

APPROPRIATIONS CONTRACT

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

WHEREAS, the City of Pompano Beach has appropriated for its current Fiscal Year 2021-22 (October 1st through September 30th), the sum of \$18,000 to Recipient, to conduct a program entitled or activity as described in Exhibit “A” Recipients Requirements, Contractual Responsibilities and Program Description” (collectively the “Work”) attached hereto and incorporated herein by reference, for the period beginning October 1, 2021 and ending September 30, 2022; and

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

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

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

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

2. *Term of Contract.* This Contract shall be for the period beginning October 1, 2021 and ending September 30, 2022.

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

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

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

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

7. *Contract Administrators, Notices and Demands.*

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

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

If to Recipient: Ms. Frances M. Esposito
Chief Executive Officer
920 Northwest 7th Avenue
Fort Lauderdale, FL 33311
Office: 954-779-3990 ext. 1313
Email: fesposito@bphi.org

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

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

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

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

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

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

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

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

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

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

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

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

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

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

14. *Non-Assignability and Subcontracting.*

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

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

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

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

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

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

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

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

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

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

20. *Public Records.*

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

1. Keep and maintain public records required by the City in order to perform the service.
2. Upon request from the City's custodian of public records, provide the City with a copy of requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in Chapter 119, Florida Statutes or as otherwise provided by law.

3. Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the contract term and following completion of the Contract if Recipient does not transfer the records to the City.

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

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

PUBLIC RECORDS CUSTODIAN

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

CITY CLERK

100 W. Atlantic Blvd., Suite 253

Pompano Beach, Florida 33060

(954) 786-4611

RecordsCustodian@copbfl.com

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

22. *Waiver and Modification.*

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

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

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

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

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

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

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

27. *Entire Contract.* This document incorporates and includes all prior negotiations, correspondence, conversations, contracts or understandings applicable to the matters contained herein, and the parties agree that there are no commitments, contracts or understandings concerning the subject matter of this Contract that are not contained in this document. Accordingly, it is agreed that no deviation from the terms hereof shall be predicated upon any prior representations or contracts, whether oral or written.

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

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

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

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

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

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

THE REMAINDER OF THE PAGE IS INTENTIONALLY LEFT BLANK

“CITY”:

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

CITY OF POMPANO BEACH

By: _____
REX HARDIN, MAYOR

By: _____
GREGORY P. HARRISON, CITY MANAGER

Attest:

ASCELETA HAMMOND
CITY CLERK

(SEAL)

Approved As To From:

MARK E. BERMAN
CITY ATTORNEY

"RECIPIENT"

BROWARD PARTNERSHIP FOR THE HOMELESS, INC.

(Print or type name of company here)

Witnesses:

Ryan A. Coste

Ryan A. Coste

(Print or Type Name)

Nick Green

Nick Green

(Print or Type Name)

By: Frances M. Esposito

Print Name: FRANCES M. ESPOSITO

Title: CHIEF EXECUTIVE OFFICER

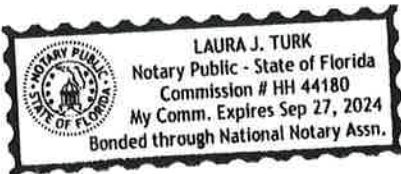
Business License No. 65-0777033

STATE OF FLORIDA

COUNTY OF Broward

The foregoing instrument was acknowledged before me, by means of ☒ physical presence or ☐ online notarization, this 15th day of September, 2021, by FRANCES M. ESPOSITO as CHIEF EXECUTIVE OFFICER of BROWARD PARTNERSHIP FOR THE HOMELESS, INC., a Florida non for profit corporation. She is personally known to me or who has produced _____ (type of identification) as identification.

NOTARY'S SEAL:



Laura J. Turk
NOTARY PUBLIC, STATE OF FLORIDA

Laura J Turk

(Name of Acknowledger Typed, Printed or Stamped)

HH 44180

Commission Number

Exhibit “A”

Recipients Requirements, Contractual Responsibilities and Program Description

1. RECIPIENT agrees to do as follows:

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

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

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

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

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

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

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

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

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

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

4th Quarterly Narrative & Financial Report (July/August/September) - September 30th

If RECIPIENT receives a lump sum payment for a one-time event or an award amount of \$5,000 or less then the RECIPIENT shall be required to submit their narrative and financial report on a due date above as assigned by the CITY at a later date. The due date shall occur after the program or activity described in Exhibit "A" Recipients Requirements, Contractual Responsibilities and Program Description has concluded.

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

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

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

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

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

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

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

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

- 4) RECIPIENT agrees that any funds provided by the CITY for the operation of the program or activity during the current CITY's fiscal year, which are residual funds remaining unspent or unencumbered by any existing (not contingent) legal obligation shall be returned to the CITY.
- 5) RECIPIENT shall not use the CITY's logo, materials, or testimony for promotion of the RECIPIENT's program without written authorization from the CITY Manager or its designee.
- 6) RECIPIENTS shall attend a mandatory Orientation provided by the CITY at a date to be determined by the CITY. Failure to attend said Orientation shall be grounds for termination of the contract.
- 7) In cases where a contract is terminated by the CITY for default by RECIPIENT, the CITY reserves the right to deny RECIPIENT's future applications for new funding for a time to be determined by the City Manager, and/or his or her designee, and/or the City Commission.

Organization Name: BROWARD PARTNERSHIP FOR THE HOMELESS, INC.

Program Funded: North Homeless Assistance Center

Amount Funded: \$18,000

Program Description: The North Homeless Assistance Center (NHAC) is located at 1700 Blount Road, Pompano Beach, FL. The Center provides emergency housing and supportive services for individuals and families experiencing homelessness. The overall goal of the program is to quickly transition clients from homelessness to jobs, health, and housing.

All clients at NHAC participate in a workforce assessment process that gauges their ability to work, and if applicable, which career choices would be most logical. Barriers to employment could be as simple as not having an ID or as complicated as a physical or mental health concerns that limit their duties as a potential employee.

The NHAC staff work with clients to determine their unique needs and to create and execute an individualized plan that includes the appropriate services and support needed to obtain or improve employment.

Form Name:	City of Pompano Beach Nonprofit Sponsorship Application
Submission Time:	April 29, 2021 5:03 pm
Browser:	Chrome 90.0.4430.93 / Windows
IP Address:	75.149.179.92
Unique ID:	801708968
Location:	26.761600494385, -80.091598510742

About Your Organization

Which Fiscal Year Is Your Organization Applying For?	2021-2022
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Full Name of Nonprofit:	Broward Partnership for the Homeless
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Mission of Nonprofit:	The Broward Partnership is committed to reducing homelessness by promoting independence and self-worth through advocacy, housing and comprehensive services.
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Brief Overview of Nonprofit:	<p>The Broward Partnership was founded in 1997 as a strategic private/public alliance aimed at addressing the burgeoning problem of homelessness in Broward County. The Partnership was charged by the Broward County Commission with raising the initial funds for constructing, and subsequently operating, a new emergency homeless shelter to replace the "Tent City" homeless encampment, where approximately 400 individuals were living in deplorable conditions. On February 1, 1999, the Partnership opened the Central Homeless Assistance Center/Huizenga Campus (CHAC), a 57,000 sq. ft. facility near downtown Fort Lauderdale.</p> <p>Since then, the Partnership has evolved into the largest comprehensive homeless services provider in Broward County. The Partnership operates the Central Homeless Assistance Center in Fort Lauderdale and the North Homeless Assistance Center in Pompano Beach providing street outreach, a day respite program, 498 beds of emergency shelter, over 100 units of scattered-site permanent housing interventions in Broward County, and a complete array of health and social services for men, women and families with children experiencing homelessness. The Partnership has won best practices awards from the Florida Department of Children & Families and the U.S. Department of Housing & Urban Development.</p>
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Nonprofit Website:	www.bphi.org
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Which Funding Priority Does Your Nonprofit Qualify For:	Workforce Readiness
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Type of Organization - select the one that best applies:	Human Services
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**Executive Summary of How Nonprofit
will use City of Pompano Beach
Funding:**

Funds from the City of Pompano Beach will support the North Homeless Assistance Center (NHAC) program located at 1700 Blount Road, Pompano Beach, FL 33069. The NHAC program provides emergency housing and supportive services for individuals and families experiencing homelessness. The overall goal of the program is to quickly transition clients from homelessness to jobs, health, and housing.

The NHAC provides 268 beds for men, women, and families with children with services offered by staff seven days per week, 24 hours per day. A full complement of stabilization services includes access to case management, nutritious meals, childcare, medical care, mental health and substance abuse treatment, counseling and/or education, housing navigation, and vocational training and employment assistance needed to establish self-sufficiency and housing stability. All services are provided in a client-centered environment designed to promote long-term economic stability, housing stability and prevent recurring episodes of homelessness.

The Partnership's targeted approach to reducing homelessness is a result of its reliance on strategic planning guided by influential community leaders that compose its Board of Directors, and evidence-based practices, including a Housing First model of care, to inform and direct its efforts. The NHAC operates as a low barrier shelter designed to screen clients in rather than screening them out, which ultimately increases access to shelter, workforce development (workforce readiness) and supportive services for some of the hardest to reach of the homeless population.

Using evidence-based practices, the delivery methodology used at the NHAC contributes to stronger outcome achievement for clients. The services provided are client centered and recovery oriented. The Partnership provides services with the individual in mind and considers the many cultural, environmental, and linguistic preferences that make up the community the Partnership serves. The primary evidence-based approaches that comprise the service delivery model - Housing First, Low Barrier Model, Motivational Interviewing® (MI®), and SOAR (SSI/SSDI Outreach Assessment Recovery) - have a foundation based upon these same considerations.

How Does Your Nonprofit/Program Fit the Guidelines and Funding Interests?

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

Statement of Need:

Homelessness in the U.S. is caused by many factors, such as lack of affordable housing, insufficient income, physical and behavioral health problems, pandemics, and domestic violence. According to the Department of Housing and Urban Development's (HUD) annual Point in Time Count (PIT) conducted in January of 2020, there were 2,312 homeless persons in Broward County, which calculated to 14.4 homeless persons per 10,000 people in the general population. According to the HUD's 2019 Annual Homeless Assessment Report to Congress, Broward County was named as the "largely suburban community with the fifth-highest rate of individuals experiencing homelessness" in the United States.

