

CITY OF POMPANO BEACH, FLORIDA
COMMUNITY DEVELOPMENT BLOCK GRANT
PUBLIC SERVICE PROGRAM SUBRECIPIENT AGREEMENT


THIS AGREEMENT (hereinafter the "Agreement") is entered into this _____ day of _____, 20____ between the **CITY OF POMPANO BEACH**, a municipal corporation of the State of Florida (hereinafter referred to as the "CITY") and **LIGHT OF THE WORLD CLINIC, INC.**, a Florida not for profit corporation (hereinafter referred to as the "SUBRECIPIENT").

FUNDING SOURCE:	<u>Community Development Block Grant Funds</u>
AMOUNT:	<u>\$18,772.00</u>
TERM OF THE AGREEMENT:	<u>October 1, 2022 – September 30, 2023</u>
IDIS NUMBER (to be completed by the City):	_____
UEI NUMBER:	<u>SCM2MKNC3YN8</u>
CDFA NUMBER:	<u>14.218</u>

NOW, THEREFORE, in consideration of the mutual covenants and obligations herein set forth, the parties understand and agree as follows:

ARTICLE I
EXHIBITS AND DEFINITIONS

- 1.1 **EXHIBITS.** Attached hereto and forming a part of this Agreement are the following Exhibits:
- Exhibit A CDBG Subrecipient Handbook
 - Exhibit B Work Program
 - Exhibit C Compensation and Budget Summary
 - Exhibit D Certification Regarding Lobbying Form
 - Exhibit E Certification Regarding Debarment, Suspension and other Responsibility Matters (Primary Covered Transactions Form).
 - Exhibit F Crime Entity Affidavit

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1.2 DEFINED TERMS.

Act or 24 CFR 570

As used herein the following terms shall mean:

Title I of the Housing and Community Development Act of 1974, as amended.

Agreement Records:

Any and all books, records, documents, information, data, papers, letters, materials, and computerized or electronic storage data and media, whether written, printed, computerized, electronic or electrical, however collected or preserved which is or was produced, developed, maintained, completed, received or compiled by or at the direction of the SUBRECIPIENT or any subcontractor in carrying out the duties and obligations required by the terms of this Agreement, including, but not limited to, financial books and records, ledgers, drawings, maps, pamphlets, designs, electronic tapes, computer drives and diskettes or surveys.

CDBG Program:

Community Development Block Grant Program.

CDBG Requirements:

The requirements contained in 24 CFR Part 570, Rule 9I of the Florida Administrative Code and the City of Pompano Beach, Florida.

Department:

The City of Pompano Beach Office of Housing and Urban Improvement.

Federal Award:

Any federal funds received by the SUBRECIPIENT from any source during the period of time in which the SUBRECIPIENT is performing the obligations set forth in this Agreement.

Low-and-Moderate

Income Person:

A member of a low- or moderate-income family whose income is within specific income levels set forth by U.S. HUD.

U.S. HUD or HUD:

The United States Department of Housing and Urban Development.



ARTICLE II
ACKNOWLEDGMENTS

The SUBRECIPIENT, as a participant in the City's CDBG Program, acknowledges, understands and agrees to the following and has provided the requisite documentation in order to participate in such Program:

- 2.1 The SUBRECIPIENT has submitted a Work Program, attached hereto as Exhibit B to this Agreement that includes the following:
 - 2.1.1 A description detailing the activities to be carried out by the SUBRECIPIENT as a result of the expenditure of CDBG Funds, including, where appropriate, the measurable objectives, the intended participants or beneficiaries, target goals, demographic and geographic area, program benefits, timelines, and in general detail how these activities will ensure that the intended beneficiaries will be served.
 - 2.1.2 A schedule of activities and measurable objectives. The schedule is intended to provide projected milestones and deadlines for the accomplishment of tasks in carrying out the Work Program. These projected milestones and deadlines are a basis for measuring actual progress during the term of this Agreement. These items are in sufficient detail to provide a sound basis for the CITY to effectively monitor performance by the SUBRECIPIENT under this Agreement.
- 2.2 A Budget Summary attached as Exhibit C, which includes: completion of the SUBRECIPIENT'S Itemized Budget, Cost Allocation, Budget Narrative, Staff Salaries Schedule and a copy of all subcontracts.
- 2.3 A list of the SUBRECIPIENT'S present officers and members of the Board (names, addresses and telephone numbers).
- 2.4 A list of key staff persons (with their titles) who will carry out the Work Program.
- 2.5 Completion of an Authorized Representative Statement.
- 2.6 Completion of a Statement of Accounting System.
- 2.7 A copy of the SUBRECIPIENT'S corporate personnel policies and procedures.
- 2.8 Job description and resumes for all positions funded in whole or in part under this Agreement.
- 2.9 A letter accepting the OMB Super Circular, "Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards; Final Rule" and Lead Based Paint Regulations 24 CFR Part 35.
- 2.10 Copy of the SUBRECIPIENT'S last federal income tax return (IRS Form 990).
- 2.11 The following corporate documents:

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- (i) Bylaws, resolutions, and incumbency certificates for the SUBRECIPIENT, certified by the SUBRECIPIENT'S Corporate Secretary, authorizing the consummation of the transactions contemplated hereby, all in a form satisfactory to the CITY.

- 2.12 ADA Certification.
- 2.13 Drug Free Certification.
- 2.14 All other documents reasonably required by the CITY.

ARTICLE III
TERMS AND PROCEDURES

3.1 CITY AUTHORIZATION:

For the purpose of this Agreement, the Department will act on behalf of the CITY in the fiscal control, programmatic monitoring and modification of this Agreement, except as otherwise provided in this Agreement.

3.2 EFFECTIVE DATE AND TERM:

This Agreement shall begin on October 1, 2022, and shall conclude on September 30, 2023, or until such term shall sooner cease or terminate as hereinafter provided

3.3 OBLIGATIONS OF SUBRECIPIENT:

The SUBRECIPIENT shall carry out the services and activities as prescribed in its Work Program, which is attached hereto as Exhibit "B" and incorporated herein and made a part of this Agreement, in a manner that is lawful, and satisfactory to the City, and in accordance with the written policies, procedures, and requirements as prescribed in this Agreement, and as set forth by HUD and the CITY. Any obligations imposed upon the CITY, pursuant to its administration of or participation in the HUD funded CDBG Program, shall become the obligation of the Subrecipient, who understands, acknowledges and agrees that all such obligations shall be accomplished to the City's satisfaction.

3.4 LEVEL OF SERVICE:

Should start-up time for the Work Program be required or in the event of the occurrence of any delays in the activities thereunder, the SUBRECIPIENT shall immediately notify the Department in writing, giving all pertinent details and indicating when the Work Program shall begin and/or continue. It is understood and agreed that the SUBRECIPIENT shall maintain the level of activities and expenditures in existence prior to the execution of this Agreement. Any activities funded through or as a result of this Agreement shall not result in the displacement of employed workers, impair existing agreements for

services or activities, or result in the substitution of funds allocated under this Agreement for other funds in connection with work which would have been performed in the absence of this Agreement.

ARTICLE IV

CDBG FUNDING AND DISBURSEMENT REQUIREMENTS

4.1 COMPENSATION

The amount of compensation payable by the City to the Project Sponsor shall be based on the rates, schedules and conditions described in Exhibit "C" attached hereto, which by this reference is incorporated into this Agreement."

4.2 INSURANCE:

At all times during the term hereof, the SUBRECIPIENT shall maintain insurance acceptable to the CITY. Prior to commencing any activity under this Agreement, the SUBRECIPIENT shall furnish to the CITY original certificates of insurance indicating that the SUBRECIPIENT is in compliance with the provisions of this Article.

4.2.1 SUBRECIPIENT shall, at its own expense, procure and maintain throughout the term of this Agreement, with insurers acceptable to CITY, the types and amounts of insurance conforming to the minimum requirements set forth herein. SUBRECIPIENT shall not commence work until the required insurance is in force and evidence of insurance acceptable to CITY has been provided to, and approved by, CITY. An appropriate Certificate of Insurance shall be satisfactory evidence of insurance. Until such insurance is no longer required by this Contract, SUBRECIPIENT shall provide CITY with renewal or replacement evidence of insurance at least thirty (30) days prior to the expiration or termination of such insurance.

4.2.2 Workers' Compensation/Employer's Liability Insurance

Such insurance shall be no more restrictive than that provided by the Standard Workers' Compensation Policy, as filed for use in Florida by the National Council on Compensation Insurance, without restrictive endorsements. The minimum amount of coverage (inclusive of any amount provided by an umbrella or excess policy) shall be:

Part One: "Statutory"

Part Two: \$ 1,000,000 Each Accident

\$ 1,000,000 Disease -Policy Limit

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\$ 1,000,000 Disease -Each Employee

4.2.3 General Liability Insurance

Such insurance shall be no more restrictive than that provided by the most recent version of standard Commercial General Liability Form (ISO Form CG 00 01) without any restrictive endorsements. CITY shall be included as an "Additional Insured" on a form no more restrictive than ISO Form CG 20 10 (Additional Insured -Owners, Lessee or Contractors). The minimum limits (inclusive of amounts provided by an umbrella or excess policy) shall be:

- \$ 2,000,000 General Aggregate
- \$ 2,000,000 Products/Completed Operations Aggregate
- \$ 1,000,000 Personal and Advertising Injury
- \$ 1,000,000 Each Occurrence

4.2.4 Automobile Liability Insurance

If the services and activities as prescribed in the scope of work for this agreement are of the kind that CITY determines could give rise to a claim for automobile liability, SUBRECIPIENT shall procure Automobile Liability Insurance. Such insurance shall be no more restrictive than that provided by Section II (Liability Coverage) of the most recent version of standard Business Auto Policy (ISO Form CA 00 01) without any restrictive endorsements, including coverage for liability contractually assumed, and shall cover all owned, non-owned, and hired autos used in connection with the performance of the work. The minimum limits (inclusive of any amounts provided by an umbrella or excess policy) shall be:

- \$ 300,000 Each Occurrence -Bodily Injury and Property/Damage Combined (Minimum \$100,000/\$300,000/\$100,000 – any vehicle driving onto City premise or \$1,000,000 per occurrence and aggregate – any vehicle used in providing a service to the City

4.2.5 Professional Liability Insurance

If the services and activities as prescribed in the scope of work for this agreement are of the kind that CITY determines could give rise to a claim for sources of liability out of the rendering or failure to render those services, SUBRECIPIENT shall procure Professional Liability Insurance. Such insurance shall be on a form acceptable to CITY and shall cover SUBRECIPIENT for those sources of liability arising out of the rendering or failure to render the services required in the Agreement including any hold harmless and/or indemnification agreement. Coverage must either be on an occurrence basis; or, if on a claims-made basis,



the coverage must respond to all claims reported within three years following the period for which coverage is required and which would have been covered had the coverage been on an occurrence basis. The minimum limits (inclusive of any amounts provided by an umbrella or excess policy) shall be:

\$ 300,000 Each Claim/Annual Aggregate (\$1,000,000)

- 4.2.6 The insurance provided by SUBRECIPIENT shall apply on a primary basis. Any insurance, or self-insurance, maintained by the SUBRECIPIENT shall be excess of, and shall not contribute with, the insurance provided by SUBRECIPIENT. Except as otherwise specified, no deductible or self-insured retention is permitted.
- 4.2.7 Neither approval nor failure to disapprove insurance furnished by SUBRECIPIENT shall relieve SUBRECIPIENT from responsibility to provide insurance as required by this Agreement.
- 4.2.8 SUBRECIPIENT Failure to Obtain, Pay For, or Maintain Insurance
- 4.2.9 SUBRECIPIENT shall deliver to CITY the required certificate(s) of insurance and endorsement(s) before CITY signs this Agreement.
- 4.2.10 SUBRECIPIENT'S failure to obtain, pays for, or maintain any required insurance shall constitute a material breach upon which CITY may immediately terminate or suspend this Agreement. In the event of any termination or suspension, CITY may use the services of another SUBRECIPIENT or SUBRECIPIENTS, without CITY'S incurring any liability to SUBRECIPIENT.
- 4.3 FINANCIAL ACCOUNTABILITY:
- The CITY reserves the right to audit the records of the SUBRECIPIENT at any time during the performance of this Agreement and for a period of five (5) years after its expiration/termination. The SUBRECIPIENT agrees to provide all financial and other applicable records and documentation of services to the CITY. Any payment made shall be subject to reduction for amounts included in the related invoice which are found by the CITY, on the basis of such audit, not to constitute allowable expenditures. Any payments made to the SUBRECIPIENT are subject to reduction for overpayments on previously submitted invoices.
- 4.4 RECAPTURE OF FUNDS:

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The CITY reserves the right to recapture funds in the event that the SUBRECIPIENT shall fail: (i) to comply with the terms of this Agreement, or (ii) to accept conditions imposed by the CITY at the direction of the federal, state and local agencies.

