

RESOLUTION NO. 201 - _____

CITY OF POMPANO BEACH
Broward County, Florida

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

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

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

SECTION 2. That the proper City officials are hereby authorized to execute said Agreement between the City of Pompano Beach and Women in Distress of Broward County, Inc.

SECTION 3. This Resolution shall become effective upon passage.

PASSED AND ADOPTED this _____ day of _____, 2017.

LAMAR FISHER, MAYOR

ATTEST:

ASCELETA HAMMOND, CITY CLERK

Exhibit B - Work Plan

PART D - PROGRAM DESCRIPTION

Provide an overview of the program that seeks CDBG funding:

WID is requesting funding to supplement the costs of providing emergency shelter and supportive services to Pompano residents who are victims of domestic violence. At a rate of \$94.00 per shelter night, funding will assist WID with providing 319 nights of safe housing from October 1, 2017 to September 30, 2018.

For many, coming to WID is their last option for emergency housing before resorting to homelessness. Services are confidential and offered at no cost to survivors, no matter their age, gender, race, or socio-economic standing. Approximately 90% of survivors served are low/moderate income level, in accordance to the Department of Housing and Urban Development's definition.

Domestic violence continues to be a degenerating problem affecting the Pompano community. As the number of domestic violence offences increases in the city, the more significant the services at WID are to these survivors. Unfortunately, funding through the Pompano CDBG program has declined every year and it is important for WID to work with the city to supplement the cost of providing critical services to residents who are in need of safe shelter.

Last year, WID provided 1,082 Pompano Beach residents with 2,976 emergency shelter nights, 1,497 counseling and therapy hours, and 746 hotline calls, totaling \$360,676.08. The City of Pompano Beach graciously awarded WID with \$10,500 to help supplement the cost of services to Pompano Beach residents.

Describe how the requested CDBG funds will be utilized within the program; list ALL activities for which the CDBG funds will be used (salaries/fringes, rehabilitation costs, direct assistance, etc.)

Funding from the City of Pompano Beach CDBG will be utilized to supplement the operating cost of providing the following services to Pompano Beach residents:

Emergency Shelter: 319 emergency shelter nights will be provided to Pompano Beach residents and their children. Basic essentials such as food, clothing and household items are provided at no cost. Shelter is available for up to 90 days, although extensions are provided when needed.

Safety Planning: Advocates assist survivors with the creation of a personalized safety plan that is utilized by participants and their children to help them avoid dangerous situations and identify the best way to react when in danger.

Counseling and Support Groups: One-on-one counseling and support groups will be available to individuals and families, allowing them to explore and heal from their experiences in a safe environment. An innovative and progressive therapy program, the Infant and Early Childhood program, which focuses on the relation of high-level stress situations to stress levels

in infants from newborn to four years old, is an important part of the Child Therapy program. This program is the only service of its kind in South Florida, which focuses on child survivors at such a young age.

Injunction For Protection Legal Services: Through this new service, survivors are provided legal advice and representation, to assist them with the successful securement of injunctions for protection. As survivors indicate the need for legal assistance, they are paired with an Injunction for Protection (IFP) Project Attorney who meets with the survivor to provide legal advice and to determine whether seeking an injunction is a safe and appropriate approach. Services provided by the attorney will include: providing counsel on the injunction process, assistance with filing the petition and representation during the final hearing and violation hearings. By implementing this service to survivors, at no cost, survivors are now able to eliminate barriers that so often keep them from taking legal action against their abuser. It also lessens the burden of obtaining an attorney, without having the financial means.

Economic Empowerment and Justice Program: WID's Economic Empowerment and Justice Program will provide survivors with specialized trainings that focus on job readiness, financial literacy, economic independence training, GED and Advanced Coursework Prep, as well as discuss affordable housing securement. The Economic Empowerment Advocate will work with survivors in our new Ultimate Training Center, by implementing a curriculum that will help survivors become self-sufficient, build new skills, and learn to be financially independent in order to not have to rely on their abuser, as they may have done in the past. This program has just begun.

Transitional Support: Advocates help survivors to identify safe housing, receive financial and job readiness training, search for jobs and research affordable child care options. Relocation assistance, in the form of rental down payments, utility deposits, as well as short-term housing allowances, may also be available.

Education and Awareness: Individuals and/or families will receive information on domestic violence, such as the difference between healthy and unhealthy relationships to prevent further occurrences of domestic abuse.

Women In Distress of Broward County, Inc.
Scope of Work

The scope of work for the Emergency Shelter program funding request is to supplement the cost of providing 159 emergency shelter nights and supportive services to victims of domestic violence in the Pompano Beach community.

Women In Distress will provide the resources survivors will need to:

- Recover from the traumatic effects of victimization in a safe, secure environment
- Learn about the dynamics of power and control and the difference between healthy and unhealthy relationships
- Gain knowledge about the services and resources available to them
- Recognize the effects that domestic violence has on children, and ultimately reduce the cycle of violence in future generations
- Transition out of the emergency shelter into a safe, self-determined and self-sufficient life
- Gain economic self-sufficiency
- Obtain job placement and relocation assistance
- Access to on-site Economic Justice Advocate to assist with gaining economic self- Sufficiency.

