

HEALTH FOUNDATION OF SOUTH FLORIDA

GRANT AWARD AGREEMENT

BOARD APPROVAL DATE: September 21, 2019

GRANT NO.: 19-05134

GRANTEE: City of Pompano Beach, Inc.

AWARD AMOUNT: \$71,255.00

AWARD DURATION: 24 months

PROJECT CONTACT: Karen Santen

PROJECT TITLE: McNair Park Improvements

In accordance with the policy of Health Foundation of South Florida, the undersigned, (either the President/CEO or Executive Director of the above listed Grantee or an agent with signatory authority), does hereby acknowledge that a Foundation Grant of \$71,255.00 over 24 months has been approved for the above stated project and as further described in the grant proposal.

The undersigned further agrees that the Grant Award will be used only for the purpose as stated in this Agreement, as described in the grant proposal and with no substantial variance to the approved budget unless prior approval in writing is obtained from the Foundation. The undersigned certifies that the grantee organization operates under a tax-exempt status. The undersigned also agrees to return to the Foundation any grant funds not expended for the purposes of the grant within the grant period.

A. Requirements for approval of Grant Award Agreement: Requirements for this grant are listed below. Each requirement including this Grant Award Agreement can be uploaded directly to the Health Foundation's portal as an amendment.

1. **Start/End Date:** Provide grant project start date, end date and reporting dates. For all projects, start date must be on the first or 15th day of the month. A progress report is due 30 days following the completion of each six-month period. A final report is due 30 days following the completion of the grant period. Please mark all applicable report due dates in the space provided.
Start date: October 15, 2019 End date: October 15, 2021
First Progress report date: April 15, 2020
Second progress report date: October 15, 2020
Additional progress report dates (for two-year or more grants only): April 15, 2021
Final report date: November 15, 2021

2. **Work Plan:** If necessary, please revise your Work Plan Benchmarks (outcome

objectives, outcome measures and process objectives). The Work Plan Benchmarks that were submitted with your proposal are located on the HFSF Portal's Dashboard on the Benchmarks tab. Your Work Plan Benchmarks will need to be reviewed and approved by your project liaison before the first grant payment is issued.

3. **Budget:** If necessary, please finalize your project budget and include a budget narrative.
4. **Letter of Employment Engagement:** If applicable, a signed Letter of Employment Engagement (see Letter of Employment Engagement Sample, attached) for any staff over 40% FTE hired for the project with grant funds (this does not apply to currently employed personnel).
5. **Job Descriptions:** Please provide a job description for each staff person supported with Health Foundation grants funds.
6. **Equipment Policy:** If applicable, please demonstrate adherence to Health Foundation's equipment policy. The equipment policy can be found on our website, www.hfsf.org, on the Grantee page under the Grants tab.
7. **Communications and Publicity:** Communications is an important tool to increase awareness and clearly convey the meaningful impact of your work. Grantees are encouraged to strategically communicate about the work that will be done through this grant with key stakeholders and the general public. With the direction and assistance of Health Foundation of South Florida staff, grantees may be required to engage in at least one communications, media outreach, and/or advocacy strategy during the life of the grant. We will assist you in promoting your work through social and traditional media channels. Publicity and media coverage will help communicate the impact of your work and bring attention to the issues we are collectively addressing.

In accepting this grant, the Grantee agrees to allow Health Foundation of South Florida to review and approval all media materials and promotional items regarding Health Foundation of South Florida funded projects prior to publication. The Grantee agrees to acknowledge Health Foundation of South Florida's support of this project in all public or private announcements and published written materials. **Failure to abide by Health Foundation's Communications Guidelines may affect future grant payments and/or funding considerations at the discretion of Health Foundation staff.** A copy of the guidelines is distributed along with this Grant Award Agreement. You may also refer to it at any time on our website, www.hfsf.org, under the Grants tab.

8. **Conditions and Contingencies:**

B. Additional Requirements due throughout the funding period:

1. **Evaluation Consultant:** You may be required to work with an evaluation consultant who will be assigned by the Foundation. If required, you will find details on the evaluator and the requirements in an attached document.
2. **Outreach with Elected Officials:** Health Foundation recognizes that only through collaborative effort can we successfully establish a more health promoting public policy environment. As a result, you may be asked to work with your Health Foundation liaison to engage and inform selected elected officials on public policy issues relating your HFSF grant supported project and your organization as a whole.
3. **Reporting:** Progress and Final Reports must be submitted electronically via a link that will be e-mailed to you at the appropriate times.
4. **Data Tracking:** Please track the Income/Poverty level and the Race/Ethnicity of your program participants and report the data in the Final Report.
5. **Organizational Status Changes:** Notify your liaison within two weeks of changes in organizational status including but not limited to: key personnel such as senior or project staff, organizational name, tax status, and organizational address.
6. **Other Organizational Changes:** Notify your liaison of any organizational changes, such as new address or contact information to ensure that you maintain proper communications with the Foundation and receive payments promptly. If a grant payment has to be reissued, it will be subject to a \$35 change fee.
7. **Budget Modifications:** Notify your liaison and submit a budget modification form if budget changes greater than \$3,000 are required during the course of the project. Please advise your liaison if the budget change is due to an increase or decrease in committed funding from other sources. A Request for Budget Modification Form is available on our website, www.hfsf.org, on the Grantees page under the Grants tab.
8. **Success Stories:** We are happy to promote your success stories on our website, in print materials, and with media outlets—please share them with us. Should you receive press attention on your project we request that you notify your Health Foundation program liaison.

****Please note that you must meet all requirements A.1 through A.8 before submitting a**

signed Grant Award Agreement. **

***** By signing this agreement you acknowledge that you have reviewed and accepted
our Communications Guidelines*****

ACCEPTED and AGREED by the President/CEO, Executive Director, or agent with
signatory authority from City of Pompano Beach, Inc.:

By: (Please see attached signature page)

Title: _____

Date: _____

ACCEPTED and AGREED by the President/CEO, Executive Director, or agent with
signatory authority from Health Foundation of South Florida:

By: _____

Title: _____

Date: _____

“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 this _____ day of _____, 2019 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