

APPROPRIATIONS CONTRACT

THIS CONTRACT is executed on _____, by the City of Pompano Beach (“City”) and BROWARD PARTNERSHIP FOR THE HOMELESS, INC., a Not For Profit Corporation authorized to do business in the State of Florida (“Recipient”).

WHEREAS, the City of Pompano Beach has appropriated for its current Fiscal Year 2025-2026 (October 1st through September 30th), the sum of Fifteen Thousand Dollars (\$15,000.00) to Recipient, to conduct a program entitled or activity as described in Exhibit “A” Recipients Requirements, Contractual Responsibilities and Program Description” (collectively the “Work”) attached hereto and incorporated herein by reference, for the period beginning October 1, 2025 and ending September 30, 2026; and

WHEREAS, the City Commission finds that entering into this Contract serves a valid public purpose as Recipients shall perform or provide a service that is beneficial to the residents of the City, and that the City is currently not in a position to provide such services on its own;

WHEREAS, it is in the best interest of the City to enter into this contract with Recipient to provide the Work hereunder in accordance with the terms and conditions set forth herein; and

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

1. *Contract Documents.* This Contract consists of Exhibit “A”, Recipients Requirements, Contractual Responsibilities and Program Description; Exhibit “B”, Payment Schedule; and Exhibit “C”, Insurance Requirements attached hereto, made a part hereof and incorporated herein, and all written change orders and modifications issued and approved by the City after execution of this Contract.

2. *Term of Contract.* This Contract shall be for the period beginning October 1, 2025 and ending September 30, 2026.

3. *Renewal.* This Contract is not subject to renewal.

4. *City’s Maximum Obligation.* City agrees to pay Recipient the aforementioned sum to provide the Work. Both parties agree that unless otherwise directed by City in writing, Recipient shall continue to provide the Work during the term of this Contract.

5. *Payment of Program.* City shall pay Recipient for performance of the Work in accordance with Payment Schedule set forth in Exhibit “B”.

6. *Disputes.* Any factual disputes between City and the Recipient in regard to this Contract shall be directed to the City Manager for the City whose decision shall be final.

7. *Contract Administrators, Notices and Demands.*

A. *Contract Administrators.* During the term of this Contract, the City's Contract Administrator shall be the City Manager or his/her written designee and Recipient's Contract Administrator shall be Tom Ruthardt or his/her written designee.

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

If to Recipient: Tom Ruthardt
Chief Executive Office
920 NW 7th Ave
Fort Lauderdale, FL 33311-7229

Office: (954) 779-1696
Email: truthardt@bphi.org

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

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

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

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

If there is any material breach or default in Recipient's performance of any covenant or obligation hereunder which has not been remedied within ten (10) business days after

City's written Notice of Termination, City, in its sole discretion, may terminate this Contract immediately and Recipient shall not be entitled to receive further payment from the effective date of the Notice of Termination.

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

10. *Force Majeure.* Neither party shall be obligated to perform any duty, requirement or obligation hereunder if such performance is prevented by fire, hurricane, earthquake, explosion, war, civil disorder, sabotage, accident, flood, acts of nature or by any reason of any other matter or condition beyond the control of either party which cannot be overcome by reasonable diligence and without unusual expense ("Force Majeure"). In no event shall economic hardship or lack of funds be considered an event of Force Majeure. Additionally, should funds not be utilized, and services or programs not provided within the specific required time period in this Contract due to circumstances outside the control of Recipient, including but not limited to, a Force Majeure event, City is under no obligation to amend or extend this Contract to provide the approved funding past the expiration of the performance period set forth in this Contract. Any amendment to this Contract for such purposes shall be at City's sole discretion, based upon its budget, available funds, and other factors it may deem relevant.

Recipient must follow all Federal, State, County, and City safety guidelines, including all CDC safety guidelines in effect during the term of the Program, including but not limited to social distancing, and personal protection equipment. Inability to conduct the Program and follow any and all required safety guidelines from the COVID-19 crisis or other similar emergency, or failure to follow such requirements, including but not limited to, social distancing, shall constitute grounds for immediate cancellation of this Agreement unilaterally by the City upon written notice, which may be provided via electronic mail.

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

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

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

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

13. *Sovereign Immunity.* Nothing in this Contract shall be construed to affect in any way the rights, privileges and immunities of the City and its agents as set forth in §768.28, Florida Statutes. Nothing herein shall be construed as consent from either party to be sued by third parties.

14. *Non-Assignability and Subcontracting.*

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

B. *Subcontracting.* Prior to subcontracting for Work to be performed hereunder, Recipient shall be required to obtain the written approval of the City's Contract Administrator. If the City's Contract Administrator, in his/her sole discretion, objects to the proposed subcontractor, Recipient shall be prohibited from allowing that subcontractor to provide any Work hereunder. Although Recipient may subcontract Work in accordance with this Paragraph, Recipient remains responsible for any and all contractual obligations hereunder and shall also be responsible to ensure that none of its proposed subcontractors are listed on the *Convicted Vendors List* in accordance with the provisions of Paragraph 26 below.

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

16. *Audit and Inspection Records.* Recipient shall permit authorized representatives of the City to inspect and audit all data and records of the Recipient, if any, related to the Work being funded by this Contract until three (3) years after City's final payment under this Contract. Recipient agrees that such inspections and audits may include City's authorized representatives auditing Recipient's financial affairs at any time with no advance notice by City.

Recipient further agrees to include in all subcontracts hereunder a provision to the effect that the subcontractor agrees that City or any of its duly authorized representatives shall,

until **three (3) years after City's final payment to Recipient**, have access to and the right to examine any books, documents, papers and records of such subcontractor attendant to any subcontracted Work provided hereunder.

In the event Recipient receives fifty thousand dollars (\$50,000.00) or more from the City, the City reserves the right to request a copy of a Grant Auditing Report conducted in accordance with the Government Auditing Standards issued by the United States Comptroller General and the provisions of OMB Circular A-133 issued by the Office of Management and Budget, Executive Office of the President. If such a request is made by the City, all grant funds shall be shown via explicit disclosure in the annual financial statements and/or the accompanying notes to the financial statement. Upon City's written request, this Report shall be due within one hundred and twenty (120) days of the close of the City's fiscal year.

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

18. *Independent Contractor.* Recipient shall be deemed an independent contractor for all purposes, and employees of Recipient and all its contractors, subcontractors and the employees thereof, shall not in any manner be deemed to be employees of the City. As such, the employees of Recipient, its contractors or subcontractors, shall not be subject to any withholding for tax, social security or other purposes by City, nor shall such contractor, subcontractor or employee be entitled to sick leave, pension benefits, vacation, medical benefits, life insurance, workers or unemployment compensation or the like from City. Furthermore; nothing in this Contract shall be deemed to constitute or create a joint venture, partnership, pooling arrangement or other form of business entity between Recipient and City.

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

20. *Public Records.*

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

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

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 Recipient does not transfer the records to the City.

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

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

PUBLIC RECORDS CUSTODIAN

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

CITY CLERK

100 W. Atlantic Blvd., Suite 253

Pompano Beach, Florida 33060

(954) 786-4611

RecordsCustodian@copbfl.com

21. *Governing Law; Venue.* This agreement must be interpreted and construed in accordance with and governed by the laws of the State of Florida. The exclusive venue for any lawsuit arising from, related to, or in connection with this Agreement will be in the state courts of the Seventeenth Judicial Circuit in and for Broward County, Florida. If any claim arising from, related to, or in connection with this Agreement must be litigated in federal court, the exclusive venue for any such lawsuit will be in the United States District Court or United States Bankruptcy Court for the Southern District of Florida. BY ENTERING INTO THIS AGREEMENT, THE PARTIES HEREBY EXPRESSLY WAIVE ANY RIGHTS EITHER PARTY MAY HAVE TO A TRIAL BY JURY OF ANY CIVIL LITIGATION RELATED TO THIS AGREEMENT.

22. *Waiver and Modification.*

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

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

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

23. *No Contingent Fee.* Recipient warrants that other than a bona fide employee working solely for Recipient, Recipient has not employed or retained any person or entity, or paid or agreed to pay any person or entity, any fee, commission, gift or any other consideration to solicit or secure this Contract or contingent upon or resulting from the award or making of this Contract. In the event of Recipient's breach or violation of this provision, City shall have the right to terminate this Contract without liability and, at City's sole discretion, to deduct from the Payment Schedule set forth in Exhibit B or otherwise recover the full amount of such fee, commission, gift or other consideration.

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

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

26. *Public Entity Crimes Act.* As of the full execution of this Contract, Recipient certifies that in accordance with §287.133, Florida Statutes, it is not on the *Convicted Vendors List* maintained by the State of Florida, Department of General Services. If Recipient is subsequently listed on the *Convicted Vendors List* during the term of this Contract, Recipient agrees it shall immediately provide City written notice of such designation in accordance with Paragraph 7 above.

27. *Entire Contract.* This document incorporates and includes all prior negotiations, correspondence, conversations, contracts or understandings applicable to the matters contained herein, and the parties agree that there are no commitments, contracts or understandings

concerning the subject matter of this Contract that are not contained in this document. Accordingly, it is agreed that no deviation from the terms hereof shall be predicated upon any prior representations or contracts, whether oral or written.

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

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

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

31. *Absence of Conflicts of Interest.* Both parties represent they presently have no interest and shall acquire no interest, either direct or indirect, which would conflict in any manner with their performance under this Contract and that no person having any conflicting interest shall be employed or engaged by either party in their performance hereunder.

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

33. *Employment Eligibility.* By entering into this Contract, the Contractor becomes obligated to comply with the provisions of Section 448.095, Fla. Stat., "Employment Eligibility." This includes but is not limited to utilization of the E-Verify System to verify the work authorization status of all newly hired employees, and requiring all subcontractors to provide an affidavit attesting that the subcontractor does not employ, contract with, or subcontract with, an unauthorized alien. Failure to comply will lead to termination of this Contract, or if a subcontractor knowingly violates the statute, the subcontract must be terminated immediately. Any challenge to termination under this provision must be filed in the Circuit Court no later than twenty (20) calendar days after the date of termination. If this contract is terminated for a violation of the statute by the Contractor, the Contractor may not be awarded a public contract for a period of one (1) year after the date of termination.

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

THE REMAINDER OF THE PAGE IS INTENTIONALLY LEFT BLANK

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

CITY OF POMPANO BEACH

By: _____
REX HARDIN, MAYOR

By: _____
GREGORY P. HARRISON, CITY MANAGER

Attest:

KERVIN ALFRED, CITY CLERK

(SEAL)

Dated: _____

APPROVED AS TO FORM:

MARK E. BERMAN, CITY ATTORNEY

"RECIPIENT"

BROWARD PARTNERSHIP FOR THE HOMELESS, INC.

(Print or type name of company here)

Witnesses:

L. Golden
Lakesia Golden
(Print or Type Name)

Beatrice Hebreau
Beatrice Hebreau
(Print or Type Name)

By: Jer

Print Name: Tom Ruthardt

Title: Chief Executive Officer

STATE OF FLORIDA

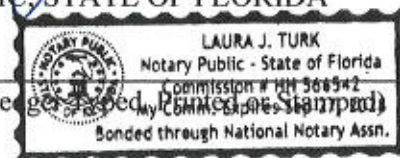
COUNTY OF Broward

The foregoing instrument was acknowledged before me, by means of ☒ physical presence or ☐ online notarization, this 9th day of September, 2025, by Tom Ruthardt as Chief Executive Officer of BROWARD PARTNERSHIP FOR THE HOMELESS, INC., a Florida non for profit corporation. He is personally known to me or who has produced _____ (type of identification) as identification.

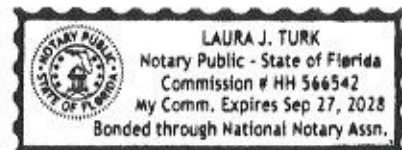
NOTARY'S SEAL:

Laura J. Turk
NOTARY PUBLIC, STATE OF FLORIDA

(Name of Acknowledged Party)



Commission Number



RESOLUTION

I, Stephen J. Simmons, Esq., as Chair of the Broward Partnership (the Partnership), hereby certify that effective January 1, 2025, Tom Ruthardt, Chief Executive Officer, Erika M. Laverde, Chief Administrative Officer, and Ellianna Dorvil, Chief Programs Officer, are each duly authorized to execute Agreements and any amendments thereto between the Partnership and federal, state, local, and/or private funders by resolution of the Partnership's Executive Committee to the Board of Directors taking place on January 8, 2025.

The signature of any of the above-named persons on behalf of the Partnership binds the agency to the terms and conditions of said Agreements and its amendments.