As if people experiencing homelessness were not already at a disadvantage, the COVID-19 pandemic has tasked them with even greater challenges that were hardly imaginable a short while ago. Jobs are far fewer, and the jobseekers competing for what precious jobs remain suddenly include hundreds of thousands of well trained and experienced people who previously only competed with their peers. Furthermore, landlords are becoming increasingly cautious about who they will accept as new tenants and are now looking to acquire tenants with a track record of employment stability, making it even more difficult for people with a history of hardship to put their life back on track. As the public health, economic, and employment landscape for people experiencing homelessness is uncertain at best, the Broward Partnership's program at NHAC is essential now more than ever.

Include a Description of the Geographic Area You Serve:

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

About Your Board of Directors

Board Disabled	0
Board Minorities	2
Board Seniors	9
Total Board Members	23

Program/Event Information #1

Will your organization be hosting an event on City property?	No
Which are you applying for? (Program/Event)	Program
Program/Event Name	North Homeless Assistance Center
Type of Program/Event	Other
If other, please specify:	North Homeless Assistance Center Program in Pompano Beach
Describe the program/event succinctly:	<p>The North Homeless Assistance Center (NHAC) is located at 1700 Blount Road, Pompano Beach, FL. The Center provides emergency housing and supportive services for individuals and families experiencing homelessness. The overall goal of the program is to quickly transition clients from homelessness to jobs, health, and housing.</p> <p>All clients at NHAC participate in a workforce assessment process that gauges their ability to work, and if applicable, which career choices would be most logical. Barriers to employment could be as simple as not having an ID or as complicated as a physical or mental health concerns that limit their duties as a potential employee.</p> <p>The NHAC staff work with clients to determine their unique needs and to create and execute an individualized plan that includes the appropriate services and support needed to obtain or improve employment.</p>

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

Funding will be used to support services provided through the NHAC program designed to transition clients out of homelessness and into jobs, health, and homes. The NHAC program includes a Workforce Manager, two Job Developers and full-time Computer Lab Technician who will provide direct training and support services in a large college campus style room equipped with 40 computers. The program provides a variety of services designed to enhance clients' skills and increase job readiness, including enrolling in vocational training programs, improving communication skills, creating a resume, providing job leads, preparing for interviews, workforce etiquette training, and improving computer skills.

The Workforce Development Manager focuses on increasing contact and collaboration with businesses, nonprofit organizations, and community partners in Pompano Beach and surrounding areas to help clients become employed in career fields such as culinary arts, security, home health care, commercial vehicle driving, medical assistance, child care and other occupations. Clients will benefit from daily access to the on-site computer lab at NHAC where they can search and apply for jobs, take online courses, and improve computer skills. Job Developers, the Computer Lab Technician, and volunteers from the business community provide life skills classes on topics related to achieving and maintaining self-sufficiency, such as money management, business etiquette, interviewing skills, goal setting and dressing for success.

All services provided at the NHAC follow a multidisciplinary approach that strives to address any barriers that may interfere with the ability of its clients to enter or succeed in the workplace. Case Managers assist clients in obtaining necessary forms of identification, such as birth certificates and driver's licenses. In the NHAC's clothing room, clients are able to select appropriate clothing, shoes and accessories for their employment needs. Clients can enhance their professional appearance with a haircut, shave or styling provided by pro-bono stylists or through vouchers provided by the NHAC. The Partnership's Smiles Work! Dental Clinic provides comprehensive care, including cleanings and the restoration of missing teeth, in order to improve clients' health, employability and confidence. Additionally, NHAC staff facilitate transportation to and from interviews, work assignments, and outside appointments, through van transportation and bus passes.

All clients who obtain employment are encouraged to participate in the Job Retention program, which provides gift card incentives for clients who maintain employment over time. The Job Retention program provides individuals up to \$750 dollars in retail gift cards over the course of three years if employment is maintained.

What are the outcomes of your program/event?

Provide Services to a minimum of five hundred (500) NHAC clients
90% of clients will received an employment assessment
25% of clients 18 years or older, increase their total income prior to program exit
25% of clients obtain permanent housing placement upon program exit

Estimated # of Attendees at the Program/Event (select the one that best applies)

501-1,000

Please Specify the Number of City of Pompano Beach Residents Your Organization will Serve if the Program/Event is Funded:

500

Describe the demographics of the population you are impacting with this program/event: Demographics: Socioeconomic characteristics of a population expressed statistically, such as age, sex, education level, income level, occupation.

The population served are persons experiencing homelessness regardless of their sexual orientation, political affiliation, religion, age, color, race, national origin, ability and/or disability. From a public health perspective, conditions such as diabetes, hypertension, asthma, chronic obstructive pulmonary disease, diseases of the liver or kidneys, oral diseases, and substance abuse and mental health disorders are more prevalent and typically more severe among persons experiencing homelessness.

Additionally, they are more apt to encounter trauma, injuries, and physical ailments. Often these individuals also suffer with cognitive impairments associated with traumatic brain injury, mental illness, chronic substance abuse, infection, strokes or developmental disabilities that cause difficulties in accessing and managing treatment on their own.

Many clients served by the Partnership have no income and are at a severe disadvantage in the job market due to a variety of factors such as lack of vocational training, education, and marketable skills, as well as limited access to transportation.

Average percentage of clients by age group:

6% 0-5

7% 6-11

1% 12-15

5% 16-24

36% 25-44

36% 45-64

9% 65+

Average percentage by gender:

32% Female

68% Male

Average percentage by race and ethnic background:

66% Black

8% Hispanic/Latino

1% Native American Indian, Indigenous peoples, or Alaska Native

25% White

Start Date of Program/Event:	Oct 01, 2021
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End Date of Program/Event:	Sep 30, 2022
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Does your program/event have a start time/end time?	No
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Name of Program/Event Venue:	North Homeless Assistance Center
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Address of Program/Event Venue Location:	1700 Blount Road Pompano Beach, FL 33069
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Attire of Program/Event (select the one that best applies):	Casual
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List any Benefits or Amenities the City of Pompano Beach Receives:

The NHAC program is located in the City of Pompano Beach and works closely with City of Pompano Beach & Broward County Officials, Law Enforcement, the Business Community and other service providers in and around the City of Pompano Beach to make the community a better place for all residents.

Amount Requested:

25000

Are you applying for a second Program/Event?

No

Additional Activities

Are there any additional activities associated with the primary sponsorship event (Examples include VIP event, Kickoff event, Awards Ceremony, Thank You/Recognition Party, etc...)

No

Additional Information

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

Broward Partnership has won best practices awards from the Florida Department of Children and Families (DCF) and the United States Department of Housing and Urban Development (HUD). In 2016, the Partnership was named as the "Non-Profit Small Business of the Year" by the Greater Fort Lauderdale Chamber of Commerce. In March 2019, the Florida Housing Finance Corporation awarded Broward Partnership a \$25 million low income tax credit subsidy for the construction of Seven on Seventh, a 72-unit mixed use development designed to house Broward County residents at 60% or below of area median income. The award was the first of its kind for Broward County in over 10 years. In 2020, Broward Partnership became an awardee of the Bank of America Neighborhood Builders program in recognition of the Partnership's programs to improve economic mobility of Broward County residents through workforce development services.

Any other information you wish to share?

The Partnership is governed by an engaged, mission-driven Board of Directors comprised of 23 business and community leaders across a variety of sectors, including one individual who experienced homelessness. The Board is gender and racially diverse with 9 women represented along with individuals of different racial and ethnic backgrounds. All board members financially contribute annually. In addition to monthly board meetings, each board member participates in fundraising and friend-raising activities, as well as serves on at least one of eight standing sub-committees (Executive, Program Services, Resource Development, Legal, Nominating, Master Planning, Housing, and Finance). A current or former client speaks at each board meeting in order to keep the Partnership's mission forefront in the minds of board members, as their active leadership moves the agency forward.

Board members and staff of the Partnership annually attend the Florida Supportive Housing Coalition's Supportive Housing Summit. All Partnership Board Members are active in their respective communities and parlay their valuable experience and expertise to benefit the Partnership. All staff must complete the Florida Department of Children and Families online training course that includes several modules covering topics such as data security, civil rights, and domestic violence. Staff from the North Homeless Assistance Center (NHAC) regularly participate in professional development activities that keep them at the forefront of their professions.

City of Pompano Beach Funding History

Has your organization been funded before by City of Pompano Beach?	Yes
If yes, when was the most recent year?	2019
What was the name of program/event funded?	Roaring Twenties, 20th Annual Salute to Leadership event
How much was the funding for this program/event?	3500

Requested Budget Information

What is the total value your nonprofit is applying for?	25000
If you are not awarded the full funding requested for your event/program, will you be able to complete your project?	Yes

Are you including the following:	Itemized Budget - Please provide a budget for the program/event you are applying for vs. the agency's annual budget = Yes W9 = Yes IRS Letter = Yes List of Board of Directors = Yes Articles of Incorporation = Yes Most Recent 990 Form = Yes
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Upload your documents: All items are mandatory.

