

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

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

<b>FUNDING SOURCE:</b>	<u>Community Development Block Grant Funds</u>
<b>AMOUNT:</b>	<u>\$15,000.00</u>
<b>TERM OF THE AGREEMENT:</b>	<u>October 1, 2020 – September 30, 2021</u>
<b>IDIS NUMBER (to be completed by the City):</b>	_____
<b>DUNS NUMBER:</b>	<u>123623196</u>
<b>CDFA NUMBER:</b>	<u>14.218</u>

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

**ARTICLE I**  
**EXHIBITS AND DEFINITIONS**

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

1.2 DEFINED TERMS.  
Act or 24 CFR 570

As used herein the following terms shall mean:

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

Agreement Records:

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

CDBG Program:

Community Development Block Grant Program.

CDBG Requirements:

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

Department:

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

Federal Award:

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

Low-and-Moderate  
Income Person:

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

U.S. HUD or HUD:

The United States Department of Housing and Urban Development.

**ARTICLE II**  
**ACKNOWLEDGMENTS**

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

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

- 2.11 The following corporate documents:
- (i) Bylaws, resolutions, and incumbency certificates for the SUBRECIPIENT, certified by the SUBRECIPIENT'S Corporate Secretary, authorizing the consummation of the transactions contemplated hereby, all in a form satisfactory to the CITY.
- 2.12 ADA Certification.
- 2.13 Drug Free Certification.
- 2.14 All other documents reasonably required by the CITY.

**ARTICLE III**  
**TERMS AND PROCEDURES**

3.1 CITY AUTHORIZATION:

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

3.2 EFFECTIVE DATE AND TERM:

This Agreement shall begin on October 1, 2020, and shall conclude on September 30, 2021, or until such term shall sooner cease or terminate as hereinafter provided

3.3 OBLIGATIONS OF SUBRECIPIENT:

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

3.4 LEVEL OF SERVICE:

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

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

## ARTICLE IV

### CDBG FUNDING AND DISBURSEMENT REQUIREMENTS

#### 4.1 COMPENSATION

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

#### 4.2 INSURANCE:

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

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

#### 4.2.2 Workers' Compensation/Employer's Liability Insurance

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

Part One: "Statutory"

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

\$ 1,000,000 Disease -Policy Limit

\$ 1,000,000 Disease -Each Employee

#### 4.2.3 General Liability Insurance

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

\$ 2,000,000 General Aggregate

\$ 2,000,000 Products/Completed Operations Aggregate

\$ 1,000,000 Personal and Advertising Injury

\$ 1,000,000 Each Occurrence

#### 4.2.4 Automobile Liability Insurance

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

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

#### 4.2.5 Professional Liability Insurance

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

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

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

- 4.2.6 The insurance provided by SUBRECIPIENT shall apply on a primary basis. Any insurance, or self-insurance, maintained by the SUBRECIPIENT shall be excess of, and shall not contribute with, the insurance provided by SUBRECIPIENT. Except as otherwise specified, no deductible or self-insured retention is permitted.
- 4.2.7 Neither approval nor failure to disapprove insurance furnished by SUBRECIPIENT shall relieve SUBRECIPIENT from responsibility to provide insurance as required by this Agreement.
- 4.2.8 SUBRECIPIENT Failure to Obtain, Pay For, or Maintain Insurance
- 4.2.9 SUBRECIPIENT shall deliver to CITY the required certificate(s) of insurance and endorsement(s) before CITY signs this Agreement.
- 4.2.10 SUBRECIPIENT'S failure to obtain, pays for, or maintain any required insurance shall constitute a material breach upon which CITY may immediately terminate or suspend this Agreement. In the event of any termination or suspension, CITY may use the services of another SUBRECIPIENT or SUBRECIPIENTS, without CITY'S incurring any liability to SUBRECIPIENT.

4.3 FINANCIAL ACCOUNTABILITY:

The CITY reserves the right to audit the records of the SUBRECIPIENT at any time during the performance of this Agreement and for a period of five (5) years after its expiration/termination. The SUBRECIPIENT agrees to provide all financial and other applicable records and documentation of services to the CITY. Any payment made shall be subject to reduction for amounts included in the related invoice which are found by the CITY, on the basis of such audit, not to constitute allowable expenditures. Any payments made to the SUBRECIPIENT are subject to reduction for overpayments on previously submitted invoices.

4.4 RECAPTURE OF FUNDS:

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

4.5 CONTINGENCY CLAUSE:

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

**ARTICLE V**

**AUDIT**

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

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

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

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

- a) an opinion (or disclaimer of opinion) as to whether the financial statements are presented fairly in all material respects in conformity with generally accepted principles and an opinion (or disclaimer of opinion) as to whether the schedule of expenditures of Federal Awards is presented fairly in all material respects in relation to the financial statements taken as a whole.



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

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

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

## ARTICLE VI

### RECORDS AND REPORTS

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

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

- 6.1.1 Records providing a full description of each activity assisted (or being assisted) with CDBG Funds, including its location (if the activity has a geographical locus), the amount of CDBG Funds budgeted, obligated and expended for the activity, and the specific provision in 24 CFR Subpart C of the CDBG Program regulations under which the activity is eligible.
- 6.1.2 Records demonstrating that each activity undertaken meets one of the criteria set forth in 24 CFR 570.208 of the CDBG Program regulations. Where information on income by family size is required, the SUBRECIPIENT may substitute evidence establishing that the person assisted qualified under another program having income qualification criteria at least as restrictive as that used in the definitions of "low- and moderate-income person" and "low- and moderate-income household" as set forth in 24 CFR 570.3; or, the SUBRECIPIENT may substitute a copy of a verifiable certification from the assisted person that his or her family income does not exceed the applicable income limit established in accordance with 24 CFR 570.3; or, the SUBRECIPIENT may substitute a notice that the assisted person is a referral from any governmental agency that determines persons to be "low- and moderate-income persons" based upon HUD's criteria and agrees to maintain documentation supporting those determinations. Such records shall include the following information:
  - (i) For each activity determined to benefit low- and moderate-income persons, the income limits applied and the point in time when the benefit was determined.
  - (ii) For each activity determined to benefit low- and moderate-income persons based on the area served by the activity:
    - (a) The boundaries of the service area;
    - (b) The income characteristics of families and unrelated individuals in the service area; and
    - (c) If the percent of low- and moderate-income persons in the service area is less than 51 percent, data showing that the area qualifies under the exception criteria set forth in 24 CFR 570.208(a)(1)(ii);
  - (iii) For each activity determined to benefit low- and moderate-income persons because the activity involves a facility or service designed for use by a limited clientele consisting exclusively or predominantly of low- and moderate-income persons:
    - (a) Documentation establishing that the facility or service is designed for and used by senior citizens, disabled persons, battered spouses, abused

children, the homeless, illiterate persons, or migrant farm workers, for which the regulations provide presumptive benefit to low- and moderate-income persons; or

- (b) Documentation describing how the nature and, if applicable, the location of the facility or service establishes that it is used predominantly by low- and moderate-income persons; or
- (c) Data showing the size and annual income of the household of each person receiving the benefit.

