

MISCELLANEOUS APPROPRIATIONS AGREEMENT
BETWEEN THE
CITY OF POMPANO BEACH
AND
Community Reconstruction Housing Corporation

THIS AGREEMENT made and entered into on this ___ day of _____, 2017 by and between the CITY OF POMPANO BEACH, a municipal corporation of the State of Florida, hereinafter the CITY.

Community Reconstruction Housing Corporation, a Florida Not For Profit Corporation authorized to do business in the State of Florida, whose principal office is located at **8611 NW 57th Court, Tamarac, FL 33321** hereinafter referred to as RECIPIENT.

WITNESSETH:

WHEREAS, the City of Pompano Beach has appropriated for its current Fiscal Year 2017-18 (October 1st through September 30th), the sum of **\$50,000** to RECIPIENT, to conduct a program entitled or activity as described in *Addendum "1"* which is attached hereto and incorporated herein by reference, for the period beginning October 1, 2017 and ending September 30, 2018; and

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

WHEREAS, I/We, the undersigned representative(s) of the RECIPIENT, am/are authorized to sign this Agreement binding said RECIPIENT.

NOW, THEREFORE, in CONSIDERATION of the mutual promises herein, the parties do hereby agree as follows:

- 1) RECIPIENT agrees to do as follows:
 - a) To accept the funds as appropriated in accordance with the terms of this Agreement;
 - b) If RECIPIENT intends on obtaining matching funds from another source at the time of the application for the CITY grant, to submit a matching fund commitment agreement which is attached hereto as *Exhibit "A"* and incorporated herein by reference in its entirety to the CITY; and
 - c) Prior to the award of any City funds, RECIPIENT shall provide documentation substantiating that RECIPIENT's corporation/organization falls within Section 501(c)(3) and Section 501(A) of the Internal Revenue Code; and
 - d) To abide by Chapter 119, Florida Statutes, as from time to time amended, and to comply with all applicable federal, state, county and municipal laws, ordinances, codes and regulations. Any difference between the above federal, state, county or municipal guidelines or regulations and this Agreement shall be resolved in favor of

the more restrictive guidelines; and

- e) Not to utilize allotted funds under this Agreement for any purpose other than the purpose set forth in this Agreement; and
- f) To return to the CITY within fifteen (15) days of demand all City funds paid to said RECIPIENT under the terms of this Agreement upon the finding that the terms of any agreement executed by the RECIPIENT of the provisions or any applicable ordinance or law have been violated by the RECIPIENT; and
- g) To return to the CITY all funds expended for disallowed expenditures as determined by the City of Pompano Beach; and
- h) To maintain books, records and documents in accordance with generally accepted accounting procedures and practices to maintain adequate internal controls which, relating to the project(s), sufficiently and properly reflect all expenditures of funds provided by the City of Pompano Beach under this Agreement; and
- i) To consent to:
 - 1) Such audits of the financial affairs of the RECIPIENT by the City of Pompano Beach Internal Auditor as the CITY may require; and
 - 2) Producing all documents required by the Internal Auditor; and
 - 3) In the case of the RECIPIENT receiving Fifty Thousand Dollars (\$50,000) or more from the City of Pompano Beach, furnish the City of Pompano Beach a copy of a grant auditing report conducted in accordance with generally accepted auditing standards, Government Auditing Standards, issued by the Comptroller General of the United States and the provisions of Office of Management and Budget Circular A-133. All grant funds shall be shown via explicit disclosure in the annual financial statements and/or the accompanying notes to the financial statement. This report shall be due within 120 days of the close of the CITY'S fiscal year; and
 - 4) For grants less than \$50,000, the annual report of receipts and expenditures to be submitted shall use a budget to actual comparative basis which shows the approved budget updated for any budget changes (paragraph 5) and a compilation of quarterly progress reports (paragraph 6). The annual report of revenues and expenditures shall include a statement of expenditures made in each budget category and line item identified in the budget as well as annualized statistical information relative to the program or activity which was previously submitted in quarterly progress reports. Outstanding encumbrances should be indicated in quarterly progress reports of expenditures. Timely liquidation of encumbrances in the fourth quarter of grant activity to expedite the timely submission of the fourth quarterly report is required as there will be no carryover of residual funds remaining unspent or unencumbered by the recipient. This report shall be on a fiscal year of October 1st through September 30th, and shall be due on November 16th of