4.5 CONTINGENCY CLAUSE:

Funding pursuant to this Agreement is contingent on the availability of funds and continued authorization for CDBG Program activities, and is also subject to amendment or termination due to lack of funds or authorization, reduction of funds, and/or changes in regulations.

ARTICLE V

AUDIT

5.1 As a necessary part of this Agreement, the SUBRECIPIENT shall adhere to the following audit requirements:

5.1.1 If the SUBRECIPIENT expends \$750,000 or more in the fiscal year it shall have a single audit or program specific audit conducted for that year. The audit shall be conducted in accordance with GAGAS and the OMB Super Circular, "Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards; Final Rule".

5.1.2 In addition to the above requirements, the auditor shall perform procedures to obtain an understanding of internal controls and perform sufficient testing to ensure compliance with the procedures. Further the auditor shall determine whether the SUBRECIPIENT has complied with laws, regulations and the provisions of this Agreement.

5.1.3 A reporting package shall be submitted within the earlier of 30 days after receipt of the auditor's report(s) or nine (9) months after the end of the audit period. The reporting package will include the certified financial statements and schedule of expenditures of Federal Awards; a summary schedule of prior audit findings; the auditor's report and the corrective action plan. The auditor's report shall include:

- a) an opinion (or disclaimer of opinion) as to whether the financial statements are presented fairly in all material respects in conformity with generally accepted principles and an opinion (or disclaimer of opinion) as to whether the schedule of expenditures of Federal Awards is presented fairly in all material respects in relation to the financial statements taken as a whole.
- b) a report on internal controls related to the financial statements and major programs. This report shall describe the scope of testing of internal controls and the results of the test, and, where applicable, refer to the separate schedule of findings and questioned costs.



- c) a report on compliance with laws, regulations, and the provisions of contracts and/or this Agreement, noncompliance with which could have a material effect on the financial statements. This report shall also include an opinion (or disclaimer of opinion) as to whether the SUBRECIPIENT complied with the laws, regulations, and the provisions of contracts and this Agreement which could have a direct and material effect on the program and, where applicable, refer to the separate schedule of findings and questioned costs.
- d) a schedule of findings and questioned cost which shall include the SUBRECIPIENT's compliance with the requirements of the OMB Super Circular, "Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards; Final Rule" and Lead Based Paint Regulations 24 CFR Part 35.

5.1.4 If the SUBRECIPIENT expends less than \$750,000 in the fiscal year it is exempted from Federal audit requirements for that year and consequently the audit cost is not a reimbursable expense. The City, however, may request the SUBRECIPIENT to have a limited scope audit for monitoring purposes. These limited scope audits will be paid for and arranged by the City and address only one or more of the following types of compliance requirements: activities allowed or unallowed; allowable costs/cost principles; eligibility; matching, level of effort, earmarking; and, reporting.

All reports presented to the City shall, where applicable, include sufficient information to provide a proper perspective for judging the prevalence and consequences of the findings, such as whether an audit finding represents an isolated instance or a systemic problem. Where appropriate, instances identified shall be related to the universe and the number of cases examined and quantified in terms of dollar value.

ARTICLE VI

RECORDS AND REPORTS

6.1 The SUBRECIPIENT shall establish and maintain sufficient records to enable the CITY to determine whether the SUBRECIPIENT has met the requirements of the CDBG Program.

At a minimum, the following records shall be maintained by the SUBRECIPIENT:

6.1.1 Records providing a full description of each activity assisted (or being assisted) with CDBG Funds, including its location (if the activity has a geographical locus), the amount of CDBG Funds budgeted, obligated and expended for the activity, and the specific provision in 24 CFR Subpart C of the CDBG Program regulations under which the activity is eligible.



6.1.2 Records demonstrating that each activity undertaken meets one of the criteria set forth in 24 CFR 570.208 of the CDBG Program regulations. Where information on income by family size is required, the SUBRECIPIENT may substitute evidence establishing that the person assisted qualified under another program having income qualification criteria at least as restrictive as that used in the definitions of "low- and moderate-income person" and "low- and moderate-income household" as set forth in 24 CFR 570.3; or, the SUBRECIPIENT may substitute a copy of a verifiable certification from the assisted person that his or her family income does not exceed the applicable income limit established in accordance with 24 CFR 570.3; or, the SUBRECIPIENT may substitute a notice that the assisted person is a referral from any governmental agency that determines persons to be "low- and moderate-income persons" based upon HUD's criteria and agrees to maintain documentation supporting those determinations. Such records shall include the following information:

- (i) For each activity determined to benefit low- and moderate-income persons, the income limits applied and the point in time when the benefit was determined.
- (ii) For each activity determined to benefit low- and moderate-income persons based on the area served by the activity:
 - (a) The boundaries of the service area;
 - (b) The income characteristics of families and unrelated individuals in the service area; and
 - (c) If the percent of low- and moderate-income persons in the service area is less than 51 percent, data showing that the area qualifies under the exception criteria set forth in 24 CFR 570.208(a)(1)(ii);
- (iii) For each activity determined to benefit low- and moderate-income persons because the activity involves a facility or service designed for use by a limited clientele consisting exclusively or predominantly of low- and moderate-income persons:
 - (a) Documentation establishing that the facility or service is designed for and used by senior citizens, disabled persons, battered spouses, abused children, the homeless, illiterate persons, or migrant farm workers, for which the regulations provide presumptive benefit to low- and moderate-income persons; or
 - (b) Documentation describing how the nature and, if applicable, the location of the facility or service establishes that it is used predominantly by low- and moderate-income persons; or

(c) Data showing the size and annual income of the household of each person receiving the benefit.

6.1.3 Equal Opportunity Records containing:

- (i) Data on the extent to which each racial and ethnic group and single-headed households (by gender of household head) have applied for, participated in, or benefited from, any program or activity funded in whole or in part with CDBG Funds. Such information shall be used only as a basis for further investigation relating to compliance with any requirement to attain or maintain any particular statistical measure by race, ethnicity, or gender in covered programs.
- (ii) Documentation of actions undertaken to meet the requirements of 24 CFR 570.607(b) which implements Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701U) relative to the hiring and training of low- and moderate-income persons and the use of local businesses.

6.1.4 Financial records, in accordance with the applicable requirements listed in 24 CFR 570.502.

6.1.5 Records required to be maintained in accordance with other applicable laws and regulations set forth in Subpart K of 24 CFR.

6.2 RETENTION AND ACCESSIBILITY OF RECORDS:

6.2.1 The Department shall have the authority to review the SUBRECIPIENT'S records, including Project and programmatic records and books of account, for a period of three (3) years from the expiration/termination of this Agreement (the "Retention Period"). All books of account and supporting documentation shall be kept by the SUBRECIPIENT at least until the expiration of the Retention Period.

The SUBRECIPIENT shall maintain records sufficient to meet the requirements of 24 CFR 570. All records and reports required herein shall be retained and made accessible as provided thereunder. The SUBRECIPIENT further agrees to abide by Chapter 119, Florida Statutes, as the same may be amended from time to time, pertaining to public records.

The SUBRECIPIENT shall ensure that the Agreement Records shall be at all times subject to and available for full access and review, inspection and audit by the CITY, federal personnel and any other personnel duly authorized by the CITY.

6.2.2 The SUBRECIPIENT shall include in all the Department approved subcontracts used to engage subcontractors to carry out any eligible substantive project or programmatic activities, as such



activities are described in this Agreement and defined by the Department, each of the record-keeping and audit requirements detailed in this Agreement. The Department shall in its sole discretion determine when services are eligible substantive project and/or programmatic activities and subject to the audit and record-keeping requirements described in this Agreement

- 6.2.3 If the CITY or the SUBRECIPIENT has received or given notice of any kind indicating any threatened or pending litigation, claim or audit arising out of the activities pursuant to the project, the activities and/or the Work Program or under the terms of this Agreement, the Retention Period shall be extended until such time as the threatened or pending litigation, claim or audit is, in the sole and absolute discretion of the Department fully, completely and finally resolved.
- 6.2.4 The SUBRECIPIENT shall notify the Department of the address where all Agreement Records will be retained in writing both during the pendency of this Agreement and after its expiration/termination as part of the final closeout procedure, as described in the CDBG Handbook attached to this Agreement as Exhibit "A."
- 6.2.5 The SUBRECIPIENT shall obtain the prior written consent of the Department to the disposal of any Agreement Records within one year after the expiration of the Retention Period.

6.3 PROVISION OF RECORDS:

- 6.3.1 At any time upon request by the Department, the SUBRECIPIENT shall provide all Agreement Records to the Department. The requested Agreement Records shall become the property of the Department without restriction, reservation, or limitation on their use. The Department shall have unlimited rights to all books, articles, or other copyrightable materials developed in the performance of this Agreement. These rights include the right of royalty-free, nonexclusive, and irrevocable license to reproduce, publish, or otherwise use, and to authorize others to use the Work Program for public purposes.
- 6.3.2 If the SUBRECIPIENT receives funds from, or is under regulatory control of, other governmental agencies, and those agencies issue monitoring reports, regulatory examinations, or other similar reports, the SUBRECIPIENT shall provide a copy of each such report and any follow-up communications and reports to the Department immediately upon such issuance, unless such disclosure would be prohibited by any such issuing agency.

6.4 MONITORING:

The SUBRECIPIENT shall permit the Department and other persons duly authorized by the Department to inspect all Agreement Records, facilities, goods, and activities of the SUBRECIPIENT which are in any way connected to the activities undertaken pursuant to the terms of this Agreement, and/or interview



any clients, employees, subcontractors or assignees of the SUBRECIPIENT. Following such inspection or interviews, the Department will deliver to the SUBRECIPIENT a report of its findings. The SUBRECIPIENT will rectify all deficiencies cited by the Department within the specified period of time set forth in the report or provide the Department with a reasonable justification for not correcting the same. The Department will determine in its sole and absolute discretion whether or not the SUBRECIPIENT'S justification is acceptable.

At the request of the CITY, the SUBRECIPIENT shall transmit to the CITY written statements of the SUBRECIPIENT's official policies on specified issues relating to the SUBRECIPIENT's activities. The CITY will carry out monitoring and evaluation activities, including visits and observations by CITY staff; the SUBRECIPIENT shall ensure the cooperation of its employees and its Board members in such efforts. Any inconsistent, incomplete, or inadequate information either received by the CITY or obtained through monitoring and evaluation by the CITY, shall constitute cause for the CITY to terminate this Agreement.

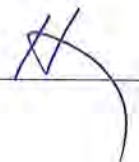
6.5 RELATED PARTIES:

The SUBRECIPIENT shall report to the Department the name, purpose for and any and all other relevant information in connection with any related-party transaction. The term "related-party transaction" includes, but is not limited to, a for-profit or nonprofit subsidiary or affiliate organization, an organization with an overlapping Board of Directors and an organization for which the SUBRECIPIENT is responsible for appointing memberships. The SUBRECIPIENT shall report this information to the Department upon forming the relationship, or if already formed, shall report such relationship prior to or simultaneously with the execution of this Agreement. Any supplemental information shall be promptly reported to the Department.

ARTICLE VII

OTHER CDBG PROGRAM REQUIREMENTS

- 7.1 The SUBRECIPIENT shall maintain current documentation that its activities are CDBG eligible in accordance with 24 CFR Part 570.201.
- 7.2 The SUBRECIPIENT shall ensure and maintain documentation that conclusively demonstrates that each activity assisted in whole or in part with CDBG Funds is an activity which provides benefit to low and moderate-income persons.