6.1.3 Equal Opportunity Records containing:

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

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

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

6.2 RETENTION AND ACCESSIBILITY OF RECORDS:

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

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

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

- 6.2.2 The SUBRECIPIENT shall include in all the Department approved subcontracts used to engage subcontractors to carry out any eligible substantive project or programmatic activities, as such activities are described in this Agreement and defined by the Department, each of the record-keeping and audit requirements detailed in this Agreement. The Department shall in its sole discretion determine when services are eligible substantive project and/or programmatic activities and subject to the audit and record-keeping requirements described in this Agreement
- 6.2.3 If the CITY or the SUBRECIPIENT has received or given notice of any kind indicating any threatened or pending litigation, claim or audit arising out of the activities pursuant to the project, the activities and/or the Work Program or under the terms of this Agreement, the Retention Period shall be extended until such time as the threatened or pending litigation, claim or audit is, in the sole and absolute discretion of the Department fully, completely and finally resolved.
- 6.2.4 The SUBRECIPIENT shall notify the Department of the address where all Agreement Records will be retained in writing both during the pendency of this Agreement and after its expiration/termination as part of the final closeout procedure, as described in the CDBG Handbook attached to this Agreement as Exhibit "A."
- 6.2.5 The SUBRECIPIENT shall obtain the prior written consent of the Department to the disposal of any Agreement Records within one year after the expiration of the Retention Period.
- 6.3 PROVISION OF RECORDS:
  - 6.3.1 At any time upon request by the Department, the SUBRECIPIENT shall provide all Agreement Records to the Department. The requested Agreement Records shall become the property of the Department without restriction, reservation, or limitation on their use. The Department shall have unlimited rights to all books, articles, or other copyrightable materials developed in the performance of this Agreement. These rights include the right of royalty-free, nonexclusive, and irrevocable license to reproduce, publish, or otherwise use, and to authorize others to use the Work Program for public purposes.
  - 6.3.2 If the SUBRECIPIENT receives funds from, or is under regulatory control of, other governmental agencies, and those agencies issue monitoring reports, regulatory

examinations, or other similar reports, the SUBRECIPIENT shall provide a copy of each such report and any follow-up communications and reports to the Department immediately upon such issuance, unless such disclosure would be prohibited by any such issuing agency.

6.4 MONITORING:

The SUBRECIPIENT shall permit the Department and other persons duly authorized by the Department to inspect all Agreement Records, facilities, goods, and activities of the SUBRECIPIENT which are in any way connected to the activities undertaken pursuant to the terms of this Agreement, and/or interview any clients, employees, subcontractors or assignees of the SUBRECIPIENT. Following such inspection or interviews, the Department will deliver to the SUBRECIPIENT a report of its findings. The SUBRECIPIENT will rectify all deficiencies cited by the Department within the specified period of time set forth in the report or provide the Department with a reasonable justification for not correcting the same. The Department will determine in its sole and absolute discretion whether or not the SUBRECIPIENT'S justification is acceptable.

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

6.5 RELATED PARTIES:

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



## ARTICLE VII

### OTHER CDBG PROGRAM REQUIREMENTS

- 7.1 The SUBRECIPIENT shall maintain current documentation that its activities are CDBG eligible in accordance with 24 CFR Part 570.201.
- 7.2 The SUBRECIPIENT shall ensure and maintain documentation that conclusively demonstrates that each activity assisted in whole or in part with CDBG Funds is an activity which provides benefit to low and moderate-income persons.
- 7.3 The SUBRECIPIENT shall comply with all applicable provisions of 24 CFR Part 570 and shall carry out each activity in compliance with all applicable federal laws and regulations described therein.
- 7.4 The SUBRECIPIENT shall cooperate with the Department in informing the appropriate citizen participation structures, including the appropriate area committees, of the activities of the SUBRECIPIENT in adhering to the provisions of this Agreement. Representatives of the SUBRECIPIENT shall attend meetings of the appropriate committees and citizen participation structures upon the request of the citizen participation officers or the Department.
- 7.5 SUBRECIPIENT shall, to the greatest possible, give low-and-moderate-income residents of the service areas opportunities for training and employment.
- 7.6 NON-DISCRIMINATION:  
The SUBRECIPIENT shall not discriminate on the basis of race, color, national origin, sex, religion, age, marital or family status or disability in connection with the Work Program or its performance under this Agreement.  
Furthermore, the SUBRECIPIENT agrees that no otherwise qualified individual shall, solely by reason of his/her race, sex, color, religion, national origin, age, marital status or disability, be excluded from the participation in, be denied benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.
- 7.7 The SUBRECIPIENT shall carry out its Work Program in compliance with all federal laws and regulations, including those described in Subpart K of the CDBG Program regulations (24 CFR 570.600-612).
- 7.8 The Subrecipient and its subcontractors shall comply with the Davis-Bacon Act, the Lead-Based paint Poisoning Prevention Act, and any other applicable laws, ordinances and regulations.
- 7.9 The SUBRECIPIENT shall abide by the Federal Labor Standards provisions of U.S. HUD Form 4010 incorporated herein as part of this Agreement.

- 7.10 UNIFORM ADMINISTRATIVE REQUIREMENTS. The SUBRECIPIENT shall comply with the requirements and standards of the OMB Super Circular, "Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards; Final Rule".
- 7.11 RELIGIOUS ORGANIZATIONS/CONSTITUTIONAL PROHIBITION. If the SUBRECIPIENT is or was created by a religious organization, the SUBRECIPIENT agrees that all CDBG Funds disbursed under this Agreement shall be subject to the conditions, restrictions, and limitations of 24 CFR Part 570.200(j).

The SUBRECIPIENT shall comply with those requirements and prohibitions when entering into subcontracts.

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

## ARTICLE VIII

### PROGRAM INCOME

- 8.1 Program income means gross income received by the SUBRECIPIENT which has been directly generated from the use of the CDBG Funds. When such income is generated by an activity that is only partially assisted with the CDBG Funds, the income shall be prorated to reflect the percentage of CDBG Funds used. Program income generated by CDBG funded activities shall be used only to undertake those activities specifically approved by the CITY for the Work Program. All provisions of this Agreement shall apply to such activities. Any program income on hand when this Agreement expires/terminates or received after such expiration/termination shall be paid to the CITY, as required by 24 CFR 570.503(b) (7) of the CDBG Program regulations.

The SUBRECIPIENT shall submit to the CITY monthly a Program Income Report and a Work Program Status Report. The Program Income Report shall identify CDBG activities in which income was derived and how income has been utilized.

- 8.2 REPAYMENTS. Any interest or other return on the investment of the CDBG Funds shall be remitted to the CITY on a monthly basis. Any CDBG Funds funded to the SUBRECIPIENT that do not meet the eligibility requirements, as applicable, must be repaid to the CITY.

## ARTICLE IX

### REMEDIES, SUSPENSION, TERMINATION

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

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

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

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



9.2 SUSPENSION:

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

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

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

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

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

9.3 TERMINATION:

9.3.1 Termination Because of Lack of Funds.

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

9.3.2 Termination for Breach.

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

The Department may terminate this Agreement, in whole or in part, in the event that the Department determines, in its sole and absolute discretion, that there exists an event of default under and pursuant to the terms of any other agreement or obligation of any kind or nature whatsoever of the SUBRECIPIENT to the CITY, direct or contingent, whether now or hereafter due, existing, created or arising.