My name and position as Chair of the Board of Directors are a matter of record in the files of the State of Florida, Secretary of State, Division of Corporations, as required by law.


Stephen J. Simmons, Esq.

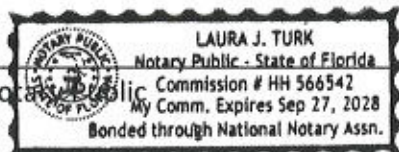
1/15/25
Date

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me via ☒ physical presence OR ☐ online notarization this 15th day of January, 2025, by Stephen J. Simmons, who is personally known.


Signature of Notary Public

Name of Notary Public



Stamp:

Exhibit “A”

Recipients Requirements, Contractual Responsibilities and Program Description

1. RECIPIENT agrees to do as follows:

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

- iv. Pre-award costs
- v. Out-of-state travel; non-local travel expenses
- vi. Gift cards
- vii. Purchase/lease of facilities or vehicles (e.g., buildings, buses, vans, cars)
- viii. Rentals – one day only (written justification and approval needed for additional time)
- ix. Entertainment – exceptions shall be made for community events (written justification and approval needed prior)
- x. Land acquisition
- xi. Furniture
- xii. Honorariums for presenters/speakers and any costs associated with travel expenses
- xiii. Kitchen appliances (e.g., refrigerators, microwaves, stoves, tabletop burners)
- xiv. Tuition/Scholarships
- xv. Capital improvements and permanent renovations (e.g., playgrounds, buildings, fences, wiring)
- xvi. Clothing or uniforms (written justification and approval needed)
- xvii. Project banquets/luncheons
- xviii. Costs for items/services already covered by indirect costs allocation (supplanting)
- xix. Out of state college tours
- xx. Out of county field trips
- xxi. Alcohol
- xxii. Airfare
- xxiii. Boat rentals
- xxiv. Family incentives
- xxv. Car mileage
- xxvi. Stipends
- xxvii. Payroll taxes
- xxviii. Laboratory fees
- xxix. Computers
- xxx. Health benefits
- xxxi. Appliances and home goods (written justification and approval needed)
- xxxii. Digital Cameras
- xxxiii. Plaques
- xxxiv. Hotel Costs
- xxxv. Housing - (written justification and approval needed based on programming)

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

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

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

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

However, following the completion of the first narrative and financial report and as indicated in Exhibit "B" Payment Schedule, the remaining distribution payment to the RECIPIENT shall be contingent upon prior receipt of the required progress narrative and financial report which is due during the preceding quarter. Narrative and financial reports for recipients receiving quarterly or monthly payments as indicated in Exhibit "B" Payment Schedule shall be due no later than the following dates:

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

If RECIPIENT receives a lump sum payment for a one-time event or an award amount of five thousand dollars (\$5,000.00) or less, then the RECIPIENT shall be required to submit their narrative and financial report on a due date above as assigned by the CITY at a later date. The due date shall occur after the program or activity described in Exhibit "A" Recipients Requirements, Contractual Responsibilities and Program Description has concluded.

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

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

- a. Current and final outcomes for the program based on the objectives provided in the RECIPIENT's grant application

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

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

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

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

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

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

- 4) RECIPIENT agrees that any funds provided by the CITY for the operation of the program or activity during the current CITY's fiscal year, which are residual funds remaining unspent or unencumbered by any existing (not contingent) legal obligation shall be returned to the CITY.
- 5) RECIPIENT shall not use the CITY's logo, materials, or testimony for promotion of the RECIPIENT's program without written authorization from the CITY Manager or its designee.

- 6) RECIPIENTS shall attend a mandatory Orientation provided by the CITY at a date to be determined by the CITY. Failure to attend said Orientation shall be grounds for termination of the contract.
- 7) In cases where a contract is terminated by the CITY for default by RECIPIENT, the CITY reserves the right to deny RECIPIENT's future applications for new funding for a time to be determined by the City Manager, and/or his or her designee, and/or the City Commission.
- 8) For contracts awarded for multiple projects, RECIPIENT shall provide separate reports for each project as outlined under Paragraph 2 above. CITY reserves the right to withhold payment if RECIPIENT fails to provide the reports as requested.

Organization Name: BROWARD PARTNERSHIP FOR THE HOMELESS, INC.

Program Funded: North Homeless Assistance Center Workforce Development Program

Amount Funded: \$15,000.00

Program Description: The purpose of the Workforce Development program is to sustainably employ people experiencing homelessness (clients) as quickly as possible. BP staff work with clients to determine their unique needs to create and execute an individualized employment plan that includes the appropriate services and support needed to obtain, improve, and retain employment. Clients participate in a workforce assessment process that gauges their ability to work and their challenges to employability, and if applicable, which educational or career choices would be most logical to lead them out of homelessness and into stability and self-sufficiency. All services provided follow a multidisciplinary approach that strives to address any barriers that may interfere with the ability of clients to enter or succeed in the workplace. The Workforce Development program provides a variety of services designed to enhance clients' skills and increase job readiness, including communication skills training, resume creation, providing job leads, interview preparation, workforce etiquette training, and long-term career planning. Clients benefit from daily access to on-site computers where they can search and apply for jobs and take online courses to improve their marketability. Additionally, the Work from Home Lab ensures reliable access to computers and internet for clients with remote jobs. The Partnership has an extensive inventory of workforce apparel from which clients can select appropriate clothing, shoes, and accessories for their employment needs. Clients can enhance their professional appearance with a haircut, shave or styling provided by pro-bono stylists. The Partnership also collaborates with CareerSource Broward to provide job search assistance, career counseling, and various programming to connect people experiencing homelessness with job opportunities. A partnership with Goodwill of South Florida allows us to extend program services to formerly homeless and at-risk residents living at Seven on Seventh, the Partnership's affordable housing development adjacent to CHAC. These individuals access career navigation, digital skills training, and vocational support services to promote sustainable employment and self-sufficiency.

Form Name:	City of Pompano Beach Nonprofit Partnership Application
Submission Time:	May 2, 2025 10:14 am
Browser:	Chrome 136.0.0.0 / Windows
IP Address:	170.55.146.226
Unique ID:	1340416940
Location:	26.1374, -80.1684

About Your Organization

Which Fiscal Year Is Your Organization Applying For?	2025-2026
Full Name of Nonprofit:	Broward Partnership for the Homeless, Inc.
Mission of Nonprofit:	The Broward Partnership is committed to reducing homelessness by promoting independence and self-worth through advocacy, housing and comprehensive services

Brief Overview of Nonprofit:

The Broward Partnership for the Homeless, Inc. (BP) was founded in 1997 as a strategic private/public alliance aimed at addressing the burgeoning problem of homelessness in Broward County. On February 1, 1999, BP opened the Central Homeless Assistance Center/Huizenga Campus (CHAC), a 57,000 sq. ft. facility near downtown Fort Lauderdale. As a result of the successful CHAC model, Broward County asked BP to assume operations of the North Homeless Assistance Center (NHAC) in Pompano Beach effective April 1, 2019.

Today, BP is the largest comprehensive homeless service provider in Broward County offering street outreach, 500 beds of emergency shelter at the CHAC and NHAC, over 84 scattered-site supportive housing units in Broward County, and a complete array of health and social services. A full complement of emergency shelter services includes access to vocational training, employment assistance, case management, nutritious meals, medical and dental care, mental health and substance abuse treatment, counseling and/or education, and housing navigation needed to establish self-sufficiency and housing stability. BP has helped more than 34,000 individuals and families with children. BP has won best practices awards from the Florida Department of Children and Families and the United States Department of Housing and Urban Development. In 2023, BP and its development partner Green Mills Group finalized construction of Seven on Seventh - a 72-unit mixed use affordable housing development adjacent to the CHAC campus that is serving low-income and formerly homeless individuals and families. Seven on Seventh's social return on investment is estimated to have a \$1.5 million positive annual economic impact for the surrounding area. By providing affordable housing for residents in need, by providing services that will improve the health and wellbeing of residents, and by increasing employment opportunities for residents and other community members through educational training and workforce development activities, Seven on Seventh is having a wide-range socioeconomic impact on the local community.

Type of Organization:	Human Services
Nonprofit Website:	www.bphi.org
Federal Tax ID Number:	65-0777033
Which funding priority/sub pillar does your nonprofit qualify for?	Workforce Excellence: Workforce Readiness

How does your program/event(s) fit the funding priority/sub pillar?

Clients have access to workforce development services through BP's Job Developers, who work each to create and execute a plan that includes the appropriate services and support needed to obtain or maintain employment. Clients complete a workforce assessment to assist in identifying and developing a work readiness plan, then work with a Job Developer to take the action needed to enhance skills and increase job readiness, such as preparing for and obtaining a GED, enrolling in vocational training programs, improving communication skills, creating a resume, pursuing job leads, and preparing for interviews. An on-site computer lab is available to allow clients the opportunity to acquire computer skills, create resumes, apply for benefits, and perform on-line job searches. Clients are also assisted with transportation as well as bus passes for commute to and from interviews, work assignments, vocational classes, and outside appointments.

The Partnership continues to build strong working relationships with educational institutions and local employers to help place clients in a wide range of career fields. A key example of this is a formal collaboration with Broward College, which offers clients and their family members access to degree and certification programs. Through grants, scholarships, and support from external partners, this initiative opens doors to higher education and workforce development, creating pathways to stable employment and long-term economic independence.

Statement of Need:

Homelessness in the U.S. is caused by many factors, such as lack of affordable housing, insufficient income, physical and behavioral health problems, and domestic violence. The 2023 Broward County Point in Time homeless count revealed there were 2,487 people experiencing homelessness in the County. The county had the second largest number of individuals experiencing homelessness in Florida with only Miami-Dade County having more. Many people in Broward County may be precariously close to experiencing homelessness. According to the ALICE (Asset Limited, Income Constrained, Employed) Study of Financial Hardship report published by the United Way of Florida in 2023, 46% of the Broward County population are living either beneath the Federal Poverty Level or just above the Level but not earning enough to meet the basic costs of living. ALICE households are consistently a domestic crisis away from becoming homeless. Many clients served by the Partnership have no income and are at a severe disadvantage in the job market due to a variety of factors such as lack of vocational training, education, and marketable skills, as well as limited access to transportation. Persons experiencing homelessness may also have limited access to technology or lack basic computer knowledge, which are both essential in nearly every field of the current job market. Even when jobs potentially match clients' qualifications, many clients lack phones, access to childcare or financial resources to purchase tools, proper attire, or other material items necessary to begin employment. Individuals who have been out of the workforce for a significant period may also struggle with a lack of self-confidence and a fear of failure.

Program/Event Information #1

Will your organization be hosting the program/event on City property? No

Which are you applying for? (Program/Event) Program

Program/Event Name: North Homeless Assistance Center Workforce Development Program

Type of Program/Event: Nonprofit Program/Seminar/Workshop

Share an executive summary of the program/event:

The purpose of the Workforce Development program is to sustainably employ people experiencing homelessness (clients) as quickly as possible. BP staff work with clients to determine their unique needs to create and execute an individualized employment plan that includes the appropriate services and support needed to obtain, improve, and retain employment. Clients participate in a workforce assessment process that gauges their ability to work and their challenges to employability, and if applicable, which educational or career choices would be most logical to lead them out of homelessness and into stability and self-sufficiency. All services provided follow a multidisciplinary approach that strives to address any barriers that may interfere with the ability of clients to enter or succeed in the workplace. The Workforce Development program provides a variety of services designed to enhance clients' skills and increase job readiness, including communication skills training, resume creation, providing job leads, interview preparation, workforce etiquette training, and long-term career planning. Clients benefit from daily access to on-site computers where they can search and apply for jobs and take online courses to improve their marketability. Additionally, the Work from Home Lab ensures reliable access to computers and internet for clients with remote jobs. The Partnership has an extensive inventory of workforce apparel from which clients can select appropriate clothing, shoes, and accessories for their employment needs. Clients can enhance their professional appearance with a haircut, shave or styling provided by pro-bono stylists. The Partnership also collaborates with CareerSource Broward to provide job search assistance, career counseling, and various programming to connect people experiencing homelessness with job opportunities. A partnership with Goodwill of South Florida allows us to extend program services to formerly homeless and at-risk residents living at Seven on Seventh, the Partnership's affordable housing development adjacent to CHAC. These individuals access career navigation, digital skills training, and vocational support services to promote sustainable employment and self-sufficiency.

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

Funding will support services offered through the NHAC Workforce Development program, which is designed to help individuals transition out of homelessness and into stable employment and permanent housing. The program is staffed by a dedicated Job Developer and offers a range of services to enhance job readiness, including vocational training enrollment, resume development, communication skills building, interview preparation, workforce etiquette training, and computer literacy support. Grant funds will be used to cover a portion of the Job Developer's salary and provide essential employment-related materials.