each fiscal year; and

- 5) Preserve and make available all financial records, supporting documents, statistical records and any other documents pertaining to this agreement for a period of three (3) years after termination of this Agreement; or, if an audit has been initiated and audit findings have not been resolved at the end of these three (3) years, the records shall be retained until resolution of the audit.
- j) To operate the program or activity generally described herein and more particularly described in *Addendum "1"* to this Agreement. The RECIPIENT may not enter into subcontracts or sub-grants under the provisions of this Agreement without the City of Pompano Beach's written approval. The RECIPIENT must furnish the City of Pompano Beach a copy of all subcontracts or sub-grants prior to receiving written approval.
- 2) This Agreement shall become effective on the 1st day of October 2017, and shall terminate on the 30th day of September 2018, unless cancelled sooner with or without cause by either party by giving thirty (30) days prior written notice of such cancellation to the other party.
- 3) The City of Pompano Beach agrees to pay the RECIPIENT the sum of \$50,000 for the program or activity. City of Pompano Beach funds will be provided upon a quarterly **reimbursement** basis for all awards above \$15,000 based upon documented invoices. Reimbursable amounts for all awards above \$15,000 will be limited to 1/4 of the total award amount per quarter. For those awards equal to or less than \$15,000, reimbursements will be based upon documented invoices for any given quarter up to the entire amount of the award. In the event that RECIPIENT does not receive matching funds described in *Exhibit "A"* or said funds are revoked during the term of the Agreement, CITY funding may be revoked and RECIPIENT shall comply with (1) (f) of this Agreement for returning all or part of awarded CITY funds.
- 4) RECIPIENT agrees to provide the City of Pompano Beach City Manager's Office with a quarterly narrative progress report on the program or activity described in *Addendum "1"*. Such reports shall include basic statistical information relative to the program or activity and a statement of expenditures made in each budget category and line item identified in the budget which is included in *Addendum "1"*. Distribution of each reimbursement payment to the RECIPIENT shall be contingent upon prior receipt of the required progress report which is due during the preceding quarter. Quarterly reports shall be due no later than the following dates:

1st Quarterly Report (October/November/December) - February 1st

2nd Quarterly Report (January/February/March) - May 1st

3rd Quarterly Report (April/May/June) - August 1st

4th Quarterly Report (July/August/September) - November 15th

However, if any of the above dates fall on a weekend, then the due date will be extended to the next business day, thereafter.

- 5) The approved budget for the RECIPIENT, included in *Addendum "1"* and any changes in the budget which would affect expenditure of funds provided under the terms of this contract, must be approved in writing by the City Manager or his/her designee prior to the expenditure of such funds; provided, that nothing herein shall authorize or allow any expenditure or obligation of funds in excess of the total sum aforesaid.
- 6) RECIPIENT agrees that any funds provided by the City of Pompano Beach for the operation of the program or activity during the period of October 1, 2017 through September 30, 2018 which are residual funds remaining unspent or unencumbered by any existing (not contingent) legal obligation shall be retained by the City of Pompano Beach.
- 7) THIS AGREEMENT shall apply to all funds appropriated during the fiscal year ending September 30, 2018, provided that the City of Pompano Beach's rights and the RECIPIENT'S duties hereunder shall continue after said date as provided herein;
 - a) In the event that the City of Pompano Beach fails for any reason to appropriate funds for this agreement, this AGREEMENT shall be deemed terminated and CITY shall provide RECIPIENT with thirty (30) days written notice. Upon receipt of said notice, RECIPIENT shall be responsible for any and all expenses and/or legal obligations made after receipt of written notice from the CITY.
- 8) Nothing in this AGREEMENT shall be deemed to constitute or create a joint venture, partnership, pooling arrangement or other form of business entity between the RECIPIENT and the City of Pompano Beach. RECIPIENT agrees to indemnify and hold harmless the City of Pompano Beach from an against all claims, suits, damages, costs, losses and expenses in any manner arising out of or connected with the RECIPIENT's expenditure of allotted funds under this AGREEMENT and the RECIPIENT's program or activity generally described herein and more particularly described in *Addendum "1"* to this Agreement.