EXHIBIT C

COMPENSATION AND BUDGET SUMMARY

WOMEN IN DISTRESS OF BROWARD COUNTY, INC.

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


The City shall pay Women in Distress of Broward County, Inc. (hereinafter referred to as the "SUBRECIPIENT") as maximum compensation for the services required pursuant to this Agreement the sum of \$15,000.00.

B. During the term hereof and for a period of one (1) year following the date of the last payment made hereunder, the CITY shall have the right to review and audit the time records and related records of the SUBRECIPIENT pertaining to any payments by the CITY.

C. Requests for payment should be made at least on a monthly basis, by the 15th of the month. Reimbursement requests should be submitted to the City within thirty (30) calendar days after the indebtedness has been incurred on the reimbursement request form provided by the Office of Housing and Urban Improvement.

D. The SUBRECIPIENT must submit the final request for payment to the City within 30 calendars days following the expiration date or termination date of this Agreement on a form a provided by the Office of Housing and Urban Improvement. If the SUBRECIPIENT fails to comply with this requirement, the SUBRECIPIENT shall forfeit all rights to payment and the City shall not honor any request submitted thereafter.

E. Any payment due under this Agreement may be withheld pending the receipt and approval by the City of all reports due from the SUBRECIPIENT as a part of this Agreement and any modifications.



Name and Title
President & CEO
MARY RIEDEL

10/11/2017

Date

*An alternative format providing the information below is acceptable
(must include all itemized costs above \$500)*

PLEASE IDENTIFY ALL SOURCES OF LEVERAGING

| | Source: CDBG/HOME | Source: Fundraising | Source: Grants | Source: Other | Total Project Cost: |
|--|---|--|--|--|--|
| <i>Revenue Sources</i> | \$ | \$ | \$ | \$ | \$ |
| <i>Is this source confirmed and committed to the project?</i> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>Project Costs (include all costs directly related to delivering this service or accomplishing this project)</i> | | | | | |
| Salaries & Wages | | | 532,722 | 37,012 | 569,734 |
| Employee Benefits | | | 92,081 | 6,397 | 98,475 |
| Professional Contract Services | 6,000 | | 66,751 | 61,781 | 134,532 |
| Office Supplies | | | | | |
| Postage / Printing | | | | | |
| Notices / Subscriptions | | | | | |
| Utilities | 0 | | 44,882 | 25,080 | 69,962 |
| Travel / Training | | | | | |
| Rent / Facility Costs | | | | | |
| Insurance, Legal & Financial Services | 3,000 | | 19,783 | 10,522 | 33,305 |
| Fundraising | | | | | |
| Subtotal: Project Costs | 9,000 | | 756,219 | 140,792 | 906,011 |
| Explain Other Costs | | | | | |
| <i>(include other costs over \$500 needed to implement this service or project)</i> | | | | | |
| Office, Grocery, Housekeeping Supplies | 6,000 | | 160,188 | 20,512 | 186,700 |
| Fundraising, Depreciating Interest, Etc. | | | 214,195 | 48,284 | 262,479 |
| Subtotal: Other Costs | 6,000 | | 374,383 | 68,796 | 449,179 |
| Grand Total: | 15,000 | | 1,130,602 | 209,588 | 1,355,190 |

A budget justification narrative that thoroughly explains the rationale or basis for all proposed line item budget costs for the proposed project MUST accompany the budget. The narrative should explain:

- a) line item costs for the CDBG funds requested;*
- b) matching funds (or staff in-kind or citizen volunteer services in lieu of cash match, to be supplied by applicant);*
- c) Other sources and amounts of County, state, federal, or private funds to be involved.*

WID's annual operating budget=\$5,376,078 of which \$1,355,190 above is for Shelter operations. \$6,000 is requested to assist with the cost of contracted security and IT services for the shelter, \$6,000 is requested to assist with the cost of food, kitchen and bedroom and other housekeeping supplies in the shelter (included in Office Supplies), and \$3,000 to assist with building and general insurance costs.

Contracted Services:

CDBG: \$6,000

Other: \$128,532 include FCADV \$ 66,021

Total All Sources: \$134,532

Narrative:

Audit expense, IT Services, electronic data processing, internet, sign language interpreters, and security guard (FCADV, ESG, private contributions).CDBG Funds shall be used for IT Services and Security guard services for residential/shelter operations.

Office, Housekeeping and Food Supplies:

CDBG: \$6,000

Other: \$180,700 include FCADV \$71,388,

Total All Sources: \$186,700

Narrative:

Shelter office supplies, the cost of food, kitchen and bedroom, and other housekeeping supplies for the shelter.

Insurance Services:

CDBG: \$3,000

Other: \$30,305 include FCADV \$ 19,983

Total All Sources: \$33,305

Narrative:

Shelter portion of cost of insurance coverage for flood, property, general liability and other liabilities.

Matching funds:

\$7,500 can be provided by FCADV General and DVTF funds in the amount of \$120,000 for shelter expenses.