Itemized Budget - Please provide a budget ONLY for the program/event you are applying for. Annual agency budgets will not be accepted.	https://s3.amazonaws.com/files.formstack.com/uploads/3276970/72077528/801708968/72077528_nhac_shelter_services_budget_2020-21.xlsx
W9	https://s3.amazonaws.com/files.formstack.com/uploads/3276970/72077535/801708968/72077535_broward_partnership_w-9_2020.pdf
IRS Letter	https://s3.amazonaws.com/files.formstack.com/uploads/3276970/72077552/801708968/72077552_501c3_irs_letter_2014.pdf
List of Board of Directors	https://s3.amazonaws.com/files.formstack.com/uploads/3276970/72077556/801708968/72077556_bod_roster_04.23.2021.pdf
Articles of Incorporation	https://s3.amazonaws.com/files.formstack.com/uploads/3276970/72077558/801708968/72077558_articles_of_incorporation.pdf
Most Recent 990 Form	https://s3.amazonaws.com/files.formstack.com/uploads/3276970/90960095/801708968/90960095_2018_-_19_irs_form_990.pdf

Upload your documents: Matching Gift Documentation

Does Your Organization Receive Matching Funds?	Yes
Please indicate one or more matching gift options below:	One or more donors will match the City's contribution for the proposed program/event in this application.
Matching Gift Documentation Supporting Your City of Pompano Beach Event/Program	https://s3.amazonaws.com/files.formstack.com/uploads/3276970/89621669/801708968/89621669_county_match_funding.pdf

Primary Nonprofit Contact

Name	Ryon Coote
Title	Chief Development Officer
Email	rcoote@bphi.org

Phone Number	(954) 832-7029
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Mailing Address (If awarded, your payment will be mailed to this address)	920 NW 7th Avenue Fort Lauderdale,, FL 33311
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Secondary Nonprofit Contact

Name	Nick Green
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Title	Director of Grants and Contracts
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Email	ngreen@bphi.org
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Phone Number	(954) 779-3990
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ATLANTA GA 39901-0001

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

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



011018

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

Dear Taxpayer:

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

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

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

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

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

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

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

0752858409

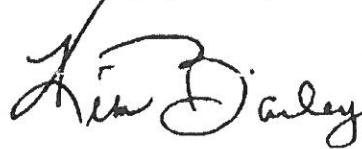
June 26, 2014 LTR 4170C 0

65-0777033 000000 00

00035715

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

Sincerely yours,

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

Kim D. Bailey
Operations Manager, AM Operations 3

Request for Taxpayer Identification Number and Certification

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

Give Form to the
requester. Do not
send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Broward Partnership for the Homeless, Inc.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

☐ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

☒ Other (see instructions) ► **Nonprofit corporation exempt under IRS code section 501(c)(3)**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
920 NW 7 Avenue

6 City, state, and ZIP code
Fort Lauderdale, FL 33311

7 List account number(s) here (optional)

8 Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

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

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

Social security number

			-			-				
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OR

Employer identification number

6	5	-	0	7	7	7	0	3	3
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Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here Signature of U.S. person ► *M. M. Austin, CFO* Date ► *5/4/2020*

General Instructions

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

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

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

July 3, 1997

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

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

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

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

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

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

Freida Chesser
Corporate Specialist
New Filings Section
Division of Corporations

Letter Number: 297A00034771



Department of State

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

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

The document number of this corporation is N97000003780.

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

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



CR2EO22 (1-95)

Sandra B. Northam
Secretary of State

H97000010933

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

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

ARTICLE I
CORPORATE NAME

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

ARTICLE II
PRINCIPAL OFFICE AND MAILING ADDRESS

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

ARTICLE III
NATURE OF CORPORATE BUSINESS AND POWERS

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

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

H97000010933

H 00010933

ARTICLE IV
TERM OF EXISTENCE

This Corporation shall have perpetual existence.

ARTICLE V
REGISTERED AGENT AND
INITIAL REGISTERED OFFICE IN FLORIDA

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

Norman Ostrau
115 South Andrews Avenue
Fort Lauderdale, FL 33301

ARTICLE VI
BOARD OF DIRECTORS

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

ARTICLE VII
ELECTION OF DIRECTORS

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

ARTICLE VIII
REMOVAL OF DIRECTORS

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

ARTICLE IV
INCORPORATOR

000n10933


H97000010933

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

ARTICLE X
INDEMNIFICATION

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

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



Norman Ostrau, Incorporator

H97000010933

H97000010933

**CERTIFICATE DESIGNATING REGISTERED AGENT
AND OFFICE FOR SERVICE OF PROCESS**

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

ACCEPTANCE:

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

Norman Ostrau

By: 

/s/ Norman Ostrau

H97000010933



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

May 20, 1998

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

Re: Document Number N97000003780

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

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

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

**Teresa Brown
Corporate Specialist
Division of Corporations**

Letter Number: 798A00028150



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

I further certify the document was electronically received under FAX audit number H9800009390. This certificate is issued in accordance with section 15.16, Florida Statutes, and authenticated by the code noted below

The document number of this corporation is N97000003780.

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

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



CR2EO22 (1-95)

Sandra B. Northam
Secretary of State

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

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

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

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

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

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

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

**ARTICLE XI
DISTRIBUTION OF ASSETS**

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

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

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

IN WITNESS WHEREOF, the undersigned have executed these Articles of Amendment as of May 16, 1998.

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

By: 

William Keith, Chairman of the Board

By: 

Aleida Ors Waldman, Secretary



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 1, 1999

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

Re: Document Number N97000003780

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

The certification requested is enclosed.

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

**Velma Shepard
Corporate Specialist
Division of Corporations**

Letter Number: 699A00029673



Department of State

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

The document number of this corporation is N97000003780.

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



CR2EO22 (1-99)

Katherine Harris

Katherine Harris
Secretary of State

ARTICLES OF AMENDMENT

to

ARTICLES OF INCORPORATION

of

FILED
99 MAY 20 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDABroward Partnership for Homeless, Inc.
(present name)

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

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

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

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

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

THIRD: Adoption of Amendment (CHECK ONE)

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

Broward Partnership for the Homeless, Inc.

Corporation Name


Signature of Chairman, Vice Chairman, President or other officerWilliam V. Keith

Typed or printed name

Chairman of the Board

April 8, 1999

Title

Date



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 24, 1999

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

SUBJECT: BROWARD PARTNERSHIP FOR HOMELESS, INC.

DOCUMENT NUMBER: N97000003780

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

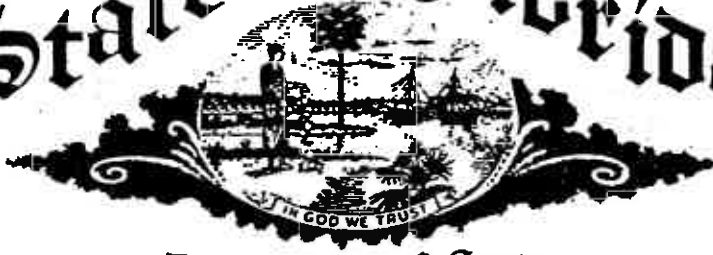
Should you have any questions regarding this matter, please telephone (850) 488-9000.

Division of Corporations

Letter No. 699A00014717

Reinstatement Section

State of Florida



Department of State

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

The document number of this corporation is N97000003780.

I further certify that said corporation has paid all fees and penalties due this office through December 31, 1999, that its most recent annual report was filed on March 24, 1999, and its status is active.

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

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Twenty-fourth day of March, 1999



CR2EO22 (1-99)

Katherine Harris

Katherine Harris
Secretary of State

Broward Partnership – Board of Directors Roster

OFFICERS



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11



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13



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17



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18

BOARD OF DIRECTORS



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 Jean McIntyre
jmcintyre@pompanobeachchamber.com

20



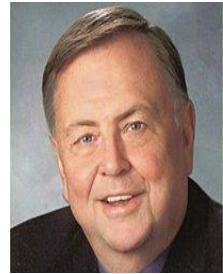
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23

EXTENDED TO AUGUST 17, 2020

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.**2018**Open to Public
Inspection**A** For the 2018 calendar year, or tax year beginning **OCT 1, 2018** and ending **SEP 30, 2019****B** Check if applicable:

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

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

Doing business as

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

920 NW 7TH AVENUE

Room/suite

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

FORT LAUDERDALE, FL 33311**F** Name and address of principal officer: **FRANCES M. ESPOSITO**
SAME AS C ABOVE**D** Employer identification number**65-0777033****E** Telephone number**(954) 779-3990****G** Gross receipts \$ **10,729,236.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

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

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE BROWARD PARTNERSHIP IS COMMITTED TO REDUCING HOMELESSNESS BY PROMOTING INDEPENDENCE AND		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	26
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	95
	6	Total number of volunteers (estimate if necessary)	6	3831
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 7,087,149.	Current Year 9,723,915.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	129,218.	57,355.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	217,309.	199,450.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,433,676.	9,980,720.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,830,516.	4,859,261.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 397,864.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,551,741.	4,755,936.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,382,257.	9,615,197.
	19	Revenue less expenses. Subtract line 18 from line 12	51,419.	365,523.
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 7,331,104.
21		Total liabilities (Part X, line 26)	834,837.	1,647,372.
22		Net assets or fund balances. Subtract line 21 from line 20	6,496,267.	6,907,803.

Part II Signature Block

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

Sign Here ▶ Signature of officer **FRANCES M. ESPOSITO, CEO** Date **9/16/20**
 ▶ Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name ISRAEL J. GOMEZ	Preparer's signature ISRAEL J. GOMEZ	Date	Check if self-employed <input type="checkbox"/>	PTIN P00846353
Firm's name ▶ KEEFE, MCCULLOUGH & CO., LLP, C.P.A.'S	Firm's EIN ▶ 59-1363792			
Firm's address ▶ 6550 N FEDERAL HIGHWAY, SUITE 410 FT. LAUDERDALE, FL 33308	Phone no. 954-771-0896			

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

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

OMB No. 1545-1709

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

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

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

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

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

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

FRANCES ESPOSITO

- The books are in the care of ► **920 NW 7TH AVENUE - FORT LAUDERDALE, FL 33311**
Telephone No. ► **(954) 779-3990** Fax No. ► _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **AUGUST 15, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☐ calendar year _____ or
► ☒ tax year beginning **OCT 1, 2018**, and ending **SEP 30, 2019**.

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

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

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

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

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

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

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

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

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

4a (Code:) (Expenses \$ **8,148,555.** including grants of \$) (Revenue \$)
THE ORGANIZATION OPERATES TWO CENTERS - THE CENTRAL HOMELESS ASSISTANCE CENTER IN FORT LAUDERDALE, FLORIDA AND THE NORTH HOMELESS ASSISTANCE CENTER IN POMPANO BEACH, FLORIDA. SERVICES OFFERED BY THE ORGANIZATION INCLUDE STREET OUTREACH, A DAY RESPITE PROGRAM, 498 BEDS OF EMERGENCY SHELTER, OVER 100 UNITS OF SCATTERED-SITE PERMANENT HOUSING INTERVENTIONS IN BROWARD COUNTY, RAPID REHOUSING, CASE MANAGEMENT, NUTRITIOUS MEALS, CHILDCARE, MEDICAL CARE, MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT, COUNSELING AND/OR EDUCATION, AND VOCATIONAL TRAINING AND EMPLOYMENT ASSISTANCE NEEDED TO ESTABLISH SELF-SUFFICIENCY AND HOUSING STABILITY.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
VOLUNTEER SERVICES-ANNUALLY APPROXIMATELY 3,500 COMMUNITY. VOLUNTEERS PROVIDE OVER 8,000 SERVICE HOURS VALUED AT 266,000 TO THE FACILITY.