"CITY":

Witnesses:

CITY OF POMPANO BEACH

By: _____
LAMAR FISHER, MAYOR
By: _____
GREG HARRISON, CITY MANAGER

Attest:

ASCELETA HAMMOND, CITY CLERK

(SEAL)

Approved As To Form:

MARK E. BERMAN, CITY ATTORNEY

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this ____ day of _____, 2017 by **LAMAR FISHER** as Mayor, **GREG HARRISON** as City Manager and **ASCELETA HAMMOND** as City Clerk of the City of Pompano Beach, a municipal corporation, on behalf of the municipal corporation, who are personally known to me.

NOTARY'S SEAL:

NOTARY PUBLIC, STATE OF FLORIDA

(Name of Acknowledger Typed, Printed or Stamped)

Commission Number

"RECIPIENT":

COMMUNITY RECONSTRUCTION HOUSING CORPORATION, a Florida Not For Profit Corporation

Witnesses:

[Signature]
Josée Canall

By:

[Signature]
Typed or Printed Name

Title:

President

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 25 day of August, 2017 by Mathis Guice as President of **Community Reconstruction Housing Corporation**, a Florida Not For Profit Corporation. He/she is personally known to me or who has produced FL DL (type of identification) as identification.

NOTARY'S SEAL:

[Signature]
NOTARY PUBLIC, STATE OF FLORIDA

(Name of Notary Public acknowledged) NICOLE S. SEELA Typed or Stamped)
MY COMMISSION # FF 820765
EXPIRES: September 22, 2019
Bonded Thru Budget Notary Services

Commission Number

ADDENDUM "1"

**City of Pompano Beach
Fiscal Year 2018**

1. **Legal Name:** Community Reconstruction Housing, Inc.
2. **Mailing Address:** 1100 South State Road 7
Margate, Florida 33068
3. **Incorporation Date:** 10/28/1999
- 3a. **Does your corporation/organization fall within Section 501(c)(3) and Section 501(a) of the Internal Revenue Code?** Yes X No __
4. **Chief Executive Officer:** Mr. Mathes Guice
- Official Title:** President and Chief Executive Officer
- Telephone Number:** (954) 906-5524
5. **Contact Person if different:** SAME AS ABOVE
- Contact Telephone:** (954) 857-1436

6. **Provide a brief description of the organization's goals and objectives.**

Community Reconstruction Housing (CRH), Inc. is a 501©3 organization with the mission to provide "*Educational, Leadership, and Employment opportunities to minority and impoverished citizens.*" The Rites of Passage (ROP) Program is its key program - a prevention program that promotes positive youth development to divert middle-school boys from juvenile justice involvement and promote academic success. Groups are facilitated by life coaches who serve as mentors for boys and provide support to parents in appropriate discipline and supervision.