- 7.3 The SUBRECIPIENT shall comply with all applicable provisions of 24 CFR Part 570 and shall carry out each activity in compliance with all applicable federal laws and regulations described therein.
- 7.4 The SUBRECIPIENT shall cooperate with the Department in informing the appropriate citizen participation structures, including the appropriate area committees, of the activities of the SUBRECIPIENT in adhering to the provisions of this Agreement. Representatives of the SUBRECIPIENT shall attend meetings of the appropriate committees and citizen participation structures upon the request of the citizen participation officers or the Department.
- 7.5 SUBRECIPIENT shall, to the greatest possible, give low-and-moderate-income residents of the service areas opportunities for training and employment.
- 7.6 NON-DISCRIMINATION:
The SUBRECIPIENT shall not discriminate on the basis of race, color, national origin, sex, religion, age, marital or family status or disability in connection with the Work Program or its performance under this Agreement.
Furthermore, the SUBRECIPIENT agrees that no otherwise qualified individual shall, solely by reason of his/her race, sex, color, religion, national origin, age, marital status or disability, be excluded from the participation in, be denied benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.
- 7.7 The SUBRECIPIENT shall carry out its Work Program in compliance with all federal laws and regulations, including those described in Subpart K of the CDBG Program regulations (24 CFR 570.600-612).
- 7.8 The Subrecipient and its subcontractors shall comply with the Davis-Bacon Act, the Lead-Based paint Poisoning Prevention Act, and any other applicable laws, ordinances and regulations.
- 7.9 The SUBRECIPIENT shall abide by the Federal Labor Standards provisions of U.S. HUD Form 4010 incorporated herein as part of this Agreement.
- 7.10 UNIFORM ADMINISTRATIVE REQUIREMENTS. The SUBRECIPIENT shall comply with the requirements and standards of the OMB Super Circular, "Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards; Final Rule".
- 7.11 RELIGIOUS ORGANIZATIONS/CONSTITUTIONAL PROHIBITION. If the SUBRECIPIENT is or was created by a religious organization, the SUBRECIPIENT agrees that all CDBG Funds disbursed under this Agreement shall be subject to the conditions, restrictions, and limitations of 24 CFR Part 570.200(j).
The SUBRECIPIENT shall comply with those requirements and prohibitions when entering into subcontracts.


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- 7.12 REVERSION OF ASSETS. Upon expiration/termination of this Agreement, the SUBRECIPIENT must transfer to the CITY any CDBG Funds on hand at the time of expiration/termination and any accounts receivable attributable to the use of CDBG Funds.
- 7.13 ENFORCEMENT OF THIS AGREEMENT. Any violation of this Agreement that remains uncured thirty (30) days after the SUBRECIPIENT'S receipt of notice from the CITY (by certified or registered mail) of such violation may, at the option of the CITY, be addressed by an action for damages or equitable relief, or any other remedy provided at law or in equity. In addition to the remedies of the CITY set forth herein, if the SUBRECIPIENT materially fails to comply with the terms of this Agreement, the CITY may suspend or terminate this Agreement in accordance with 24 CFR Part 85.43, as set forth more fully below in Article IX of this Agreement.
- 7.14 The SUBRECIPIENT shall not assume the CITY's environmental responsibilities described at 24 CFR 570.604 of the CDBG Program regulations nor the CITY's responsibility for initiating the review process under Executive Order 12372.

ARTICLE VIII
PROGRAM INCOME

- 8.1 Program income means gross income received by the SUBRECIPIENT which has been directly generated from the use of the CDBG Funds. When such income is generated by an activity that is only partially assisted with the CDBG Funds, the income shall be prorated to reflect the percentage of CDBG Funds used. Program income generated by CDBG funded activities shall be used only to undertake those activities specifically approved by the CITY for the Work Program. All provisions of this Agreement shall apply to such activities. Any program income on hand when this Agreement expires/terminates or received after such expiration/termination shall be paid to the CITY, as required by 24 CFR 570.503(b) (7) of the CDBG Program regulations.
- The SUBRECIPIENT shall submit to the CITY monthly a Program Income Report and a Work Program Status Report. The Program Income Report shall identify CDBG activities in which income was derived and how income has been utilized.
- 8.2 REPAYMENTS. Any interest or other return on the investment of the CDBG Funds shall be remitted to the CITY on a monthly basis. Any CDBG Funds funded to the SUBRECIPIENT that do not meet the eligibility requirements, as applicable, must be repaid to the CITY.

ARTICLE IX

Initials 

REMEDIES, SUSPENSION, TERMINATION

9.1 REMEDIES FOR NONCOMPLIANCE. The CITY retains the right to terminate this Agreement at any time prior to the completion of the services required pursuant to this Agreement without penalty to the CITY. In that event, notice of termination of this Agreement shall be in writing to the SUBRECIPIENT, who shall be paid for those services performed prior to the date of its receipt to the notice of termination. In no case, however, shall the CITY pay the SUBRECIPIENT an amount in excess of the total sum provided by this Agreement.

It is hereby understood by and between the CITY and the SUBRECIPIENT that any payment made in accordance with this Agreement to the SUBRECIPIENT shall be made only if the SUBRECIPIENT is not in default under the terms of this Agreement. If the SUBRECIPIENT is in default, the CITY shall not be obligated and shall not pay to the SUBRECIPIENT any sum whatsoever.

If the SUBRECIPIENT materially fails to comply with any term of this Agreement, the CITY may take one or more of the following courses of action:

- 9.1.1 Temporarily withhold cash payments pending correction of the deficiency by the SUBRECIPIENT, or such more severe enforcement action as the CITY determines is necessary or appropriate.
- 9.1.2 Disallow (that is, deny both the use of funds and matching credit) for all or part of the cost of the activity or action not in compliance.
- 9.1.3 Wholly or partly suspend or terminate the current CDBG Funds awarded to the SUBRECIPIENT.
- 9.1.4 Withhold further CDBG grants and/or loans for the SUBRECIPIENT.
- 9.1.5 Take all such other remedies that may be legally available.

9.2 SUSPENSION:

9.2.1 The Department may, for reasonable cause temporarily suspend the SUBRECIPIENT'S operations and authority to obligate funds under this Agreement or withhold payments to the SUBRECIPIENT pending necessary corrective action by the SUBRECIPIENT, or both. Reasonable cause shall be determined by the Department in its sole and absolute discretion, and may include:

- (i) Ineffective or improper use of the CDBG Funds by the SUBRECIPIENT;

- (ii) Failure by the SUBRECIPIENT to materially comply with any term or provision of this Agreement;
- (iii) Failure by the SUBRECIPIENT to submit any documents required by this Agreement;
or
- (iv) The SUBRECIPIENT'S submittal of incorrect or incomplete documents.

9.2.2 The Department may at any time suspend the SUBRECIPIENT'S authority to obligate funds, withhold payments, or both.

9.2.3 The actions described in paragraphs 9.2.1 and 9.2.2 above may be applied to all or any part of the activities funded by this Agreement.

9.2.4 The Department will notify the SUBRECIPIENT in writing of any action taken pursuant to this Article, by certified mail, return receipt requested, or by in person delivery with proof of delivery. The notification will include the reason(s) for such action, any conditions relating to the action taken, and the necessary corrective action(s).

9.3 TERMINATION:

9.3.1 Termination Because of Lack of Funds.

In the event the CITY does not receive funds to finance this Agreement from its funding source, or in the event that the CITY'S funding source de-obligates the funds allocated to fund this Agreement, the Department may terminate this Agreement upon not less than twenty-four (24) hours prior notice in writing to the SUBRECIPIENT. Said notice shall be delivered by certified mail, return receipt requested, or by in person delivery with proof of delivery. In the event that the CITY'S funding source reduces the CITY'S entitlement under the CDBG Program, the CITY shall determine, in its sole and absolute discretion, the availability of funds for the SUBRECIPIENT pursuant to this Agreement.

9.3.2 Termination for Breach.

The Department may terminate this Agreement, in whole or in part, in the event the Department determines, in its sole and absolute discretion that the SUBRECIPIENT is not materially complying with any term or provision of this Agreement.

The Department may terminate this Agreement, in whole or in part, in the event that the Department determines, in its sole and absolute discretion, that there exists an event of default under and pursuant to the terms of any other agreement or obligation of any kind or nature



whatsoever of the SUBRECIPIENT to the CITY, direct or contingent, whether now or hereafter due, existing, created or arising.

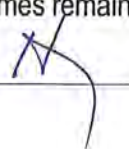
- 9.3.3 Unless the SUBRECIPIENT'S breach is waived by the Department in writing, the Department may, by written notice to the SUBRECIPIENT, terminate this Agreement upon not less than twenty-four (24) hours prior written notice. Said notice shall be delivered by certified mail, return receipt requested, or by in person delivery with proof of delivery. Waiver of breach of any provision of this Agreement shall not be deemed to be a waiver of any other breach and shall not be construed to be a modification of the terms of this Agreement. The provisions hereof are not intended to be, and shall not be, construed to limit the Department's right to legal or equitable remedies.

ARTICLE X

MISCELLANEOUS PROVISIONS

- 10.1 INDEMNIFICATION. The SUBRECIPIENT shall pay and save the CITY harmless from and against any and all claims, liabilities, losses, and causes of action which may arise out of the SUBRECIPIENT'S activities related to the Work Program or otherwise under this Agreement, including all acts or omissions to act on the part of the SUBRECIPIENT and/or any persons acting for or on its behalf, and from and against any relevant orders, judgments, or decrees which may be entered against the CITY, and from and against all costs, attorney's fees, expenses, and liabilities incurred by the CITY in the defense or investigation of any such claims or other matters. Nothing in this Agreement 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.
- 10.2 AMENDMENTS. No amendments to this Agreement shall be binding unless in writing and signed by both parties hereto. Budget modifications shall be approved by the Department in writing.
- 10.3 OWNERSHIP OF DOCUMENTS. All documents developed by the SUBRECIPIENT under this Agreement shall be delivered to the CITY upon completion of the activities required pursuant to this Agreement and shall become the property of the CITY, without restriction or limitation on their use if requested by the City. The SUBRECIPIENT agrees that all documents maintained and generated pursuant to this Agreement shall be subject to all provisions of the Public Records Law, Chapter 119, Florida Statutes.

It is further understood by and between the parties that any document which is given by the CITY to the SUBRECIPIENT pursuant to this Agreement shall at all times remain the property of the CITY and shall



not be used by the SUBRECIPIENT for any other purpose whatsoever without the prior written consent of the CITY.

10.4 AWARD OF AGREEMENT. The SUBRECIPIENT warrants that is has not employed or retained any person employed by the CITY to solicit or secure this Agreement and that it has not offered to pay, paid, or agreed to pay any person employed by the CITY any fee, commission, percentage, brokerage fee, or gift of any kind contingent upon or resulting from the award of this Agreement.

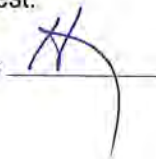
10.5 NON-DELEGABILITY. The obligations undertaken by the SUBRECIPIENT pursuant to this Agreement shall not be delegated or assigned to any other person or firm, in whole or in part, without the CITY'S prior written consent which may be granted or withheld in the CITY'S sole discretion.

10.6 CONSTRUCTION OF AGREEMENT; VENUE; PREVAILING PARTY. This Agreement 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 Agreement 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. In the event of any litigation involving the provisions of this Agreement, 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.

10.7 CONFLICT OF INTEREST.

10.7.1 SUBRECIPIENT covenants that no person under its employ who presently exercises any functions or responsibilities in connection with this Agreement has any personal financial interest, direct or indirect, with CITY except as permitted pursuant to this Agreement. SUBRECIPIENT further covenants that, in the performance of this Agreement, no person having a conflicting interest shall be employed. Any such interests on the part of SUBRECIPIENT or its employees, must be disclosed in writing to the CITY.

SUBRECIPIENT is aware of the conflict of interest laws for any CDBG activities as per 24 CFR, Part 570.611, which states that anyone controlling or influencing any CDBG activities may not: (a) obtain personal or financial interest or benefits, including money, favors, gratuities, entertainment or anything of value that might be interpreted as conflict of interest; (b) obtain a direct or indirect interest in any contract, subcontract or agreement for any CDBG activity. This prohibition extends to contracts in which your spouse, minor child, dependent or business associate may have personal or financial interest.

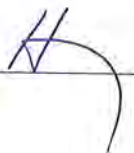


This prohibition extends for a one-year period after you leave a position with a CDBG activity or project; (c) request for exceptions which may enhance the effectiveness of the CDBG project must be made in writing to the CITY and approved by HUD.

In addition, no board members, employees, or any SUBRECIPIENT representative may simultaneously serve on the CITY's Community Development Advisory Committee.

- 10.7.2 The SUBRECIPIENT is aware of the conflict of interest laws of the City of Pompano Beach and the State of Florida (Chapter 112, Florida Statutes), and agrees that it shall comply in all respects with the terms of the same.
- 10.7.3 Procurement. The SUBRECIPIENT shall comply with the standards contained within the OMB Super Circular, "Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards; Final Rule".
- 10.8 HATCH ACT. The Subrecipient agrees that no funds provided, nor personnel employed under this contract, shall be in any extent engaged in the conduct of political activities in violation of Chapter 15 of the Title V United States Code.
- 10.9 NO OBLIGATION TO RENEW. Upon expiration of the term of this Agreement, the SUBRECIPIENT agrees and understands that the CITY has no obligation to renew this Agreement.
- 10.10 ENTIRE AGREEMENT:
This instrument and its attachments constitute the only Agreement of the parties hereto relating to the CDBG Funds and sets forth the rights, duties, and obligations of each of the parties hereto to the other as of its date. Any prior agreements, promises, negotiations, or representations not expressly set forth in this Agreement are of no force or effect.
- 10.11 GENERAL CONDITIONS.
- 10.11.1 All notices or other communications which shall or may be given pursuant to this Agreement shall be in writing and shall be delivered by in person delivery or by registered mail addressed to the other party at the address indicated herein or as the same may be changed from time to time, upon notice in writing. Such notice shall be deemed given on the day on which personally served, or, if by mail, on the fifth day after being posted or the date of actual receipt, whichever is earlier.