Clients benefit from daily access to the on-site computer lab at NHAC where they can search and apply for jobs, take online courses, and improve computer skills. Job Developers, community partners, and volunteers from the business community provide life skills classes on topics related to achieving and maintaining self-sufficiency, such as money management, business etiquette, interviewing skills, goal setting and dressing for success.

All services provided at the NHAC follow a multidisciplinary approach that strives to address any barriers that may interfere with the ability of its clients to enter or succeed in the workplace.

Case Managers assist clients in obtaining necessary forms of identification, such as birth certificates and driver's licenses.

What are the proposed outcomes of your program/event?

Goal: Provide services to a minimum of 700 NHAC clients

Goal: 90% of adult clients will receive an employment assessment.

Goal: 65% of clients deemed employable through the employment assessment will obtain employment upon program completion.

Share the primary methodology by which you will measure the outcomes of your program/event:

BP has a strong capacity for measuring and tracking the overall impact of its work. BP monitors and reports on numerous performance indicators as required by several public and private funding sources. BP utilizes several data collection techniques to capture client demographic and programmatic information. All client data is entered into AWARDS, BP's cloud-based electronic records system where, for example, case management notes and demographic information are stored. AWARDS is equipped with comprehensive reporting and querying functions, allowing BP to analyze performance indicators and client progress aggregated by specific providers.

Case Managers and Job Developers meet with each client on a weekly basis at a minimum to monitor and evaluate progress toward goals, with all activities documented in client files. Completed discharge summaries demonstrate improvement by outlining client information including length of stay in emergency shelter, employment status, services received and housing destination.

BP's programs benefit from a Quality Assurance (QA) Program, which monitors progress towards a host of performance indicators. The QA Committee meets on a regular basis to review key performance indicators and implement process improvements if and where needed. This information is used to provide guidance at a high level to improve the delivery of program services offered by Broward Partnership.

Estimated total number of individuals expected to attend your program/event:

501-1,000

Please specify the number of City of Pompano Beach residents your organization will serve if the program/event is funded:

700

Describe the demographics of the population you are impacting with this program/event:

Broward Partnership serves a highly vulnerable and diverse population of individuals and families experiencing homelessness in Broward County. In FY 2023-2024, the NHAC served 893 individuals. Of those served, approximately 76.67% identified as Black, African American, or African; 14.78% as White; 2.35% as Hispanic/Latino; 0.34% as Asian; and 0.22% as American Indian or Alaska Native. An additional 0.45% identified as Middle Eastern or North African, while 5.04% identified as multiracial. Most clients are adults between the ages of 25 and 64, with the highest concentrations between ages 25 and 54. The population also includes 163 individuals experiencing chronic homelessness, accounting for approximately 18.26% of those served, and 241 individuals with documented mental health disorders, representing about 26.98% of the total population. Many clients enter the Workforce Development Program with no income and face significant barriers to employment, including limited education, lack of vocational training or work history, and restricted access to transportation. NHAC's comprehensive services are specifically designed to address these challenges and support individuals in their transition toward stability and self-sufficiency.

Include a description of the geographic area your program/event(s) will serve and how it will impact the area:

The NHAC program is located at 1700 Blount Road, Pompano Beach, FL 33069. The program serves Pompano Beach and surrounding Broward County communities.

How does your organization specifically market your program/event to City of Pompano Beach residents?

In Broward County, the coordinated entry process, facilitated by the Taskforce for Ending Homelessness, identifies individuals experiencing homelessness at hotspots, assesses their needs, and places them in shelters or other suitable facilities across the county, serving as the primary entry point for clients into the Broward Partnership's programs and services. Placements into NHAC are prioritized for City of Pompano residents experiencing homelessness. Additionally, the Partnership hosts quarterly job fairs at the NHAC, inviting nearby employers, including the Whole Foods Distribution Center, FedEx and UPS Distribution Centers, Wayfair, and Broward County Transit, to participate." These events provide an opportunity for local businesses to connect with potential employees from the program who are actively seeking employment opportunities, fostering mutually beneficial partnerships that support the mission of empowering individuals experiencing homelessness to secure stable housing and gainful employment opportunities.

How does a City of Pompano Beach resident access the services/program your nonprofit provides?

While the program specifically targets individuals experiencing homelessness, residents of Pompano Beach can support the Partnership's mission by spreading awareness, providing referrals, or offering resources to those in need within their community. Additionally, the program may collaborate with local service providers or government agencies that serve Pompano Beach residents to ensure holistic support for individuals facing housing insecurity. Pompano businesses interested in hiring clients experiencing homelessness can easily contact NHAC through the Job Developer, who can facilitate the process and connect businesses with qualified candidates ready to contribute to the workforce. By fostering a supportive community environment and advocating for policies that address homelessness, Pompano Beach residents can contribute to the program's overall goals of providing housing stability and support services to those experiencing homelessness.

Start Date of Program/Event:	May 02, 2025
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End Date of Program/Event:	Apr 30, 2026
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Does your program/event have a start time/end time?	No
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Name of Program/Event Venue:	North Homeless Assistance Center
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Address of Program/Event Venue Location:	1700 Blount Road Pompano Beach, FL 33069
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Attire of Program/Event (select the one that best applies):	Casual
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List any benefits or partnership opportunities the City of Pompano Beach receives:	The NHAC program, located in the City of Pompano Beach, collaborates closely with City and County officials, law enforcement, the business community, and other service providers to strengthen the community and enhance quality of life for all residents. As part of its mission, Broward Partnership serves the most income-constrained and vulnerable residents of Pompano Beach-individuals who are often overlooked yet face the greatest barriers to stability. Investing in this population is critical to building a healthier, safer, and more resilient community where all residents, regardless of circumstance, have the opportunity to thrive.
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Total dollar amount of the overall program/event budget:	169800
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Total dollar amount being requested from the City:	15000
How will your organization use the City of Pompano Beach funding?	Funds from the City of Pompano Beach will support the NHAC Workforce Development program located at 1700 Blount Road, Pompano Beach, FL 33069. The Workforce Development is one program within the comprehensive NHAC program that provides emergency housing and holistic supportive services for individuals and families experiencing homelessness. The overall goal of the program is to quickly transition clients from homelessness to jobs, health, and housing. Funding from the City of Pompano Beach will support the salary of the Job Developer from the Workforce Development program as well as employment support materials to provide the services within the program. Using evidence-based practices, the delivery methodology used at the NHAC contributes to stronger outcome achievement for clients. The services provided are client centered and recovery oriented. The Partnership provides services with the individual in mind and considers the many cultural, environmental, and linguistic preferences that make up the community the Partnership serves. The primary evidence-based approaches that comprise the service delivery model - Housing First, Low Barrier Model, Motivational Interviewing® (MI®), and SOAR (SSI/SSDI Outreach Assessment Recovery) - have a foundation based upon these same considerations.

Are you applying for a second program/event?	No
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Additional Activities

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

What are your organization's credentials? Tell us why your organization does it better than anyone else.

The Partnership is the largest homeless service provider in Broward County with over 25 years of experience in providing comprehensive services to people experiencing homelessness. The Partnership has extensive experience in managing federal, state, and local grant funding, with the current fiscal year showing a \$13M total operating budget, of which 81% represents public funding sources. The Partnership has been under contract with Broward County's Housing Options, Solutions, and Supports Division, formerly Homeless Initiative Partnership, to operate CHAC for 24 years and NHAC for 6 years. During this time, the Partnership has successfully passed each administrative and programmatic monitoring visit resulting in the identification of no negative financial or substantive programmatic findings. The Partnership also administers three HUD-funded permanent supportive housing programs at scattered sites throughout Broward County. To date, the Partnership has successfully operated and administered 14 Emergency Solutions Grants, formerly known as Emergency Shelter Grants, and 11 Community Development Block Grants, through the City of Pompano Beach. All of these grants met the required performance outcomes and received no monitoring deficiencies. Since November 2012, the Partnership has successfully administered behavioral health and substance abuse treatment funding through the Broward Behavioral Health Coalition, and prior to that for 15 years as a direct recipient from the Florida Department of Children and Families.

Governance of the Partnership is managed by a Board of Directors consisting of 28 members, representing the private, public, and faith-based sectors of Broward County. The Partnership's Board members live and work in cities throughout the County, and one seat on the Board is designated in perpetuity for a formerly homeless individual. The Partnership's Board of Directors enjoys a strong reputation as the most effective and respected organization that promotes and ensures transparency and accountability. This reputation is the result of programmatic and financial success made possible by an extremely diverse, influential, effective and involved Board. Their quality and effectiveness have been maintained through years of careful recruitment of leaders who recognize the importance of helping homeless individuals and families learn new skills, develop career paths, become gainfully employed, and eventually to becoming, or returning to being, self-sustaining productive citizens.

Other than the program/event you are applying for, how is your organization serving the residents of the City of Pompano Beach?

The NHAC provides residents of the City of Pompano Beach with 270 beds for men, women, and families with children, with services delivered by trained staff seven days a week, 24 hours a day. A full complement of stabilization services is offered, including case management, nutritious meals, childcare, medical care, mental health and substance use treatment, counseling and/or education, housing navigation and placement, and vocational training and employment assistance-all of which are essential to achieving self-sufficiency and long-term housing stability. Services are delivered in a client-centered environment designed to promote personal growth, prevent future episodes of homelessness, and support economic resilience.

In addition to direct services, Broward Partnership serves as a hub for community engagement by offering meaningful volunteer opportunities for Pompano Beach residents, businesses, schools, faith-based organizations, and civic groups. Having a robust nonprofit provider embedded in the community not only ensures that critical needs are met for the most vulnerable populations, but also gives community members the opportunity to contribute time, resources, and expertise in service to others. Strong volunteer engagement fosters greater civic connection, empathy, and shared responsibility-all vital elements of a resilient community.

Any other information you wish to share?	<p>The Partnership is governed by an engaged, mission-driven Board of Directors comprised of 26 business and community leaders across a variety of sectors, including one individual who experienced homelessness. The Board is gender and racially diverse with 11 women represented along with individuals of different racial and ethnic backgrounds. All board members financially contribute annually. In addition to monthly board meetings, each board member participates in fundraising and friend-raising activities, as well as serves on at least one of eight standing sub-committees (Executive, Program Services, Resource Development, Legal, Nominating, Master Planning, Housing, and Finance). A current or former client speaks at each board meeting to keep the Partnership's mission forefront in the minds of board members, as their active leadership moves the agency forward. Board members and staff of the Partnership annually attend the Florida Supportive Housing Coalition's Supportive Housing Summit. All Partnership Board Members are active in their respective communities and parlay their valuable experience and expertise to benefit the Partnership. All staff must complete the Florida Department of Children and Families online training course that includes several modules covering topics such as data security, civil rights, and domestic violence. Staff from the North Homeless Assistance Center (NHAC) regularly participate in professional development activities that keep them at the forefront of their professions.</p>
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City of Pompano Beach Funding History

Has your organization been funded before by City of Pompano Beach?	Yes
If yes, when was the most recent year?	2024-2025
What was the name of program/event funded?	North Homeless Assistance Center Workforce Development Program
How much was the funding for this program/event?	15000

Requested Budget Information

What is your organization's operational budget?	13599223
What is the total value your nonprofit is applying for?	15000
If you are not awarded the full funding requested for your program/event(s), will you be able to complete your project?	Yes

About Your Staff and Leadership

Total Number of Employees:	113
Full Name of President/CEO/Executive Director:	Tom Ruthardt
Include your President/CEO/Executive Director's biography:	Tom Ruthardt possesses more than 26 years' experience in human services and nearly 15 years of executive leadership experience in of homeless service organizations specifically. He is thoroughly experienced in the administration of private and governmental funding and is responsible for the implementation of all policy decisions and initiatives as directed by the Board of Directors. Prior to assuming the role of CEO last April, Tom served as BP's Chief Operating Officer for 8 years, overseeing a number of program expansions over the years, including assuming operations of NHAC in April 2019, which effectively doubled the size of BP as an agency.

About Your Board of Directors

Total Board Members:	26
How many board members contribute financially to the organization?	26
Is there a formal give/get policy for board members?	Yes
If so, what is the required amount?	3000

About Your Partnerships and Contributors

Does your organization have any programmatic collaborations with other community partners? If so, please list them and provide a brief description of their involvement with your organization.