The Rites of Passage (ROP) youth delinquency prevention program was established over fifteen years ago by church leaders concerned with the number of boys at-risk for involvement with law enforcement and who exhibited a history of poor academic performance, negative peer associations, a pattern of truancy or absenteeism, and/or insufficient parental supervision. The ROP originally included afterschool informal life skills training delivered by church Elders; men teaching boys how to behave, set goals, complete homework, and become a "man". In 2009, the ROP implemented evidence-based practices proven effective with at-risk youth. This includes the Council on Boys and Young Men (a gender-specific curriculum); Thinking for a Change© (a cognitive restructuring curriculum that builds conflict resolution and pro-social response to challenging situations); and the Power of Choice (a wellness curriculum). Through the ROP staff working to identify and address the needs of at-risk youth within Broward County's children services system of care, CRH's ROP will improve graduation rates and reduce the number of juvenile justice referrals. Case managers identify needs for not only the boy but to parents and other family members that place the family at-risk for dependency involvement if left unaddressed. Finally, teachers at the home school provide tutoring to boys to improve academic performance and prevent failure.

ADDENDUM "1"

**City of Pompano Beach
Fiscal Year 2018**

Prior accomplishments include: 1) effective partnerships with Broward County Public Schools, the Florida Department of Juvenile Justice; and local law enforcement; 2) funding from the public agencies including the Children’s Services Council, City of Pompano, and the Broward Sheriff’s Office; and 3) a zero involvement rate with law enforcement for Program participants. Our success can be attributed, in part, to a program model which delivers services in the home school allowing for the cultivation of a real-time partnership between teachers, the case manager and life coaches who are all co-located at the school. As detailed in the *CSC Fiscal Year 2016/2017 Performance Measurements Summary Report*, our successes include: 1) 97% ROP participants received no law violations; 2) 100% of ROP participants did not cause a pregnancy; 3) 100% of ROP participants did not use alcohol or drugs; 4) awaiting % of ROP participants decreased risky behaviors.

7. Amount of funding requested: \$50,000.00

8. Provide a brief description of how City funds would be spent and identifying the community needs to be addressed. This should include what exactly will be provided and to how many people (City residents).

CRH proposes to serve 35 Pompano Beach residents at Crystal Lake Middle School, which is a “C” grade Broward County public middle-school serving the City of Pompano Beach residents.

Experts agree certain risk factors associated with delinquency including poor academic performance, insufficient adult supervision, familial history with law enforcement, poverty, and negative peer associations. The student body at Crystal Lake is comprised of 53% male and 47% female students with a total minority enrollment of 83%. 82% of these students reside in a household that is defined as economically disadvantaged and 10% are English Language Learners. Data from the Pompano Beach illustrates the disparities in conditions among at-risk youth, including low graduation rates and parental educational attainment; high unemployment, poverty, community violence, juvenile arrests, and out-of-school suspensions; and poor postsecondary access and opportunities. The percentage of residents in Pompano Beach without a high school diploma or GED is 20.6%, a rate higher than the county average of 11.8% (ACSa, 2015).

The poverty rate for Pompano Beach is 28.8% and is much higher than the countywide rate of 14.7% (ACSB, 2015), which explains the high Free and Reduced Lunch rate of 91.1% exceeding the District high school average of 65.8%.

Finally, in 2015, Pompano Beach ranked third in the County’s cities with high violent crime rates (FDLE, 2015). This trend is also evident in juvenile arrests with Pompano Beach ranking in the top 10 for juvenile arrests (FDJJ, 2016). Research shows language barriers, poverty and greater involvement in the juvenile justice system decreases the likelihood of youth graduating on time and achieving postsecondary success (Ameen & Lee, 2012).

ADDENDUM "1"

**City of Pompano Beach
Fiscal Year 2018**

City funds in the amount of \$50,000 will support a partnership between CRH and Crystal Lake to identify students who are residents of Pompano Beach and deliver case management and skills training that will reduce risk of delinquency involvement and improve academic performance. A case manager will be assigned to each youth to work with the youth and family to identify strengths, risks, and needs; offer referrals for mental health counseling and substance abuse treatment; prepare applications for entitlements; and a life coach will deliver group skills training that support the development of positive peer associations, identification and cultivation of pro-social recreation and leisure activities, increase physical wellness, and skills to resolve conflict and respond appropriately to trigger situations; and Florida-certified teachers will provide academic remediation to improve educational performance. In part, the benefit to the City of Pompano Beach include – 1) reduction in youth-related crime; 2) increase performance at local schools; 3) enhanced quality of life for an underserved population; and 4) the delivery of skills training that promotes likelihood of advanced education and breaking of the cycle of poverty.