CITY OF POMPANO BEACH
Miriam Carrillo, Director

Initials 

Office of Housing and Urban Improvement
100 W. Atlantic Blvd., Suite 220
PO Box 1300
Pompano Beach, Florida 33061

SUBRECIPIENT

Light of the World Clinic, Inc.
Attn: Sandra Lozano Barry
5333 N. Dixie Highway, #201
Oakland Park, FL 33334

- 10.11.2 Title and paragraph headings are for convenient reference and are not a part of this Agreement.
- 10.11.3 In the event of conflict between the terms of this Agreement and any terms or conditions contained in any attached documents, the terms in this Agreement shall control.
- 10.11.4 No waiver of breach of any provision of this Agreement shall constitute a waiver of any subsequent breach of the same or any other provision hereof, and no waiver shall be effective unless made in writing.
- 10.11.5 Should any provision, paragraph, sentence, word or phrase contained in this Agreement be determined by a court of competent jurisdiction to be invalid, illegal or otherwise unenforceable under the laws of the State of Florida or the City of Pompano Beach, such provision, paragraph, sentence, word or phrase shall be deemed modified to the extent necessary in order to conform with such laws, or if not modifiable to conform with such laws, then same shall be deemed severed, and in either event, the remaining terms and provisions of this Agreement shall remain unmodified and in full force and effect.
- 10.12 INDEPENDENT CONTRACTOR. THE SUBRECIPIENT and its employees and agents shall be deemed to be independent contractors and not agents or employees of the CITY, and shall not attain any rights or benefits under the Civil Service or Pension Ordinances of the CITY or any rights generally afforded classified or unclassified employees; further, they shall not be deemed entitled to the Florida Worker's Compensation benefits as employees of the CITY.
- 10.13 SUCCESSORS AND ASSIGNS. This Agreement shall be binding upon the parties hereto, and their respective heirs, executors, legal representatives, successors, and assigns.
- 10.14 SUBRECIPIENT CERTIFICATION. The SUBRECIPIENT certifies that it possesses the legal authority to enter into this Agreement pursuant to authority that has been duly adopted or passed as an official act of the SUBRECIPIENT'S governing body, authorizing the execution of the Agreement, including all

Initials 

understandings and assurances contained herein, and directing and authorizing the person identified as the official representative of the SUBRECIPIENT to act in connection with this Agreement and to provide proof of such authorization as may be required by the City.

10.15. Public Records.

- A. The City of Pompano Beach is a public agency subject to Chapter 119, Florida Statutes. The SUBRECIPIENT shall comply with Florida's Public Records Law, as amended. Specifically, the SUBRECIPIENT shall:
1. Keep and maintain public records required by the City in order to perform the service.
 2. 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.
 3. 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 SUBRECIPIENT does not transfer the records to the City.
- B. Upon completion of the contract, transfer, at no cost to the City, all public records in possession of the SUBRECIPIENT, or keep and maintain public records required by the City to perform the service. If the SUBRECIPIENT transfers all public records to the City upon completion of the contract, the SUBRECIPIENT shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the SUBRECIPIENT keeps and maintains public records upon completion of the contract, the SUBRECIPIENT 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.
- C. Failure of the SUBRECIPIENT to provide the above described public records to the City within a reasonable time may subject SUBRECIPIENT to penalties under 119.10, Florida Statutes, as amended.

PUBLIC RECORDS CUSTODIAN

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IF THE CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE CONTRACTOR'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

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IN WITNESS WHEREOF, the parties hereto have caused this instrument to be executed by their respective officials thereunto duly authorized on the date above written.

"SUBRECIPIENT"

LIGHT OF THE WORLD CLINIC, INC., a Florida not-for-profit corporation

Witnesses:

Marita Cano

Alberto Cano
Printed Name

Printed Name

By: [Signature]
Signature

Hy Montero
Printed, Typed or Stamped

Title: Interim CEO

(SEAL)

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me, by means of physical presence or online notarization, this 26th day of October, 2022, by Hy Montero as Interim CEO of Light of the World Clinic a Florida corporation, on behalf of the corporation, who is personally known to me or who has produced _____ as identification

NOTARY'S SEAL



[Signature]
NOTARY PUBLIC, STATE OF FLORIDA

Maritza Umeres
(Name of Acknowledger Typed, Printed or Stamped)

66967235
Commission Number

Initials [Signature]

CITY OF POMPANO BEACH

By: _____
REX HARDIN, MAYOR

By: _____
GREGORY P. HARRISON, CITY MANAGER

Attest:

ASCELETA HAMMOND, CITY CLERK

(SEAL)

APPROVED AS TO FORM:

MARK E. BERMAN, CITY ATTORNEY



Initials _____


Exhibit A – Sub-recipient Handbook

Initials 

EFFECTIVE DATE
10.1.2022

2022-2023 CDBG

SUB-RECIPIENT HANDBOOK



**OFFICE OF HOUSING AND URBAN
IMPROVEMENT**
100 W. ATLANTIC BLVD, SUITE 220
POMPANO BEACH FL 33060
(954) 786-4659
WWW.POMPANOBEACHFL.GOV
OHUI@COPBFL.COM

Rev. 11/2018

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Table of Contents

Section I

- OHUI Contact Information
- Request for Reimbursement Required Supporting Documentation
- Request for Reimbursement Form
- Monthly Payroll Summary
- Weekly Timesheet
- Intake Sheet

Section II

- HUD 2022 Income Guidelines
- Sub-recipient Neighborly Guidelines Link

Section III

- OMB SUPER CIRCULAR
- Sub-recipient oversight and monitoring – A roadmap to improved results

Link: https://portal.hud.gov/hudportal/documents/huddoc?id=DOC_17086.pdf

- Playing by the rules for Sub-recipient
- CPD Monitoring Handbook: 6509.2

SECTION I

Initials 



Office of Housing and Urban Improvement
100 W. Atlantic Blvd, Suite 220
Pompano Beach, FL 33060

Staff Contact Information

Office Telephone: 954-786-4659
Office Fax: 954-786-5534

Miriam Carrillo Director
(954) 786-4659
Miriam.Carrillo@copbfl.com

Alex Goldstein, MPA, Program Compliance Manager
(954) 786-4641
Alexander.Goldstein@copbfl.com

Muhammad Hashmi, Senior Accountant
(954) 545-7787
Muhhammad.Hashmi@copbfl.com

Winsome Baker, Office Assistant II
(954) 786-4659
Winsome.Baker@copbfl.com

Mery Sanchez, Housing Specialist
(954) 786-4658
Mery.Sanchez@copbfl.com

Angela Bowen, Housing Specialist
(954) 786-4658
Angela.Bowen@copbfl.com

Kassandra Lopez, Office Assistant
(954) 545-7767
Kassandra.Lopez@copbfl.com

JoAnn Martin-Onesky, Secretary II
(954) 786-4657
JoAnn.Martin-Onesky@copbfl.com

In order to ensure that the Office of Housing and Urban Improvement (OHUI) has in place proper procedures and documentation that support funded program eligible activities, the following procedures are to be followed by all sub-recipients of federally funded programs administered by the OHUI to receive payment for submitted invoices.

- 1) Requests for reimbursement of expenses **starting from October 1, 2022** can be submitted on a monthly or quarterly basis. Only items listed on your budget will be considered for reimbursement. Please complete **Request for Reimbursement Form with appropriate back-up documentation** to prevent any payment delays.
- 2) Reimbursement and reports will only be process through the Neighborly Software system. (Participant guidelines - attached)
- 3) Requests for Reimbursement of personnel expenses must include TWO of three following back-up documentations for ALL employees in which you are claiming reimbursement:
 1. Copy of payroll register
 2. Copies of timesheets (**MUST be signed by the employee and the Supervisor**)
- and/or -
 3. Copies of pay checks

The completed and signed timesheet should clearly indicate the hours AND the percentage of time spent working on the CDBG funded project. If more than one employee's wages are being reimbursed, list each employee by name, title, and amount of reimbursement requested (indicate exact percentage for each employee, if applicable).

- 4) Requests for Reimbursement of paid invoices must include a copy of the Invoice **AND** the sub-recipient has paid a copy of the check showing the invoice. If the invoice has been p aid through more than one source of funding, clearly indicate the amount of City of Pompano Beach CDBG funds applied to that expense on the invoice.
- 5) Complete and sign Request for Reimbursement Form, and submit with all required documentation through the Neighborly Software.

Link: <https://portal.neighborlysoftware.com/copbfl/participant/Login>
- 6) The first payment request will be processed after we have an executed Sub-recipient Contract and a Purchase Order in place.
- 7) Monthly Compliance Reports must be current in order to receive reimbursement payments.
- 8) All reimbursement requests will be reviewed by staff for accuracy, completeness, and compliance with program guidelines. You may be contacted with questions or for requests for additional documentation if needed. **Requests for payment that are complete accurate and**

in compliance will be processed and paid within 10 days of submission. RUSH PAYMENTS WILL NOT BE ISSUED.

- 9) If you have questions regarding how to complete the Request for Reimbursement Form or what required documentation needed, please contact the Office of Housing and Urban Improvement at 954-786-4659. We will do our best to assist you with the process.

Eligible Activities

All programs and activities funded CDBG and HOME dollars must meet the criteria of being an eligible activity as defined by HUD. For the CDBG program specifically, the funded programs must meet one of the three national objectives as well as the specific eligible activities to be carried out to meet the objective. Within this context, the OHUI policy on HUD funded programs will be to focus on funding activities that are without question eligible activities under the HUD regulations.

OHUI as a policy will not fund activities that are questionable and will pose a potential audit finding or sanction for the City of Pompano Beach. Activities such as entertainment activities; travel for trips, holiday dinners, awards, etc. It is the policy of Office of Housing and Urban Improvement (OHUI) the funded activities should focus on salaries, administrative cost, equipment and technical assistance for the sub-recipients.

In short, CDBG can be used to pay labor cost, supplies, and materials needed to provide a service. Activities such as the entertainment type as listed above should be supported with other internal/external budget funds or by outside support/sponsorship, donation or partnership with other community organizations or programs. When sub-recipients purchase equipment using CDBG or HOME funds, they are required to keep an inventory log of the purchased items, which should be open to inspection at any given time.


In an effort to ensure that OHUI can meet this policy objective, the OHUI will advise the sub recipients as to whether their activities are eligible through ongoing discussions, meetings, training sessions and onsite monitoring visits.

If you have any questions or need further clarification, do not hesitate to contact me at 954-786-4659.

Sincerely,

Miriam Carrillo

Miriam Carrillo
OHUI Director

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SUB-RECIPIENT REQUEST FOR REIMBURSEMENT

CDBG Fiscal Year: 2022—2023
Period Covered: 10/1/2022 thru 9/30/2023

Previous Balance \$ _____
 Amount Requested \$ _____
 Account Balance \$ _____

Invoice Number: _____

To Be Completed by Project Coordinator				To Be Completed by City		
Check No.	Date	Payee/Description	Total Amount	Amount Requested	Adjustments Amount Code	Reimbursed
Total Requested :				Total Reimbursed:		

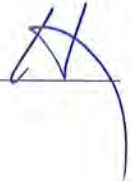
CERTIFICATE

I certify that this claim is for authorized expenditures incurred pursuant to this grant project and the appropriate documentation is attached. *I further certify that the financial records, supporting documents, statistical records and all other records pertinent to this grant project shall be retained for a period of three (3) years according to regulations contained in CFR 570.502(b)(3), 24 CFR 85.42, and OMB Circular A-110, Attachment C.
 *Appropriate supporting documentation includes copies of bills/invoices and proof of payment in the form **CANCELLED** checks.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Adjustment Code Explanations: PO # _____ Reviewed by: _____
 NCB – Not Currently Budgeted
 I – Ineligible
 A – Approved for reimbursement
 Date: _____

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Weekly Time Sheet

Employee Name:
Program:
Program:

Rate of Pay:
Status: (Full Time/Part Time/Contract)
Payroll Period: From _____ to _____

Beginning Payroll Date	Start Time	End Time	Regular Hours	Total Hours*	Rate of Pay	Gross Pay
TOTAL HOURS FOR WEEK						

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Deductions:

Gross Salary \$ _____
 W/H Tax \$ _____
 FICA Tax \$ _____
 Other Deductions \$ _____
 Net Pay \$ _____

Check No./Date _____ / _____

*Please make sure the above information is correct.