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

## ARTICLE X

### MISCELLANEOUS PROVISIONS

- 10.1 INDEMNIFICATION. The SUBRECIPIENT shall pay and save the CITY harmless from and against any and all claims, liabilities, losses, and causes of action which may arise out of the SUBRECIPIENT'S activities related to the Work Program or otherwise under this Agreement, including all acts or omissions to act on the part of the SUBRECIPIENT and/or any persons acting for or on its behalf, and from and against any relevant orders, judgments, or decrees which may be entered against the CITY, and from and against all costs, attorney's fees, expenses, and liabilities incurred by the CITY in the defense or investigation of any such claims or other matters. Nothing in this Agreement shall be construed to affect in any way the rights, privileges and immunities of the City and agencies, as set forth in Article 768.28, Florida Statutes.
- 10.2 AMENDMENTS. No amendments to this Agreement shall be binding unless in writing and signed by both parties hereto. Budget modifications shall be approved by the Department in writing.

10.3 OWNERSHIP OF DOCUMENTS. All documents developed by the SUBRECIPIENT under this Agreement shall be delivered to the CITY upon completion of the activities required pursuant to this Agreement and shall become the property of the CITY, without restriction or limitation on their use if requested by the City. The SUBRECIPIENT agrees that all documents maintained and generated pursuant to this Agreement shall be subject to all provisions of the Public Records Law, Chapter 119, Florida Statutes.

It is further understood by and between the parties that any document which is given by the CITY to the SUBRECIPIENT pursuant to this Agreement shall at all times remain the property of the CITY and shall not be used by the SUBRECIPIENT for any other purpose whatsoever without the prior written consent of the CITY.

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

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

10.6 CONSTRUCTION OF AGREEMENT; VENUE; PREVAILING PARTY. This Agreement has been and shall be construed as having been made and delivered within the State of Florida, and it is agreed by each party hereto that this Agreement shall be governed by the laws of the State of Florida, both as to interpretation and performance. Any action at law, or in equity, shall be instituted and maintained only in courts of competent jurisdiction in Broward County, Florida. In the event of any litigation involving the provisions of this Agreement, both parties agree that the prevailing party in such litigation shall be entitled to recover from the non-prevailing party reasonable attorney and paraprofessional fees as well as all out-of-pocket costs and expenses incurred thereby by the prevailing party in such litigation through all appellate levels.

10.7 CONFLICT OF INTEREST.

10.7.1 SUBRECIPIENT covenants that no person under its employ who presently exercises any functions or responsibilities in connection with this Agreement has any personal financial interest, direct or indirect, with CITY except as permitted pursuant to this Agreement. SUBRECIPIENT further covenants that, in the performance of this Agreement, no person

having a conflicting interest shall be employed. Any such interests on the part of SUBRECIPIENT or its employees, must be disclosed in writing to the CITY.

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

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

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

10.7.2 The SUBRECIPIENT is aware of the conflict of interest laws of the City of Pompano Beach and the State of Florida (Chapter 112, Florida Statutes), and agrees that it shall comply in all respects with the terms of the same.

10.7.3 Procurement. The SUBRECIPIENT shall comply with the standards contained within the OMB Super Circular, "Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards; Final Rule".

10.8 HATCH ACT. The Subrecipient agrees that no funds provided, nor personnel employed under this contract, shall be in any extent engaged in the conduct of political activities in violation of Chapter 15 of the Title V United States Code.

10.9 NO OBLIGATION TO RENEW. Upon expiration of the term of this Agreement, the SUBRECIPIENT agrees and understands that the CITY has no obligation to renew this Agreement.

10.10 ENTIRE AGREEMENT:

This instrument and its attachments constitute the only Agreement of the parties hereto relating to the CDBG Funds and sets forth the rights, duties, and obligations of each of the parties hereto to the other as of its date. Any prior agreements, promises, negotiations, or representations not expressly set forth in this Agreement are of no force or effect.

10.11 GENERAL CONDITIONS.

10.11.1 All notices or other communications which shall or may be given pursuant to this Agreement shall be in writing and shall be delivered by in person delivery or by registered mail addressed to the other party at the address indicated herein or as the same may be changed from time to time, upon notice in writing. Such notice shall be deemed given on the day on which personally served, or, if by mail, on the fifth day after being posted or the date of actual receipt, whichever is earlier.

CITY OF POMPANO BEACH

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

SUBRECIPIENT

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

10.11.2 Title and paragraph headings are for convenient reference and are not a part of this Agreement.

10.11.3 In the event of conflict between the terms of this Agreement and any terms or conditions contained in any attached documents, the terms in this Agreement shall control.

10.11.4 No waiver of breach of any provision of this Agreement shall constitute a waiver of any subsequent breach of the same or any other provision hereof, and no waiver shall be effective unless made in writing.

10.11.5 Should any provision, paragraph, sentence, word or phrase contained in this Agreement be determined by a court of competent jurisdiction to be invalid, illegal or otherwise unenforceable under the laws of the State of Florida or the City of Pompano Beach, such provision, paragraph, sentence, word or phrase shall be deemed modified to the extent necessary in order to conform with such laws, or if not modifiable to conform with such laws, then same shall be deemed severed, and in either event, the remaining terms and provisions of this Agreement shall remain unmodified and in full force and effect.

- 10.12 INDEPENDENT CONTRACTOR. THE SUBRECIPIENT and its employees and agents shall be deemed to be independent contractors and not agents or employees of the CITY, and shall not attain any rights or benefits under the Civil Service or Pension Ordinances of the CITY or any rights generally afforded classified or unclassified employees; further, they shall not be deemed entitled to the Florida Worker's Compensation benefits as employees of the CITY.
- 10.13 SUCCESSORS AND ASSIGNS. This Agreement shall be binding upon the parties hereto, and their respective heirs, executors, legal representatives, successors, and assigns.
- 10.14 SUBRECIPIENT CERTIFICATION. The SUBRECIPIENT certifies that it possesses the legal authority to enter into this Agreement pursuant to authority that has been duly adopted or passed as an official act of the SUBRECIPIENT'S governing body, authorizing the execution of the Agreement, including all understandings and assurances contained herein, and directing and authorizing the person identified as the official representative of the SUBRECIPIENT to act in connection with this Agreement and to provide proof of such authorization as may be required by the City.
- 10.15. Public Records.
- A. The City of Pompano Beach is a public agency subject to Chapter 119, Florida Statutes. The SUBRECIPIENT shall comply with Florida's Public Records Law, as amended. Specifically, the SUBRECIPIENT shall:
1. Keep and maintain public records required by the City in order to perform the service.
  2. Upon request from the City's custodian of public records, provide the City with a copy of requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in Chapter 119, Florida Statutes or as otherwise provided by law.
  3. Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the contract term and following completion of the contract if the SUBRECIPIENT does not transfer the records to the City.