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

4d Other program services (Describe in Schedule O.)

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

4e Total program service expenses **8,148,555.**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	X	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

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

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 95	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a X	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b X	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

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

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 26 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent 1b 25		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9		X

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

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

Section C. Disclosure

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

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

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

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

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

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

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

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DANNY OSLEY DIRECTOR	40.00	X						51,124.	0.	1,544.
(2) MARY SHORT DIRECTOR	1.00	X						0.	0.	0.
(3) CATHY STUTIN, ESQ. DIRECTOR	1.00	X						0.	0.	0.
(4) DANIEL TAYLOR, ESQ. PAST CHAIR	1.00	X		X				0.	0.	0.
(5) DR. PATRICK TAYLOR PAST CHAIR	1.00	X		X				0.	0.	0.
(2) TIMOTHY CRONIN DIRECTOR	1.00	X						0.	0.	0.
(3) DR. HERBERT BROTSPIES DIRECTOR	1.00	X						0.	0.	0.
(4) CLAUDETTE BRUCK DIRECTOR	1.00	X						0.	0.	0.
(5) HAL HERMAN DIRECTOR	1.00	X						0.	0.	0.
(6) JILL HOROWITZ DIRECTOR	1.00	X						0.	0.	0.
(7) RABBI SHELDON HARR DIRECTOR	1.00	X						0.	0.	0.
(9) JEAN MCINTYRE DIRECTOR	1.00	X						0.	0.	0.
(10) KEN HETLAGE DIRECTOR	1.00	X						0.	0.	0.
(11) DWAYNE DICKERSON, ESQ. DIRECTOR	1.00	X						0.	0.	0.
(12) RICHARD CAMPILLO DIRECTOR	1.00	X						0.	0.	0.
(13) FRANK PENA, CPA DIRECTOR	1.00	X						0.	0.	0.
(14) JOHN PRIMEAU DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JEREMIAH GUTIERREZ DIRECTOR	1.00	X						0.	0.	0.
(16) KENNETH GORDON, ESQ. VICE CHAIR	1.00	X		X				0.	0.	0.
(17) STEPHEN SIMMONS, ESQ. LEGAL CHAIR	1.00	X		X				0.	0.	0.
(18) JOANNE M SNEAD RESOURCE DEVELOPMENT CHAIR	1.00	X		X				0.	0.	0.
(19) JAN KLEIN TREASURER	1.00	X		X				0.	0.	0.
(20) JOHN CASTELLI SECRETARY	1.00	X		X				0.	0.	0.
(21) DODIE KEITH-LAZOWICK CHAIR	1.00	X		X				0.	0.	0.
(22) ELLIOT BORKSON, ESQ. PAST CHAIR	1.00	X		X				0.	0.	0.
(23) DEBBIE ORSHEFSKY, ESQ. AT LARGE	1.00	X		X				0.	0.	0.
1b Sub-total								51,124.	0.	1,544.
c Total from continuation sheets to Part VII, Section A								412,879.	0.	36,931.
d Total (add lines 1b and 1c)								464,003.	0.	38,475.

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2018)

[illegible]

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	187,775.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	7,149,012.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,387,128.				
	g Noncash contributions included in lines 1a-1f: \$		1,165,374.				
	h Total. Add lines 1a-1f			9,723,915.			
Program Service Revenue	2 a _____		Business Code				
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			56,008.			56,008.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	652,543.			
	b Less: cost or other basis and sales expenses	646,642.	4,554.				
	c Gain or (loss)	5,901.	-4,554.				
	d Net gain or (loss)			1,347.			1,347.
	8 a Gross income from fundraising events (not including \$ 187,775. of contributions reported on line 1c). See Part IV, line 18			296,770.			
	b Less: direct expenses			97,320.			
	c Net income or (loss) from fundraising events			199,450.			199,450.
	9 a Gross income from gaming activities. See Part IV, line 19						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances							
b Less: cost of goods sold							
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions				9,980,720.	0.	0.	256,805.

Part IX Statement of Functional Expenses

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

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

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	582,560.	457,371.	83,942.	41,247.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,350,280.	2,630,320.	482,747.	237,213.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	106,417.	83,548.	15,334.	7,535.
9	Other employee benefits	535,966.	420,790.	77,228.	37,948.
10	Payroll taxes	284,038.	222,999.	40,928.	20,111.
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	23,367.		23,367.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	221,636.	42,767.	177,556.	1,313.
12	Advertising and promotion	5,007.			5,007.
13	Office expenses	184,111.	76,819.	73,777.	33,515.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	19,163.	14,217.	4,216.	730.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,263.	240.	5,066.	957.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	284,349.	244,892.	28,580.	10,877.
23	Insurance	108,769.	97,346.	11,423.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	RESIDENTS' HOUSING ASSI	1,108,423.	1,108,423.		
b	SUPPLIES	666,522.	651,814.	13,912.	796.
c	RESIDENTS' CLOTHING	665,721.	665,721.		
d	CONTRACTUAL SERVICES	449,450.	447,974.	1,476.	
e	All other expenses SEE SCH O	1,013,155.	983,314.	29,226.	615.
25	Total functional expenses. Add lines 1 through 24e	9,615,197.	8,148,555.	1,068,778.	397,864.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	201,440.	1	534,479.
	2 Savings and temporary cash investments	248,201.	2	392,081.
	3 Pledges and grants receivable, net	1,031,252.	3	844,603.
	4 Accounts receivable, net	33,404.	4	30,608.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	62,570.	9	75,808.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,861,085.		
	b Less: accumulated depreciation	10b 4,990,598.	10c 4,870,487.	
	11 Investments - publicly traded securities	4,002,468.	11	1,705,335.
	12 Investments - other securities. See Part IV, line 11	1,751,769.	12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0.	15	101,774.
16 Total assets. Add lines 1 through 15 (must equal line 34)	7,331,104.	16	8,555,175.	
Liabilities	17 Accounts payable and accrued expenses	285,359.	17	382,782.
	18 Grants payable		18	
	19 Deferred revenue		19	1,101,971.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	445,000.	23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	104,478.	25	162,619.
	26 Total liabilities. Add lines 17 through 25	834,837.	26	1,647,372.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,763,416.	27	6,419,245.
	28 Temporarily restricted net assets	663,519.	28	409,226.
	29 Permanently restricted net assets	69,332.	29	79,332.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	6,496,267.	33	6,907,803.
34 Total liabilities and net assets/fund balances	7,331,104.	34	8,555,175.	

Form 990 (2018)

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,980,720.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,615,197.
3	Revenue less expenses. Subtract line 2 from line 1	3	365,523.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,496,267.
5	Net unrealized gains (losses) on investments	5	46,013.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,907,803.

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

BROWARD PARTNERSHIP FOR THE HOMELESS INC

Employer identification number

65-0777033

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

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

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

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,139,810.	5,770,771.	6,745,942.	7,087,149.	9,723,915.	34,467,587.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5,139,810.	5,770,771.	6,745,942.	7,087,149.	9,723,915.	34,467,587.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,697,137.
6 Public support. Subtract line 5 from line 4.						32,770,450.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	5,139,810.	5,770,771.	6,745,942.	7,087,149.	9,723,915.	34,467,587.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	18,154.	26,645.	27,330.	50,503.	56,008.	178,640.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						34,646,227.
12 Gross receipts from related activities, etc. (see instructions)					12	296,770.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	94.59	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	93.91	%
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2018

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

☐

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/>	The organization satisfied the Activities Test. Complete line 2 below.
b	<input type="checkbox"/>	The organization is the parent of each of its supported organizations. Complete line 3 below.
c	<input type="checkbox"/>	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
2 Activities Test. Answer (a) and (b) below.		
a		Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
b		Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a		Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
b		Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2018

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2018 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2018		
a	From 2013		
b	From 2014		
c	From 2015		
d	From 2016		
e	From 2017		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2018 distributable amount		
i	Carryover from 2013 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4	Distributions for 2018 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2018 distributable amount		
c	Remainder. Subtract lines 4a and 4b from 4.		
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2019. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2014		
b	Excess from 2015		
c	Excess from 2016		
d	Excess from 2017		
e	Excess from 2018		

Schedule A (Form 990 or 990-EZ) 2018

Part VI

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

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

BROWARD PARTNERSHIP FOR THE HOMELESS INC

Employer identification number

65-0777033

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

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

Name of organization

Employer identification number

BROWARD PARTNERSHIP FOR THE HOMELESS INC

65-0777033

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE BATCHELOR FOUNDATION 1680 MICHIGAN AVENUE, PENTHOUSE ONE MIAMI BEACH, FL 33139	\$ 245,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	JIM MORAN FOUNDATION 100 JIM MORAN BOULEVARD DEERFIELD BEACH, FL 33442	\$ 258,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	BROWARD COUNTY 115 SOUTH ANDREWS AVENUE FORT LAUDERDALE, FL 33301	\$ 6,791,668.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	BROWARD BEHAVIORAL HEALTH COALITION, INC. 1717 S.E. 4TH AVENUE FORT LAUDERDALE, FL 33316	\$ 208,435.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	UNITED WAY OF BROWARD COUNTY 1300 SOUTH ANDREWS AVENUE FORT LAUDERDALE, FL 33316	\$ 236,610.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
BROWARD PARTNERSHIP FOR THE HOMELESS INC	65-0777033

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization	Employer identification number
BROWARD PARTNERSHIP FOR THE HOMELESS INC	65-0777033

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

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

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018Open to Public
Inspection

Name of the organization

BROWARD PARTNERSHIP FOR THE HOMELESS INC

Employer identification number

65-0777033

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

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

Schedule D (Form 990) 2018

832051 10-29-18

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

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

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

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

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

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	69,332.	59,332.	53,332.	46,332.	40,332.
b Contributions	10,000.	10,000.	6,000.	7,000.	6,000.
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	79,332.	69,332.	59,332.	53,332.	46,332.