9. How will the recommended funding compliment the array of City services being provided to City residents?

While the City has athletic and recreational activities for residents, CRH proposes to provide services to a vulnerable and high-risk population that is traditionally under-served. This same population often becomes a tax on public funds, if needs are unaddressed, via involvement in the dependency and delinquency systems, and eventually the adult correctional, homeless, and behavioral health systems. Idle time is a risk factor associated with delinquency; the ROP operates year-round affording youth a safe and pro-social program to attend during school holidays and summer vacation. It also allows youth to cultivate positive peer associations and test adolescent boundaries under the supervision of life coaches, teachers, and case managers. Additionally, CRH will leverage its relationship with Nova Southeastern University by linking Pompano Beach residents (the youth and family members) to the Family Therapy Department for free mental health counseling and/or substance abuse treatment. While services in the school are limited to the youth (student), CRH recognizes the needs of the household must be addressed if delinquency prevention is to be successful. To this end, parent skills training, referrals, and assistance meeting with school professionals is provided by CRH via case managers and life coaches.

The ROP will be an added extra-curricular activity for boys enrolled in the school, which currently includes flag football, basketball, and soccer. There are no clubs.

10. Will the recommended grant amount result in leveraging of additional funds from the County, State, Federal or other foundations/agencies which require a local match like a contribution from the City of Pompano Beach? Yes X No _____

ADDENDUM "1"

**City of Pompano Beach
Fiscal Year 2018**

- 10a. If yes, what is the ratio of this other funding to the City's recommended funding? 3 to 1 (89.6%)
11. Does your organization receive support from the County or other cities? Yes _____
No X
- 11a. If yes, please list the amount(s) and source(s). NA
12. What percentage of your organization's budget is direct from delivery of service as opposed to "overhead"? 87.26%
13. **Performance Measures**
Please list below the various levels of service (performance measures) that your organization will be providing to residents of the City of Pompano Beach.

	Most recently completed year (2016)	Current year estimated (2017)	Next year proposed (2018)
Total persons served	45	45	32
Number of Pompano Beach residents served	0	45	32

14. **Agency Budget Information:** Please note that the Total Revenue Available and Total Resources Allocated should be EQUAL for each fiscal year.

	Last Year Adopted 2017	Current Year Projected 2018
Resources Available:		
City of Pompano Beach	\$50,000.00	\$50,000.00
Federal Funding		
State Funding		
Other Local Government Funding*	\$480,712.00	\$424,843.00
Foundation Grants		
User Fees		
Other Revenue Sources		
Total Resources Available	\$530,712.00	\$474,843.00

* Funding from The Children's Services Council of Broward County and Department of Juvenile Justice and BSO.

ADDENDUM "1"

**City of Pompano Beach
Fiscal Year 2018**

Resources Allocated:			
Salaries		\$345,077.00	\$340,293.00
Benefits		\$34,817.00	\$36,805.00
Supplies		\$3500.00	\$3039.00
Contractual Services		\$21,756.00	\$15,260.00
Capital Outlay (Equipment)		\$4,000.00	5,000.00
Other		\$121,562.00	\$78,446.00
Total Resources Allocated		\$530,712.00	\$478,843.00