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I. General Information

Date: _____ Date of Last Service: _____
 First Name: _____ MI _____ Last Name: _____
 Date of Birth: _____ Gender: M _____ F _____
 Home Address: _____
 City/State/Zip: _____
 ID Type: _____ ID Number: _____
 SSN (last 4 digits only): _____ (Identity verification documentation required) Female Head of Household?
 Number of Persons in Household: _____ Total Annual Household Income: \$ _____ (Documentation required)

II. Racial Characteristics (Must select one)

One Race

- White
- Black/African American
- Asian
- American Indian/Alaskan Native
- Native Hawaiian/Other Pacific Islander

Multi Race

- American Indian/Alaskan Native & White
- Asian & White
- Black/African American & White
- Amer. Indian/Alaskan Native & Black/African Amer.
- Other Multi-racial

Also Hispanic? (Per HUD, if you do not identify your racial background as belonging to any of the race group above, check "White" and indicate here also if you are of Hispanic ethnic background)

III. Household Income (Agency Representative must enter the current income limits in the table below before the client fills out this form)

Based on the household annual income and number of persons in the household information you provided above, circle one from the current income limits below that is the closest to your income yet above your income with the household size that matches yours:

Current Federal Income Limits (Year _____)
 Circle One

Household Size / Income Group	1	2	3	4	5	6	7	8
Extremely Low								
Low								
Moderate								

Note: The income guidelines are updated by HUD annually. The agency using this Intake Sheet should update this information accordingly.

Official Use Only — Eligibility Determination

Eligible Not Eligible Note: _____

Please make sure that the income information the client provided and the income level the client circled match the documentation

IV. Certification

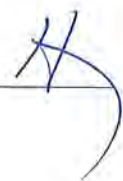
Self Certify

I, _____, hereby certify that the information provided above is accurate and true to the best of my knowledge. I understand that I will be held countable for providing false information.

Signature: _____ Date _____

Other Form of Certification

Certification Types: _____

Initials 

INTAKE SHEET

Name of staff person processing this form (print) _____ Signature _____
Note: All required information must be entered and all signatures must be affixed to this form to be in compliance with the regulations.

SECTION II

MAXIMUM HOUSEHOLD INCOME LIMITS 2022 Income Limits

Household Size / Income Group	1	2	3	4	5	6	7	8
30%-LMI	19,050	21,800	24,500	27,750	32,470	37,190	41,910	46,630
Extremely Low								
50%-LMI	31,750	36,300	40,850	45,350	49,000	52,650	56,250	59,900
Very Low								
80%-LMI	50,800	58,050	65,300	72,550	78,400	84,200	90,000	95,800
Very Low								

Note: The income guidelines are updated by HUD annually. The agency using this Intake Sheet should update this information accordingly.

Neighborly Software – User Guide

Rev. 11/2018

Initials _____



SECTION III

- OMB SUPER CIRCULAR - <https://www.hudexchange.info/programs/cdbg/>
- Sub-recipient oversight and monitoring – A roadmap to improved results

Link: https://portal.hud.gov/hudportal/documents/huddoc?id=DOC_17086.pdf

- Playing by the rules for Sub-recipient -

<https://www.hudexchange.info/onecpd/assets/File/Playing-by-the-Rules-Handbook-CDBG-Subrecipients-Administrative-Systems-Chapter-1.pdf>

CPD Monitoring Handbook: 6509.2 -
https://www.hud.gov/program_offices/administration/hudclips/handbooks/cpd/6509.2



Exhibit B - Work Plan

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Exhibit B - Work Plan





LIGHT OF THE WORLD CLINIC

Keeping Broward County's Uninsured Healthy since 1989!

Free Indigent Health Care, Outreach, Education and Treatment Program for Pompano Beach Residents Scope of Work City of Pompano Beach CDBG 2022-2023

The Light of the World Clinic, a volunteer community-based clinic, will provide Public Service Area Benefit Activities for up to 225+ low-to-moderate income (LMI), uninsured, Limited English Proficient (LEP), and at-risk minority Pompano Beach residents. Services include free healthcare, medical treatment, case management with counseling, required medications, and referrals to improve health and wellness outcomes empowering LMI Pompano Beach residents to become healthy and productive citizens.

The one-year Free Indigent Medical Services Program will begin October 1, 2022 and continue through September 30, 2023. CDBG funds will provide partial Occupancy and Utilities to improve and enhance essential healthcare and preventative medical services for uninsured Pompano Beach residents. Program implementation: 1) Community Outreach, 2) Intake, Assessments, and Education, 3) Healthcare Services and Medical Treatment, 4) Follow-up Care; and 5) Referrals.

Persons to be served: 225 unduplicated, vulnerable, uninsured, and medically underserved ALICE individuals (at-risk working poor) of Pompano Beach¹ whose income is at/or below 200% Federal Poverty Guidelines and do not have access or cannot obtain healthcare or other Limited English Proficient (LEP) individuals.² These individuals are not eligible for Medicaid, cannot pay for healthcare, and do not qualify for the Affordable Care Act (ACA) benefits. Classified as Individuals are low-and- moderate-income (LMI) persons or households, and 3.2.2. Low Mod Limited Clientele (LMC) from the City of Pompano Beach. 100% of the program beneficiaries are "Limited Clientele" [HUD 570.208 (a)(2)].

The Public Service Free Healthcare Program will improve and enhance essential healthcare and preventative medical services for up to 225 LMI uninsured individuals from Pompano Beach, FL. Through the City of Pompano Beach CDBG funding, The Light of the World Clinic will provide free healthcare, medical treatment services, counseling, and education to approximately 150 (social media, community outreach, and referrals to the Clinic) and minimum of 75 individuals (receiving medical treatment).

The Volunteer Medical Director (a licensed medical professional) will oversee the Clinic's Medical Protocols to ensure compliance with the Broward County Department of Health and the State of Florida Standards. The Medical Director oversees the volunteer doctors, residency doctors, nurses, specialists, and the paid Clinic Medical staff (below). The Medical Director is responsible for all medical reporting and compliance standards. The Advanced Registered Nurse Practitioner (ARNP) works under the Medical Director and supervises the daily medical activities at the Clinic and medical program activities. The ARNP will obtain medical histories, perform physical examinations, diagnose treatments, and monitors patients from the initial evaluation to the completion of treatment. The ARNP orders, performs, and interprets diagnostic tests, i.e., blood, diabetes, skin, pulmonary

¹ SP-70 Anti-Poverty Strategy – 91.215(j) City of Pompano Beach Consolidated Plan Program 2020-2024 (Updated October 1, 2020 – September 30, 2025. p. 138)

² Individuals and minorities who do not speak English as their primary language and have limited ability to read, speak, write, or understand English are considered limited English proficient, or LEP. (Title VI Civil Rights Act of 1964).

function, vision, hearing, healthy lifestyles, and nutrition. The ARNP will identify patients with poor nutrition, heart disease, diabetes, and related issues then will supply nutritional therapy and diabetic counseling, self-care, including healthy lifestyles, eating behavior, and food preparation habits. Medical follow-up will include educational counseling, blood sugar testing, blood pressure checks, self-care to manage heart disease through diet and exercise, vision, and referrals/treatment as appropriate. The ARNP will promote positive health behaviors and self-care skills through education and one-to-one nutritional counseling to patients. The Volunteer Medical Director and ARNP will support the Clinic's Medical Support Team.

The Medical Support Team will consist of the Case Manager, supervising and coordinating volunteer doctors, doctors in residency, nurses, medical interns, and assistants. The Case Manager will handle the medical staffing scheduled clinical rotations. The Case Manager will coordinate and instruct patients on follow-up medical instructions and ongoing case management monitoring. This position will assist the Medical Director and ARNP in arranging other medical needs outside of the Clinic, if beyond the Clinic's scope. The Case Manager will schedule volunteers within the Clinic within community events. The Medical Assistant (MA), the Patient Care Coordinator (PCC), will supply medical assistant services based on patient treatment evaluation and assist where appropriate. In addition, they will assist with social media, community outreach, and health fairs. They will initiate patient screening/triage at intake, conduct blood pressure checks, blood sugar testing, and monitor patients. The Patient Care Coordinator will work with each patient to follow their medical treatment plans. The PCC assists with all intake applications and financial LMI eligibility, social media, and community outreach, maintains patient database records, and assists the medical professionals needed.

The Public Service Healthcare Program Outcomes include serving: up to (1) 150 individuals (social media and community outreach) 75 individuals (direct medical treatment) = 225 persons (2) Provide Patient Screenings and health education and diabetic counseling to more than 75 medically underserved, uninsured, LEP, and at risk minority patients; (3) Provide patients education services on healthy lifestyles for up to 150 individuals; (4) Provide specialized Diabetes Educational and Prevention Services for up to 75 individuals (i.e., assist those diabetics to learn diabetic control through nutrition, glucose monitoring, and medication (as medically appropriate) with exercise); (5) Provide specialized Heart Disease/Coronary Education and Prevention Services for up to 75 individuals (i.e. assist those with heart disease/hypertension to learn healthy hearts/healthy lifestyles, improved nutrition, exercise, smoking cessation, weight reduction, etc.); (6) Provide medical follow-up and community education and information services for up to 75 individuals (patient and family follow-up and education, outreach to community through medical staff and volunteers). In addition, the Clinic personnel and volunteers will conduct additional in-house medical testing to support the 'whole patient' free medical care and treatment.

Educational classes will be scheduled one day or two mornings each month based on need. The program volunteers will distribute flyers at municipal facilities, program partners, area stores, community centers, and area events. Once tested, the patients are encouraged to partake in a healthy breakfast prepared by the Clinic's Medical/Volunteer Staff. Small groups of patients are encouraged to participate in discussing diabetes/hypertension. Patients with abnormal blood sugar levels or hypertension will schedule with the Clinic's medical team for further comprehensive evaluation and counseling. Educational topics include Healthy lifestyles, healthy hearts, nutrition/dietary changes, smoking cessation, increased physical fitness activities, and maintaining normal blood pressure and cholesterol levels. The Clinic's Health Educator will counsel patients in a culturally sensitive nutrition program. Medical professionals will distribute food and exercise logs, free meds as needed, diabetic test strips, and glucose monitors with self-care training.

Evaluation: The one year program will use Specific Measures and Benchmarks for success and are identified through medical team intervention and patient activity based on the creation of patient baseline reports, medical progress reports, medical improvement, and diabetic control (improved glucose monitoring, achieving optimal blood sugar, cholesterol, and hypertensive control/blood

pressure levels), improved preventative behaviors (i.e., smoking reduction, healthy diet, physically active); improved nutrition, weight-loss, and smoking cessation. Activities by program staff will be monitored regularly by the Medical Director and Board of Directors. The Medical Director will implement program adjustments as appropriate to ensure success. Subsequent monitoring sessions and formal internal monitoring reports will be conducted in sixty (60) day intervals, with program adjustments implemented if necessary. Evaluation criteria used in the monitoring process focus on two indicators: 1) the number of counseling/healthcare sessions conducted, and 2) the number of patients examined or medically treated. In addition, the Medical Director will monitor data on patient health outcomes and implement a community survey to identify community perceptions on the quality of healthcare education information disseminated.

The Clinic will operate from its social media and community outreach and health fair services, marketing, and referrals by its program partners, social service agencies through its approved by Broward County Health Department and standardized intake procedures. Patients are screened based on their financial eligibility and residency, guidelines established by HUD, Florida Department of Health, and Broward County, then scheduled for a complete physical examination and testing. The medical team conducts diagnostic tests to obtain health baselines then creates an individualized medical treatment plan. Medical specialists provide help to each patient to improve their condition.

Patients' medical progress is monitored through monthly health check visits and patient records. Services that clients will receive include blood pressure checks, blood sugar testing, physical examination, optical/dermatological examination, women's/men's health screening, vision, healthy lifestyles screenings, and evaluations. Back to school immunizations will be provided to pediatric patients. Services provided by this grant include physical examination, diabetic screening, cardiac care/hypertension screening, and diabetic/hypertension treatment. The multi-disciplinary medical team (volunteer with paid part-time staff) ratio to a client is approximately 1.5 medical personnel to every ten patients.