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

- a Board designated or quasi-endowment ☐ .00 %
 b Permanent endowment ☒ 100.00 %
 c Temporarily restricted endowment ☐ .00 %

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

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

	Yes	No
(i) unrelated organizations	3a(i) X	
(ii) related organizations	3a(ii)	X

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		467,210.		467,210.
b Buildings				
c Leasehold improvements		7,158,737.	3,555,105.	3,603,632.
d Equipment		50,812.	49,661.	1,151.
e Other		2,184,326.	1,385,832.	798,494.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,870,487.

Schedule D (Form 990) 2018

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION	162,619.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

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

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

1	Total revenue, gains, and other support per audited financial statements	1	10,817,195.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	46,013.
b	Donated services and use of facilities	2b	809,275.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	4,554.
e	Add lines 2a through 2d	2e	859,842.
3	Subtract line 2e from line 1	3	9,957,353.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	23,367.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	23,367.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	9,980,720.

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

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

1	Total expenses and losses per audited financial statements	1	10,405,659.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	809,275.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	4,554.
e	Add lines 2a through 2d	2e	813,829.
3	Subtract line 2e from line 1	3	9,591,830.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	23,367.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	23,367.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	9,615,197.

Part XIII Supplemental Information.

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF ASSETS 4,554.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF ASSETS 4,554.

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2018

Open to Public Inspection

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

BROWARD PARTNERSHIP FOR THE HOMELESS INC

Employer identification number

65-0777033

Part I

Fundraising Activities.

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

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

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

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

☐ Yes☐ No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

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

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		SALUTE TO LEADERSHIP G	BREAKFAST FOR CHAMPION	1	
		(event type)	(event type)	(total number)	
1	Gross receipts	287,759.	100,300.	96,486.	484,545.
	2 Less: Contributions	156,000.	31,775.		187,775.
	3 Gross income (line 1 minus line 2)	131,759.	68,525.	96,486.	296,770.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	62,733.	12,766.	21,821.	97,320.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				97,320.
11 Net income summary. Subtract line 10 from line 3, column (d)				199,450.	

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

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

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

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

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

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

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
--------------------------------------	------------	----------

b An outside facility	13b	%
------------------------------	------------	----------

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

Name

Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name

Address

16 Gaming manager information:

Name _____

Gaming manager compensation ► \$ _____

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: **\$**

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

Part IV	Supplemental Information <i>(continued)</i>
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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

BROWARD PARTNERSHIP FOR THE HOMELESS INC

Employer identification number

65-0777033

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

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

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

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2018

Part III Supplemental Information

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

Area with multiple horizontal lines for supplemental information.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

BROWARD PARTNERSHIP FOR THE HOMELESS INC

Employer identification number

65-0777033

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		962,392.	FAIR MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	263	202,982.	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

29

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

	Yes	No
30a		X
31	X	
32a		X
33		

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

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

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

b If "Yes," describe in Part II.

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

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

Schedule M (Form 990) 2018

Part II

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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

BROWARD PARTNERSHIP FOR THE HOMELESS INC

Employer identification number

65-0777033

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

SELF-WORTH THROUGH ADVOCACY, HOUSING AND COMPREHENSIVE SERVICES.

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

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

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

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

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

REVIEW BY BOARD OF DIRECTORS.

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

AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

FOOD SERVICES:

PROGRAM SERVICE EXPENSES 433,993.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 433,993.

Name of the organization

BROWARD PARTNERSHIP FOR THE HOMELESS INC

Employer identification number

65-0777033

UTILITIES:

PROGRAM SERVICE EXPENSES	399,864.
MANAGEMENT AND GENERAL EXPENSES	8,957.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	408,821.

REPAIR AND MAINTENANCE:

PROGRAM SERVICE EXPENSES	80,533.
MANAGEMENT AND GENERAL EXPENSES	8,215.
FUNDRAISING EXPENSES	436.
TOTAL EXPENSES	89,184.

RESIDENTS' TRANSPORTATION:

PROGRAM SERVICE EXPENSES	63,250.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	63,250.

OTHER EXPENSES:

PROGRAM SERVICE EXPENSES	5,674.
MANAGEMENT AND GENERAL EXPENSES	12,054.
FUNDRAISING EXPENSES	179.
TOTAL EXPENSES	17,907.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	1,013,155.

FORM 990, PART XII, LINE 2C

NO CHANGE FROM PRIOR YEAR

Employer identification number
65-0777033

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

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

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

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information.

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

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

NAME OF RELATED ORGANIZATION:

SEVEN ON SEVENTH GP LLC

DIRECT CONTROLLING ENTITY: BROWARD PARTNERSHIP FOR THE HOMELESS INC.



HUMAN SERVICES DEPARTMENT

COMMUNITY PARTNERSHIPS DIVISION / Homeless Initiative Partnership Section

115 S Andrews Avenue, Room A-370 • Fort Lauderdale, Florida 33301 • 954-357-6101 • FAX 954-357-5521

August 26, 2020

Sent Via E-mail and FedEx Courier

Frances M. Esposito, Esq., Chief Executive Officer
Broward Partnership for the Homeless, Inc.
920 NW 7th Avenue
Fort Lauderdale, FL 33311

Re: Renewal Option for Service Agreement No. 19-CP-HIP-8470-01

Dear Ms. Esposito:

This written correspondence provides formal notice of Broward County's intent to execute a Renewal Option under Agreement No. 19-CP-HIP-8470-01. The terms of the Agreement offer an Option Period, as outlined in Article 2, authorizing the Contract Administrator to renew this Agreement as described.

Pursuant to Article 2, "TERM AND RENEWAL," Section 2.1, "TERM," and contingent on approval by the Board of County Commissioners, the County hereby exercises Option Period 2 which commences October 1, 2020 and ends on September 30, 2021. The amount of funding is contingent upon final adoption of the FY21 Budget by the Board of County Commissioners. The renewal funding is as follows:

Service Category	Amount
Emergency Shelter	\$2,976,530.00
Central Homeless Assistance Center	
Permanent Housing	\$ 269,738.00
Rapid Re-Housing (Families)	
Emergency Shelter	\$4,155,698.00
North Homeless Assistance Center	
Total	\$7,401,966.00

Please be advised that County reserves the right to exercise the termination option as indicated in Article 7 of the Agreement. If you have any questions about the information contained herein, please contact Lorraine W. Gary, Contract/Grants Administrator at (954) 357-7166.

Sincerely,

Keith D.
Bostick

Digitally signed by Keith
D. Bostick
Date: 2020.08.25
15:29:33 -04'00'

Keith D. Bostick, Deputy Director
Broward County Human Services Department

cc: Tom Campbell, Chief Operating Officer
Darrell Cunningham, Director, Community Partnerships Division
Silvia Beebe, Assistant Director, Community Partnerships Division
Rebecca S. E. McGuire, Human Services Administrator, Homeless Initiative Partnership
Contract File

Broward Partnership
2019/2020 Proposed Budget (Draft #3)
Program Budget - North

Budget Categories									NORTH
	Intake & Health	Shelter Operations	Workforce	Family	Housing	Program Totals	Resource Development	Admin	Grand Total
REVENUES									
Grant Income-Public Support	373,645	3,531,070	98,868	129,108	101,120	4,233,812	61,886	-	4,295,698
Contributions	-	-	85,000	-	-	85,000	-	-	85,000
Other Income Sources - Medicaid	-	-	-	-	-	-	-	-	-
Interest & Investment Income	-	-	-	-	-	-	-	-	-
Special Events - Net	-	-	-	-	-	-	-	-	-
Gross Event Revenue	-	-	-	-	-	-	-	-	-
Event Production Expenses	-	-	-	-	-	-	-	-	-
Total Revenue	373,645	3,531,070	183,868	129,108	101,120	4,318,812	61,886	-	4,380,698
EXPENSES									
SALARIES AND FRINGE BENEFITS									
Salaries:									
Salary Summary	204,546	1,738,034	118,103	91,120	74,160	2,225,963	43,903	357,718	2,627,584
Less Allowance for Attrition	(4,091)	(34,760)	(2,362)	(1,822)	(1,483)	(44,518)	(878)	(7,154)	(52,550)
Total Salaries	200,455	1,703,274	115,741	89,298	72,677	2,181,445	43,025	350,564	2,575,034
Fringe Benefits:									
Social Security/Medicare	15,648	132,960	9,035	6,971	5,673	170,286	3,359	25,325	198,969
State Unemployment	120	1,026	60	60	40	1,306	20	117	1,443
Health Insurance	37,577	215,083	16,104	10,736	7,158	286,659	7,158	25,767	319,583
Life Insurance	800	6,544	462	356	290	8,453	172	1,399	10,024
Workers Compensation	2,733	26,975	1,561	1,610	980	33,860	81	661	34,602
Auto Allowance	-	-	-	-	-	-	-	-	-
403B Plan	-	17,280	2,523	1,236	1,112	22,151	-	5,741	27,892
Total Fringe Benefits	56,878	399,868	29,746	20,970	15,254	522,715	10,789	59,010	592,514
Human Resources:									
Payroll Processing Fees	-	-	-	-	-	-	-	-	-
Employee Hiring/Retention/Training	-	-	-	-	-	-	-	17,100	17,100
Total Human Resources	-	-	-	-	-	-	-	17,100	17,100
Total Salaries, Fringe & HR	257,333	2,103,142	145,487	110,268	87,931	2,704,160	53,814	426,674	3,184,648
CLIENT SUPPORT									
Supplies:									
Dental Supplies	-	-	-	-	-	-	-	-	-
Kitchen Supplies	-	31,000	-	-	-	31,000	-	-	31,000
Resident Supplies	-	28,000	7,000	-	-	35,000	-	-	35,000
Medical Supplies	49,000	1,000	-	-	-	50,000	-	-	50,000
Childcare Supplies	-	-	-	2,000	-	2,000	-	-	2,000
Total Supplies	49,000	60,000	7,000	2,000	-	118,000	-	-	118,000
Resident Services:									
Resident Living Cost Assistance	-	-	-	-	-	-	-	-	-
Resident Housing Rental Assistance	-	-	-	-	-	-	-	-	-
Resident Transportation - Lease	-	36,000	-	-	-	36,000	-	-	36,000
Resident Transportation - Bus Pass	-	18,000	-	-	-	18,000	-	-	18,000
Total Resident Services	-	54,000	-	-	-	54,000	-	-	54,000
Food Service	-	128,000	-	-	-	128,000	-	-	128,000
Mental Health Services	-	-	-	-	-	-	-	-	-
Medical Health Services	-	-	-	-	-	-	-	-	-
Total Client Support	49,000	242,000	7,000	2,000	-	300,000	-	-	300,000
CONTRACTUAL SERVICES									
Dental Services	-	-	-	-	-	-	-	-	-
Legal Aid Services	-	-	-	-	-	-	-	-	-
Kitchen Labor	-	183,136	-	-	-	183,136	-	-	183,136
Appliance Services	-	7,200	-	-	-	7,200	-	-	7,200