The Partnership operates as part of Broward County's Continuum of Care, which is a collaborative network of government agencies, nonprofits, and social service providers designed to optimize strategies and resources aimed at serving people experiencing homelessness. Community Partners include Henderson Behavioral Health, Broward Addiction and Recovery Center (BARC), the Salvation Army, HOPE South Florida, TaskForce Fore Ending Homelessness, public housing authorities, and private-sector landlords. BP refers individuals to Broward Health's Health Care for the Homeless Program and Care Resource for primary medical care, Kids in Distress for children's dental services, and Broward Addiction Recovery Center for substance abuse assessments and rehabilitation. Henderson Behavioral Health provides mental health services and support groups, Family Success Centers assist with childcare, and Second Chance Society and Career Source Florida offer employment support.

What other funders have supported your organization within the past year? Please include their levels of contribution.

1. ☐ Broward County Housing Options, Solutions, and Supports Division - \$4,312,000
2. ☐ City of Pompano Beach CDBG - \$15,000
3. ☐ City of Pompano Beach Philanthropy - \$15,000
4. ☐ LIVE! Resorts Pompano Community Charitable Funding - \$5,000

Financial Information

How does your nonprofit organization currently undergo financial scrutiny and assurance? Please select from one of the applicable options:

External Financial Audit conducted by an professional auditing firm

Upload your documents: All items in this section are mandatory.

Itemized Program/Event Budget - Please provide a budget ONLY for the program/event you are applying for.

<https://www.formstack.com/admin/download/file/17948786407>

Agency Operational Budget

<https://www.formstack.com/admin/download/file/17948786408>

Agency External or Internal Audit and/or a combined PDF with your organization's Balance Sheet and P&L.

<https://www.formstack.com/admin/download/file/17948786409>

W9	https://www.formstack.com/admin/download/file/17948786410
IRS 501(c)(3) Determination Letter	https://www.formstack.com/admin/download/file/17948786411
Articles of Incorporation	https://www.formstack.com/admin/download/file/17948786412
Most Recent 990 Form	https://www.formstack.com/admin/download/file/17948786413
List of Board of Directors	https://www.formstack.com/admin/download/file/17948786414

Matching Gift Documentation

Does Your Organization Receive Matching Funds?	Yes
Please indicate one or more matching gift options below:	One or more donors match general contributions to our organization.
Matching Gift Documentation Supporting Your Organization	https://www.formstack.com/admin/download/file/17948786417
Is your matching gift supporting your organization \$1/\$1 or capped at a specific amount? If capped, please include the cap amount.	Not matched dollar for dollar and not capped.

President/CEO/Executive Director Contact Information

Name	Tom Ruthardt
Title	Chief Executive Office
Email	truthardt@bphi.org
Phone Number	(954) 779-1696
Mailing Address	920 NW 7th Ave Fort Lauderdale, FL 33311-7229

Primary Nonprofit Contact

Name	LaResia Golden
Title	Director of Grants and Contracts

Email lgolden@bphi.org

Phone Number (954) 358-3680

Certification and Authorization

**I HEREBY CERTIFY BY READING
AND SELECTING EACH
STATEMENT LISTED BELOW THAT
THE:**

Applicant certifies that information contained in this application is complete and accurate. = Select to Agree

Applicant certifies that their organization is a Not For Profit Corporation authorized to do business in the State of Florida. = Select to Agree

Applicant has read and understands the application instructions and requirements of the program. = Select to Agree

Applicant agrees that if recommended for funding, the nonprofit will attend the Mandatory Nonprofit Orientation Workshop and that they will participate in a Nonprofit Program Services Fair as required by the City. = Select to Agree

Applicant certifies that the awarded program/event(s) will serve City of Pompano Beach residents. = Select to Agree

Applicant acknowledges that a recommended award letter is subject to commission approval. = Select to Agree

Applicant acknowledges that only an executed contract with the City authorizes the initiation of program/event services or activities and incurring expenditures. = Select to Agree

Applicant acknowledges that narrative and financial reporting will be required and the organization will meet the assigned deadlines as set forth by the City. = Select to Agree

Applicant acknowledges that the program/event(s) will be completed by the end of the contract term. = Select to Agree

Applicant certifies that the organization has the capacity to comply with all requirements of the program/event(s). = Select to Agree

Applicant will not use funds for disallowed expenditures as set forth by the City. = Select to Agree

Applicant confirms that the organization has an anti-discrimination policy. = Select to Agree

Applicant acknowledges that the program/event(s) submitted will not be eligible to receive funding for if the program/event(s) receives a separate grant from the City for the same program. = Select to Agree

Applicant acknowledges that current policies for general liability, sexual molestation, automobile and workers compensation insurance are required to contract with the City. = Select to Agree

Applicant understands that the submission of their funding request does not guarantee the organization will be selected to receive funding. = Select to Agree

Applicant acknowledges that all information submitted in the partnership application along with any email or correspondence you provide to the City of Pompano Beach becomes a public record and may be subject to disclosure to anyone who requests it under the State's Public Records Laws, to another government agency as required by state or federal law; and/or in response to a court or administrative order, subpoena or search warrant. Your application may be subject to inspection and copying by the public, unless an exception in law exists. = Select to Agree

ATLANTA GA 39901-0001

In reply refer to: 0752858409
June 26, 2014 LTR 4170C 0
65-0777033 000000 00
00035714
BODC: TE


BROWARD PARTNERSHIP FOR THE
HOMELESS INC
920 NW 7TH AVE
FT LAUDERDALE FL 33311

011018

Person to Contact: CUSTOMER SERVICE
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of June 17, 2014, regarding the tax-exempt status of BROWARD PARTNERSHIP FOR THE HOMELESS INC .

Our records indicate that a determination letter was issued in JUNE 1998, granting this organization exemption from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate this organization is not a private foundation within the meaning of section 509(a) of the Code because it is described in section(s) 509(a)(1) and 170(b)(1)(A)(v).

Our records indicate that in December 1938, the American National Red Cross was held to be exempt from Federal income tax under section 101(6) of the Internal Revenue Act of 1938, which now corresponds to section 501(c)(3) of the Internal Revenue Code. In a subsequent determination, the American Red Cross was classified as a publicly supported organization described in sections 509(a)(1) and 170(b)(1)(a)(vi) of the Code.

Even though the American National Red Cross was issued an individual ruling, this ruling covers its chapters, branches, and auxiliaries.

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

If you have any questions, please call us at the telephone number shown above.

0752858409

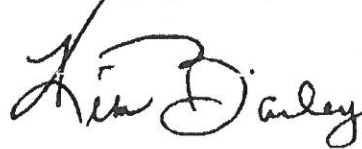
June 26, 2014 LTR 4170C 0

65-0777033 000000 00

00035715

BROWARD PARTNERSHIP FOR THE
HOMELESS INC
920 NW 7TH AVE
FT LAUDERDALE FL 33311

Sincerely yours,

A handwritten signature in black ink, appearing to read "Kim D. Bailey". The signature is fluid and cursive, with the first name "Kim" and last name "Bailey" clearly distinguishable.

Kim D. Bailey
Operations Manager, AM Operations 3

**Request for Taxpayer
Identification Number and Certification**

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

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Broward Partnership for the Homeless, Inc.
	2 Business name/disregarded entity name, if different from above.
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> Other (see instructions) Nonprofit corporation exempt under IRS code section 501(c)(3)
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/>
5 Address (number, street, and apt. or suite no.). See instructions. 920 NW 7 Avenue	Requester's name and address (optional)
6 City, state, and ZIP code Fort Lauderdale, FL 33311	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

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

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

Social security number								
			-					
or								
Employer identification number								
6	5		-	0	7	7	0	3 3

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here	Signature of U.S. person 	Date 2/5/2025
------------------	--	----------------------

General Instructions

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

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

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

BROWARD PARTNERSHIP FOR THE HOMELESS, INC
ARTICLES OF INCORPORATION

JULY 2, 1997
MAY 18, 1998- AMENDED
APRIL 8, 1999- AMENDED
AUGUST 15, 2018- AMENDED



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

July 3, 1997

BROWARD PARTNERSHIP FOR HOMELESS, INC.
115 SOTUH ANDREWS AVE
FT LAUDERDALE, FL 33301

The Articles of Incorporation for BROWARD PARTNERSHIP FOR HOMELESS, INC. were filed on July 2, 1997, and assigned document number N97000003780. Please refer to this number whenever corresponding with this office.

Enclosed is the certification requested. To be official, the certification for a certified copy must be attached to the original document that was electronically submitted and filed under FAX audit number H97000010933.

A corporation annual report will be due this office between January 1 and May 1 of the year following the calendar year of the file date year. A Federal Employer Identification (FEI) number will be required before this report can be filed. Please apply NOW with the Internal Revenue Service by calling 1-800-829-3676 and requesting form SS-4.

Please be aware if the corporate address changes, it is the responsibility of the corporation to notify this office.

Should you have questions regarding corporations, please contact this office at the address given below.

Freida Chesser
Corporate Specialist
New Filings Section
Division of Corporations

Letter Number: 297A00034771



Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of BROWARD PARTNERSHIP FOR HOMELESS, INC., a Florida corporation, filed on July 2, 1997, as shown by the records of this office.

I further certify the document was electronically received under FAX audit number H97000010933. This certificate is issued in accordance with section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this corporation is N97000003780.

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
Third day of July, 1997

Authentication Code: 297A00034771-070397-N97000003780-1/1



CR2EO22 (1-95)

Sandra B. Northam
Secretary of State

H97000010933

ARTICLES OF INCORPORATION
OF
BROWARD PARTNERSHIP FOR HOMELESS, INC.
A not for profit corporation

The undersigned, a natural person competent to contract, does hereby make, subscribe and file these Articles of Incorporation for the purpose of organizing a corporation under the laws of the State of Florida.

ARTICLE I
CORPORATE NAME

The name of this Corporation shall be: BROWARD PARTNERSHIP FOR HOMELESS, INC.

ARTICLE II
PRINCIPAL OFFICE AND MAILING ADDRESS

The principal office and mailing address of the Corporation is: 115 South Andrews Avenue, Fort Lauderdale, Fl 33301.

ARTICLE III
NATURE OF CORPORATE BUSINESS AND POWERS

The general nature of the business to be transacted by this Corporation shall be to oversee the building and operation of the homeless shelter, and any and all other lawful business permitted under the laws of the United States and the State of Florida.

Elliot P. Borkson # 154785
Atlas, Pearlman, Trop & Borkson, P.A.
200 East Las Olas Boulevard, Suite 1900
Fort Lauderdale, Florida 33301
(954) 763-1200

H97000010933

00010933

ARTICLE IV
TERM OF EXISTENCE

This Corporation shall have perpetual existence.

ARTICLE V
REGISTERED AGENT AND
INITIAL REGISTERED OFFICE IN FLORIDA

The Registered Agent and the street address of the initial Registered Office of this Corporation in the State of Florida shall be:

Norman Ostrau
115 South Andrews Avenue
Fort Lauderdale, FL 33301

ARTICLE VI
BOARD OF DIRECTORS

This Corporation shall have five (4) Directors initially. The Directors will be William Keith at 6500 North Andrews Avenue, Fort Lauderdale, Florida, 33301; Norman Ostrau at 115 South Andrews Avenue, Fort Lauderdale, Florida 33301; James Blosser at 1526 Ponce De Leon Drive, Fort Lauderdale, Florida 33316; and Elliot Borkson at 200 East Las Olas Boulevard, Suite 1900, Fort Lauderdale, Florida 33301.

ARTICLE VII
ELECTION OF DIRECTORS

The election of Directors will be governed by the relevant By-law provision

ARTICLE VIII
REMOVAL OF DIRECTORS

The removal of Directors will be governed by the relevant By-law provision

ARTICLE IV
INCORPORATOR

000010933

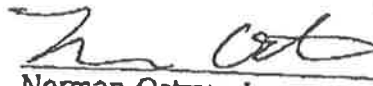
H97000010933

The name and address of the person signing these Articles of Incorporation as the Incorporator is Norman Ostrau, 115 South Andrews Avenue, Fort Lauderdale, Florida 33301.

ARTICLE X
INDEMNIFICATION

This Corporation may indemnify any director, officer, employee or agent of the Corporation to the fullest extent permitted by Florida law.

IN WITNESS WHEREOF, the undersigned Incorporator has executed the foregoing Articles of Incorporation on the 2nd day of July, 1997.



Norman Ostrau, Incorporator

H97000010933

H97000010933

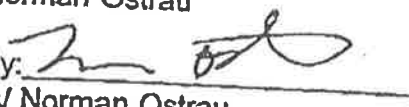
CERTIFICATE DESIGNATING REGISTERED AGENT
AND OFFICE FOR SERVICE OF PROCESS

Broward Partnership for Homeless, Inc., a not for profit corporation existing under the laws of the State of Florida with its principal office and mailing address at 115 South Andrews Avenue, Fort Lauderdale, Florida 33301, has named Norman Ostrau whose address is c/o 115 South Andrews Avenue, Fort Lauderdale, Florida 33301 as its agent to accept service of process within the State of Florida.