The average length of contact for each client/participant is one (1) hour of services per client per week for approximately three (3) months or more, depending upon their diagnosis and response to treatment. The Clinic makes every effort to provide convenient appointments for its patients and their families. The medical team recognizes its patient's economic and cultural differences. It gives them time to explain each patient's diagnosis, required treatment, and education plan. The Clinic works with each patient providing medical services that the patient requires, including supplemental education, follow-up, and routine medical checkups. Through the Clinic's Program of medical intervention, education, and outreach, the Clinic can positively impact the reduction of health-related issues brought about by lack of insurance, barriers/access to medical care, poor health, lifestyles, and nutrition through the identification and treatment of those uninsured working poor, LEP individuals and at-risk minorities.

The Program meets the City of Pompano Beach's goal of providing social services by eliminating health disparities among different population segments.

Through the Program, the Clinic will provide access to free preventative medical care, early screening medical treatment services, and education in physical and behavioral health areas: Primary Care Services (to the uninsured). Program benefits to individuals and families include free healthcare services, counseling, and medication for LMI, LEP residents from Pompano Beach. As part of our Program, patients receive a holistic and healthy approach to establishing their preventative health, improved medical baselines, and self-care for those patients with recurring diseases. Our goal is to increase their overall well-being and longevity which ultimately will avoid unnecessary and unwanted medical emergencies being fostered upon the public hospital emergency room system.

Although the Clinic is not physically located within Pompano Beach, between October 1, 2020-through September 30, 2021, the Clinic saw a decrease in the number of residents over the last CDBG Service year due to COVID. Countless patients were hospitalized with COVID and so many left the area for work or family reasons. the Clinic served 440 patients, of which during this time, the Clinic tracked and served over 205 unduplicated medically underserved, uninsured indigent individuals from the City of Pompano Beach. Pompano Beach residents served to represent 24% of the Clinic's total patients served. For the calendar year January 1 through December 31, 2021, the Clinic served 428 patients, of which 155 were Pompano Beach residents which represents 32.2% of total patients served. Clinic's medical team cultivated this information from the Clinic's Electronic Health Records System (EHF), which provides data collection and internal monitoring.

Common barriers of the Clinic's patients include lack of funds, transportation, no accessibility to government benefit. Cultural/Linguistic: individuals lack services in their native language, 100% have Health Disparities requiring access to Primary Medical Care Services, Preventative Care Services, and Care Coordination, 75% have Chronic Illnesses (last 3+ months), 20% have Acute Illnesses (short physical symptoms), 5% have serious health issues requiring surgery, 50% have decreased level of individual and family functioning due to illness (unhappy, depressed, stressed, or loss of employment).

Demographics: 62% female, and 38% male. Ethnicity/Race included: 65% Hispanic, 25% Caucasian, 9% African American, 1% Asian, and 2% Other. Ages of population served included 2.6% were under 6 years, 6.30% were between 7-17 years, 1.9% were between 18-21 years, 46.20% were between 22-50 years, and 42.70% were 51+ years. These individuals were from zip codes: 33060, 33062, 33063, 33064, 33065, 33066, 33067, 33068, 33069, 33071, and 33073.

COVID Response Assistance: The impact of the pandemic affected a large percentage of citizens of Broward County and residents of the City of Pompano Beach; the implications of the crisis disproportionately affected the Clinic's target population. At the onset of the pandemic, the Clinic adapted its activities to provide remote medical consults via phone (telehealth) supplied our patients with up to six months of medications, glucometers, strips, PPE, and other medical supplies to help them get through the pandemic, in hopes of keeping them out of the local safety-net hospitals. In addition, the Clinic helped 141 patients with referrals/linkages to partner agencies for financial, government, and specialty care. Referrals/Linkages included: SSI, Medicaid, Medicare, neurological and surgical needs, enrollment in Florida Kids Care, Food Pantries or other programs, and employment agencies.

During the 2022-2023 Public Service program, the Clinic will keep sanitation cleaning in-clinic, provide all medical treatment services, including free flu shots, Shingrix vaccines, and back-to-school immunizations.

Innovative Model: The Light of the World Clinic is a unique and innovative volunteer community-based clinic serving as a healthcare community safety net. We supply free healthcare services to meet the needs of the uninsured. It provides ethnicity sensitivity training for educators and emerging healthcare professionals from our educational partners. Our partners include Barry, Broward College, FAU, FIU, NSU, and UofM. The Clinic's medical staff provides hands-on training to help these students gain an understanding of culturally based home cures, popular beliefs, food preferences, and family values that decide self-care factors.

The Clinic works closely with various healthcare and social service providers in Broward County. In most cases other than hospital emergencies, we serve as a primary resource and referral source for these agencies in serving the uninsured. Additionally, to increase efficiency and impact and reduce duplication efforts, the Clinic serves as a linkage for the uninsured in Broward's Continuum of Care. The Clinic's success is based on its volunteer partnerships with multiple community-based

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organizations and social service providers to help support our free healthcare services program.

Collaborative partners include:

- **University of Miami Miller School of Medicine and Holy Cross Hospital Internal Medicine Residency Program** provides 12 Doctors in Residency that work with teaching doctors to provide comprehensive assessments, medical treatment, and preventative care services in the Clinic five days a week. The additional medical volunteers helped the Clinic enhance services and increase the number of uninsured patients by 38%.
- **Broward County Health Department/Holy Cross Hospital/Community/Public Hospitals** – referrals indigent patients to Clinic for primary healthcare. The Clinic works with hospitals to refer patients needing immediate care.
- **Atlantic Institute of Oriental Medicine** – provides acupuncture services directly to patients to improve circulation, reduce swelling, and help with pain management.
- **Barry University School of Social Work** – provides graduate students (supervised by an Educator) to counsel patients to learn to cope with a range of challenges (including poverty, emotional, behavioral, physical health, and family issues). They supply counseling and connect patients to resources in the community to help them overcome challenges.
- **Broward College** – provides nursing students that help the medical team in increasing Patient Care.
- **FAU Christine E. Lynn College** – provides volunteer nurses and nursing students.
- **Feeding South Florida** volunteers regularly visit the Clinic and encourage food-insecure patients to sign up for SNAP/WIC benefits, access to our choice pantry, and referrals for longer-term food help at partner agencies.
- **HANDY – Helping Abused and Neglected Youth** - provides referrals to the Clinic for the youth they serve (ages 9 to 25 placed in Foster Care).
- **Holy Cross Hospital** - provides volunteer doctors and teaching doctors for doctors in residency serving clinic patients and supports the Clinic's outreach programs.
- **Mental Health Association of Broward** - provides more mental health counseling referrals to clinic patients requiring more comprehensive assistance.
- **Memorial Healthcare Systems** – helps with uninsured patients that need additional medical treatment.
- **Dr. Sandra Gomez Trainor and Dr. Fabrizio Amador, DDS** - provide dental assistance to patients that require extensive dental work.
- **NSU Area Health Education Center** - provides quarterly in-Clinic evidenced-based educational seminars on "Quit Your Way Smoking." Participating patients receive education, gum, patches, and online behavioral support.
- **Plantation Open MRI/Southeast Medical Imaging Center** - provides free/reduced-cost mammograms, x-rays, and other diagnostics.
- **Women in Distress** - provides referrals to the Clinic for those LMI women and children that are victims of domestic violence and are need the Clinic's medical intervention.
- **The YMCA** - provides Community Health Workers to collaborate with patients. They motivate patients to be active participants in their health and well-being through goal setting. They recommend specific exercise activities for chronic conditions and health challenges or refer individuals to community resources.

Based on our work with low-income uninsured LEP individuals, the Clinic has reduced racial and ethnic disparities within Pompano Beach and Broward County while providing access to free quality healthcare and medications. In addition, through effective volunteer staffing, the Clinic offers day and evening appointments for the working poor that only have nighttime hours to be treated or take their child or a family member for healthcare.

Cultural and Linguistic Competencies: The Clinic has a defined set of values and principles and has instilled in its medical volunteers and paid staff to value diversity, conduct self-assessment, understands, and manages the dynamics of difference, acquire, and institutionalize cultural knowledge, adapt to diversity and the cultural contexts of its target population and community. Our goal of cultural competence is to create a healthcare system and workforce that can deliver the highest quality care to every patient regardless of socio-economic status, race, ethnicity, culture, or

English language proficiency. We recognize that all forms of diversity can become a barrier to health and wellness for our Target Population. It is with this philosophy that we provide cultural awareness and sensitivity training daily to all staff and volunteers. Currently, the Clinic's 120 multi-cultural volunteers have gained patients' trust by understanding and delivering healthcare services while reducing cultural and linguistic barriers to care. Volunteers and staff incorporate culture-specific attitudes and values in all services - appointments, documents, educational materials, and provide evening and weekend hours responsive to our Target Population's needs.

Maintaining cultural competency in serving our Target Population is critical in providing health and wellness services. The Clinic offers ethnicity training for educators/students from Barry University, Broward College, FAU, FIU, Keiser College, Nova Southeastern, and the University of Miami for emerging healthcare professionals to understand culturally based home cures, popular beliefs, food preferences, and importance of family values to immigrants, LEP individuals, at-risk minorities, and seniors to provide services to those that need it most.

Linguistic Capabilities and Competence: The Light of the World Clinic meets the City of Pompano Beach's Limited English Proficiency (LEP) Plan Adopted 03/02/2021. The Clinic provides its programs, services, and activities to all persons with Limited English Proficiency (LEP). LEP includes those individuals who do not speak English as their primary language and have limited ability to read, talk, write, or understand English. The Clinic's medical team currently has excellent interpersonal relationship skills and verbal and communication skills. They are native Spanish, Portuguese, and Italian speakers. The Clinic's volunteer medical professionals have experience working with diverse multi-cultural and cross-cultural populations from throughout South Florida, and they have excellent communication skills. They are native speakers of Spanish, Portuguese, and Italian. For those languages that the Clinic does not provide, we request patients to bring a friend or family member to interpret. On rare occasions, the Clinic will also rely on translator applications. In addition, the Clinic provides Krames Patient Education to engage patients with accurate and easy-to-understand brochures, booklets, and online access in English and Spanish.

Licensing: The Clinic is accredited as Countywide Indigent Healthcare Provider Volunteer Health Care Provider Program Clinics [FSS 766.115 (8)/110] Authorized use of volunteers to augment State's public health duties and functions (the State of Florida and Broward County Department of Health, on an annual basis). The State of Florida Licensing is relevant to the proposed Program as the Clinic is licensed and approved to provide by appointment only healthcare services to the indigent under Florida State Statute. The Clinic follows the State of Florida and Broward County Health Licensing regulations, providing social media and community outreach, and financial eligibility screening for the intake of patients. The Clinic must track demographics, health, and client data information and file the appropriate documentation with the Department of Health and the State annually.

CDBG Institutional Delivery Structure. The Light of the World Clinic is a recognized City of Pompano Beach's S.P. 40 Institutional Delivery Structure 91.215(K) as a non-profit providing Public Services (healthcare) that meet the needs of its residents. The Clinic provides eligible community service activities eligible under 24 CFR 570.201(e) and benefits low-and moderate-income persons as qualified under 24 CFR 570.208(a)(1) – Area Benefit Activities or 24 CFR 570.208(a)(2) – Limited Clientele Activities. (COPB Consolidated Plan Program 2020-2024³, Pages 120, 122,124, and 126).

In addition, the Clinic also meets the priorities of the County's Five Year Consolidated Plan 2020-2024 and its 2021-2022 Annual Action Plan, "to assure accessibility and availability toward a continuum of care for at least % of Broward County residents living in poverty" Broward's population is 1,953,000, and 800,000+ reside in HUD Entitlement areas in central Broward including parts of Fort Lauderdale, Lauderhill, Lauderdale Lakes, Plantation, Pompano Beach and surrounding

³ City of Pompano Beach Consolidated Plan Program 2020-2024, Updated October 1, 2020 – September 30, 2025. Pages 120, 122,124, 126, 138).



unincorporated Broward County. To reach its target population (medically underserved and uninsured), the Clinic is located in Central Broward – on Dixie Highway, north of Commercial Boulevard adjacent to the Holy Cross Hospital Women's Center, on all major public bus routes. The Light of the World Clinic is committed to compliance with all federal, state, and local fair housing laws. The Clinic and its Program does not discriminate on the sale, rental, financing of dwellings and/or other housing-related transactions based on race, color, national origin, language, religion, sex, familial status, disability, pregnant women, people securing the custody of children, or any other specific classes protected by applicable laws.

The Light of the World Clinic is referenced in both Plans as a Provider of Public Services & Quality of Life Improvements (BC Consolidated Plan P162, BC Annual Action Plan P41).