**Broward Partnership
2019/2020 Proposed Budget (Draft #3)
Program Budget - North**

Budget Categories									NORTH
	Intake & Health	Shelter Operations	Workforce	Family	Housing	Program Totals	Resource Development	Admin	Grand Total
Internet Marketing	-	-	-	-	-	-	-	-	-
Meetings & Seminars	-	-	-	-	-	-	-	-	-
Mileage	-	-	-	-	-	-	-	-	-
Office Supplies	-	-	-	-	-	-	-	-	-
Postage	-	-	-	-	-	-	-	-	-
Printing & Reproduction	-	-	-	-	-	-	-	-	-
Total Resource Development	-	-	-	-	-	-	-	-	-
TOTAL DIRECT EXPENSES	324,909	3,091,742	162,487	112,268	87,931	3,779,336	53,814	534,495	4,367,645
Allocation of Administrative Costs	48,371	413,569	24,185	24,185	16,124	526,433	8,062	(534,495)	-
TOTAL EXPENSES - ALLOCATED	373,279	3,505,311	186,672	136,453	104,054	4,305,770	61,876	-	4,367,645
NET EXCESS OR (DEFICIENCY)	366	25,760	(2,804)	(7,345)	(2,934)	13,042	10	-	13,053

TRANSFER TO CAPITAL BUDGET

TRANSFER TO ENDOWMENT

TRANSFER TO BOARD RESTRICTED

NET EXCESS OR (DEFICIENCY) AFTER TRANSFERS

Allocation Methodology:

FTE

FTE Allocation

G&A Allocation (FTE)

Total Salary

Total Salary Allocation

G&A Allocation (Salary)

Total Expense

Total Expense Allocation

G&A Allocation (Total Expense)

Exhibit “B” Payment Schedule

A. AWARD DISBURSEMENTS

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

B. PAYMENT SCHEDULE

The total amount awarded for the BROWARD PARTNERSHIP FOR THE HOMELESS, INC. for North Homeless Assistance Center for the current fiscal year is: \$18,000.

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

1. The first will equal 25% of the total allocation or \$4,500; be issued in advance. For any funds advanced the RECIPIENT agrees to provide the CITY with an itemization of how funds advanced were spent, along with invoices and proof of payment. Such an accounting must be provided to the CITY in the quarterly financial report as indicated in Exhibit “A” Recipients Requirements, Contractual Responsibilities and Program Description. Failure to comply with this requirement may result in the denial of the future requests for payments.
2. The second will equal 25% of the total allocation or \$4,500; will be issued upon receipt AND approval of the second quarterly narrative and financial report (including any additional requested documents);
3. The third payout will equal 25% of the total allocation or \$4,500; will be issued upon receipt AND approval of the third quarterly narrative and financial report (including any additional requested documents);
4. The fourth payout will be the final 25% of the total allocation or \$4,500 and will be issued in upon receipt AND approval of the final quarterly narrative and financial report (including any additional requested documents).

EXHIBIT C

INSURANCE REQUIREMENTS: NON PROFIT ORGANIZATION

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

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

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

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

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

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

B. Liability Insurance.

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

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

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

Type of Insurance

Limits of Liability

GENERAL LIABILITY:

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

* Policy to be written on a claims incurred basis

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

AUTOMOBILE LIABILITY:

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

XX comprehensive form
XX owned
XX hired
XX non-owned

REAL & PERSONAL PROPERTY

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

EXCESS LIABILITY

Per Occurrence Aggregate

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

PROFESSIONAL LIABILITY

Per Occurrence Aggregate

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

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

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

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

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

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

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/19/2020

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

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

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

COVERAGES**CERTIFICATE NUMBER:** 2020_0925**REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		PHPK2185885	9/30/2020	9/30/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			PHPK2185885	9/30/2020	9/30/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability			PHPK2185885	9/30/2020	9/30/2021	Each Occurrence \$1,000,000 Aggregate \$3,000,000

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

Locations: 920 NW 7th Ave, Ft. Lauderdale, FL, 33311 and 1700 Blount Road, Pompano BEach, FL, 33069
General Liability: Blanket Additional Insured when required by written contract applies per form PI-GLD-HS1011. Abusive Conduct Liability provided under policy #PHPK2185885 - Each Abusive Conduct Limit \$1,000,000 and Aggregate Limit \$1,000,000.
Per Florida Statute 45 days Notice of Cancellation except in the event of nonpayment of premium, then 10 days notice. All of the above are subject to policy terms, limitations, exclusions and conditions.

CERTIFICATE HOLDER**CANCELLATION**

City of Pompano Beach 100 West Atlantic Boulevard Pompano Beach, FL 33060	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 D Saunders/STEFAN
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COMMENTS/REMARKS

The foregoing statements apply to City of Pompano Beach.

**FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION
CARD**

COMPANY: Philadelphia Indemnity Ins. Co 18058
POLICY #: PHPK2185885 EFFECTIVE DATE: 09/30/2020

☒ PERSONAL INJURY PROTECTION
BENEFITS / PROPERTY DAMAGE LIABILITY ☒ BODILY INJURY
LIABILITY

NAMED
INSURED: Broward Partnership For The Homeless, Inc.

YEAR: 2017 MAKE: Dodge

VIN #: 2C4RDGBG4HR548552

FLEET COVERAGE: ☐

(If more than 25 vehicles insured)

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

**FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION
CARD**

COMPANY:
POLICY #: EFFECTIVE
DATE:

☐ PERSONAL INJURY PROTECTION
BENEFITS / PROPERTY DAMAGE LIABILITY ☐ BODILY INJURY
LIABILITY

NAMED
INSURED:

YEAR: MAKE:

VIN #:

FLEET COVERAGE: ☐

(If more than 25 vehicles insured)

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

APPROVED

D. Thorpe
By Danielle Thorpe at 11:02 am, Aug 24, 2021

THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your
Agent/Company as soon as possible. Obtain the
following information:

1. Name and address of each driver, passenger
and witness.
2. Name of Insurance Company and policy number
for each vehicle involved.

☐

Rental car coverage is provided. If rental car coverage is provided,
refer to the outline of coverage as to the details or extent of coverage.

MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR

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CARD**

COMPANY: Philadelphia Indemnity Ins. Co 18058
POLICY #: PHPK2185885 EFFECTIVE DATE: 09/30/2020

☒ PERSONAL INJURY PROTECTION
BENEFITS / PROPERTY DAMAGE LIABILITY ☒ BODILY INJURY
LIABILITY

NAMED
INSURED: Broward Partnership For The Homeless, Inc.

YEAR: 2017 MAKE: Dodge

VIN #: 2C4RDGBG6HR575722

FLEET COVERAGE: ☐

(If more than 25 vehicles insured)

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

**FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION
CARD**

COMPANY:
POLICY #: EFFECTIVE DATE:

☐ PERSONAL INJURY PROTECTION
BENEFITS / PROPERTY DAMAGE LIABILITY ☐ BODILY INJURY
LIABILITY

NAMED
INSURED:

YEAR: MAKE:

VIN #:

FLEET COVERAGE: ☐

(If more than 25 vehicles insured)

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CARD**

COMPANY: Philadelphia Indemnity Ins. Co 18058
POLICY #: PHPK2185885 EFFECTIVE DATE: 09/30/2020

☒ PERSONAL INJURY PROTECTION
BENEFITS / PROPERTY DAMAGE LIABILITY ☒ BODILY INJURY
LIABILITY

NAMED
INSURED: Broward Partnership For The Homeless, Inc.

YEAR: 2017 MAKE: Dodge

VIN #: 2C4RDGBG7HR630419

FLEET COVERAGE: ☐

(If more than 25 vehicles insured)

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

**FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION
CARD**

COMPANY:
POLICY #: EFFECTIVE DATE:

☐ PERSONAL INJURY PROTECTION
BENEFITS / PROPERTY DAMAGE LIABILITY ☐ BODILY INJURY
LIABILITY

NAMED
INSURED:

YEAR: MAKE:

VIN #:

FLEET COVERAGE: ☐

(If more than 25 vehicles insured)

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CARD**

COMPANY: Philadelphia Indemnity Ins. Co 18058
POLICY #: PHPK2185885 EFFECTIVE DATE: 09/30/2020

☒ PERSONAL INJURY PROTECTION
BENEFITS / PROPERTY DAMAGE LIABILITY ☒ BODILY INJURY
LIABILITY

NAMED
INSURED: Broward Partnership For The Homeless, Inc.

YEAR: 2019 MAKE: Jeep

VIN #: 1C4PJLDB3KD326198

FLEET COVERAGE: ☐

(If more than 25 vehicles insured)

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

**FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION
CARD**

COMPANY:
POLICY #: EFFECTIVE DATE:

☐ PERSONAL INJURY PROTECTION
BENEFITS / PROPERTY DAMAGE LIABILITY ☐ BODILY INJURY
LIABILITY

NAMED
INSURED:

YEAR: MAKE:

VIN #:

FLEET COVERAGE: ☐

(If more than 25 vehicles insured)

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COMPANY: Philadelphia Indemnity Ins. Co 18058
POLICY #: PHPK2185885 EFFECTIVE DATE: 09/30/2020

☐ PERSONAL INJURY PROTECTION
BENEFITS / PROPERTY DAMAGE LIABILITY ☒ BODILY INJURY
LIABILITY

NAMED
INSURED: Broward Partnership For The Homeless, Inc.

