189 tim.hogans@fpl.com
David Ross, Vice Chair Senior Vice President & Relationship Manager, Not-For-Profit Banking SunTrust Bank 515 E Las Olas Blvd. 7th Floor Ft. Lauderdale, FL 33301 T: 954-765-7445 David.ross@suntrust.com	Kip Hunter-Epstein CEO Kip Hunter Marketing 888 E Las Olas Blvd., Suite 500 Ft. Lauderdale, FL 33301 T: 954-765-1329 kip@kiphuntermarketing.com
Pauline Grant, Secretary Retired Public Hospital Executive 7981 NW 125th Terrace Parkland, FL 33076 T: 954-242-8955 pgrant5597@aol.com	Jen Klaassens President Jen Klaassens Consulting 500 E. Las Olas Blvd. #1901 Ft. Lauderdale, FL 33301 T: 786-236-1193 Jen@JenKConsulting.com
Brett Friedman, CPA, Treasurer Partner RSM US LLP 100 NE 3rd Ave., Suite 300 Ft. Lauderdale, FL 33301 T: 954-462-6351 brett.friedman@rsmus.com	DeAnna McCutcheon Corporate Executive Assistant & Corporate Vendor Administrator The Signature Grand 6900 State Rd. 84 Davie, FL 33317 T: 954-2424-4000 deannamccutcheon@thesignaturegrand.com
Gavin Gaukroger, Esq., Immediate Past Chair Partner Berger Singerman, LLC. 350 E Las Olas BLVD., Suite 1000 Ft. Lauderdale, FL 33301 T: 954-712-5156 GGaukroger@bergersingerman.com	Dana Sommerstein, Esq. Attorney Greenspoon Marder 200 E Broward Blvd., Suite 1800 Ft. Lauderdale, FL 33301 T: 954-333-4326 dana.somerstein@gmlaw.com
Dr. J. Preston Jones, Chair, Board Resource Committee Dean of Business & Entrepreneurship Nova Southeastern University 3301 College Ave. Ft. Lauderdale, FL 33314 T: 954-262-5127 prestonj@nova.edu	Shelley Eichner 1312 NE 2nd Street Fort Lauderdale, FL 33301 T: 954-294-8830 shelleyeichner2@gmail.com
Veronica Jimenez, Chair, Connections Committee Private Client Sales Leader Brown & Brown Insurance 1201 W Cypress Creek Rd., Suite 130 Ft. Lauderdale, FL 33309 T: 954-331-1378 vjimenez@bbftlaud.com	Kate Goldman Director, Governance & Community Relations Baptist Health South Florida 15885 Pines Blvd. Pembroke Pines, FL 33027 T: 954-837-1113 kateg@baptisthealth.net
Yvette Roulette Editor In Chief, Atlantic Ave Magazine 335 E. Linton Blvd, B14-832090 Delray Beach, FL 33483 T: 954-682-2552 yvette@atlanticavemagazine.com	Kavita Channe Founder, Channé Rosé 500 E. Broward Blvd., Suite 2300 Fort Lauderdale, FL 33394 T: 954-501-4071 kavitachanne1@gmail.com

2-1-1 Broward Board of Directors

Scott Singer	
Jose DiMaggio Children's Hospital	
1005 Joe DiMaggio Drive	
Hollywood, FL 33021	
T: (954) 265-0502	
ScSinger@mhs.net	

First Call For Help of Broward, Inc.

Projected Fiscal Year 18/19 Operating Budget

Revenue:	Admin	F/R	18&R Other	ELC	HMG	Uway	DCF-BBHC	Broward County	CSC H/L	CSC SN/BHL	Projected Total 18/19
United Way Allocation						230,000					230,000
United Way - SSVF						83,000					83,000
United Way - Mission United											
United Way - Hurricane Irma Grant						39,844					
Broward County											
Children's Services Council								107,000			39,844
Early Learning Coalition of Broward											107,000
Children's Forum - HMG				719,480					357,011	498,923	855,934
Broward College					171,000						719,480
City Funding			100,000								171,000
BBHC											100,000
Grants/Foundations											
(JMF \$48,500, CoralSp \$2,000, HITS \$10,000, BSO \$10,000, SFP \$10,500, SunTrust Foundation \$10,000) \$54,637 btd											
SFP-GRANT DISBURSEMENTS (211 portion for 18-19 included above)											
Fundraising/Sponsorships	78,566	255,407	33,027								367,000
Special Events: \$236,000 (NPAS\$140,000, Breakfast\$51,000, Ghoul\$45,000)											
Club 211 \$26,000, Corp. Partnerships \$43,000, TBD \$62,000		30,000									
Contributions/Donations (Includes Endowment \$10,000)		5,000									30,000
Misc & Interest											5,000
Total Revenue	78,566	290,407	278,664	719,480	171,000	352,844	155,952	107,000	357,011	498,923	3,009,848
Total Projected Expenses	78,566	290,407	278,664	719,480	171,000	352,844	155,952	107,000	357,011	498,923	3,009,848
Revenue Over(Under) Expenses	0	0	0	0	0	0	0	0	0	0	0