Please provide line item detail for expenses over \$10,000.00

COMMUNITY RECONSTRUCTION HOUSING CORPORATION
ANNUAL BUDGET
OCTOBER 1, 2017 - SEPTEMBER 30, 2018
CITY OF POMPANO

BUDGET LINE ITEM	EXPENSE NARRATIVE		Fiscal Year 10/01/16 - 09/30/17	Fiscal Year 10/01/17 - 09/30/18
SALARIES & STAFF BENEFITS				
a. Program Manager	See Employee Budget			\$ -
b. Case Managers	See Employee Budget			\$ -
				\$ -
c. Life / Vocational Coaches	See Employee Budget			\$ -
				\$ -
d. Business/Contract Mgr.	See Employee Budget		\$ 12,500	\$ 12,500
e. Administrative Assistant	5 FTE to the company budget		\$ 7,992	\$ 7,992
				\$ -
	Total Salaries		\$ 20,492	\$ 20,492
				\$ -
k. FICA	7.65% of total salaries		\$ 1,568	\$ 1,568
l. Workers Comp	Payroll / \$100 * .157		\$ 322	\$ 322
m. FL State Unemp	10 employees from CSC and 1 employee from DJJ @ 7000 each @ 2.7%		\$ 188	\$ 188
				\$ -
	Total Staff Benefits		\$ 2,078	\$ 2,078
				\$ -
TOTAL SALARIES & STAFF BENEFITS			\$ 22,570	\$ 22,570
OTHER PROGRAM COST				
a. Mileage	To be Arranged			\$ -
b. Office Supplies	\$125 @ 12 mths		\$ 1,500.00	\$ 1,500
c. Classroom Supplies	45 youths			\$ -
d.				\$ -
e. Transportation	Bus service for participants to & from activities			\$ -
f.				\$ -
g. Tutors	Multiple Schools (8 hrs per wk @ 41 wk @ 25 per hr)			\$ -
h. Flex Funds	To be used for participants programs		\$ 500.00	\$ 500
i. Value Added	To be used for participants programs		\$ 1,702.00	\$ 1,702
TOTAL OTHER PROGRAM COST			\$ 3,702.00	\$ 3,702
ADMINISTRATIVE COST				
a. Consultant	Consultant, Outside contractors		\$ 9,500	\$ 9,500
b. Accounting & Auditing	Monthly Accounting Minch (\$500 per mth and Y/E audit \$4,000)		\$ 6,047	\$ 6,000
c. Insurance	Annual liability insurance			\$ -
d. Employee Training	Staff Training and new hires		\$ 528	\$ 528
e. Rent	Admin Office 500 sq ft @ \$15 per ft		\$ 7,500	\$ 7,547
f. Other Admin Cost	Remainder of 10% of Programs		\$ 153	\$ 153
TOTAL ADMINISTRATIVE COST			\$ 23,728	\$ 23,728
TOTAL BUDGET NORTH COUNTY 10/01/17 - 09/30/18			\$ 50,000	\$ 50,000

Total Grant Amount	\$50,000.00	\$50,000.00
Budget Amount Accumulated	\$50,000.00	\$50,000.00
Difference	\$0.00	\$0.00

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
1/25/2017

PRODUCER
CHESTNUT INSURANCE AGENCY
14 Hallandale Beach Blvd
Hollywood, FL 33023
(954) 981-3475

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
COMMUNITY RECONSTRUCTION HOUSING CORP.
1100 S STATE RD 7
MARGATE, FL 33068

INSURERS AFFORDING COVERAGE	NAIC#
INSURER A: CAPITOL SPECIALTY INSURANCE	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

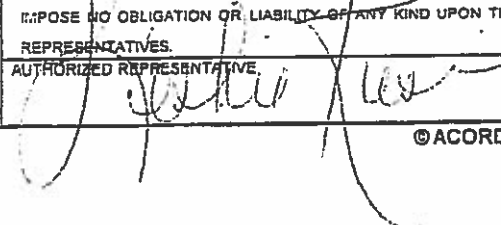
COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YY)	POLICY EXPIRATION DATE(MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMSMADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CS0260257101	01/24/17	01/24/18	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMSMADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 DEPARTMENT OF JUVENILE JUSTICE ADDITIONAL INSURED