ACCEPTANCE:

Having been named to accept service of process for the above named Corporation, at the place designated in this Certificate, I hereby accept the appointment as Registered Agent, and agree to comply with all applicable provisions of law. In addition, I hereby am familiar with and accept the duties and responsibilities as Registered Agent for said Corporation.

Norman Ostrau

By: 
/s/ Norman Ostrau

H97000010933



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

May 20, 1998

**BROWARD PARTNERSHIP FOR HOMELESS, INC.
115 SOTUH ANDREWS AVE
FT LAUDERDALE, FL 33301**

Re: Document Number N97000003780

The Articles of Amendment to the Articles of Incorporation for BROWARD PARTNERSHIP FOR HOMELESS, INC., a Florida corporation, were filed on May 20, 1998.

The certification requested is enclosed. To be official, the certification for a certified copy must be attached to the original document that was electronically submitted and filed under FAX audit number H98000009390.

Should you have any question regarding this matter, please telephone (850) 487-6050, the Amendment Filing Section.

**Teresa Brown
Corporate Specialist
Division of Corporations**

Letter Number: 798A00028150



I certify the attached is a true and correct copy of the Articles of Amendment, filed on May 20, 1998, to Articles of Incorporation for BROWARD PARTNERSHIP FOR HOMELESS, INC., a Florida corporation, as shown by the records of this office.

I further certify the document was electronically received under FAX audit number H98000009390. This certificate is issued in accordance with section 15.16, Florida Statutes, and authenticated by the code noted below

The document number of this corporation is N97000003780.

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
Twentieth day of May, 1998

Authentication Code: 798A00028150-052098-N97000003780-1/1



CR2EO22 (1-95)

Sandra B. Northam
Secretary of State

**ARTICLES OF AMENDMENT
TO THE
ARTICLES OF INCORPORATION
OF
BROWARD PARTNERSHIP FOR HOMELESS, INC.
A not for profit corporation**

Pursuant to Section 617.1001 and 617.1002 of the Florida Not For Profit Corporation Act, the undersigned Chairman of the Board of Directors and Secretary of Broward Partnership For Homeless, Inc. (the "Corporation") a not for profit corporation organized and existing under and by virtue of Chapter 617, Florida Statutes, bearing Document No. N97000003780, does hereby certify:

That there are no members or members entitled to vote on the proposed amendment, and that by a majority of the Directors present at a duly called Meeting of the Directors held on May 18, 1998, the following amendment to the Company's Articles of Incorporation was approved:

Article III of the Articles of Incorporation of this Corporation is amended and restated to read in its entirety as follows:

**ARTICLE III
PURPOSES AND NATURE OF CORPORATE BUSINESS**

The purposes for which the Broward Partnership For Homeless, Inc. is organized are exclusively charitable, religious, educational and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, specifically to oversee the building and operation of the homeless shelter in Broward County, Florida.

Article XI is added to the Corporation's Articles of Incorporation, and said Article XI shall be inserted at the end of such Articles of Incorporation:

**ARTICLE XI
DISTRIBUTION OF ASSETS**

Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax

ELLIOT P. BORKSON, FLA. BAR #154785
Atlas, Pearlman, Trop & Borkson, P.A.
200 East Las Olas Boulevard, Suite 1900
Fort Lauderdale, Florida 33301 Phone No: (954) 763-1200

code, or shall be distributed to the federal government, or to a state of local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the County in which the principal office of the Corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

IN WITNESS WHEREOF, the undersigned have executed these Articles of Amendment as of May 18, 1998.

BROWARD PARTNERSHIP FOR HOMELESS, INC.
(A not for profit corporation)

By: 

William Keith, Chairman of the Board

By: 

Aleida Ors Waldman, Secretary



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 1, 1999

**EARL RODNEY
BROWARD PARTNERSHIP FOR THE HOMELESS, INC
920 NW 7TH AVE.
FT. LAUDERDALE, FL 33311-7229**

Re: Document Number N97000003780

The Articles of Amendment to the Articles of Incorporation for BROWARD PARTNERSHIP FOR HOMELESS, INC. which changed its name to BROWARD PARTNERSHIP FOR THE HOMELESS, INC., a Florida corporation, were filed on May 20, 1999.

The certification requested is enclosed.

Should you have any question regarding this matter, please telephone (850) 487-6050, the Amendment Filing Section.

Velma Shepard
Corporate Specialist
Division of Corporations

Letter Number: 699A00029673



Department of State

I certify the attached is a true and correct copy of the Articles of Amendment, filed on May 20, 1999, to Articles of Incorporation for BROWARD PARTNERSHIP FOR HOMELESS, INC. which changed its name to BROWARD PARTNERSHIP FOR THE HOMELESS, INC., a Florida corporation, as shown by the records of this office.

The document number of this corporation is N97000003780.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
First day of June, 1999



CR2EO22 (1-99)

Katherine Harris

Katherine Harris
Secretary of State

ARTICLES OF AMENDMENT

to

ARTICLES OF INCORPORATION

of

FILED
99 MAY 20 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Broward Partnership for Homeless, Inc.
(present name)

Pursuant to the provisions of section 617.1006, Florida Statutes, the undersigned Florida nonprofit corporation adopts the following articles of amendment to its articles of incorporation.

FIRST: Amendment(s) adopted: (INDICATE ARTICLE NUMBER(S) BEING AMENDED, ADDED OR DELETED.)

Resolved, that in the judgement of the Board of Directors of this Corporation, it is deemed advisable to amend the Articles of Incorporation so that Article I will read as follows:

"Article I. Corporate Name. The name of this Corporation is Broward Partnership for the Homeless, Inc."

SECOND: The date of adoption of the amendment(s) was: April 8, 1999

THIRD: Adoption of Amendment (CHECK ONE)

- ☐ The amendment(s) was(were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment. The amendment(s) was(were) adopted by the board of directors.

Broward Partnership for the Homeless, Inc.

Corporation Name


Signature of Chairman, Vice Chairman, President or other officer

William V. Keith

Typed or printed name

Chairman of the Board

April 8, 1999

Title

Date



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 24, 1999

BROWARD PARTNERSHIP FOR HOMELESS, INC.
920 N.W. 7 AVENUE
FT LAUDERDALE, FL 33311-7229 US

SUBJECT: BROWARD PARTNERSHIP FOR HOMELESS, INC.

DOCUMENT NUMBER: N97000003780

In compliance with the request on your 1999 Annual Report, the certificate of status for the subject corporation is enclosed.

Should you have any questions regarding this matter, please telephone (850) 488-9000.

Division of Corporations

Letter No. 699A00014717

Reinstatement Section



Department of State

I certify from the records of this office that BROWARD PARTNERSHIP FOR HOMELESS, INC. is a corporation organized under the laws of the State of Florida, filed on July 2, 1997.

The document number of this corporation is N97000003780.

I further certify that said corporation has paid all fees and penalties due this office through December 31, 1999, that its most recent annual report was filed on March 24, 1999, and 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 Capitol, this the
Twenty-fourth day of March, 1999



CR2EO22 (1-99)

Katherine Harris

Katherine Harris
Secretary of State

Articles of Amendment
to
Articles of Incorporation
of

FILED

2018 AUG 27 AM 11:30

BROWARD PARTNERSHIP FOR THE HOMELESS, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)
N97000003780

SECRETARY OF STATE
TALLAHASSEE, FL

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

SEE ATTACHED THIRD ARTICLES OF AMENDMENT

8/15/18

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

8/15/18

Effective date if applicable:

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

8/16/18

Dated

Signature

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

STEPHEN J. SIMMONS, ESQ.

(Typed or printed name of person signing)

Legal Officer

(Title of person signing)

**THIRD ARTICLES OF AMENDMENT
TO THE ARTICLES OF INCORPORATION OF
BROWARD PARTNERSHIP FOR THE HOMELESS, INC.**

This Third Articles of Amendment to the Articles of Incorporation (this "Amendment") for BROWARD PARTNERSHIP FOR THE HOMELESS, INC., a Florida not for profit corporation (the "Corporation") is entered into as of the ____ day of August, 2018.

WHEREAS, the Corporation was formed pursuant to Articles of Incorporation for Broward Partnership For Homeless, Inc., filed with the Florida Secretary of State on July 2, 1997; as amended by the Articles of Amendment to the Articles of Incorporation for Broward Partnership For Homeless, Inc., filed with the Florida Secretary of State on May 20, 1998, as amended by the Articles of Amendment to the Articles of Incorporation For Broward Partnership for Homeless, Inc., filed with the Florida Secretary of State on May 20, 1999 (collectively, the "Articles of Incorporation"); and

WHEREAS, the Board of Directors wish to amend the Articles of Incorporation to reflect such changes as set forth below.

NOW, THEREFORE, the undersigned members of the Board of Directors, pursuant to Chapter 617 of the Florida Statutes, do hereby certify and adopt the following:

1. There are no members, as defined by Section 617.01401(12), Florida Statutes, entitled to vote on the proposed amendment, and that by a majority vote of the directors present at a duly called Meeting of Directors, this Amendment was approved.
2. Article III of the Articles of Incorporation are amended and restated to read as follows:

ARTICLE III

PURPOSES AND NATURE OF CORPORATE BUSINESS

Broward Partnership For The Homeless, Inc. is organized exclusively for charitable, religious, educational and scientific purposes, including such purposes as the making of distributions to organizations that qualify as exempt organizations under Section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, and to foster and support low income housing for homeless and formerly homeless persons and their families, and to oversee the building and operation of homeless shelters in Broward County, Florida.

3. Except as modified herein, the terms of the Articles of Incorporation shall remain in full force and effect. In the event of any conflict between the terms and provision Articles of Incorporation or the Bylaws of the Corporation and this Amendment, the terms and provisions of this Amendment shall control.

IN WITNESS WHEREOF, the undersigned adopted and executed these Third Articles of Amendment.

Broward Partnership For The Homeless, Inc.
a not for profit corporation

By: 

Name: Dottie Kellner-Lazarick

Title: Chairman of the Board

By: 

Name: John Caselli

Title: Secretary

CERTIFICATE OF CORPORATE RESOLUTIONS

The undersigned, constituting as the members of the Board of Directors of Broward Partnership For The Homeless, Inc., a Florida not for profit corporation (the "Corporation"), do hereby certify and adopt the following resolutions:

WHEREAS, the Corporation was formed pursuant to Articles of Incorporation for Broward Partnership For Homeless, Inc., filed with the Florida Secretary of State on July 2, 1997; as amended by the Articles of Amendment to the Articles of Incorporation for Broward Partnership For Homeless, Inc., filed with the Florida Secretary of State on May 20, 1998, as amended by the Articles of Amendment to the Articles of Incorporation For Broward Partnership for Homeless, Inc., filed with the Florida Secretary of State on May 20, 1999 (collectively, the "Articles of Incorporation"); and

WHEREAS, the Corporation adopted and is governed by certain bylaws adopted January 13, 2000, as amended from time to time, the most current and controlling being adopted in October 2017 (the "Bylaws"); and

WHEREAS, the Board of Directors wish to amend the Articles of Incorporation and Bylaws to reflect such changes as set forth herein.

NOW, THEREFORE, the undersigned members of the Board of Directors, pursuant to Chapter 617 of the Florida Statutes, do hereby certify and adopt the following:

1. That there are no members, as defined by Section 617.01401(12), Florida Statutes, entitled to vote on the proposed amendment.
2. That by a vote of the directors present at a duly called Meeting of Directors, these amendments were approved.
3. Article III of the Articles of Incorporation is amended and restated to read as follows:

ARTICLE III

PURPOSES AND NATURE OF CORPORATE BUSINESS

Broward Partnership For The Homeless, Inc. is organized exclusively for charitable, religious, educational and scientific purposes, including such purposes as the making of distributions to organizations that qualify as exempt organizations under Section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, and to foster and support low income housing for homeless and formerly homeless persons and their families, and to oversee the building and operation of homeless shelters in Broward County, Florida.

4. Article II of the Bylaws is amended to add an additional purpose of the Corporation, which shall be:

“To foster and support low income housing for homeless and formerly homeless persons and their families.”

5. Except as modified herein, the terms of the Articles of Incorporation and the Bylaws of the Corporation shall remain in full force and effect. In the event of any conflict between the terms and provision the Articles of Incorporation or the Bylaws of the Corporation and the amendments set forth herein, the terms and provisions of the amendments herein shall control.