YEAR: 2019 MAKE: Dodge

VIN #: 2C4RDGBG0KR654827

FLEET COVERAGE: ☐

(If more than 25 vehicles insured)

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

**FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION
CARD**

COMPANY:
POLICY #: EFFECTIVE DATE:

☐ PERSONAL INJURY PROTECTION
BENEFITS / PROPERTY DAMAGE LIABILITY ☐ BODILY INJURY
LIABILITY

NAMED
INSURED:

YEAR: MAKE:

VIN #:

FLEET COVERAGE: ☐

(If more than 25 vehicles insured)

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COMPANY: Philadelphia Indemnity Ins. Co 18058
POLICY #: PHPK2185885 EFFECTIVE DATE: 09/30/2020

☐ PERSONAL INJURY PROTECTION
BENEFITS / PROPERTY DAMAGE LIABILITY ☒ BODILY INJURY
LIABILITY

NAMED
INSURED: Broward Partnership For The Homeless, Inc.

YEAR: 2019 MAKE: DODGE

VIN #: 2C4RDGBG3KR566676

FLEET COVERAGE: ☐

(If more than 25 vehicles insured)

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

**FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION
CARD**

COMPANY:
POLICY #: EFFECTIVE DATE:

☐ PERSONAL INJURY PROTECTION
BENEFITS / PROPERTY DAMAGE LIABILITY ☐ BODILY INJURY
LIABILITY

NAMED
INSURED:

YEAR: MAKE:

VIN #:

FLEET COVERAGE: ☐

(If more than 25 vehicles insured)

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CARD**

COMPANY: Philadelphia Indemnity Ins. Co 18058
POLICY #: PHPK2185885 EFFECTIVE DATE: 09/30/2020

☐ PERSONAL INJURY PROTECTION
BENEFITS / PROPERTY DAMAGE LIABILITY ☒ BODILY INJURY
LIABILITY

NAMED
INSURED: Broward Partnership For The Homeless, Inc.

YEAR: 2019 MAKE: DODGE

VIN #: 2C4RDGBG1KR566675

FLEET COVERAGE: ☐

(If more than 25 vehicles insured)

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

**FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION
CARD**

COMPANY:
POLICY #: EFFECTIVE DATE:

☐ PERSONAL INJURY PROTECTION
BENEFITS / PROPERTY DAMAGE LIABILITY ☐ BODILY INJURY
LIABILITY

NAMED
INSURED:

YEAR: MAKE:

VIN #:

FLEET COVERAGE: ☐

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POLICY #: PHPK2185885 EFFECTIVE DATE: 09/30/2020

☒ PERSONAL INJURY PROTECTION
BENEFITS / PROPERTY DAMAGE LIABILITY ☒ BODILY INJURY
LIABILITY

NAMED
INSURED: Broward Partnership For The Homeless, Inc.

YEAR: 2020 MAKE: Hino

VIN #: JHHUDM1H5LK004083

FLEET COVERAGE: ☐

(If more than 25 vehicles insured)

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

**FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION
CARD**

COMPANY:
POLICY #: EFFECTIVE DATE:

☐ PERSONAL INJURY PROTECTION
BENEFITS / PROPERTY DAMAGE LIABILITY ☐ BODILY INJURY
LIABILITY

NAMED
INSURED:

YEAR: MAKE:

VIN #:

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☒ PERSONAL INJURY PROTECTION
BENEFITS / PROPERTY DAMAGE LIABILITY ☒ BODILY INJURY
LIABILITY

NAMED
INSURED: Broward Partnership For The Homeless, Inc.

YEAR: 2017 MAKE: Dodge

VIN #: 2C4RDGBG4HR548552

FLEET COVERAGE: ☐

(If more than 25 vehicles insured)

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

**FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION
CARD**

COMPANY:
POLICY #: EFFECTIVE DATE:

☐ PERSONAL INJURY PROTECTION
BENEFITS / PROPERTY DAMAGE LIABILITY ☐ BODILY INJURY
LIABILITY

NAMED
INSURED:

YEAR: MAKE:

VIN #:

FLEET COVERAGE: ☐

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BENEFITS / PROPERTY DAMAGE LIABILITY ☒ BODILY INJURY
LIABILITY

NAMED
INSURED: Broward Partnership For The Homeless, Inc.

YEAR: 2017 MAKE: Dodge

VIN #: 2C4RDGBG6HR575722

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CARD**

COMPANY:
POLICY #: EFFECTIVE DATE:

☐ PERSONAL INJURY PROTECTION
BENEFITS / PROPERTY DAMAGE LIABILITY ☐ BODILY INJURY
LIABILITY

NAMED
INSURED:

YEAR: MAKE:

VIN #:

FLEET COVERAGE: ☐

(If more than 25 vehicles insured)

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your
Agent/Company as soon as possible. Obtain the
following information:

1. Name and address of each driver, passenger
and witness.
2. Name of Insurance Company and policy number
for each vehicle involved.

☐ Rental car coverage is provided. If rental car coverage is provided,
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MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR

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**FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION
CARD**

COMPANY: Philadelphia Indemnity Ins. Co 18058
POLICY #: PHPK2185885 EFFECTIVE DATE: 09/30/2020

☒ PERSONAL INJURY PROTECTION
BENEFITS / PROPERTY DAMAGE LIABILITY ☒ BODILY INJURY
LIABILITY

NAMED
INSURED: Broward Partnership For The Homeless, Inc.

YEAR: 2017 MAKE: Dodge

VIN #: 2C4RDGBG7HR630419

FLEET COVERAGE: ☐

(If more than 25 vehicles insured)

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

**FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION
CARD**

COMPANY:
POLICY #: EFFECTIVE DATE:

☐ PERSONAL INJURY PROTECTION
BENEFITS / PROPERTY DAMAGE LIABILITY ☐ BODILY INJURY
LIABILITY

NAMED
INSURED:

YEAR: MAKE:

VIN #:

FLEET COVERAGE: ☐

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**FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION
CARD**

COMPANY: Philadelphia Indemnity Ins. Co 18058
POLICY #: PHPK2185885 EFFECTIVE DATE: 09/30/2020

☒ PERSONAL INJURY PROTECTION
BENEFITS / PROPERTY DAMAGE LIABILITY ☒ BODILY INJURY
LIABILITY

NAMED
INSURED: Broward Partnership For The Homeless, Inc.

YEAR: 2019 MAKE: Jeep

VIN #: 1C4PJLDB3KD326198

FLEET COVERAGE: ☐

(If more than 25 vehicles insured)

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

**FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION
CARD**

COMPANY:
POLICY #: EFFECTIVE DATE:

☐ PERSONAL INJURY PROTECTION
BENEFITS / PROPERTY DAMAGE LIABILITY ☐ BODILY INJURY
LIABILITY

NAMED
INSURED:

YEAR: MAKE:

VIN #:

FLEET COVERAGE: ☐

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CARD**

COMPANY: Philadelphia Indemnity Ins. Co 18058
POLICY #: PHPK2185885 EFFECTIVE DATE: 09/30/2020

☐ PERSONAL INJURY PROTECTION
BENEFITS / PROPERTY DAMAGE LIABILITY ☒ BODILY INJURY
LIABILITY

NAMED
INSURED: Broward Partnership For The Homeless, Inc.

YEAR: 2019 MAKE: Dodge

VIN #: 2C4RDGBG0KR654827

FLEET COVERAGE: ☐

(If more than 25 vehicles insured)

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

**FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION
CARD**

COMPANY:
POLICY #: EFFECTIVE DATE:

☐ PERSONAL INJURY PROTECTION
BENEFITS / PROPERTY DAMAGE LIABILITY ☐ BODILY INJURY
LIABILITY

NAMED
INSURED:

YEAR: MAKE:

VIN #:

FLEET COVERAGE: ☐

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CARD**

COMPANY: Philadelphia Indemnity Ins. Co 18058
POLICY #: PHPK2185885 EFFECTIVE DATE: 09/30/2020

☐ PERSONAL INJURY PROTECTION
BENEFITS / PROPERTY DAMAGE LIABILITY ☒ BODILY INJURY
LIABILITY

NAMED
INSURED: Broward Partnership For The Homeless, Inc.

YEAR: 2019 MAKE: DODGE

VIN #: 2C4RDGBG3KR566676

FLEET COVERAGE: ☐

(If more than 25 vehicles insured)

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

**FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION
CARD**

COMPANY:
POLICY #: EFFECTIVE DATE:

☐ PERSONAL INJURY PROTECTION
BENEFITS / PROPERTY DAMAGE LIABILITY ☐ BODILY INJURY
LIABILITY

NAMED
INSURED:

YEAR: MAKE:

VIN #:

FLEET COVERAGE: ☐

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POLICY #: PHPK2185885 EFFECTIVE DATE: 09/30/2020

☐ PERSONAL INJURY PROTECTION
BENEFITS / PROPERTY DAMAGE LIABILITY ☒ BODILY INJURY
LIABILITY

NAMED
INSURED: Broward Partnership For The Homeless, Inc.

YEAR: 2019 MAKE: DODGE

VIN #: 2C4RDGBG1KR566675

FLEET COVERAGE: ☐

(If more than 25 vehicles insured)

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

**FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION
CARD**

COMPANY:
POLICY #: EFFECTIVE DATE:

☐ PERSONAL INJURY PROTECTION
BENEFITS / PROPERTY DAMAGE LIABILITY ☐ BODILY INJURY
LIABILITY

NAMED
INSURED:

YEAR: MAKE:

VIN #:

FLEET COVERAGE: ☐

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COMPANY: Philadelphia Indemnity Ins. Co 18058
POLICY #: PHPK2185885 EFFECTIVE DATE: 09/30/2020
☒ PERSONAL INJURY PROTECTION
BENEFITS / PROPERTY DAMAGE LIABILITY ☒ BODILY INJURY
LIABILITY

NAMED
INSURED: Broward Partnership For The Homeless, Inc.