		Admin	F/R	Other	ELC	HMG	Uway	DCF-BBHC	Broward County	CSC H/L	CSC SN/BHL	Projected Total 18/19
Expenses												
Salaries		59,369	153,716	99,094	545,668	136,950	275,386	115,360	83,025	264,013	214,221	1,946,801
Taxes		4,633	11,996	7,733	42,584	10,688	21,491	9,003	6,479	20,604	16,718	151,930
Benefits		6,698	17,343	11,180	61,564	15,451	31,070	13,015	9,367	29,787	24,169	219,645
Total Personnel Services		70,700	183,055	118,007	649,817	163,088	327,947	137,378	98,871	314,404	255,108	2,318,376
Professional Fees												
Audit		127	303	4,354	1,342	593	1,250	831	-	-	-	8,800
Temporary Staff		-	-	-	15,000	-	-	-	-	-	-	15,000
Consultants/Other Professional Services/sub-contracting 211 lines		1,000	12,000	21,000	-	-	-	-	-	-	-	34,000
Payroll services		118	282	4,379	1,374	195	1,351	500	-	-	-	8,200
Subtotal		1,246	12,586	29,733	17,716	788	2,601	1,331	-	-	-	66,000
Supplies												
General Office		101	241	4,529	1,200	179	500	250	-	-	-	7,000
Household		43	103	2,036	-	-	817	-	-	-	-	3,000
Equipment (non-capitalized)		-	-	-	-	-	-	-	-	-	-	-
Subtotal		144	344	6,565	1,200	179	1,317	250	-	-	-	10,000
Telephone/Communications												
Local & Long Distance/Language Line/FLOW		361	200	14,960	4,000	-	-	-	5,479	-	-	25,000
NorthLight		1,011	2,411	21,693	23,022	-	11,544	7,819	2,500	-	-	70,000
Cellphone		52	124	3,424	-	-	-	-	-	-	-	3,600
Wireless Internet Card		35	83	2,083	200	-	-	-	-	-	-	2,400
Subtotal		1,459	2,818	42,160	27,222	-	11,544	7,819	7,979	-	-	101,000
Postage & Delivery												
		43	103	1,963	200	215	300	175	-	-	-	3,000
Occupancy												
Rent		-	-	-	-	-	-	-	-	26,000	-	26,000
Utilities		361	-	15,532	-	-	-	-	-	9,107	-	25,000
Cleaning Service		-	-	-	-	-	-	-	-	7,500	-	7,500
Alarm System Monitoring		4	10	285	-	-	-	-	-	-	-	300
Misc. bldg maint. (lawn, pest control, bldg)		46	110	244	-	-	2,800	-	-	-	-	3,200
Subtotal		412	121	16,061	-	-	2,800	-	-	42,607	-	62,000
Insurance (G/L,D&O, Liability)												
		332	792	8,250	8,300	500	2,000	2,676	150	-	-	23,000