- B. Upon completion of the contract, transfer, at no cost to the City, all public records in possession of the SUBRECIPIENT, or keep and maintain public records required by the City to perform the service. If the SUBRECIPIENT transfers all public records to the City upon completion of the contract, the SUBRECIPIENT shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the SUBRECIPIENT keeps and maintains public records upon completion of the contract, the SUBRECIPIENT shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the City, upon request from the City's custodian of public records in a format that is compatible with the information technology systems of the City.
- C. Failure of the SUBRECIPIENT to provide the above described public records to the City within a reasonable time may subject SUBRECIPIENT to penalties under 119.10, Florida Statutes, as amended.

**PUBLIC RECORDS CUSTODIAN**

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

**CITY CLERK**

**100 W. Atlantic Blvd., Suite 253**

**Pompano Beach, Florida 33060**

**(954) 786-4611**

**[RecordsCustodian@copbfl.com](mailto:RecordsCustodian@copbfl.com)**

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

**"SUBRECIPIENT"**

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

Witnesses:

Cindy Cruz

Cindy Cruz  
Printed Name

Jessica Bello Ruiz

Jessica Bello Ruiz  
Printed Name

By: [Signature]  
Signature

Hiram Montero  
Name Printed, Typed or Stamped

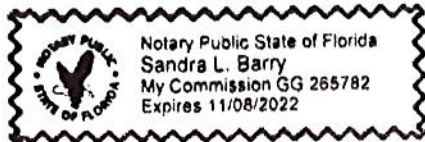
Title: Int. CEO / Pres.

(SEAL)

STATE OF FLORIDA  
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 5 day of January, 2021  
by Hiram Montero, as Interim CEO / President of  
Light Of The World Clinic, Inc., a Florida non-profit corporation, on behalf of the corporation. He/she is  
personally known to me or who has produced  
(type of identification) as identification.

NOTARY'S SEAL:



[Signature]  
NOTARY PUBLIC, STATE OF FLORIDA

Sandra L. Barry  
(Name of Acknowledger Typed, Printed or Stamped)

GG 265782  
Commission Number



“CITY”:

Witnesses:

**CITY OF POMPANO BEACH**

\_\_\_\_\_

By: \_\_\_\_\_  
REX HARDIN, MAYOR

\_\_\_\_\_

By: \_\_\_\_\_  
GREGORY P. HARRISON, CITY MANAGER

Attest:

\_\_\_\_\_  
ASCELETA HAMMOND  
CITY CLERK

(SEAL)

Approved As To Form:

\_\_\_\_\_  
MARK E. BERMAN  
CITY ATTORNEY

**STATE OF FLORIDA**

COUNTY OF BROWARD

The foregoing instrument was acknowledged before me, by means of  physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 2021, by **REX HARDIN** as Mayor, **GREGORY P. HARRISON** as City Manager and **ASCELETA HAMMOND** as City Clerk of the City of Pompano Beach, Florida, a municipal corporation, on behalf of the municipal corporation, who are personally known to me.

NOTARY’S SEAL:

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA

\_\_\_\_\_  
(Name of Acknowledger Typed, Printed or Stamped)

\_\_\_\_\_  
Commission Number

## **Exhibit A – Sub-recipient Handbook**

EFFECTIVE DATE 10.1.2020

# 2020--2021 COBG

## SUB-RECIPIENT HANDBOOK



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

# Table of Contents

## *Section I*

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

## *Section II*

- Quarterly Progress Report
- Monthly Progress Report
- Sample Monitoring Site Visit Letter
- Sub-recipient On-Site Monitoring Checklist
- Sub-recipient Neighborly Guidelines

## *Section III*

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

Link: [https://portal.hud.gov/hudportal/documents/huddoc?id=DOC\\_17086.pdf](https://portal.hud.gov/hudportal/documents/huddoc?id=DOC_17086.pdf)

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

# **SECTION I**



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

**Staff Contact Information**

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

**Miriam Carrillo Director**

(954) 786-4659

[Miriam.Carrillo@copbfl.com](mailto:Miriam.Carrillo@copbfl.com)

**Alex Goldstein, Community Development Specialist**

(954) 786-4641

[Alexander.Goldstein@copbfl.com](mailto:Alexander.Goldstein@copbfl.com)

**Muhammad Hashmi, Accountant**

(954) 545-7787

[Muhammad.Hashmi@copbfl.com](mailto:Muhammad.Hashmi@copbfl.com)

**Winsome Baker, Office Assistant I**

(954) 786-4659

[Winsome.Baker@copbfl.com](mailto:Winsome.Baker@copbfl.com)

**Angela Bowen, Housing Specialist**

(954) 786-4658

[Angela.Bowen@copbfl.com](mailto:Angela.Bowen@copbfl.com)

**JoAnn Martin-Onesky, Secretary II**

(954) 786-4657

[Joann.Martin-Onesky@copbfl.com](mailto:Joann.Martin-Onesky@copbfl.com)

**Claudia Maria Goncalves, Community Development Specialist**

(954) 786-4659

[Maria.Golcalves@copbfl.com](mailto:Maria.Golcalves@copbfl.com)

**Salvatore Reginello, Housing Inspector**

(954) 786-7832

[Salvatore.Reginello@copbfl.com](mailto:Salvatore.Reginello@copbfl.com)



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

- 1) Requests for reimbursement of expenses **starting from October 1, 2020** can be submitted on a monthly or quarterly basis. Only items listed on your budget will be considered for reimbursement. Please complete **Request for Reimbursement Form with appropriate back-up documentation** to prevent any payment delays.
- 2) Reimbursement and reports will only be process through the Neighborly Software system. (Participant guidelines - attached)
- 3) Requests for Reimbursement of personnel expenses must include TWO of three following back-up documentations for ALL employees in which you are claiming reimbursement:
  1. Copy of payroll register
  2. Copies of timesheets (**MUST be signed by the employee and the Supervisor**)  
- and/or -
  3. Copies of pay checks

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

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

Link: <https://portal.neighborlysoftware.com/copbfl/participant/Login>

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

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

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

### Eligible Activities

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

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

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

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

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

Sincerely,



Miriam Carrillo  
OHUI Director



# SAMPLE LETTER

(Date)

Sub recipient Name

Address

City/State/Zip

RE: Monthly Reimbursement Request Package for period of \_\_\_\_\_ to \_\_\_\_\_  
in the amount of \$\_\_\_\_\_

Dear

Please be advised the (name of organization) is requesting reimbursement of expenditures for the month of \_\_\_\_\_ in the amount of \$\_\_\_\_\_ according to the approved Sub recipient Agreement budget dated \_\_\_\_\_.

Attached are invoices, payroll records, cancelled checks and all other necessary supporting documents to substantiate the reimbursement request. I certify that all of the supporting invoices have been paid and none of the items has been previously reimbursed. All expenditures comply with the authorized budget and are within the contractual scope of services.

If you have any questions, please call (person authorizing reimbursement request) at \_\_\_\_\_.