YEAR: 2020 MAKE: Hino

VIN #: JHHUDM1H5LK004083

FLEET COVERAGE: ☐

(If more than 25 vehicles insured)

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

**FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION
CARD**

COMPANY:
POLICY #: EFFECTIVE DATE:
☐ PERSONAL INJURY PROTECTION
BENEFITS / PROPERTY DAMAGE LIABILITY ☐ BODILY INJURY
LIABILITY

NAMED
INSURED:

YEAR: MAKE:

VIN #:

FLEET COVERAGE: ☐

(If more than 25 vehicles insured)

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COMPANY: Philadelphia Indemnity Ins. Co 18058
POLICY #: PHPK2185885 EFFECTIVE DATE: 09/30/2020

☒ PERSONAL INJURY PROTECTION
BENEFITS / PROPERTY DAMAGE LIABILITY ☒ BODILY INJURY
LIABILITY

NAMED
INSURED: Broward Partnership For The Homeless, Inc.

YEAR: 2017 MAKE: Dodge

VIN #: 2C4RDGBG4HR548552

FLEET COVERAGE: ☐

(If more than 25 vehicles insured)

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

**FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION
CARD**

COMPANY:
POLICY #: EFFECTIVE DATE:

☐ PERSONAL INJURY PROTECTION
BENEFITS / PROPERTY DAMAGE LIABILITY ☐ BODILY INJURY
LIABILITY

NAMED
INSURED:

YEAR: MAKE:

VIN #:

FLEET COVERAGE: ☐

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BENEFITS / PROPERTY DAMAGE LIABILITY ☒ BODILY INJURY
LIABILITY

NAMED
INSURED: Broward Partnership For The Homeless, Inc.

YEAR: 2017 MAKE: Dodge

VIN #: 2C4RDGBG6HR575722

FLEET COVERAGE: ☐

(If more than 25 vehicles insured)

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

**FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION
CARD**

COMPANY:
POLICY #: EFFECTIVE DATE:
☐ PERSONAL INJURY PROTECTION
BENEFITS / PROPERTY DAMAGE LIABILITY ☐ BODILY INJURY
LIABILITY

NAMED
INSURED:

YEAR: MAKE:

VIN #:

FLEET COVERAGE: ☐

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POLICY #: PHPK2185885 EFFECTIVE DATE: 09/30/2020



PERSONAL INJURY PROTECTION
BENEFITS / PROPERTY DAMAGE LIABILITY



BODILY INJURY
LIABILITY

NAMED INSURED: Broward Partnership For The Homeless, Inc.

YEAR: 2017 MAKE: Dodge

VIN #: 2C4RDGBG7HR630419

FLEET COVERAGE: ☐

(If more than 25 vehicles insured)

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

**FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION
CARD**

COMPANY:
POLICY #: EFFECTIVE DATE:



PERSONAL INJURY PROTECTION
BENEFITS / PROPERTY DAMAGE LIABILITY



BODILY INJURY
LIABILITY

NAMED
INSURED:

YEAR: MAKE:

VIN #:

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☒ PERSONAL INJURY PROTECTION
BENEFITS / PROPERTY DAMAGE LIABILITY ☒ BODILY INJURY
LIABILITY

NAMED
INSURED: Broward Partnership For The Homeless, Inc.

YEAR: 2019 MAKE: Jeep

VIN #: 1C4PJLDB3KD326198

FLEET COVERAGE: ☐

(If more than 25 vehicles insured)

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☐ PERSONAL INJURY PROTECTION
BENEFITS / PROPERTY DAMAGE LIABILITY ☒ BODILY INJURY
LIABILITY

NAMED
INSURED: Broward Partnership For The Homeless, Inc.

YEAR: 2019 MAKE: Dodge

VIN #: 2C4RDGBG0KR654827

FLEET COVERAGE: ☐

(If more than 25 vehicles insured)

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

**FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION
CARD**

COMPANY:
POLICY #: EFFECTIVE DATE:

☐ PERSONAL INJURY PROTECTION
BENEFITS / PROPERTY DAMAGE LIABILITY ☐ BODILY INJURY
LIABILITY

NAMED
INSURED:

YEAR: MAKE:

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LIABILITY

NAMED
INSURED: Broward Partnership For The Homeless, Inc.

YEAR: 2019 MAKE: DODGE

VIN #: 2C4RDGBG3KR566676

FLEET COVERAGE: ☐

(If more than 25 vehicles insured)

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

**FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION
CARD**

COMPANY:
POLICY #: EFFECTIVE DATE:

☐ PERSONAL INJURY PROTECTION
BENEFITS / PROPERTY DAMAGE LIABILITY ☐ BODILY INJURY
LIABILITY

NAMED
INSURED:

YEAR: MAKE:

VIN #:

FLEET COVERAGE: ☐

(If more than 25 vehicles insured)

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your
Agent/Company as soon as possible. Obtain the
following information:

1. Name and address of each driver, passenger
and witness.
2. Name of Insurance Company and policy number
for each vehicle involved.

☐ Rental car coverage is provided. If rental car coverage is provided,
refer to the outline of coverage as to the details or extent of coverage.

MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR

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**FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION
CARD**

COMPANY: Philadelphia Indemnity Ins. Co 18058
POLICY #: PHPK2185885 EFFECTIVE DATE: 09/30/2020

☐ PERSONAL INJURY PROTECTION
BENEFITS / PROPERTY DAMAGE LIABILITY ☒ BODILY INJURY
LIABILITY

NAMED
INSURED: Broward Partnership For The Homeless, Inc.

YEAR: 2019 MAKE: DODGE

VIN #: 2C4RDGBG1KR566675

FLEET COVERAGE: ☐

(If more than 25 vehicles insured)

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

**FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION
CARD**

COMPANY:
POLICY #: EFFECTIVE DATE:

☐ PERSONAL INJURY PROTECTION
BENEFITS / PROPERTY DAMAGE LIABILITY ☐ BODILY INJURY
LIABILITY

NAMED
INSURED:

YEAR: MAKE:

VIN #:

FLEET COVERAGE: ☐

(If more than 25 vehicles insured)

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CARD**

COMPANY: Philadelphia Indemnity Ins. Co 18058
POLICY #: PHPK2185885 EFFECTIVE DATE: 09/30/2020
☒ PERSONAL INJURY PROTECTION
BENEFITS / PROPERTY DAMAGE LIABILITY ☒ BODILY INJURY
LIABILITY

NAMED INSURED: Broward Partnership For The Homeless, Inc.

YEAR: 2020 MAKE: Hino

VIN #: JHHUDM1H5LK004083

FLEET COVERAGE: ☐

(If more than 25 vehicles insured)

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

**FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION
CARD**

COMPANY:
POLICY #: EFFECTIVE DATE:
☐ PERSONAL INJURY PROTECTION
BENEFITS / PROPERTY DAMAGE LIABILITY ☐ BODILY INJURY
LIABILITY

NAMED
INSURED:

YEAR: MAKE:

VIN #:

FLEET COVERAGE: ☐

(If more than 25 vehicles insured)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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

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

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No. Ext):	FAX (A/C, No):
INSURED	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A :	
	INSURER B :	
	INSURER C :	
INSURER D :		
INSURER E :		
INSURER F :		

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

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

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

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

APPROVED

By Danielle Thorpe at 11:02 am, Aug 24, 2021

CERTIFICATE HOLDER**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

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RESOLUTION

I, Kenneth A. Gordon, Esq., as Chair of the Broward Partnership (Partnership), hereby certify that Frances M. Esposito, Chief Executive Officer, and Thomas Campbell, Chief Operating Officer, are duly authorized to execute Agreements and any amendments thereto between the Partnership and federal, state, local, and/or private funders by resolution of the Partnership's Executive Committee to the Board of Directors taking place on January 13, 2021.

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

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


Kenneth A. Gordon, Esq.

1/14/21
Date

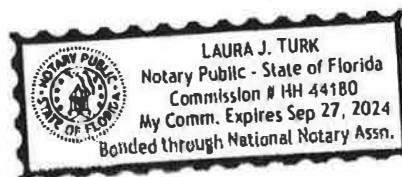
STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me via physical presence OR online notarization this 14th day of January, 2021, by Kenneth A. Gordon, who is personally known.


Signature of Notary Public

Laura J. Turk
Name of Notary Public

Stamp:





**CITY OF POMPANO BEACH
BUSINESS TAX RECEIPT
FISCAL YEAR: 2020 - 2021**

Business Tax Receipt Valid from: October 1, 2020 through September 30, 2021

4470473

9/21/2020

BROWARD PARTNERSHIP FOR THE HOMELESS INC
920 NW 7 AVE

FT LAUDERDALE FL 33311

THIS IS NOT A BILL

THIS IS YOUR BUSINESS TAX RECEIPT. PLEASE POST IN A CONSPICUOUS PLACE AT THE BUSINESS LOCATION.

BUSINESS OWNER:

BROWARD PARTNERSHIP FOR THE

BUSINESS LOCATION: 1700 NW 30 AV POMPANO BEACH FL

RECEIPT NO:

CLASSIFICATION

21-00100080

UNCLASSIFIED-(NOT OTHERWISE CATEGORIZED)

NOTICE: A NEW APPLICATION MUST BE FILED IF THE BUSINESS NAME, OWNERSHIP OR ADDRESS IS CHANGED. THE ISSUANCE OF A BUSINESS TAX RECEIPT SHALL NOT BE DEEMED A WAIVER OF ANY PROVISION OF THE CITY CODE NOR SHALL THE ISSUANCE OF A BUSINESS TAX RECEIPT BE CONSTRUED TO BE A JUDGEMENT OF THE CITY AS TO THE COMPETENCE OF THE APPLICANT TO TRANSACT BUSINESS. **THIS DOCUMENT CANNOT BE ALTERED.**

BUSINESS TAX RECEIPTS EXPIRE SEPTEMBER 30TH OF EACH YEAR