Expenses	Admin	F/R	Other	ELC	HMG	Uway	DCF-BBHC	BC-Hmlss & H/L	CSC H/L	CSC SN/BHL	Projected Total 18/19
Equipment Rental/Maintenance											
Leases (postage, copier)	58	138	2,104	250	200	750	500	-	-	-	4,000
Equip. Maint. (phones, equip.)	72	172	3,856	250	300	250	100	-	-	-	5,000
Subtotal	130	310	5,960	500	500	1,000	600	-	-	-	9,000
Printing/Promotions											
Printing/PR	140	220	1,179	-	461	500	1,500	-	-	-	4,000
Subscriptions/Publications	-	-	-	-	1,000	-	-	-	-	-	1,000
Subtotal	140	220	1,179	-	1,461	500	1,500	-	-	-	5,000
Travel											
Local Mileage	430	310	1,461	200	3,320	1,164	1,300	-	-	815	9,000
Hotel, Meals, Air	424	276	300	7,000	-	-	-	-	-	-	8,000
Subtotal	854	586	1,761	7,200	3,320	1,164	1,300	-	-	815	17,000
Organizational Development											
Conference/Meetings/Functions	43	600	57	800	-	1,000	500	-	-	-	3,000
In-Service/Trainings	29	68.89	113	-	789	-	1,000	-	-	-	2,000
Subtotal	72	669	170	800	789	1,000	1,500	-	-	-	5,000
Membership Dues/Certifications											
Membership Dues	490	2,200	1,310	-	-	-	1,000	-	-	-	5,000
Accreditation/Certifications (AAS,AIRS)	14	34	791	-	160	-	-	-	-	-	1,000
Subtotal	504	2,234	2,101	-	160	-	1,000	-	-	-	6,000
Other Expenses/Misc											
Recruitment	29	69	208	600	-	671	423	-	-	-	2,000
Event Expenses	-	82,500	-	-	-	-	-	-	-	-	82,500
Redesign Website and Touchline Program											-
Software License/Support/Talk, Text, Chat Agreement	500	2,000	6,500	500	-	-	-	-	-	-	9,500
Web Hosting/Maintenance, Domain, Firewall	-	-	575	5,425	-	-	-	-	-	-	6,000
Misc. (Includes \$30,000 contingency)	2,000	2,000	32,000	-	-	-	-	-	-	-	36,000
Subtotal	2,529	86,569	39,283	6,525	-	671	423	-	-	-	136,000
Purchase of Equipment (buyout phone lease)											
JAFCO Sub-Contract						-	-	-	-	243,000	243,000
SFP-Grant Disbursements											
Depreciation			5,472								5,472
Total Expenses	7,866	107,352	160,658	69,663	7,912	24,897	18,574	8,129	42,607	243,815	691,472
Total Personnel & Expenses	78,566	290,407	278,664	719,480	171,000	352,844	155,952	107,000	357,011	498,923	3,009,848

Percent	3%	10%	9%	24%	6%	12%	5%	4%	12%	17%	100.00%
Surplus (Deficit)	(0)	(0)	(0)	0	(0)	(0)	0	(0)	(0)	(0)	0

Exhibit "B"

Payment Schedule

A. AWARD DISBURSEMENTS

The awards disbursement process will begin in October, 1 and end in September, 30 for the fiscal year that this contract is approved.

B. PAYMENT SCHEDULE

The total amount awarded for the First Call For Help Of Broward, Inc. (name of the non-profit organization) for General Helpline and Touchline Programs (title of the program) for the current fiscal year is: \$15,000.

There will be four (4) payout/s during the period (depending on the amount awarded to each organization):

1. The first will equal 25% of the total allocation or \$3,750.00; be issued in advance. For any funds advanced the RECIPIENT agrees to provide the CITY with an itemization of how funds advanced were spent, along with invoices and proof of payment. Such an accounting must be provided to the CITY in the quarterly financial report as indicated in Exhibit "A" Recipients Requirements, Contractual Responsibilities and Program Description. Failure to comply with this requirement may result in the denial of the future requests for payments.
2. The second will equal 25% of the total allocation or \$3,750.00; will be issued upon receipt AND approval of the second quarterly narrative and financial report (including any additional requested documents);
3. The third will equal 25% of the total allocation or \$3,750.00; will be issued upon receipt AND approval of the third quarterly narrative and financial report (including any additional requested documents);
4. The fourth payout will be the final 25% of the total allocation or \$3,750.00 and will be issued in upon receipt AND approval of the final quarterly narrative and financial report (including any additional requested documents).

EXHIBIT C

INSURANCE REQUIREMENTS: NON PROFIT ORGANIZATION

ORGANIZATION shall not commence services under the terms of this Agreement until certification or proof of insurance detailing terms and provisions has been received and approved in writing by the CITY's Risk Manager. If you have questions regarding the insurance requirements hereunder, please contact the City's Purchasing Department at (954) 786-4098. If the contract has already been awarded, please direct any queries and proof of the requisite insurance coverage to City staff responsible for oversight of the subject project/contract.

ORGANIZATION is responsible to deliver to the CITY for timely review and written approval/disapproval Certificates of Insurance which evidence that all insurance required hereunder is in full force and effect and which name on a primary basis, the CITY as an additional insured on all such coverage. Such policy or policies shall be issued by United States Treasury approved companies authorized to do business in the State of Florida. The policies shall be written on forms acceptable to the City's Risk Manager, meet a minimum financial A.M. Best and Company rating of no less than Excellent, and be part of the Florida Insurance Guarantee Association Act. No changes are to be made to these specifications without prior written approval of the City's Risk Manager.