IN WITNESS WHEREOF, the undersigned, being the Chairman of the Board and the Secretary of the Corporation, have executed this Certificate of Corporate Resolutions to confirm the agreement, consent and affirmation of the present members of the Board, to each of the Resolutions set forth herein as of the ____ day of August, 2018

Broward Partnership For The Homeless, Inc.
a not for profit corporation

By: _____
Name: _____
Title: Chairman of the Board

By: _____
Name: _____
Title: Secretary

Broward Partnership – Board of Directors Roster

OFFICERS

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BOARD OF DIRECTORS



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 Founding Rabbi Emeritus
 Retired Temple Kol Ami Emanu-El
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BOARD OF DIRECTORS



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EXTENDED TO AUGUST 15, 2024

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.**2022**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service**A** For the 2022 calendar year, or tax year beginning **OCT 1, 2022** and ending **SEP 30, 2023****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**BROWARD PARTNERSHIP FOR THE HOMELESS INC**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

920 NW 7TH AVENUE

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

FORT LAUDERDALE, FL 33311**F** Name and address of principal officer: **LEISHA AUSTIN****SAME AS C ABOVE****D** Employer identification number**65-0777033****E** Telephone number**(954) 779-3990****G** Gross receipts \$**15,388,221.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.BPHI.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1997****M** State of legal domicile: **FL****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE BROWARD PARTNERSHIP IS COMMITTED TO REDUCING HOMELESSNESS BY PROMOTING INDEPENDENCE AND		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	30
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	30
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	140
	6	Total number of volunteers (estimate if necessary)	6	1000
		7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
b		Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	14,189,357.	14,310,949.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	62,506.	135,904.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	261,777.	111,666.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	14,513,640.	14,558,519.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	3,349,217.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	6,689,316.	6,971,241.
	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,852,237.	3,866,740.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,541,553.	14,187,198.
	19	Revenue less expenses. Subtract line 18 from line 12	972,087.	371,321.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	12,944,424.	13,721,710.
22	Net assets or fund balances. Subtract line 21 from line 20	3,657,987.	4,006,443.	
		9,286,437.	9,715,267.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date
	LEISHA AUSTIN, CFO	8/15/2024
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	TYLER JOHNSON	TYLER JOHNSON
	Date	Check if self-employed <input type="checkbox"/> PTIN
	08/15/24	P01959117
	Firm's name	Firm's EIN
	CITRIN COOPERMAN ADVISORS LLC	87-2525370
	Firm's address	Phone no.
	6550 N. FEDERAL HIGHWAY, 4TH FLOOR FT. LAUDERDALE, FL 33308	954-771-0896

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

232001 12-13-22

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐

- 1 Briefly describe the organization's mission:

THE BROWARD PARTNERSHIP IS COMMITTED TO REDUCING HOMELESSNESS BY PROMOTING INDEPENDENCE AND SELF-WORTH THROUGH ADVOCACY, HOUSING AND COMPREHENSIVE SERVICES.

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
- ☐
- Yes
- ☒
- No

If "Yes," describe these new services on Schedule O.

- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?
- ☐
- Yes
- ☒
- No

If "Yes," describe these changes on Schedule O.

- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 12,085,808. including grants of \$ 3,349,217.) (Revenue \$)
 THE ORGANIZATION OPERATES TWO CENTERS - THE CENTRAL HOMELESS ASSISTANCE CENTER IN FORT LAUDERDALE, FLORIDA AND THE NORTH HOMELESS ASSISTANCE CENTER IN POMPANO BEACH, FLORIDA. SERVICES OFFERED BY THE ORGANIZATION INCLUDE STREET OUTREACH, 498 BEDS OF EMERGENCY SHELTER, OVER 100 UNITS OF SCATTERED-SITE PERMANENT HOUSING INTERVENTIONS IN BROWARD COUNTY, RAPID REHOUSING, CASE MANAGEMENT, NUTRITIOUS MEALS, CHILDCARE, MEDICAL CARE, MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT, COUNSELING AND/OR EDUCATION, AND VOCATIONAL TRAINING AND EMPLOYMENT ASSISTANCE NEEDED TO ESTABLISH SELF-SUFFICIENCY AND HOUSING STABILITY.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
 VOLUNTEER SERVICES-ANNUALLY APPROXIMATELY 1000 COMMUNITY VOLUNTEERS PROVIDE OVER 5,000 SERVICE HOURS VALUED AT \$173,000 TO THE FACILITY.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

- 4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 12,085,808.

Form 990 (2022)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a 140		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822?		X
d If "Yes," indicate the number of Forms 8822 filed during the year		
7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c Enter the amount of reserves on hand		
13b		
13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
If "Yes," see the instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
If "Yes," complete Form 4720, Schedule O.		
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		
If "Yes," complete Form 6069.		
17		

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	30	
1b Enter the number of voting members included on line 1a, above, who are independent	30	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	X	
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed FL

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
THOMAS CAMPBELL - (954) 779-3990
920 NW 7TH AVENUE, FORT LAUDERDALE, FL 33311

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) FRANCES M ESPOSITO CHIEF EXECUTIVE OFFICER	50.00			X				284,717.	0.	22,421.
(2) THOMAS CAMPBELL CHIEF OPERATING OFFICER	50.00			X				165,510.	0.	12,837.
(3) LEISHA AUSTIN CHIEF FINANCIAL OFFICER	50.00			X				130,629.	0.	11,795.
(4) RYAN COOTE CHIEF DEVELOPMENT OFFICER UP TO 1-27	50.00			X				131,325.	0.	3,960.
(5) LORRAINE SHIM CHIEF DEVELOPMENT OFFICER AS OF 5.1.	50.00			X				0.	0.	0.
(6) STEPHEN SIMMONS, ESQ. CHAIR	1.00	X		X				0.	0.	0.
(7) JEREMIAH GUTIERREZ VICE CHAIR	1.00	X		X				0.	0.	0.
(8) FRANK PENA, CPA TREASURER	1.00	X		X				0.	0.	0.
(9) JOHN CASTELLI SECRETARY	1.00	X		X				0.	0.	0.
(10) CATHY STUTIN, ESQ. LEGAL CHAIR	1.00	X		X				0.	0.	0.
(11) JOANNE M SNEAD RESOURCE DEVELOPMENT CHAIR	1.00	X		X				0.	0.	0.
(12) KENNETH GORDON, ESQ. PAST CHAIR	1.00	X						0.	0.	0.
(13) DANIEL TAYLOR, ESQ. PAST CHAIR	1.00	X						0.	0.	0.
(14) ELLIOT BORKSON, ESQ. PAST CHAIR	1.00	X						0.	0.	0.
(15) DODIE KEITH-LAZOWICK PAST CHAIR, MASTER PLANNIN	1.00	X						0.	0.	0.
(16) DEBBIE ORSHEFSKY, ESQ. AT LARGE	1.00	X						0.	0.	0.
(17) TIMOTHY CRONIN DIRECTOR	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RABBI SHELDON HARR DIRECTOR	1.00	X						0.	0.	0.
(19) JEAN MCINTYRE DIRECTOR	1.00	X						0.	0.	0.
(20) CLAUDETTE BRUCK DIRECTOR	1.00	X						0.	0.	0.
(21) JILL HOROWITZ DIRECTOR	1.00	X						0.	0.	0.
(22) JANICE KLEIN DIRECTOR	1.00	X						0.	0.	0.
(23) HAL HERMAN DIRECTOR	1.00	X						0.	0.	0.
(24) DR. HERBERT BROTSPIES DIRECTOR	1.00	X						0.	0.	0.
(25) RUBEN BRAVO DIRECTOR	1.00	X						0.	0.	0.
(26) TIMOTHY G. CURTIN DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								712,181.	0.	51,013.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								712,181.	0.	51,013.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	0	

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2022)

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	341,915.			
	b	Membership dues				
	c	Fundraising events	221,111.			
	d	Related organizations				
	e	Government grants (contributions)	10,670,832.			
	f	All other contributions, gifts, grants, and similar amounts not included above	3,077,091.			
	g	Noncash contributions included in lines 1a-1f	2,086,466.			
	h	Total. Add lines 1a-1f	14,310,949.			
Program Service Revenue	Business Code					
	2 a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	101,864.			101,864.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6 a	Gross rents				
	b	Less: rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory	712,304.			
	b	Less: cost or other basis and sales expenses	678,264.			
	c	Gain or (loss)	34,040.			
	d	Net gain or (loss)	34,040.			34,040.
	8 a	Gross income from fundraising events (not including \$ 221,111. of contributions reported on line 1c). See Part IV, line 18	263,104.			
	b	Less: direct expenses	151,438.			
	c	Net income or (loss) from fundraising events	111,666.			111,666.
	9 a	Gross income from gaming activities. See Part IV, line 19				
	b	Less: direct expenses				
	c	Net income or (loss) from gaming activities				
	10 a	Gross sales of inventory, less returns and allowances				
b	Less: cost of goods sold					
c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code					
	11 a					
	b					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d				
12	Total revenue. See instructions		14,558,519.	0.	0.	247,570.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	3,349,217.	3,349,217.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	737,478.	581,325.	117,201.	38,952.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,858,708.	3,949,303.	796,217.	113,188.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	170,010.	134,012.	27,018.	8,980.
9 Other employee benefits	782,164.	616,550.	124,302.	41,312.
10 Payroll taxes	422,881.	333,340.	67,205.	22,336.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	34,606.		34,606.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,090,496.	795,650.	273,073.	21,773.
12 Advertising and promotion	64,873.			64,873.
13 Office expenses	111,355.	19,234.	37,585.	54,536.
14 Information technology	18,033.	3,010.	13,683.	1,340.
15 Royalties				
16 Occupancy	872,617.	795,405.	15,124.	62,088.
17 Travel	22,430.	21,329.	700.	401.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,812.	403.	2,403.	1,006.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	504,961.	418,860.	64,231.	21,870.
23 Insurance	175,506.	168,115.	7,391.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	732,374.	700,603.	4,448.	27,323.
b TELEPHONE	118,096.	109,174.	6,545.	2,377.
c KITCHEN SUPPLIES	107,535.	89,352.		18,183.
d DUES & SUBSCRIPTIONS	10,046.	926.	2,972.	6,148.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	14,187,198.	12,085,808.	1,594,704.	506,686.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,538,691.	1	3,229,081.
	2 Savings and temporary cash investments	352,718.	2	569,070.
	3 Pledges and grants receivable, net	984,221.	3	1,033,288.
	4 Accounts receivable, net	1,020,978.	4	1,053,994.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	100,098.	9	84,635.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 12,047,925.		
	b Less: accumulated depreciation	10b 6,792,367.		
	11 Investments - publicly traded securities	4,507,765.	10c	5,255,558.
	12 Investments - other securities. See Part IV, line 11	2,352,515.	11	2,475,782.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	87,438.	14	20,302.
16 Total assets. Add lines 1 through 15 (must equal line 33)	12,944,424.	15	13,721,710.	
Liabilities	17 Accounts payable and accrued expenses	515,386.	16	585,921.
	18 Grants payable		17	
	19 Deferred revenue	2,849,031.	18	3,051,874.
	20 Tax-exempt bond liabilities		19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties		23	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	293,570.	24	368,648.
	26 Total liabilities. Add lines 17 through 25	3,657,987.	25	4,006,443.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/>			
	and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	8,146,500.	26	8,669,514.
	28 Net assets with donor restrictions	1,139,937.	27	1,045,753.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/>			
	and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		28	
	30 Paid-in or capital surplus, or land, building, or equipment fund		29	
31 Retained earnings, endowment, accumulated income, or other funds		30		
32 Total net assets or fund balances	9,286,437.	31	9,715,267.	
33 Total liabilities and net assets/fund balances	12,944,424.	32	13,721,710.	

Form 990 (2022)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,558,519.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,187,198.
3	Revenue less expenses. Subtract line 2 from line 1	3	371,321.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,286,437.
5	Net unrealized gains (losses) on investments	5	57,509.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	9,715,267.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2022)

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

BROWARD PARTNERSHIP FOR THE HOMELESS INC

Employer identification number

65-0777033

Part I	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.
---------------	---

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s). _____

g Provide the following information about the supported organization(s).						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9723915.	12182680.	14783556.	14189357.	14089838.	64969346.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	9723915.	12182680.	14783556.	14189357.	14089838.	64969346.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						807,608.
6 Public support. Subtract line 5 from line 4.						64161738.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	9723915.	12182680.	14783556.	14189357.	14089838.	64969346.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	56,008.	63,932.	26,100.	51,889.	101,864.	299,793.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			77,036.	173,417.		250,453.
11 Total support. Add lines 7 through 10						65519592.
12 Gross receipts from related activities, etc. (see instructions)					12	1,217,600.