Thank you,

\_\_\_\_\_

# SUB-RECIPIENT REQUEST FOR REIMBURSEMENT

**CDBG Fiscal Year:** 2020--2021  
**Period Covered:** 10.1.2020 thru 9.30.2020

Previous Balance \$ \_\_\_\_\_  
 Amount Requested \$ \_\_\_\_\_  
 Account Balance \$ \_\_\_\_\_

Invoice Number: \_\_\_\_\_

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

**CERTIFICATE**

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

**\*Appropriate supporting documentation includes copies of bills/invoices and proof of payment in the form CANCELLED checks.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

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



# Weekly Time Sheet

Employee Name:  
Program:  
Program:

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

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

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Deductions:**

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

Check No./Date \_\_\_\_\_ / \_\_\_\_\_

\*Please make sure the above information is correct.

# INTAKE SHEET

## I. General Information

Date: \_\_\_\_\_ Date of Last Service: \_\_\_\_\_

First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

ID Type: \_\_\_\_\_ ID Number: \_\_\_\_\_

SSN (last 4 digits only): \_\_\_\_\_ (Identity verification documentation required) Female Head of Household? \_\_\_\_\_

Number of Persons in Household: \_\_\_\_\_ Total Annual Household Income: \$ \_\_\_\_\_ (Documentation required)

## II. Racial Characteristics (Must select one)

### One Race

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

### Multi Race

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

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

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

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

Current Federal Income Limits (Year \_\_\_\_\_)  
Circle One

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

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

## Official Use Only --- Eligibility Determination

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

Eligible       Not Eligible      Note: \_\_\_\_\_

## IV. Certification

### Self Certify

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Other Form of Certification

Certification Types: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of staff person processing this form (print) \_\_\_\_\_ Signature \_\_\_\_\_

*Note: All required information must be entered and all signatures must be affixed to this form to be in compliance with the regulations.*

## **SECTION II**



CITY OF POMPANO BEACH  
Office of Housing and Urban Improvement  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
ECONOMIC DEVELOPMENT ACTIVITIES

---

1. Name of Sub recipient: \_\_\_\_\_

2. Name of Project: \_\_\_\_\_

3. Project Year: \_\_\_\_\_

4. Address of Sub recipient: \_\_\_\_\_

5. Name of Contact Person: \_\_\_\_\_

6. Phone Number of Contact Person: \_\_\_\_\_

7. Period Covered. Please check the quarter this form covers and submit to the Department of Community Development.

**For Period Ending:**

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> September 30 | <b>Quarterly Report is Due No Later than October 15, 2020</b> |
| <input type="checkbox"/> December 31  | <b>Quarterly Report is Due No Later than January 15, 2021</b> |
| <input type="checkbox"/> March 31     | <b>Quarterly Report is Due No Later than April 15, 2021</b>   |
| <input type="checkbox"/> June 30      | <b>Quarterly Report is Due No Later than July 15, 2021</b>    |

8. The Sub recipient's authorized official representative certifies that:

- (a) This report contains all items identified above.
- (b) To the best of his/her knowledge and belief, the data in this report is true and correct as of the date in item.

9. **WARNING:** Section 1001 of Title 18 of the United States Code (Criminal Code and Criminal Procedure) shall apply to the foregoing certification. Title 18 provides, among other things, that whoever, knowingly and willfully makes or uses a document or writing containing false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned not more than five years or both.

10. Type the name and title of the authorized official Sub recipient representative:

\_\_\_\_\_

11. Signature: \_\_\_\_\_

12. Date: \_\_\_\_\_

**2020--2021 SUBRECIPIENT QUARTERLY PERFORMANCE REPORT  
JOBS CREATED/RETAINED**

**Table 1**

<b>Income of Entire Household</b>	<b>1<sup>st</sup> Quarter</b>	<b>2<sup>nd</sup> Quarter</b>	<b>3<sup>rd</sup> Quarter</b>	<b>4<sup>th</sup> Quarter</b>	<b>Total Persons</b>
Households, 81-100% AMI					
Households, 51-80% AMI					
Households, 31-50% AMI					
Households, 0-30% AMI					
<b>Total Persons</b>					

Total Persons in Table 1 should equal the Total Person in Table 2.

**Table 2**

<b>Race of Persons Served by the Program</b>	<b>Total Number of Hispanic</b>	<b>1<sup>st</sup> Quarter</b>	<b>2<sup>nd</sup> Quarter</b>	<b>3<sup>rd</sup> Quarter</b>	<b>4<sup>th</sup> Quarter</b>	<b>Total Persons</b>
White						
Black/African American						
Asian						
American Indian						
Native Hawaiian/Other Pacific Islander						
Black/African American & White						
American Indian/Alaskan Native & Black/African American						
All Other Races not listed above						
<b>TOTAL ALL RACES &amp; ETHNICITY</b>						

AMI = AREA MEDIAN ADJUSTED FOR HOUSEHOLD SIZE (SEE ATTACHED CHART ON NEXT PAGE)



## MAXIMUM HOUSEHOLD INCOME LIMITS 2020 Income Limits

<i>Household Size /</i>	1	2	3	4	5	6	7	8
<i>Income Group</i>								
<i>30%-LMI</i>	\$18,750	\$21,400	\$24,100	\$26,750	\$30,680	\$35,160	\$39,640	\$44,120
<i>Extremely Low</i>								
<i>50%-LMI</i>	\$31,200	\$35,650	\$40,100	\$44,500	\$48,150	\$51,700	\$55,250	\$58,850
<i>Very Low</i>								
<i>80%-LMI</i>	\$49,950	\$57,050	\$64,200	\$71,300	\$77,050	\$82,750	\$88,450	\$94,150
<i>Very Low</i>								

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

**Sub recipient Quarterly Performance Report  
Job Creation and/or Retention Data**

<b>Jobs Directly Supported With CDBG Funds</b>	<b>Full-Time Jobs</b>	<b>Full-Time Jobs Low-Mod</b>	<b>Part-Time Jobs</b>	<b>Part-Time Jobs Low-Mod</b>
Name of Company				
DUNS#				
# Expected to Created				
# Expected to Retain				
Name of Company				
DUNS#				
# Expected to Created				
# Expected to Retain				
Name of Company				
DUNS#				
# Expected to Created				
# Expected to Retain				

**Type of Jobs Created / Retained**

<b>Type of Job</b>	<b>Name of Company</b>		<b>Name of Company</b>	
	<b># Created</b>	<b># Retained</b>	<b># Created</b>	<b># Retained</b>
Official and Managers				
Professional				
Technicians				
Sales				
Office and Clerical				
Craft Workers (Skilled)				
Operatives (Semi-Skilled)				
Laborers (Unskilled)				
Services Workers				

**Sub-recipient Quarterly Performance Report  
Job Creation and/or Retention Data**

<b>Jobs Directly Supported with CDBG funds</b>	<b>Number of Jobs</b>
<b>Name of Company</b>	
Of the job <b>Created</b> , the number with employer-sponsored health care	
Of the job <b>Created</b> , the number of the persons unemployed prior to taking the job	
Of the jobs <b>retained</b> , the number with employer-sponsored health care	
<b>Name of Company</b>	
Of the job <b>Created</b> , the number with employer-sponsored health care	
Of the job <b>Created</b> , the number of the persons unemployed prior to taking the job	
Of the jobs <b>retained</b> , the number with employer-sponsored health care	

**Number of Assisted Businesses**

<b>Businesses Assisted</b>	<b>Number</b>	<b># Expanding</b>	<b># Relocating</b>
New Businesses Assisted			
Existing Businesses Assisted			
Total Businesses Assisted			
Business Facades or Buildings Rehabbed			
Businesses Assisted that Provided Goods and Services to Meet the Needs of the Service Area			

## NAKKA TIVE SUMMARY

Please use this space to describe activities and/or information not documented elsewhere in this report. Please attach additional pages as needed.