PART F – ATTACHMENTS / INSTRUCTIONS

Please attach the following information relating to your organization:

- Audited financial audit with management letter (most current)
- Articles of Incorporation and Bylaws
- Board of Directors

EXHIBIT D

CITY OF POMPANO BEACH – OFFICE OF HOUSING AND URBAN IMPROVEMENT

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

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

Women In Distress of Broward County, Inc.
SUBRECIPIENT

Mary Riedel, President/CEO
PRINT NAME OF CERTIFYING OFFICIAL

Initials MR

May Zick

SIGNATURE OF CERTIFYING OFFICIAL

10/11/2017

DATE

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

Initials *mzs*

EXHIBIT E

CITY OF POMPANO BEACH – OFFICE OF HOUSING AND URBAN IMPROVEMENT

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

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

WOMEN IN DISTRESS OF BROWARD COUNTY, INC.

Mary Biedel

PRINT NAME OF CERTIFYING OFFICIAL

John Reed

SIGNATURE OF CERTIFYING OFFICIAL

10/11/2017

DATE

Initials MB 5

EXHIBIT F

CITY OF POMPANO BEACH – OFFICE OF HOUSING AND URBAN IMPROVEMENT

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

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

1. This sworn statement is submitted to City of Pompano Beach
Office of Housing and Urban Improvement
By Mary Riedel, President/CEO

(print this individual's name and title)

for Women In Distress of Broward County, Inc.

(print name of entity submitting statements)

whose business address is PO Box 50187

Lighthouse Point, FL 33074

and if applicable is Federal Employer Identification Number (FEIN) is 59-159-2524

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

2. I understand that a "public entity crime" as defined in paragraph 287.133(1)(a), Florida Statutes, mean a violation of any state or federal law by a person with respect to and directly related to the transactions of business with any public entity or with an agency or political subdivision of any other state or with the United States including, but not limited to any bid or contract for goods or services to be provided to any public entity or any agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes means a finding of guilt or a conviction of a public entity crime, with or without adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a Jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an "affiliate" as defined in paragraph 287.133(1)(a), Florida Statutes, means:
1. A predecessor or successor of a person convicted of public entity crime; or
 2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
5. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

Initials

MR

6

6. Based on information and belief, the statement which I have marked below is true in a relation to the entity submitting this sworn statement. (Please indicate which statement applies).

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

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

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

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

[Handwritten Signature]

(Signature)

Sworn to me and subscribed before me this 1th day of October, 2017.

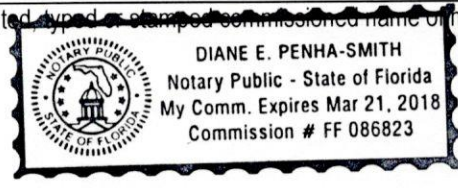
Personally known _____

Or produced identification Notary Public—State of Florida

My commission expires 3-21-2018

(Type of Identification)

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



Initials *[Handwritten Initials]*



WOMENIN

OP ID: CV

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/28/2017

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).

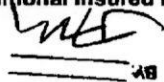
| PRODUCER Brown & Brown of Florida, Inc. 1201 W Cypress Creek Rd # 130 P.O. Box 5727 Ft. Lauderdale, FL 33310-5727 Clyde W. Wright II, CPCU, CIC | 954-776-2222 | CONTACT NAME: Clyde W. Wright II, CPCU, CIC PHONE (A/C, No, Ext): 954-776-2222 FAX (A/C, No): 954-776-4446 E-MAIL ADDRESS: | | | | | | | | | | | | | | |
|---|---|---|-------------------------------|--------|---|-------|---|-------|------------|--|------------|--|------------|--|------------|--|
| INSURED Women In Distress of Broward County, Inc P. O. Box 50187 Lighthouse Point, FL 33074 | <table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Bridgefield Employers Ins. Co+</td> <td>10701</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> </tbody> </table> | | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A: Bridgefield Employers Ins. Co+ | 10701 | INSURER B: Philadelphia Indemnity Ins Co+ | 18058 | INSURER C: | | INSURER D: | | INSURER E: | | INSURER F: | |
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| INSURER E: | | | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | | |


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

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

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|---|
| B | <input checked="" type="checkbox"/> 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"/> PROJ. <input type="checkbox"/> LOC OTHER: | | X | PHPK1674150 | 06/30/2017 | 06/30/2018 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Emp Ben. \$ 1,000,000 |
| B | <input checked="" type="checkbox"/> 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 | | | PHPK1674150 | 06/30/2017 | 06/30/2018 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| B | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | | PHUB589710 | 06/30/2017 | 06/30/2018 | EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 |
| 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 | N/A | 83042257 | 06/30/2017 | 06/30/2018 | PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000 |
| A | Professional | | | PHPK1674150 | 06/30/2017 | 06/30/2018 | Each Claim \$ 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)
City of Pompano Beach is named as Additional Insured if required by written contract.


 APPROVED
 RISK MANAGEMENT
 10/13/17

| | |
|---|---|
| CERTIFICATE HOLDER POMPANO City of Pompano Beach Office of Housing & Urban Improvement 100 West Atlantic Blvd, RM 220 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  |
|---|---|

ACORD 25 (2016/03)

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