Free Healthcare Services: The Light of the World Clinic addresses the City of Pompano Beach's urgent community needs by providing free healthcare services, medical treatment, medications (depending on medical need, we can provide prescription meds or work with pharma companies to provide low-cost or no-cost meds on a case-by-case basis for our patients), and surgery in local hospitals. The Clinic coordinates its patients through the healthcare continuum as needed.

The Clinic's work may be replicated throughout the U.S. in areas that experience-shifting demographics, increased growth of the working poor, LEP individuals, at-risk minorities, or the uninsured that afford healthcare. We believe that working with our core partners, developing continued essential community support, and ensuring that future medical professionals (through our educational Program) will sustain the Clinic's mission and activities that will pave the way to our continued success in the future.

See Attached Program Activities Chart

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Light of the World Clinic
Scope of Work Chart
City of Pompano Beach CDBG 2022-2023

GOAL	OBJECTIVE	ACTIVITIES	TIMELINE	MEASURABLE OUTCOME
<p>Increase understanding of health issues and implications of poor health management for low-income individuals residing in Pompano Beach, FL</p>	<p>To provide social media and community outreach to Medically Underserved and Uninsured At-Risk Individuals "Limited Clientele" [HUD 24 CFR 570.208 (a)(2)] (LMI).</p>	<p>LMI Clientele will participate in one (1) hour of service per week for approx. three (3) months or more (based on diagnosis, and response to treatment), receive diagnostic screening, counseling (English and Spanish and other languages as needed), one-to-one health treatment services, education about self-care responsibilities provided by Clinic's medical team.</p>	<ul style="list-style-type: none"> • Provide social media and outreach, health fairs, and events in the community and Clinic. • Conduct intake assessment, determine a medical baseline, and develop an individualized medical treatment plan (ongoing). 	<p>85% of those participating in the Program will increase their knowledge of individual health and be proactive about their health.</p>
<p>Improve the health of at-risk individuals residing in Pompano Beach, FL, through education and instruction.</p>	<p>To provide education to Medically Underserved and Uninsured At-Risk Individuals "Limited Clientele" [HUD 24 CFR 570.208 (a)(2)] (LMI).</p>	<p>LMI Clientele will participate in one (1) hour of service per week for approx. three (3) months or more (based on diagnosis and response to treatment), receive diagnostic screening, counseling (English, Spanish and other languages as needed), one-to-one health treatment services, education about self-care provided by Clinic's medical team.</p>	<ul style="list-style-type: none"> • Provide social media and outreach, health fairs, and events in the community and Clinic. • Conduct intake assessment, determine a medical baseline, and develop an individualized medical treatment plan (ongoing). 	<p>Based on past service history, 75% of participants will adopt preventative behaviors, reduce smoking, adopt a healthy diet, be physically active, and will show improved health, a decrease of actual and potential medication use, improved nutrition, glucose monitoring, cholesterol, blood pressure, weight loss.</p>
<p>Improve the health of medically underserved and uninsured individuals residing in Pompano Beach, FL.</p>	<p>To provide Free Medical Services and Treatment to Medically Underserved and Uninsured At-Risk Individuals "Limited Clientele" [HUD24 CFR 570.208 (a)(2)](LMI).</p>	<p>LMI Clientele will participate in one (1) hour of service per week for approx. three (3) months or more (based on diagnosis and response to treatment), receive diagnostic screening, counseling (English, Spanish, and other languages as needed), one-to-one health treatment services, education about self-care provided by Clinic's medical team.</p>	<ul style="list-style-type: none"> • Provide social media and outreach, health fairs, and events in the community and Clinic. • Conduct intake assessment, determine a medical baseline, and develop an individualized medical treatment plan (ongoing). 	<p>95% of those participating in the Program will increase their knowledge of self-care and be proactive about health.</p>



Program Outcomes

- (1) 85% of those participating in the healthcare and prevention outreach program will increase their knowledge of individual health, self-care, and being proactive about health.
- (2) 75% of participants will adopt improved self-care with preventative behaviors, reduce smoking, adopt a healthy diet, be physically active, show improved health, decrease actual/potential medication use, improved nutrition, glucose monitoring, cholesterol, and blood pressure, weight loss.
- (3) 95% of those participating in the healthcare and prevention outreach program will increase their self-care knowledge and how to be proactive about their health.

Evaluation:

The one-year Program will use specific measures and benchmarks for success, identified through medical team intervention and client activity based on creating patient baseline and progress reports/interviews and questionnaires indicating medical improvement, improved level of functioning, and individuals reporting an increase in well-being. In addition, the Patients' medical progress will be monitored to ensure that needed services from within Clinic's medical service delivery with referrals and navigational linkages to outside collaborative service providers are efficiently and effectively delivered. Client files and medical records must be maintained by following HIPPA, Florida, and Broward County Department of Health standards.

The Clinic's ARNP will monitor health outcome data and program adjustments to be implemented. Reports are to be presented to the Volunteer Medical Director to ensure that the grant-funded program goals are maintained. Subsequent monitoring sessions and formal monitoring reports will be issued internally in 60-day intervals, with program adjustments implemented if necessary.

Evaluation Criteria used in the monitoring process are based on the following indicators:

- 1) the number of medical and preventative sessions conducted, and
- 2) the number of patients examined and treated,
- 3) the number of patients referred/linked to other social service/government providers.
- 4) The one-year Program will provide expanded/enhanced health and wellness services to a total up to 225 (combined social media, community outreach and direct medical treatment) Target Population individuals from the City of Pompano Beach.

Based on historical treatment patterns, the average contact for each client is one (1) hour of service per week for three 3+ months (depending on diagnosis and response to treatment). This medical treatment pattern equates to 12+ hours of patient care per client or 1,800 patient contacts annually. In addition, the Clinic anticipates up to 150+ of these clients will receive coordinated referrals to other community agencies, social service, and government providers.

Based on the Clinic's unique program model, services provided through its Indigent Health Care Program for residents of the City of Pompano Beach have identified results and a definitive accountability framework. Based on our prior experience, we anticipate that 85% who receive health and wellness services will have an improved level of functioning, 75% of participants will adopt improved self-care with preventative behaviors (reduce smoking, adopt a healthy diet, be physically active, and will show improved health, a decrease of actual/potential medication use, improved nutrition, glucose monitoring, cholesterol, blood pressure, weight loss). More than 95% will exhibit increased knowledge of self-care and available benefits that will positively impact their ability to survive and thrive in the City of Pompano Beach.

Program outcomes are monitored by Clinic staff and issues reports prepared periodically for Board and community review. Without the services provided by the Clinic's Public Service Program,

the more than 225 individuals served will experience continued health and wellness issues mandating intervention by the public health system or creating additional demands for services and assistance upon Pompano Beach's social service delivery continuum of community agencies.

Measurement Tools: For the Clinic to achieve Results-Based Accountability and Performance Outcomes, we will use our proven data gathering and Electronic Medical Records Reporting (track stats, health, and trends of clients) and the United Way of Broward County's SAMIS Data and Reporting System. Both data collection and reporting systems have enabled the Clinic to identify health and wellness needs trends and to keep our service programming on 'track.' These procedures have enabled the Clinic to meet or exceed all areas of reporting to the Florida Department of Health, Broward County Department of Health, United Way, and other funders.

The following Measurement Tools and Data Collection Points to ensure program success: Measurement Types: are evaluated at pre-mid-post midpoints by the Clinic's Medical Team (Volunteer Medical Director, ARNP, Patient Care Coordinator, Patient Care Eligibility Coordinator, Medical Assistants, Nutritionist, Case Manager), unless specified below.

Patient Intake Reports and Electronic Medical Records (EMR) Data: Quantifies the number of clients assigned and entered EMR Data. Clinic Intake Analyzed Monthly/Quarterly. Reports also submitted to United Way and Broward County for their SAMIS Reporting Systems.

Review and Evaluation pre-mid-post midpoints:

- 1) Initial Resiliency Questionnaire & Score Patient Intake, Progress Notes, interviews, review of known history.
- 2) Patient vital signs, lab results, EKG, and other diagnostic results to determine medical treatment.
- 3) Patient referral to in-house specialty provider or outside service providers
- 4) Mid-Year Resiliency Questionnaire and Score Continued monitoring of patient vital signs, lab results, EKG, and other diagnostic results to maintain and modify medical treatment.
- 5) At the conclusion of treatment, the medical team will provide a Final Resiliency Questionnaire and satisfaction survey upon leaving the Clinic's Program. All cases must have thorough documentation of services provided, including satisfaction and compliance with medical treatment case plans, timely case plan updates, progress notes, and closing summaries.

Patient Data/Statistics Collection and Results Reports (stats and units of service type, referrals, activities) entered Light of the World Clinic's Electronic Medical Records System and the United Way of Broward County's SAMIS Data Reporting System.

- Reports created issued monthly/quarterly/annually.
- Reports evaluated monthly/quarterly/annually.
- Reports issued to the Clinic's Board of Directors, the City of Pompano Beach, and Other Funders

Data gathered through the above Measurement Tools, and Data Collection Points are summarized, analyzed, and documented by Clinic staff trained and experienced in the Clinic EMR/SAMIS-data management to ensure effective program outcomes. Program outcomes will form the foundation of program evaluation and will be made available to the City of Pompano Beach, the Clinic's Board of Directors, and other funding entities/service providers interested in program replication.



EXHIBIT C

COMPENSATION AND BUDGET SUMMARY

Light of the World Clinic, Inc.

- A. All payments shall be in the form of reimbursements for program services provided. SUBRECIPIENT will be paid according to the approved budget submitted to the CITY for the specific program. The budget determined for Light of the World Clinic, Inc., for the funding period beginning October 1, 2022 through September 30, 2023 is attached and hereby incorporated and made part of Exhibit C.

The City shall pay Light of the World Clinic, Inc., (hereinafter referred to as the "SUBRECIPIENT") as maximum compensation for the services required pursuant to this Agreement the sum of **Eighteen Thousand Seven Hundred and Seventy-Two Dollars (\$18,772.00)**.

- B. During the term hereof and for a period of one (1) year following the date of the last payment made hereunder, the CITY shall have the right to review and audit the time records and related records of the SUBRECIPIENT pertaining to any payments by the CITY.
- C. Requests for payment should be made at least on a monthly basis, by the 15th of the month. Reimbursement requests should be electronically submitted to the City through its Neighborly Software system, within thirty (30) calendar days after the indebtedness has been incurred, using a completed reimbursement request form provided by the Office of Housing and Urban Improvement, together with the required expense documentation, which shall be separately scanned and uploaded at the same time as the completed Reimbursement Request form. Subrecipient shall file monthly progress reports by completing them online using the Neighborly Software system report form as a condition of reimbursement.
- D. The SUBRECIPIENT must submit the final request for payment to the City within 30 calendar days following the expiration date or termination date of this Agreement on a form a provided by the Office of Housing and Urban Improvement. If the SUBRECIPIENT fails to comply with this requirement, the SUBRECIPIENT shall forfeit all rights to payment and the City shall not honor any request submitted thereafter.
- E. Any payment due under this Agreement may be withheld pending the receipt and approval by the City of all reports due from the SUBRECIPIENT as a part of this Agreement and any modifications.


Authorized Name and Title INTERIM
CEO

Date 10.26.22

EXHIBIT D

CITY OF POMPANO BEACH – OFFICE OF HOUSING AND URBAN IMPROVEMENT

CERTIFICATION REGARDING LOBBYING

CERTIFICATION FOR CONTRACTS, GRANTS, LOANS, AND COOPERATIVE AGREEMENTS

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

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

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

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

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a pre-requisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Light of the World Clinic, Inc.

SUBRECIPIENT

Hy Montero
PRINT NAME OF CERTIFYING OFFICIAL

[Signature]
SIGNATURE OF CERTIFYING OFFICIAL

10/26-2022
DATE

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

Initials [Signature]

EXHIBIT E

CITY OF POMPANO BEACH – OFFICE OF HOUSING AND URBAN IMPROVEMENT

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

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

SUBRECIPIENT

Hy Montano ^{MTRM} CEO

PRINT NAME OF CERTIFYING OFFICIAL

[Signature]

SIGNATURE OF CERTIFYING OFFICIAL

10.26.22

DATE

Initials [Signature]

EXHIBIT F

CITY OF POMPANO BEACH – OFFICE OF HOUSING AND URBAN IMPROVEMENT

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

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

1. This sworn statement is submitted to City of Pompano Beach
By Hiram M Montero, Interim CEO

(print this individual's name and title)

for CD BG GRANT
LIGHT OF THE WORLD, INC
(print name of entity submitting statements)


whose business address is 5333 N. Dixie Hwy #201
OAKLAND PARK, FL 33334

and if applicable is Federal Employer Identification Number (FEIN) is _____

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

2. I understand that a “public entity crime” as defined in paragraph 287.133(1)(a), Florida Statutes, mean a violation of any state or federal law by a person with respect to and directly related to the transactions of business with any public entity or with an agency or political subdivision of any other state or with the United States including, but not limited to any bid or contract for goods or services to be provided to any public entity or any agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that “convicted” or “conviction” as defined in Paragraph 287.133(1)(b), Florida Statutes means a finding of guilt or a conviction of a public entity crime, with or without adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a Jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an “affiliate” as defined in paragraph 287.133(1)(a), Florida Statutes, means:

1. A predecessor or successor of a person convicted of public entity crime; or
2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
5. I understand that a "person" as defined in Paragraph 287.133(1) (e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
6. Based on information and belief, the statement which I have marked below is true in a relation to the entity submitting this sworn statement. (Please indicate which statement applies).