Throughout the term of this Agreement, CITY, by and through its Risk Manager, reserve the right to review, modify, reject or accept any insurance policies required by this Agreement, including limits, coverages or endorsements. CITY reserves the right, but not the obligation, to review and reject any insurer providing coverage because of poor financial condition or failure to operate legally.

Failure to maintain the required insurance shall be considered an event of default. The requirements herein, as well as CITY's review or acceptance of insurance maintained by ORGANIZATION, are not intended to and shall not in any way limit or qualify the liabilities and obligations assumed by ORGANIZATION under this Agreement.

Throughout the term of this Agreement, ORGANIZATION and all subcontractors or other agents hereunder, shall, at their sole expense, maintain in full force and effect, the following insurance coverages and limits described herein, including endorsements.

A. Worker's Compensation Insurance covering all employees and providing benefits as required by Florida Statute, Chapter 440, regardless of the size of the company (number of employees) or the state in which the work is to be performed or of the state in which Contractor is obligated to pay compensation to employees engaged in the performance of the work. Contractor further agrees to be responsible for employment, control and conduct of its employees and for any injury sustained by such employees in the course of their employment.

B. Liability Insurance.

(1) Naming the City of Pompano Beach as an additional insured as City's interests may appear, on General Liability Insurance only, relative to claims which arise from

Contractor's negligent acts or omissions in connection with Contractor's performance under this Agreement.

(2) Such Liability insurance shall include the following checked types of insurance and indicated minimum policy limits.

Type of Insurance

Limits of Liability

GENERAL LIABILITY:

Minimum \$1,000,000 Per Occurrence and
\$2,000,000 Per Aggregate

* Policy to be written on a claims incurred basis

XX	comprehensive form	bodily injury and property damage
XX	premises - operations	bodily injury and property damage
—	explosion & collapse	
—	hazard	
—	underground hazard	
XX	products/completed	bodily injury and property damage combined
	operations hazard	
XX	contractual insurance	bodily injury and property damage combined
XX	broad form property damage	bodily injury and property damage combined
XX	independent contractors	personal injury
XX	personal injury	
XX	sexual abuse/molestation	Minimum \$1,000,000 Per Occurrence and Aggregate
—	liquor legal liability	Minimum \$1,000,000 Per Occurrence and Aggregate

AUTOMOBILE LIABILITY:

Minimum \$10,000/\$20,000/\$10,000

- XX comprehensive form
- XX owned
- XX hired
- XX non-owned

REAL & PERSONAL PROPERTY

- | | | |
|---|--------------------|--|
| — | comprehensive form | Agent must show proof they have this coverage. |
|---|--------------------|--|

EXCESS LIABILITY

Per Occurrence Aggregate

- | | | | | |
|---|---------------------|--|-------------|-------------|
| — | other than umbrella | bodily injury and
property damage
combined | \$1,000,000 | \$1,000,000 |
|---|---------------------|--|-------------|-------------|

PROFESSIONAL LIABILITY

Per Occurrence Aggregate

___ * Policy to be written on a claims made basis \$1,000,000 \$1,000,000

(3) If Professional Liability insurance is required, Contractor agrees the indemnification and hold harmless provisions of Section 12 of the Agreement shall survive the termination or expiration of the Agreement for a period of three (3) years unless terminated sooner by the applicable statute of limitations.

C. Employer's Liability. CONTRACTOR and all subcontractors shall, for the benefit of their employees, provide, carry, maintain and pay for Employer's Liability Insurance in the minimum amount of One Hundred Thousand Dollars (\$100,000.00) per employee, Five Hundred Thousand Dollars (\$500,000) per aggregate.

D. Policies. Whenever, under the provisions of this Agreement, insurance is required of the CONTRACTOR, the CONTRACTOR shall promptly provide the following:

- (1) Certificates of Insurance evidencing the required coverage;
- (2) Names and addresses of companies providing coverage;
- (3) Effective and expiration dates of policies; and

(4) A provision in all policies affording CITY thirty (30) days written notice by a carrier of any cancellation or material change in any policy.

E. Insurance Cancellation or Modification. Should any of the required insurance policies be canceled before the expiration date, or modified or substantially modified, the issuing company shall provide thirty (30) days written notice to the CITY.

F. Waiver of Subrogation. CONTRACTOR hereby waives any and all right of subrogation against the CITY, its officers, employees and agents for each required policy. When required by the insurer, or should a policy condition not permit an insured to enter into a pre-loss agreement to waive subrogation without an endorsement, then CONTRACTOR shall notify the insurer and request the policy be endorsed with a Waiver of Transfer of Rights of Recovery Against Others, or its equivalent. This Waiver of Subrogation requirement shall not apply to any policy which includes a condition to the policy not specifically prohibiting such an endorsement, or voids coverage should CONTRACTOR enter into such an agreement on a pre-loss basis.