### **1. Coordination with Other Agencies and/or Programs:**

Describe coordination efforts; include names of agencies and/or programs.

### **2. Problems or Obstacles Encountered This Quarter:**

Describe any problems staff and/or participants encountered. include any remedies or solutions devised.

### **3. Accomplishments This Quarter:**

Describe positive accomplishments by staff, program, and/or participants. highlight program and/or beneficiaries.

### **4. Results This Quarter:**

Describe any results (benefits) that were achieved this quarter.

## OBJECTIVES AND OUTCOMES

This page should only be filled out at the end of the year. This information should reflect your entire program during the grant program year.

1. **Program Objective – Check which program objective applies to your program.**

**Only one program objective can be selected.**

- Create a suitable living environment
- Provide decent affordable housing
- Create economic opportunities

2. **Program Outcome – Check which program outcome applies to your program.**

**Only one program outcome can be selected.**

- Improve the availability and/or accessibility of a service to the public
- Increase the affordability of a program or service
- Assist with the sustainability of a program or service

3. **Check the statements below which apply to your program.**

- Helps prevent homelessness
- Helps the homeless
- Helps those with HIV/AIDS
- Primarily helps persons with disabilities



Date of Monitoring Visit: \_\_\_\_\_

Sub-recipient: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Project Name/Project Manager: \_\_\_\_\_

	YES	NO	N/A
<b>A. National Objective and Eligibility:</b>			
Benefit to low- and Moderate-Income Persons (CFR 570.208)	_____	_____	_____
<b>B. Conformance to the Sub-recipient Agreement</b>			
1. <u>Contract Scope of Work</u> – Is the full scope of services listed in the contract files? List any deviation.	_____	_____	_____
2. <u>Levels of Accomplishments</u> - Is the project achieving the expected levels of performance (number of persons served, etc.) and reaching the intended client group?	_____	_____	_____
Is the project accomplishing what it was designed to do?	_____	_____	_____
3. <u>Timely Performance</u> – Is the work being performed in a timely manner (i.e., meeting the schedule as shown in the Scope of Work)?	_____	_____	_____
4. <u>Budget</u> – Do actual expenditures match planned expenditures?	_____	_____	_____
5. <u>Requests for Payment</u> – Are payment requests being submitted in a timely manner?	_____	_____	_____
Are payment requests consistent with level of work accomplished?	_____	_____	_____
Is Program Income being reported on a monthly basis?	_____	_____	_____
6. <u>Progress Reports</u> – Have progress reports been submitted in a timely manner?	_____	_____	_____
Are progress reports complete and accurate?	_____	_____	_____
7. <u>Special Conditions</u> - Does the project conform to any special terms and conditions included in the agreement?	_____	_____	_____

Sub-recipient: \_\_\_\_\_

	YES	NO	N/A	Comments
<b>C. Record-Keeping Systems (570.506)</b>				

secured for confidentiality? \_\_\_\_\_

2. Documentation – Does sub-recipient have established procedures for collecting eligibility income documentation from program participants/clients? \_\_\_\_\_

Do project files have necessary documentation to support national objective, eligibility and program costs? \_\_\_\_\_

3. Record Retention – Does sub-recipient have a records retention policy and procedure? \_\_\_\_\_

4. Site Management – Is project manager located on-site and running day-to-day operations? \_\_\_\_\_

Does staff seem fully informed about the program requirements and project expectations? \_\_\_\_\_

#### D. Financial Management Systems

1. Internal Control Systems – Does sub-recipient have accounting policies and procedures for cash, real and personal property, equipment and other assets? \_\_\_\_\_

Are records maintained that indicate how CDBG program funds are used? \_\_\_\_\_

2. Components of Financial Management System – Are sub-recipients chart of accounts, journals, ledgers, reconciliation, data processing and reporting system up-to-date? \_\_\_\_\_

3. Accounting – Are appropriate receipts and supporting documentation on file for all reimbursement requests? \_\_\_\_\_

4. Eligible, Allocable, and Reasonable Costs – Does project delivery costs appear to be reasonable and eligible under the CDBG Program. \_\_\_\_\_

5. Drawdown Procedures - Are all drawdown of CDBG funds properly recorded? \_\_\_\_\_

#### E. Insurance

1. Certificate of Insurance – Has the sub-recipient submitted a current copy of the Certificate of Insurance with the City named as additional insured? \_\_\_\_\_

	YES	NO	N/A	Comments
<b>F. Procurement</b>				
1. <u>Procurement Procedures</u> – Does sub-recipients procurement procedures and policies meet CDBG requirements?	_____	_____	_____	
2. <u>Conflict of Interest</u> –Does the sub-recipient have a method to assure there is no conflict of interest, real or apparent?	_____	_____	_____	
<b>G. Equipment and Real Property</b>				
1. Has the sub-recipient purchased equipment with CDBG funds in excess of \$1,000?	_____	_____	_____	
3. Does the sub-recipient maintain records for such equipment purchases?	_____	_____	_____	
<b>H. Conclusion and Follow-up</b>				
1. Is the sub-recipient meeting the terms of the Agreement and HUD regulations?	_____	_____	_____	
2. Are corrective actions needed?	_____	_____	_____	
3. Is technical assistance or additional training needed?	_____	_____	_____	
<b>Additional Comments:</b> _____				

**Site Visit Monitoring Completed by**

\_\_\_\_\_  
City of Pompano Beach

\_\_\_\_\_  
Sub-Recipient Representative

Name  
Office of Housing and Urban Improvement Staff

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



## SECTION III

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

Link: [https://portal.hud.gov/hudportal/documents/huddoc?id=DOC\\_17086.pdf](https://portal.hud.gov/hudportal/documents/huddoc?id=DOC_17086.pdf)

- Playing by the rules for Sub-recipient -  
<https://www.hudexchange.info/onecpd/assets/File/Playing-by-the-Rules-Handbook-CDBG-Subrecipients-Administrative-Systems-Chapter-1.pdf>
- CPD Monitoring Handbook: 6509.2 -  
[https://www.hud.gov/program\\_offices/administration/hudclips/handbooks/cpd/6509.2](https://www.hud.gov/program_offices/administration/hudclips/handbooks/cpd/6509.2)

## **Exhibit B - Work Plan**

## EXHIBIT "B"

### WORK PROGRAM

**Project Name:** Free Indigent Health Care Access, Outreach Education & Treatment Program for Pompano Beach Residents

**Project Description:**

Public Service Free Indigent Health Care Access, Outreach Education & Treatment Program for Pompano Beach residents and their families focuses on providing medical care and treatment to those City residents **who** are exhibiting some medical problem, that are medically underserved, uninsured and/or not eligible for government benefits and who live in very-low and low-income census tracts in the City of Pompano Beach. 100% of the clients receiving assistance through our program have Health Disparities with many exhibiting Chronic Disease (Diabetes/Hypertension/Heart Disease, Cholesterol, Vision/Glaucoma). As a result of these medical issues, the patients and residents we are serving do not have the stamina, mental capability, or fortitude to ensure that their actions comply with the standards of fair housing guidelines and legislation. By providing basic health including preventative and corrective treatments, the individuals served at our facility will gain the strength and personal health resources to ensure that their fair housing standards and guarantees are enforced.