CERTIFICATE HOLDER
 DEPARTEMENT OF JUVENILE JUSTICE
 2737 CENTERVIEW DRIVE
 TALLAHASSEE, FL 32399

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE




COMMERCIAL GENERAL LIABILITY SECTION

DATE(MM/DD/YYYY)

1/24/2017

AGENCY HESTNUT INSURANCE AGENCY 5614 Hallandale Beach Blvd Hollywood, FL 33023	PHONE (A/C, No. Est): (954) 981-3475 FAX (A/C, No):	APPLICANT (First Named Insured) COMMUNITY RECONSTRUCTION HOUSING CORP.	EFFECTIVE DATE 01/24/17	EXPIRATION DATE 01/24/18	DIRECT BILL <input type="checkbox"/>	PAYMENT PLAN AGENCY BILL	AUDIT
CODE	SUB CODE:	FOR COMPANY USE ONLY					
AGENCY CUSTOMER ID:							

COVERAGES

<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY		
<input type="checkbox"/>	CLAIMSMADE	<input type="checkbox"/>	OCCURRENCE
<input type="checkbox"/>	OWNER'S & CONTRACTOR'S PROTECTIVE		
DEDUCTIBLES			
<input checked="" type="checkbox"/>	PROPERTY DAMAGE	\$	500
<input checked="" type="checkbox"/>	BODILY INJURY	\$	500
		\$	

LIMITS

GENERAL AGGREGATE	\$	2,000,000	PREMIUMS
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$	1,000,000	PREMISES/OPERATIONS
PERSONAL & ADVERTISING INJURY	\$	1,000,000	
EACH OCCURRENCE	\$	1,000,000	PRODUCTS
DAMAGE TO RENTED PREMISES (each occurrence)	\$	100,000	
MEDICAL EXPENSE (Any one person)	\$	5,000	OTHER
EMPLOYEE BENEFITS	\$		
			TOTAL

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

SCHEDULE OF HAZARDS

LOCATION	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
				50 FT 800					

RATING AND PREMIUM BASIS	(P) PAYROLL - PER	(M) ADMISSIONS - PER 1,000/ADM	(T) OTHER
(S) GROSS SALES - PER \$1,000/SALES	(A) AREA - PER 1,000/SQ FT		

CLAIMS MADE (Explain all)	
1. PROPOSED RETROACTIVE DATE	1. DEDUCTIBLE PER CLAIM \$
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COV:	2. NUMBER OF EMPLOYEES:
3. HAS ANY PRODUCT, WORK ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	4. RETROACTIVE DATE:
REMARKS	REMARKS

State of Florida

Department of State

I certify from the records of this office that COMMUNITY RECONSTRUCTION HOUSING CORPORATION is a corporation organized under the laws of the State of Florida, filed on October 28, 1999.

The document number of this corporation is N99000006409.

I further certify that said corporation has paid all fees due this office through December 31, 2017, that its most recent annual report/uniform business report was filed on May 15, 2017, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Fifteenth day of May, 2017*



Ken Detzner
Secretary of State

Tracking Number: CC7761865447

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: FEB 29 2012

COMMUNITY RECONSTRUCTION HOUSING
CORPORATION
8611 NW 57TH CT
TAMARAC, FL 33321

Employer Identification Number:
31-1703246
DLN:
17053277387031
Contact Person:
DENNIS C GRUSSER ID# 31992
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
May 15, 2010
Contribution Deductibility:
Yes
Addendum Applies:
Yes

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)

COMMUNITY RECONSTRUCTION HOUSING

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

A handwritten signature in dark ink, appearing to read "Lois G. Lerner". The signature is fluid and cursive, with a large initial "L" and "G".

Lois G. Lerner
Director, Exempt Organizations

Enclosure: Publication 4221-PC