211BR-1

OP ID: MH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/08/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Gulfstream Insurance Group Inc P.O. Box 8908 Fort Lauderdale, FL 33310-8908 David Arch		CONTACT NAME: PHONE (A/C, No, Ext): 954-561-2220 FAX (A/C, No): 954-537-0165 E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: New Hampshire Insurance Co	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

INSURED First Call for Help of
Broward, Inc. DBA
211 Broward
250 NE 33 Street
Oakland Park, FL 33334

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		01-LX-027569751-1	06/30/2019	06/30/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Emp Ben \$ 1mil/3mil
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			01-CA-069970297-2	06/30/2019	06/30/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liab			01-LX-027569751-1	06/30/2019	06/30/2020	Limits \$1MIL/\$3MIL
A	Abuse/Molestation			01-LX-027569751-1	06/30/2019	06/30/2020	Limits \$1MIL/\$3MIL

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is added as additional insureds in respect to General Liability when required by written contract.

APPROVED

By Danielle Thorpe at 10:05 am, Aug 15, 2019

CERTIFICATE HOLDER

CANCELLATION

POMPAN8

City of Pompano Beach
100 W Atlantic Blvd.
Pompano Beach, FL 33060

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/14/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER
BB Insurance Marketing Inc
10167 W Sunrise Blvd, 3rd Floor
Plantation FL 33322

CONTACT NAME: Certificates Department
PHONE (A/C, No, Ext): 888-728-0817 **FAX (A/C, No):** 954-452-0450
E-MAIL ADDRESS: certificates@bbimi.com

INSURED
First Call for Help of Broward, Inc.
dba 211 Broward
250 NE 33rd Street
Oakland Park FL 33334

FIRSCAL-01

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Technology Insurance Company	42376
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 1229403151

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	TWC3740941	10/6/2018	10/6/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Counseling Services.
No Deductible Applies.

APPROVED

By Danielle Thorpe at 10:05 am, Aug 15, 2019

CERTIFICATE HOLDER

City of Pompano
100 W. Atlantic Blvd.
Pompano Beach FL 33060

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

[Signature]

GEICO FLORIDA AUTOMOBILE INSURANCE
geico.com IDENTIFICATION CARD

GEICO GENERAL INSURANCE COMPANY

Policy Number/Florida Code No. Effective Date

4380-73-86-84/01288

07-28-19

[X]PERSONAL INJURY PROTECTION BENEFITS/PROPERTY DAMAGE LIABILITY

[X]BODILY INJURY LIABILITY

Named Insured: William C Spencer

Year	Make	Model	Vehicle ID No.
2015	BMW	328	WBA3G7C50FK296818

Phone Number: 1-800-841-3000

Not valid more than one year from effective date.

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Important Information

Here are your Policy Identification Cards. Two cards have been provided for each vehicle insured. Please destroy your old cards when the new cards become effective.

Due to space limitations on the ID card, only the Named Insured and the Co-insured are listed. For a full list of drivers covered under this policy, please log onto geico.com or reference the Drivers section of your Declarations Page, which is included with your insurance packet.

Please notify us promptly of any change in your address to be sure you receive all important policy documents. Prompt notification will enable us to service you better.

Your policy is recorded under the name and policy number shown on the card.

If you would like additional ID cards, you can go online to **geico.com** or call us at **1-800-841-3000**.

WILLIAM C SPENCER
2805 E OAKLAND PARK BLVD
STE 219
FT LAUDERDALE FL 33306-1813

APPROVED

D. Thorpe
By Danielle Thorpe at 10:04 am, Aug 15, 2019

VOID

VOID

VOID

VOID

What to do at the time of an accident.

- Do not admit fault.
- Do not reveal the limits of your liability coverage to anyone.
- Exchange contact information; get year, make, model, plate number, insurance carrier and policy number of all involved. Also, identify witnesses and collect contact information.
- Contact the police or 911 if applicable.
- Contact GEICO by calling **1-800-841-3000** or visit **geico.com** to report the accident.

Need a tow or roadside assistance?

Call **1-800-424-3426** to reach GEICO's Emergency Road Service (ERS).

Coverage, including collision, may extend to rental vehicles that qualify as temporary substitutes or non-owned autos in your policy.

MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR
U-4-FL (04-14)

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