The Program will begin October 1, 2020 and continue through September 30, 2021 as a one year program and will provide for partial rent, utilities, maintenance and medical storage and enhance the level of essential health care and preventative medical services to 50 medically underserved, uninsured, at risk Pompano Beach residents that traditionally do not have access to or are not aware of or cannot obtain effective health care due to cultural barriers or lack of health insurance.

**Primary Objectives and Outcomes:**

Through CDBG funding, Light of the World Clinic, Inc. will provide free health care and education to approximately 50 individuals (direct medical treatment) medically underserved, uninsured, and not eligible for government benefit Pompano Beach residents from Pompano Beach zip code areas **33060, 22062, 33063, 33064, 33065, 33066, 33068, 33069, 33071, 33073, 33074, 33093.**

Goal	Objective	Activities	Timeline
Increase understanding of health issues and implications of poor health management for low income individuals residing in Pompano Beach	To provide Community Outreach to Medically Underserved & Uninsured Individuals	Medically underserved, uninsured will participate in one (1) hour of service per week (for approx. three (3) months or more depending upon their diagnosis & response to treatment, receive individualized medical screening, education (English/Spanish), one-to-one health treatment services and education about personal health care responsibilities provided by	Provide community outreach, community fairs and events. Conduct health fairs in community and in clinic. Conduct intake, assessment, determine medical baseline and develop a an individualized medical treatment plan (ongoing)

		<b>Clinic</b>	
Improve the health of at risk individuals residing in Pompano Beach through education and instruction	To provide Education to Medically Underserved & Uninsured Individuals	Medically underserved, uninsured will participate in one (1) hour of service per week (for approx. three (3) months or more depending upon their diagnosis & response to treatment, receive individualized medical screening, education (English/Spanish), one-to-one health treatment services and education about personal health care responsibilities provided by Clinic	Provide community outreach, events. Conduct health fairs in community and in clinic. Conduct intake, assessment, determine medical baseline and develop a an individualized medical treatment plan (ongoing)
Improve the health of medically underserved and uninsured individuals residing in Pompano Beach	To provide Free Medical Services and Treatment to Medically Underserved & Uninsured Individuals	Medically underserved, uninsured will participate in one (1) hour of service per week (for approx. three (3) months or more depending upon their diagnosis & response to treatment, receive individualized medical screening, education (English/Spanish), one-to-one health treatment services and education about personal health care responsibilities provided by Clinic	Provide community outreach, community fairs and events. Conduct health fairs in community and in clinic. Conduct intake, assessment, determine medical baseline and develop a an individualized medical treatment plan (ongoing)

**Program Outcomes include:**

(1) 85% of those participating in the health care and prevention outreach program will get a customized medical plan of care and increase their knowledge of individual health and how to be proactive about health;

(2) 65% (based on past program performance) of participants will adopt preventative behaviors, reduce smoking, adopt healthy diet, be physically active, and will show improved health, decrease of actual/potential medication use, improved nutrition, glucose monitoring, cholesterol, blood pressure, weight loss.

(3) 85% of those participating in the health care and prevention outreach program will increase their knowledge of individual health and how to be proactive about their health.



**The Project Goals during October 1, 2020 - September 30, 2021 include:**

<b>GOAL</b>	<b>EVALUATION METHOD</b>	<b>REPORTING MECHANISM</b>
Provide Community Outreach to Medically Underserved & Uninsured Individuals	Measured and documented proof by: medical records, medical baseline measured at time of 'intake', monthly medical progress and post-treatment medical records/lab reports and interviews.	Medical Records, Medical Baseline, Medical Records, Post Treatment Medical records/lab reports and interviews. Completion: 9/30/21
Provide Access & Education to Medically Underserved & Uninsured Individuals	Proof by medical improvement based on patients medical records, at time of 'intake', medical lab tests results and records.	Medical Records, Medical Baseline, Medical Records, Post Treatment Medical records/lab reports and interviews Completion: 9/30/21
Provide Free Medical Services and Treatment to Medically Underserved & Uninsured Individuals	Measured and documented proof by: medical records, medical baseline measured at time of 'intake', monthly medical progress and post-treatment medical records/lab reports and interviews.	Medical Records, Medical Baseline, Medical Records, Post Treatment Medical records/lab reports and interviews. Completion: 9/30/21

**Evaluation:** Free Indigent Health Care Access, Outreach Education & Treatment Program for Pompano Beach Residents activities will be monitored and evaluated regularly by the Medical Director and Board of Directors.

Program adjustments will be implemented as appropriate to ensure success. Monitoring of program accomplishments will be based on a bi-monthly evaluative model with the first monitoring/evaluation occurring three months from grant notification. Subsequent monitoring reports will be issued quarterly, program adjustments implemented if necessary.

Evaluation criteria used in the monitoring process will be based upon two indicators: 1) the number of counseling/healthcare sessions conducted; and 2) the number of patients examined or treated. In terms of qualitative monitoring, the Medical Director will monitor data on patient health outcomes, and implement a community survey effort to identify community perceptions on the quality of health care education information being disseminated. The Medical Director will provide program status reports to the Board of Directors on a monthly basis and will coordinate responsibility for on-going monitoring and adaptation of the healthcare program services. Program adjustments will be implemented as appropriate or necessary. Reports will utilize patient data to develop a statistically viable profile of met and unmet patient needs being addressed by the Clinic so that future potential funding entities and appropriate governmental organizations can be more fully aware of the needs of the target population.

Evaluative Indicators will include the following:

Intake of patients, interviews and known history.

Mid-year: Determine medical progress/health improvements of patients identified with Diabetes

End-year: evaluate medical progress/health improvements of patient after year-long program participation

Through Indigent Health Care and Prevention Outreach Program we will provide individual and group health education and diabetic counseling to more than 50 patients.

## EXHIBIT C

### COMPENSATION AND BUDGET SUMMARY

#### Light of the World Clinic, Inc.

- A. All payments shall be in the form of reimbursements for program services provided. **SUBRECIPIENT** will be paid according to the approved budget submitted to the CITY for the specific program. The budget determined for Light of the World Clinic, Inc., for the funding period beginning October 1, 2020 through September 30, 2021 is attached and hereby incorporated and made part of Exhibit C.