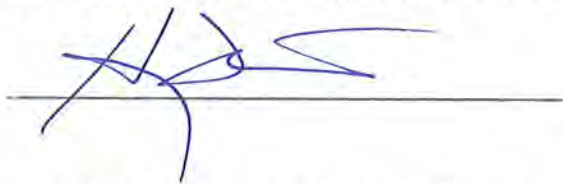
 Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or any affiliate of the entity has been charged with and convicted of a public entity crime within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

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

_____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or agents who are active in the management of the entity, or an affiliate of the entity has

been charged with and convicted of a public entity crime within the past 36 months. However, there has been a subsequent proceeding before a Hearing Officers of the State of Florida, Division of Administrative Hearings and the Final Order by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (Attached is a copy of the final order).

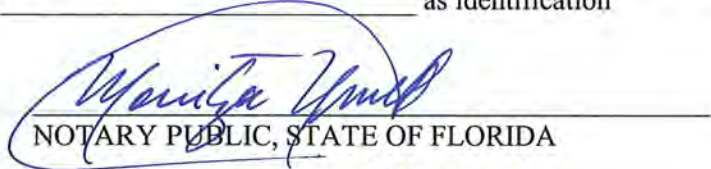
I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THE PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED AND FOR THE PERIOD OF THE CONTRACT ENTERED INTO,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



STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me, by means of physical presence or online notarization, this 26th day of October, 2022, by Hiram Montero as Interim CEO of Light of The World, a Florida corporation, on behalf of the corporation, who is personally known to me or who has produced _____ as identification

NOTARY'S SEAL:



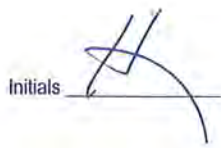
NOTARY PUBLIC, STATE OF FLORIDA

MARITZA UMERES

(Name of Acknowledger Typed, Printed or Stamped)

Commission Number _____



Initials 



LUZDELM-01

SMENDEZ

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/22/2022

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 have ADDITIONAL INSURED provisions or 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 C & C Insurance, Inc. 1921 NW 150 Ave, Suite 101 Pembroke Pines, FL 33028	CONTACT NAME:	
	PHONE (A/C, No, Ext): (954) 431-2008	FAX (A/C, No): (954) 704-0507
	E-MAIL ADDRESS: info@candcinsurance.com	
INSURED Light of the World Clinic, Inc. 5333 N Dixie Hwy #201 Oakland Park, FL 33334	INSURER(S) AFFORDING COVERAGE	
	INSURER A: HARTFORD INSURANCE	NAIC # 29424
	INSURER B: USLI	25895
	INSURER C:	
	INSURER D:	
	INSURER E:	

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	X		21SBAVK5522	6/30/2022	6/30/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			21SBAVK5522	6/30/2022	6/30/2023	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB						EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Property			21SBAVK5522	6/30/2022	6/30/2023	Property 90,500
B	Directors & Officers			NDO1021434U	6/13/2022	6/13/2023	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Property Located At: 5333 N. Dixie Highway Oakland Park, Fl. 33334- \$500 Ded AOP - RCV - 3% Wind/Hail Ded
Certificate Holder Is Named As Additional Insured

APPROVED

By Danielle Thorpe at 12:18 pm, Jul 28, 2022

CERTIFICATE HOLDER

CANCELLATION

City of Pompano Beach
Office of Housing & Urban Development
100 West Atlantic Blvd.
1st Floor
Pompano Beach, FL 33063

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



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Not For Profit Corporation
LIGHT OF THE WORLD CLINIC, INC.

Filing Information

Document Number	N33384
FEI/EIN Number	65-0266070
Date Filed	07/21/1989
State	FL
Status	ACTIVE
Last Event	NAME CHANGE AMENDMENT
Event Date Filed	04/29/2019
Event Effective Date	05/01/2019

Principal Address

5333 N. Dixie Highway
#201
OAKLAND PARK, FL 33334

Changed: 01/11/2015

Mailing Address

5333 N. Dixie Highway
#201
OAKLAND PARK, FL 33334

Changed: 01/11/2015

Registered Agent Name & Address

Lozano Barry, Sandra
5333 N. Dixie Highway
#201
OAKLAND PARK, FL 33334

Name Changed: 01/12/2016

Address Changed: 01/12/2016

Officer/Director Detail

Name & Address

Title Director

REYES, CARLOS J, Esq.
150 S. Pine Island Road
210
Plantation, FL 33324

Title CEO, President

Montero, Hiram
100 SE 6th Street
FORT LAUDERDALE, FL 33301

Title SD

MICELI-VASQUEZ, ELAINE
2010 NE 59th Place
FT. LAUDERDALE, FL 33308

Title MDD

REYES, RICARDO MD
1930 NE 47TH STREET #301
FT LAUDERDALE, FL 33308

Title D

SIERRA, MIREAM
150 South Pine Island Dr
Plantation, FL 33324

Title Treasurer

McIntyre, Jean
1201 S. Andrews Ave
Ft. Lauderdale, FL 33316

Title Director

Jarvis, Beth
4990 SW 52 Street #204
Davie, FL 33314

Title Director

Cambria, Phyllis

2250 Seagrape Circle
Coconut Creek, FL 33066

Title Director

Hicks, Roger
3333 W. Commercial Blvd
Ft. Lauderdale, FL 33309

Title Director

Saiswick, Kim
4725 N. Federal Hwy
Ft. Lauderdale, FL 33308

Title Executive Director

Lozano Barry, Sandra
5333 N. Dixie Highway
#201
OAKLAND PARK, FL 33334

Title Director

Pisula, John
2933 SW 136 Ave
Davie, FL 33330

Title Director

Miceli-Drago, Kristen
333 NW 48 Ct.
Ft. Lauderdale, FL 33309

Title Director

Valentin, Kimberly
960 Mockingbird Lane
620
Plantation, FL 33324

Title Director

D'Uva, Wendy
680 S. Military Trail
2nd Floor
West Palm Beach, FL 33415

Title Director

Machete, Alexis
157 Saratoga Blvd W.
Royal Palm Beach, FL 33411

Title Director

Petway, J. Davis
2626 NE 9th Avenue
Wilton Manors, FL 33334

Title Director

Ali, Siddiqa Zakiya
3851 NW 91St Terrace
Sunrise, FL 33351

Annual Reports

Report Year	Filed Date
2020	01/28/2020
2021	02/03/2021
2022	02/01/2022

Document Images

02/01/2022 -- ANNUAL REPORT	View image in PDF format
02/03/2021 -- ANNUAL REPORT	View image in PDF format
01/28/2020 -- ANNUAL REPORT	View image in PDF format
04/29/2019 -- Name Change	View image in PDF format
03/13/2019 -- ANNUAL REPORT	View image in PDF format
07/12/2018 -- AMENDED ANNUAL REPORT	View image in PDF format
03/16/2018 -- ANNUAL REPORT	View image in PDF format
01/13/2017 -- ANNUAL REPORT	View image in PDF format
01/12/2016 -- ANNUAL REPORT	View image in PDF format
01/11/2015 -- ANNUAL REPORT	View image in PDF format
01/07/2014 -- ANNUAL REPORT	View image in PDF format
02/04/2013 -- ANNUAL REPORT	View image in PDF format
01/06/2012 -- ANNUAL REPORT	View image in PDF format
09/28/2011 -- REINSTATEMENT	View image in PDF format
10/11/2010 -- ANNUAL REPORT	View image in PDF format
02/16/2010 -- ANNUAL REPORT	View image in PDF format
01/06/2009 -- ANNUAL REPORT	View image in PDF format
01/17/2008 -- ANNUAL REPORT	View image in PDF format
02/22/2007 -- ANNUAL REPORT	View image in PDF format
02/15/2006 -- ANNUAL REPORT	View image in PDF format
03/10/2005 -- ANNUAL REPORT	View image in PDF format

04/19/2004 -- ANNUAL REPORT	View image in PDF format
04/17/2003 -- ANNUAL REPORT	View image in PDF format
05/03/2002 -- ANNUAL REPORT	View image in PDF format
02/07/2001 -- ANNUAL REPORT	View image in PDF format
02/29/2000 -- ANNUAL REPORT	View image in PDF format
03/17/1999 -- ANNUAL REPORT	View image in PDF format
08/12/1998 -- ANNUAL REPORT	View image in PDF format
03/28/1997 -- ANNUAL REPORT	View image in PDF format
10/10/1996 -- ANNUAL REPORT	View image in PDF format
05/28/1996 -- ANNUAL REPORT	View image in PDF format
04/28/1995 -- ANNUAL REPORT	View image in PDF format



LIGHT OF THE WORLD CLINIC INC

Unique Entity ID SCM2MKNC3YN8	CAGE / NCAGE 6AM25	Purpose of Registration Federal Assistance Awards Only
Registration Status Active Registration	Expiration Date Sep 16, 2023	
Physical Address 5333 N Dixie Highway Suite 201 Oakland Park, Florida 33334 United States	Mailing Address 5333 N Dixie HWY STE 201 Oakland Park, Florida 33334-3454 United States	

Business Information

Doing Business as (blank)	Division Name (blank)	Division Number (blank)
Congressional District Florida 22	State / Country of Incorporation Florida / United States	URL www.lightoftheworldclinic.org

Registration Dates

Activation Date Sep 19, 2022	Submission Date Sep 16, 2022	Initial Registration Date Mar 3, 2011
--	--	---

Entity Dates

Entity Start Date Jul 21, 1989	Fiscal Year End Close Date Apr 30
--	---

Immediate Owner

CAGE (blank)	Legal Business Name (blank)
------------------------	---------------------------------------

Highest Level Owner

CAGE (blank)	Legal Business Name (blank)
------------------------	---------------------------------------

Executive Compensation

Registrants in the System for Award Management (SAM) respond to the Executive Compensation questions in accordance with Section 6202 of P.L. 110-252, amending the Federal Funding Accountability and Transparency Act (P.L. 109-282). This information is not displayed in SAM. It is sent to USAspending.gov for display in association with an eligible award. Maintaining an active registration in SAM demonstrates the registrant responded to the questions.

Proceedings Questions

Registrants in the System for Award Management (SAM) respond to proceedings questions in accordance with FAR 52.209-7, FAR 52.209-9, or 2.C.F.R. 200 Appendix XII. Their responses are not displayed in SAM. They are sent to FAPIIS.gov for display as applicable. Maintaining an active registration in SAM demonstrates the registrant responded to the proceedings questions.

Exclusion Summary

Active Exclusions Records?

No

SAM Search Authorization

I authorize my entity's non-sensitive information to be displayed in SAM public search results:

Yes

Entity Types

Business Types

Entity Structure Corporate Entity (Tax Exempt)	Entity Type Business or Organization	Organization Factors Subchapter S Corporation
Profit Structure Non Profit Organization		

Socio-Economic Types

Minority Owned Business

Hispanic American Owned

Check the registrant's Reqs & Certs, if present, under FAR 52.212-3 or FAR 52.219-1 to determine if the entity is an SBA-certified HUBZone small business concern. Additional small business information may be found in the SBA's Dynamic Small Business Search if the entity completed the SBA supplemental pages during registration.

Business Information

Accepts Credit Card Payments	Debt Subject To Offset
Yes	No

EFT Indicator	CAGE Code
0000	6AM25

Ownership Information

Electronic Business

☒	5333 N. Dixie HWY #201
SANDRA LOZANO	Oakland Park, Florida 33334
	United States
RICARDO REYES	5333 N. Dixie HWY #201
	Oakland Park, Florida 33334
	United States

Government Business

☒	5333 N. Dixie HWY #201
ELAINE VASQUEZ	Oakland Park, Florida 33334
	United States
SANDRA LOZANO	5333 N. Dixie HWY #201
	Oakland Park, Florida 33334
	United States

NAICS Codes

Primary	NAICS Codes	NAICS Title
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Disaster Response Registry

This entity does not appear in the disaster response registry.