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	97.93	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	96.86	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

Schedule A (Form 990) 2022

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).*
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.*
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*
- b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*
- b Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
- b A family member of a person described on line 11a above?
- c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in **Part VI**.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

- 7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors
Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

BROWARD PARTNERSHIP FOR THE HOMELESS INC

Employer identification number

65-0777033

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

BROWARD PARTNERSHIP FOR THE HOMELESS INC

65-0777033

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE BATCHELOR FOUNDATION 1680 MICHIGAN AVENUE, PENTHOUSE ONE MIAMI BEACH, FL 33139	\$ 345,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	BROWARD COUNTY 115 SOUTH ANDREWS AVENUE FORT LAUDERDALE, FL 33301	\$ 9,807,443.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	BROWARD BEHAVIORAL HEALTH COALITION, INC. 1717 S.E. 4TH AVENUE FORT LAUDERDALE, FL 33316	\$ 300,410.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	UNITED WAY OF BROWARD COUNTY 1300 SOUTH ANDREWS AVENUE FORT LAUDERDALE, FL 33316	\$ 341,915.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	THE FREDERICK A. DELUCA FOUNDATION 49 NORTH FEDERAL HWY #312 POMPANO BEACH, FL 33026	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

BROWARD PARTNERSHIP FOR THE HOMELESS INC

65-0777033

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

[illegible]

Name of organization

Employer identification number

BROWARD PARTNERSHIP FOR THE HOMELESS INC

65-0777033

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

BROWARD PARTNERSHIP FOR THE HOMELESS INC

Employer identification number

65-0777033

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply):

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1	\$
(ii) Assets included in Form 990, Part X	\$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1	\$
b Assets included in Form 990, Part X	\$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2022

232051 09-01-22

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange program
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	118,144.	98,082.	86,824.	79,332.	69,332.
b Contributions	4,938.	20,062.	11,258.	7,492.	10,000.
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	123,082.	118,144.	98,082.	86,824.	79,332.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment _____ %

b Permanent endowment 100 %

c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,400,130.		1,400,130.
b Buildings		7,538,508.	4,359,604.	3,178,904.
c Leasehold improvements		3,109,287.	2,432,763.	676,524.
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,255,558.

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION	368,648.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☐

Schedule D (Form 990) 2022

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	15,638,593.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	57,509.	
b	Donated services and use of facilities	2b	1,057,171.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	1,114,680.	
3	Subtract line 2e from line 1	3	14,523,913.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	34,606.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	34,606.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	14,558,519.	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	15,209,763.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	1,057,171.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	1,057,171.	
3	Subtract line 2e from line 1	3	14,152,592.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	34,606.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	34,606.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	14,187,198.	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

TO PROVIDE FUNDING MAINLY FOR THE ORGANIZATION'S RESIDENTS' SERVICES AND
NEEDS (FAMILY SERVICES).

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

BROWARD PARTNERSHIP FOR THE HOMELESS INC

Employer identification number

65-0777033

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

[illegible]

Total

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2022

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		BREAKFAST FOR CHAMPION (event type)	SALUTE TO LEADERSHIP G (event type)	1 (total number)	
Revenue	1 Gross receipts	89,359.	259,731.	135,125.	484,215.
	2 Less: Contributions	47,591.	173,520.		221,111.
	3 Gross income (line 1 minus line 2)	41,768.	86,211.	135,125.	263,104.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	10,262.	85,868.	55,308.	151,438.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				151,438.
	11 Net income summary. Subtract line 10 from line 3, column (d)				111,666.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue				
Direct Expenses				
	2 Cash prizes			
	3 Noncash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? _____

☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____

☐ Yes ☐ No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c** If "Yes," enter name and address of the third party:

Name _____

Address _____

- 16** Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV	Supplemental Information <i>(continued)</i>
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Schedule G (Form 990)

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

BROWARD PARTNERSHIP FOR THE HOMELESS INC

Employer identification number

65-0777033

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

Part III	Supplemental Information
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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

**Open to Public
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Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

BROWARD PARTNERSHIP FOR THE HOMELESS INC

Employer identification number

65-0777033

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		1,040,525.	FAIR MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other	X	1	467,000.	FAIR MARKET VALUE
18 Collectibles				
19 Food inventory	X	281	111,521.	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31	X	
32a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2022

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTIONS ARE BASED ON THE NUMBER OF TIMES

CONTRIBUTIONS WERE RECEIVED.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022
Open to Public
Inspection

Name of the organization

BROWARD PARTNERSHIP FOR THE HOMELESS INC

Employer identification number
65-0777033

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SELF-WORTH THROUGH ADVOCACY, HOUSING AND COMPREHENSIVE SERVICES.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS FIRST PRESENTED AND REVIEWED BY THE FINANCE COMMITTEE AND THEN
PRESENTED TO THE FULL BOARD AT MEETING FOR RATIFICATION AND AN ELECTRONIC
COPY IS SENT PRIOR TO THE REVIEW AND MEETING.

FORM 990, PART VI, SECTION B, LINE 12C:

POLICY IS REVIEWED AND DISCUSSED BY BOARD MEMBERS AND EMPLOYEES AT MEETINGS
WHERE PROTENTIAL CONFLICTS MAY BE PRESENTED AND ANY POSSIBLE CONFLICTS THAT
ARISE ARE REQUIRED TO BE DISCLOSED.

FORM 990, PART VI, SECTION B, LINE 15:

REVIEW BY BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

AVAILABLE UPON REQUEST.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

BROWARD PARTNERSHIP FOR THE HOMELESS INC

Employer identification number
65-0777033

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
SEVEN ON SEVENTH DEV LLC - 83-4375526 920 NW 7TH AVE FORT LAUDERDALE, FL 33311	REAL ESTATE DEVELOPMENT	FLORIDA	0.	0.	BROWARD PARTNERSHIP FOR THE HOMELESS

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2022

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Dividends from related organization(s)**g** Sale of assets to related organization(s)**h** Purchase of assets from related organization(s)**i** Exchange of assets with related organization(s)**j** Lease of facilities, equipment, or other assets to related organization(s)**k** Lease of facilities, equipment, or other assets from related organization(s)**l** Performance of services or membership or fundraising solicitations for related organization(s)**m** Performance of services or membership or fundraising solicitations by related organization(s)**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**o** Sharing of paid employees with related organization(s)**p** Reimbursement paid to related organization(s) for expenses**q** Reimbursement paid by related organization(s) for expenses**r** Other transfer of cash or property to related organization(s)**s** Other transfer of cash or property from related organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
(1)						X
(2)						X
(3)						X
(4)						X
(5)						X
(6)						X

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

ASPIRE 1650 GP LLC

DIRECT CONTROLLING ENTITY: BROWARD PARTNERSHIP FOR THE HOMELESS INC.

NAME OF RELATED ORGANIZATION:

SEVEN ON SEVENTH GP LLC

DIRECT CONTROLLING ENTITY: BROWARD PARTNERSHIP FOR THE HOMELESS INC.

**Application for Automatic Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-0047

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	BROWARD PARTNERSHIP FOR THE HOMELESS INC	65-0777033
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	920 NW 7TH AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	FORT LAUDERDALE, FL 33311	

Enter the Return Code for the return that this application is for (file a separate application for each return)

0	1
---	---

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

THOMAS CAMPBELL

- The books are in the care of ► **920 NW 7TH AVENUE – FORT LAUDERDALE, FL 33311**

Telephone No. ► **(954) 779-3990**

Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____, If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **AUGUST 15, 2024**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year _____ or► ☒ tax year beginning **OCT 1, 2022**, and ending **SEP 30, 2023**

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev. 1-2022)

**FOURTH AMENDMENT TO AGREEMENT BETWEEN BROWARD COUNTY AND
BROWARD PARTNERSHIP FOR THE HOMELESS, INC.
FOR OPERATION OF THE CENTRAL HOMELESS ASSISTANCE CENTER AND
RAPID RE-HOUSING (FAMILIES)
Agreement #19-CP-HIP-8470-01**

This is a fourth amendment ("Fourth Amendment") to an agreement between Broward County, a political subdivision of the State of Florida ("County"), and Broward Partnership for the Homeless, Inc., an active Florida nonprofit corporation ("Provider"), for Operation of the Central Homeless Assistance Center and Rapid Re-Housing (Families) (the "Agreement"). County and Provider are collectively referred to as the "Parties."

RECITALS

- A. The Parties entered into the original Agreement on November 27, 2018.
- B. The Parties subsequently executed the following Contract Adjustments: (i) Contract Adjustment #1 on January 4, 2019, to update the Scope of Services and Outcomes; (ii) Contract Adjustment #2 on March 11, 2019, to increase funding for Program 3 and update the Scope of Services; (iii) Contract Adjustment #3 on March 22, 2019, to further increase funding for Program 3; (iv) Contract Adjustment #4 on June 24, 2019, to decrease funding for Program 2; (v) Contract Adjustment #5 on July 8, 2019, to further increase funding for Program 3; (vi) Contract Adjustment #6 on September 5, 2019, to further decrease funding for Program 2; (vii) Contract Adjustment #7 on March 10, 2020, to increase funding for Program 1 for Option Period 1; (viii) Contract Adjustment #8 on October 22, 2020, to decrease funding for Program 2 for Option Period 1; and Contract Adjustment #9 on August 24, 2023, to increase funding for Programs 1 and 3 for Option Period 4.
- C. The Parties also amended the Agreement through the following: (i) a First Amendment on March 1, 2019, to increase funding, add Program 3, and add two Option Periods for Programs 1 and 3; (ii) a Second Amendment on May 6, 2019, to increase funding and update the Scope of Services for Program 3; and (iii) a Third Amendment on September 8, 2021 to increase funding for Program 1 for a one-time facility capital expense for the Seven on Seventh project at the Central Homeless Assistance Center.
- D. The Parties now desire to amend the Agreement to (i) include an additional one-year renewal period ("Option Period 5") and provide the maximum funding amounts for Option Period 5 and minimum number of Clients to be served; (ii) update the "Public Records" section and the Agreement Specifications; and (iii) delete Program 2, Rapid Re-Housing Families.

Now, therefore, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties agree as follows:

1. Section 2.1., Term, of the Agreement is amended as follows:
 - 2.1 Term. The term of this Agreement ("Agreement Term") begins and ends on the dates specified in Exhibit A, "Agreement Specifications." This Agreement may be renewed by the County's Contract Administrator for up to ~~four (4)~~ five (5) one-year Option Periods, as specified in Exhibit A. The Contract Administrator must notify Provider of the renewal in writing no less than five (5) business days prior to the expiration of the then-current term of the Agreement.

2. The last paragraph of Section 15.2., Public Records, of the Agreement is amended as follows:

...

IF PROVIDER HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO PROVIDER'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS AGREEMENT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT (954) 357-~~8647~~ 5136, ~~LKREPEL@BROWARD.ORG~~ SEMORALES@BROWARD.ORG, 115 S. ANDREWS AVENUE, SUITE ~~A360~~ A370, FORT LAUDERDALE, FLORIDA 33301.

3. Exhibit A, Agreement Specifications, Section I., Administering Division, of the Agreement is amended as follows:

- I. Administering Division: ~~Community Partnerships~~
Housing Options, Solutions, and Supports

4. Exhibit A, Agreement Specifications, Section II., Beginning and Ending Dates, of the Agreement is amended as follows:

- II. Beginning and Ending Dates:

...

- F. Option Period 5: If exercised, commences on October 1, 2023, and ends on September 30, 2024 (CHAC and NHAC programs only)

5. Exhibit A, Agreement Specifications, Section III., Maximum Funding Amounts, of the Agreement is amended as follows:

- III. Maximum Funding Amounts:

...

- F. Option Period 5: \$8,231,000 (CHAC and NHAC programs only)

CHAC Program: \$3,919,000

NHAC Program: \$4,312,000

- ~~F.~~ G. Extension: Equal to a pro rata amount of the then existing annual funding amount.

6. Exhibit A, Agreement Specifications, Section VI., Official Notification Designations, of the Agreement is amended as follows:

VI. Official Notification Designations:

- A. For County: ~~Director, Community Partnerships Division~~
Assistant Director, Housing Options, Solutions, and Supports Division
115 South Andrews Avenue, Room A370
Fort Lauderdale, Florida 33301

B. ...

7. The Parties acknowledge that Program #2, Rapid Re-Housing Families, ended on September 30, 2021, and is no longer a part of this Agreement. The Agreement is hereby amended to delete Exhibit D-1, Scope of Services, Program #2, Rapid Re-Housing Families, in its entirety.

8. The title of the Agreement is revised in its entirety to read as follows: "Agreement between Broward County and Broward Partnership for the Homeless, Inc., for Operation of the Central and North Homeless Assistance Centers."