The City shall pay Light of the World Clinic, Inc., (hereinafter referred to as the "SUBRECIPIENT") as maximum compensation for the services required pursuant to this Agreement the sum of **Fifteen Thousand Dollars (\$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 15<sup>th</sup> of the month. Reimbursement requests should be electronically submitted to the City through its Neighborly Software system, within thirty (30) calendar days after the indebtedness has been incurred, using a completed reimbursement request form provided by the Office of Housing and Urban Improvement, together with the required expense documentation, which shall be separately scanned and uploaded at the same time as the completed Reimbursement Request form. Subrecipient shall file monthly progress reports by completing them online using the Neighborly Software system report form as a condition of reimbursement.
- D. The SUBRECIPIENT must submit the final request for payment to the City within 30 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 *Interim CEO / Pres.*

*1/5/21*  
\_\_\_\_\_  
Date



**EXHIBIT "C"**

**BUDGET TABLE/COSTS FOR PROJECT**

<b>Funding Sources</b>					
	<b>Cost Category</b>	<b>Pompano Beach CDBG</b>	<b>Clinic &amp; Other Funders</b>		<b>Total</b>
<b>A.</b>	Personnel	\$	\$25,320		\$25,320
<b>B.</b>	Fringe Benefits	\$	\$5,317		\$5,317
<b>C.</b>	Travel	\$			\$
<b>D.</b>	Equipment	\$			\$
<b>E.</b>	Supplies	\$			\$
<b>F.</b>	Contractual Services	\$			\$
<b>G.</b>	Construction	\$			\$
<b>H.</b>	Utilities	\$3,000	\$3,000		\$6,000
<b>I.</b>	Rent: Building Occupancy	\$12,000	\$15,000		\$27,000
<b>J.</b>	Insurance, Legal & Financial	\$	\$5,000		\$5,000
<b>H</b>					
<b>I.</b>	<b>Total</b>	<b>\$15,000</b>	<b>\$53,637</b>		<b>\$68,637</b>

The Program as outlined and budgeted, will provide, free medical treatment & health care supplies, medications and outreach education by volunteer doctors/medical professionals to approximately 500 individuals (community outreach) and 50 individuals (direct medical treatment) medically underserved, uninsured Pompano residents (HUD verification).

Clinic will match CDBG Funds with \$53,637 from other sources and grants as noted above.

**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.

**Light of the World Clinic, Inc.**

\_\_\_\_\_  
SUBRECIPIENT

*Hiram Montero*  
\_\_\_\_\_  
PRINT NAME OF CERTIFYING OFFICIAL

*[Handwritten Signature]*  
\_\_\_\_\_  
SIGNATURE OF CERTIFYING OFFICIAL

*1-5-21*  
\_\_\_\_\_  
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).

# EXHIBIT E

## CITY OF POMPANO BEACH – OFFICE OF HOUSING AND URBAN IMPROVEMENT

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

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

SUBRECIPIENT

Hiram Montoro  
PRINT NAME OF CERTIFYING OFFICIAL

[Signature]  
SIGNATURE OF CERTIFYING OFFICIAL

1-5-21  
DATE

# 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 \_\_\_\_\_

By Hiram Montero

Interim CEO / President  
(print this individual's name and title)

for CDBG Grant

(print name of entity submitting statements)

whose business address is 5333 N. Dixie Hwy # 201  
Oakland Park, FL 33334

and if applicable is Federal Employer Identification Number (FEIN) is 65-0266070

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

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

enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

5. I understand that a "person" as defined in Paragraph 287.133(1) (e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
6. Based on information and belief, the statement which I have marked below is true in a relation to the entity submitting this sworn statement. (Please indicate which statement applies).

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

HM 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.

[Signature]  
\_\_\_\_\_  
(Signature)

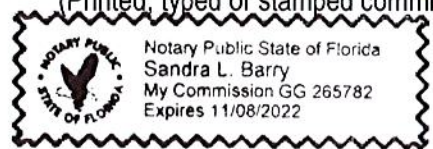
Sworn to me and subscribed before me this 5 day of January, 2021

Personally known to me

Or produced identification \_\_\_\_\_ Notary Public—State of Florida

\_\_\_\_\_ My commission expires 11-08-22  
(Type of Identification)

[Signature]  
\_\_\_\_\_  
(Printed, typed or stamped commissioned name of notary public)



**SAM Search Results**  
**List of records matching your search for :**

**Record Status: Active**  
**DUNS Number: 123623196**

**ENTITY** Luz Del Mundo (Light Of The World), Inc. **Status: Active**

DUNS: 123623196 +4: CAGE Code: 6AM25 DoDAAC:

Expiration Date: 03/18/2021 Has Active Exclusion?: No Debt Subject to Offset?: No

Address: 5333 N DIXIE HWY STE 201

City: OAKLAND PARK

ZIP Code: 33334-3454

State/Province: FLORIDA

Country: UNITED STATES



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

## Detail by Entity Name

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

### Filing Information

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

### Principal Address

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

Changed: 01/11/2015

### Mailing Address

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

Changed: 01/11/2015

### Registered Agent Name & Address

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

Name Changed: 01/12/2016

Address Changed: 01/12/2016

### Officer/Director Detail

#### **Name & Address**

Title Director



LUZDELM-01

NBEDIA

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

1/7/2021

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).

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

**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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	21SBAVK5522	6/30/2020	6/30/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
A	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		21SBAVK5522	6/30/2020	6/30/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in Nh) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>Property</b>		21SBAVK5522	6/30/2020	6/30/2021	<b>Property</b> 90,500 1,000,000
B	<b>Directors &amp; Officers</b>		NDO10214345	6/13/2020	6/13/2021	

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

**APPROVED**

By Danielle Thorpe at 11:01 am, Jan 11, 2021

**CERTIFICATE HOLDER**

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

**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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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/04/2021

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).

<b>PRODUCER</b>  FrankCrum Insurance Agency, Inc. 100 South Missouri Avenue Clearwater, FL 33756	<b>CONTACT NAME:</b> _____	
	<b>PHONE:</b> (800) 277-1620 X 4800	<b>FAX:</b> (727) 797-0704
<b>E-MAIL ADDRESS:</b> _____		
<b>INSURERS(S) AFFORDING COVERAGE</b>		<b>NAIC#</b>
<b>INSURER A:</b> Frank Winston Crum Insurance Company	<b>11600</b>	
<b>INSURER B:</b> _____	_____	
<b>INSURER C:</b> _____	_____	
<b>INSURER D:</b> _____	_____	
<b>INSURER E:</b> _____	_____	
<b>INSURER F:</b> _____	_____	

**COVERAGES** CERTIFICATE NUMBER: 761341 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 INSRD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR _____ _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER						EACH OCCURENCE \$ 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 UNIT (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 OCCURENCE \$ AGGREGATE \$ _____ \$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WC202100000	01/01/2021	01/01/2022	X PER STATUE <input type="checkbox"/> OTHER <input type="checkbox"/> 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)

Effective 10/22/2017, coverage is for 100% of the employees of FrankCrum leased to LIGHT OF THE WORLD CLINIC, INC. (Client) for whom the client is reporting hours to FrankCrum. Coverage is not extended to statutory employees.

**APPROVED**  
 By Danielle Thorpe at 8:52 am, Feb 08, 2021

<b>CERTIFICATE HOLDER</b>  City of Pompano Beach Office of Housing & Urban Improvement 100 W Atlantic Blvd Suite 220 Pompano Beach, FL 33060	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b> 
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