9. Exhibit D-1, Scope of Services, Program #3, Operation of the North Homeless Assistance Center and Day Respite Program, of the Agreement is amended as follows:

Agreement #: 19-CP-HIP-8470-01

Provider: Broward Partnership For the Homeless, Inc. (BPHI)

Program: Operation of the North Homeless Assistance Center and Day Respite Program

Program #: ~~3~~ 2

...

10. Exhibit D-1, Scope of Services, Program #1, Operation of the Central Homeless Assistance Center ("CHAC"), Section I.C., of the Agreement is amended as follows:

- C. Provider must provide services to a minimum of one thousand seventy-five (1,075) unduplicated Clients, ~~none of whom can receive duplicate services during monitored and unmonitored periods~~ under this Agreement annually.

11. Exhibit D-1, Scope of Services, Program #1, Operation of the Central Homeless Assistance Center ("CHAC"), Section II.B, of the Agreement is amended as follows:

II. Maximum Number of Units to be Purchased/Maximum Dollar Amount:

...

B. ...

\$ Amount for Option Period 4: \$3,226,530

\$ Amount for Option Period 5: \$3,919,000

\$ Amount per Extension, if exercised: Must be equal to a pro rata amount of the then-current annual funding amount

12. Exhibit D-1, Scope of Services, Program #2, Operation of the North Homeless Assistance Center and Day Respite Program ("NHAC"), Section I.C., of the Agreement is amended as follows:
- C. Provider must provide services to a minimum of five hundred (500) NHAC Clients for the Initial Term of this Agreement and one thousand (1,000) unduplicated NHAC Clients for the ~~four five~~ Option Periods, ~~none of whom can receive duplicate services during monitored and unmonitored periods~~ under this Agreement annually. Provider must provide Day Respite Program services to a minimum of two hundred and fifty (250) unduplicated Clients for the Initial Term and five hundred (500) unduplicated Clients during all Option Periods exercised under this Agreement.
13. Exhibit D-1, Scope of Services, Program #2, Operation of the North Homeless Assistance Center and Day Respite Program ("NHAC"), Section II., Maximum Dollar Amount, of the Agreement is amended as follows:
- II. Maximum Dollar Amount:
- ...
- \$ Amount for Option Period 4: \$4,405,698
- \$ Amount for Option Period 5: \$4,312,000
- \$ Amount per Extension, if exercised: Must be equal to a pro rata amount of the then-current annual funding amount
14. In the event of any conflict or ambiguity between this Fourth Amendment and the Agreement (as previously amended), the Parties agree that this Fourth Amendment will control.
15. This Fourth Amendment is effective October 1, 2023. Except as expressly amended, all terms and conditions of the Agreement remain in full force and effect.
16. The Parties have jointly prepared this Fourth Amendment.

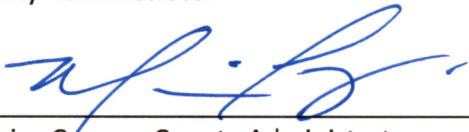
[Remainder of Page Intentionally Left Blank]

Coding: Words in ~~struck through~~ type are deletions from existing text.
Words in underscoring type are additions.

IN WITNESS WHEREOF, the Parties have made and executed this Fourth Amendment to the Agreement: Broward County, through its Board of County Commissioners, signing by and through its County Administrator, authorized to execute same by Board action on the 19th day of September 2023, and Broward Partnership for the Homeless, Inc., signing by and through its Chief Executive Officer, duly authorized to execute same.


COUNTY

Broward County, by and through its
County Administrator

By: 
Monica Cepero, County Administrator

28th day of September, 2023

Approved as to form by
Andrew J. Meyers
Broward County Attorney
115 South Andrews Avenue, Suite 423
Fort Lauderdale, Florida 33301
Telephone: (954) 357-7600

ANGELA M.
By: RODRIGUEZ 
Angela M. Rodriguez (Date)
Assistant County Attorney

Digitally signed by ANGELA M.
RODRIGUEZ
Date: 2023.09.28 10:03:24 -04'00'



AMR/bh
BPHI-CHAC-NHAC-19-CP-HIP-8470-01-Am04
9/27/2023
#60070

FOURTH AMENDMENT TO AGREEMENT BETWEEN BROWARD COUNTY AND
BROWARD PARTNERSHIP FOR THE HOMELESS, INC.
FOR OPERATION OF THE CENTRAL HOMELESS ASSISTANCE CENTER AND
RAPID RE-HOUSING (FAMILIES)

PROVIDER

Broward Partnership for the Homeless, Inc.

By: Frances Esposito
Frances M. Esposito, Chief Executive Officer

_____ day of 9/27/2023 | 2:24:19 PM PDT, 2023

**Broward Partnership
FY 2024/2025 Approved Budget**

Budget Categories	2024/2025 Central and North Combined
<u>REVENUES</u>	
Grant Income-Public Support	\$ 10,745,123
Contributions	2,390,600
Other Income Sources - Medicaid	20,000
Interest & Investment Income	7,000
Special Events - Net	436,500
Gross Event Revenue	574,500
Event Production Expenses	138,000
Total Revenue	\$ 13,599,223
 <u>EXPENSES</u>	
<u>Salaries & Fringe Benefits</u>	
Salaries	\$ 6,509,446
Fringe Benefits	1,269,306
Human Resources	106,600
Total Salaries, Fringe Benefits & Human Resources	7,885,352
 <u>Client Support</u>	
Supplies	303,600
Resident Services	1,566,323
Food Service	600,000
Mental Health Services	80,000
Medical Health Services	24,000
	-
Total Client Support	2,573,923
 <u>Contractual Services</u>	 883,123
<u>Occupancy</u>	1,210,440
<u>Insurance</u>	335,010
<u>Professional Services</u>	429,386
<u>General & Administrative</u>	152,550
<u>Resource Development</u>	129,439
Total Expenses	\$ 13,599,223
Net Excess or (Deficiency) of Revenue over Expenses	\$ 0

* Approved budget excludes \$1,000,000 in estimated in-kind contributions. Total projected revenues and expenses inclusive of the estimated in-kind amounts are \$14,599,223 and \$14,599,223, respectively.

BPHI
Workforce Development Program Budget - North
FY 2025-2026

	<u>Requested</u>	<u>Total</u>
<u>DIRECT EXPENSES</u>		
Salaries		
Director of Program Services NHAC (25%)	-	17,500
Employment Navigator	-	50,000
Workforce Job Developer (20%)	10,000	50,000
Benefits @ 25%	<u>2,500</u>	<u>28,200</u>
Total Employee Costs	12,500	
Incentive Program Expenses		
Resident Supplies (Gift Cards)	-	
Bus Passes	-	
Employment Support (Work tools/clothes)	636	
Mileage Reimbursement	<u>500</u>	
TOTAL DIRECT EXPENSES	13,636	
<u>OVERHEAD EXPENSES</u>		
Facility Expenses (Utilities, Insurance, Telephone, Maintenance, etc.)	682	7,718
Administrative Expenses (Finance, HR, Office Supplies, etc.)	<u>682</u>	<u>7,718</u>
TOTAL OVERHEAD EXPENSES	1,364	
TOTAL EXPENSES	<u><u>\$ 15,000</u></u>	

Program

145,700

5,000

500

2,000

1,164

154,364

15,436

\$ 169,800

Exhibit “B” Payment Schedule

A. AWARD DISBURSEMENTS

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

B. PAYMENT SCHEDULE

The total amount awarded for the BROWARD PARTNERSHIP FOR THE HOMELESS, INC. for North Homeless Assistance Center Workforce Development Program for the current fiscal year is: Fifteen Thousand Dollars (\$15,000.00).

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

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

All payments and reporting requirements apply for each project which is a part of the awarded contract. Payments and reports shall be handled separately for each project.

EXHIBIT C

INSURANCE REQUIREMENTS: NON PROFIT ORGANIZATION

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

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

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

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

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

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

B. Liability Insurance.

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

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

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

Type of Insurance

Limits of Liability

GENERAL LIABILITY:

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

* Policy to be written on a claims incurred basis

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

AUTOMOBILE LIABILITY:

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

XX comprehensive form
XX owned
XX hired
XX non-owned

REAL & PERSONAL PROPERTY

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

EXCESS LIABILITY

Per Occurrence Aggregate

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

PROFESSIONAL LIABILITY

Per Occurrence Aggregate

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

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

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

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

- (1) Certificates of Insurance evidencing the required coverage;
- (2) Names and addresses of companies providing coverage;
- (3) Effective and expiration dates of policies; and
- (4) A provision in all policies affording CITY thirty (30) days written notice by a carrier of any cancellation or material change in any policy.

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

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/25/2024

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

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

PRODUCER Setnor Byer Insurance & Risk 900 S. Pine Island Road #300 Plantation FL 33324	CONTACT NAME: Middle Unit 1 PHONE (A/C, No, Ext): (954) 382-4350 FAX (A/C, No): (954) 382-2810 E-MAIL ADDRESS: certificates@setnorbyer.com														
INSURED Broward Partnership For The Homeless, Inc. 920 NW Seventh Ave Ft. Lauderdale FL 33311-7229	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Tokio Marine Specialty</td><td></td></tr><tr><td>INSURER B: Philadelphia Indemnity Ins. Co</td><td>18058</td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Tokio Marine Specialty		INSURER B: Philadelphia Indemnity Ins. Co	18058	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Tokio Marine Specialty															
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INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES**CERTIFICATE NUMBER:** 2024_0925**REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		PPK2697282-001	9/30/2024	9/30/2025	<table><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 1,000,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 20,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 3,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 3,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	MED EXP (Any one person)	\$ 20,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 3,000,000	PRODUCTS - COMP/OP AGG	\$ 3,000,000		\$
EACH OCCURRENCE	\$ 1,000,000																				
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	\$																				
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			PHPK2607553-006	9/30/2024	9/30/2025	<table><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000																				
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PROPERTY DAMAGE (Per accident)	\$																				
	\$																				
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						<table><tr><td>EACH OCCURRENCE</td><td>\$</td></tr><tr><td>AGGREGATE</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$	AGGREGATE	\$		\$								
EACH OCCURRENCE	\$																				
AGGREGATE	\$																				
	\$																				
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<table><tr><td>PER STATUTE</td><td>OTH-ER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td></tr></table>	PER STATUTE	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$						
PER STATUTE	OTH-ER																				
E.L. EACH ACCIDENT	\$																				
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E.L. DISEASE - POLICY LIMIT	\$																				
A	Professional Liability			PPK2697282-001	9/30/2024	9/30/2025	<table><tr><td>Each Occurrence</td><td>\$1,000,000</td></tr><tr><td>Aggregate</td><td>\$3,000,000</td></tr></table>	Each Occurrence	\$1,000,000	Aggregate	\$3,000,000										
Each Occurrence	\$1,000,000																				
Aggregate	\$3,000,000																				

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

Locations: 920 NW 7th Ave, Ft. Lauderdale, FL, 33311 and 1700 Blount Road, Pompano Beach, FL, 33069
General Liability: Blanket Additional Insured when required by written contract applies per form PI-GLD-HS1011. Abusive Conduct Liability provided under policy #PPK2697282-001 - Each Abusive Conduct Limit \$1,000,000 and Aggregate Limit \$1,000,000.

Per Florida Statute 45 days Notice of Cancellation except in the event of nonpayment of premium, then 10 days notice. All of the above are subject to policy terms, limitations, exclusions and conditions.

CERTIFICATE HOLDER

Miriam.Carrillo@copbfl.com

City of Pompano Beach
100 West Atlantic Boulevard
Pompano Beach, FL 33060

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Daniel Saunders/DANNY

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ACORD 25 (2014/01)

INS025 (201401)

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COMMENTS/REMARKS

The foregoing statements apply to City of Pompano Beach.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/4/2024

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 AmTrust North America, Inc 800 Superior Ave., 21st Floor Cleveland OH 44114	CONTACT NAME: AmTrust PSC PHONE (A/C, No, Ext): (844) 603-0066 E-MAIL: AmTrustPSC@amtrustgroup.com ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: TECHNOLOGY INS CO INC INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	FAX (A/C, No): NAIC # 42376
INSURED Broward Partnership For The Homeless, Inc. 920 NW 7TH AVE FORT LAUDERDALE FL 33311-7229	APPROVED Daniel Beecher By Daniel Beecher at 11:07 am, Aug 25, 2025	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	TWC4500148	10/17/2024	10/17/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

City of Pompano Beach
100 West Atlantic Boulevard
Pompano Beach FL 33060

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AUTHORIZED REPRESENTATIVE

Jasmine Best

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