

COMMUNITY PARTNERSHIP GRANT AGREEMENT

Fiscal Year 2017-2020

THIS AGREEMENT (hereinafter the “Agreement”) is entered into this 1st day of October 2017, between the City of Hallandale Beach, a municipal corporation of the State of Florida (hereinafter referred to as the “CITY/GRANTOR”) and South Broward Hospital District dba Memorial Healthcare System, a Florida not for profit corporation (hereinafter referred to as the “GRANTEE”).

WHEREAS, The City of Hallandale Beach (City/Grantor) through the 2017-2018 Fiscal Year Budget has grant funds to support Community Partnership programs and services that will benefit the residents of Hallandale Beach; and

WHEREAS, the intent of this funding is to allocate resources to qualified non-profit organizations and publicly funded entities that provide community service programs, training opportunities and core educational services.

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

1. Terms of Agreement

The term of this agreement shall be for the period of **October 1, 2017, through September 30, 2018 (“Initial Term”)**. The Agreement may be renewed for additional periods comprising the Renewal Option Periods from **October 1, 2018, through September 30, 2019; and October 1, 2019, through September 30, 2020**, at the end of the term at the sole option of the CITY. The Initial Term and Renewal Option Periods shall collectively be referred to as the “Agreement Term.”

1.1 GRANTEE understands and acknowledges that the funding will only be for the Agreement Term stated herein. This Agreement is renewable at the sole discretion of the CITY, contingent upon but not limited to the following:

- A. Continued demonstrated and documented need for the services or priority area of funding;
- B. Satisfactory program performance by GRANTEE; and
- C. The availability of funds from the CITY. The CITY may, during the contract period, terminate or discontinue the services covered in this proposal at the end of CITY’S then current fiscal year upon forty-five (45) days prior written notice to the successful proposer. Such prior written notice will state that the lack of appropriated funds is the reason for termination.

This written notification will thereafter release the CITY of all further obligations in any way related to the services covered herein. This Agreement may be terminated with cause or without cause in accordance with the provisions contained in Section 10 of this Agreement.

2. Program Description/Deliverables and Project Execution

The CITY hereby grants to GRANTEE a Community Partnership Grant in an amount not to exceed \$52,000 in consideration of and on condition that the sum be expended in carrying out the purpose as set forth in the funding request and under the terms and conditions set forth in this Agreement. GRANTEE agrees to assume any obligation to furnish any additional funds that may be necessary to complete the project. Grantee agrees to assume any obligation to furnish any additional funds that may be necessary to complete the project. **Funding shall be used to benefit the residents of the City of Hallandale Beach.**

2.1. GRANTEE shall use funding for services as detailed in Exhibit A "Scope of Work/Work Plan", and Exhibit B "Budget". GRANTEE agrees to submit in writing, any deviation from the program as described in the exhibits attached to this Agreement for approval by the City prior to the implementation of changes.

3. Payment Request and Reporting Schedule

GRANTEE ensures that the Agreement requirements are met through completion of a Payment Request (Exhibit C) Monthly Report (Exhibit D), and a Final Report (Exhibit E) adhering to the following schedule:

<u>Report Number</u>	<u>Month</u>	<u>Date Due to City</u>
1	October Advance Request*	October 10
2	November Advance Request*	October 10
3	October Reports	November 10
4	November Reports	December 10
5	December Reports	January 10
6	January Reports	February 10
7	February Reports	March 10
8	March Reports	April 10
9	April Reports	May 10
10	May Reports	June 10
11	June Reports	July 10
12	July Reports	August 10
13	August Reports	September 10
14	September (Final Report)	October 10

3.1. If the Grantee's project is completed prior to the full fiscal year and all grant funds have been disbursed, a Final Report is due by the 10th of the next month after completion of the project. The CITY reserves the right to require reports more frequently than stated if necessary, but no more than once a month.

3.2. Reports are due on the 10th of each month. Reports not received by the 10th of the month will be paid the next month. Failure to submit a report when due will result in nonpayment for the month in which the report was due, payment will be paid the following month.

4. Funding and Disbursement Requirements

The amount of compensation payable by the CITY to the GRANTEE shall be based on the Units of Services rate (if applicable), Payment Schedule and conditions hereto incorporated into the Agreement.

- 4.1. The GRANTEE will provide units of deliverables, including various client services, and in some cases may include reports, findings and drafts as specified in this Agreement, which the CITY must receive and accept in writing prior to payment.

5. Records, Documentation and Recordkeeping

The GRANTEE shall establish and maintain sufficient records to enable the CITY to determine whether the GRANTEE has met the requirements of the Community Partnership Grant Agreement.

- 5.1. GRANTEE shall maintain all records related to performance of this Agreement and agrees to maintain satisfactory financial accounts, client demographic records, description of activities or services (including location, date and time/s), other related documents and records for the Project. Such records shall be available for a period of three years from the date of receipt of final payment under the Agreement, for inspection and audit by representatives of the CITY, at any reasonable time and place. If audit findings have not been resolved, the records must be retained beyond the three-year period as long as required for the resolution of the issue raised by the audit.

6. Financial Accountability, Consequences and Recapture of Funds

The CITY reserves the right to audit the records of the GRANTEE at any time during the performance of this Agreement and for a period of three years after its expiration/termination.

- 6.1. The CITY reserves the right to apply financial consequences or recapture funds in the event that the GRANTEE shall fail: (1) meet the minimum level of service or performance identified in the Agreement, (2) to comply with the terms of this Agreement, or (3) to accept conditions imposed by the CITY.
- 6.2. Financial consequences may include but are not limited to contract suspension, withholding payments until deficiency is cured, tendering only partial payment, refusing payment and/or cancellation of the Agreement.

7. Dispute Resolution

Any dispute concerning performance of the Agreement will be decided by the Community Partnership Grants Committee, who will reduce the decision to writing and serve a copy to the GRANTEE.

8. Project Withdrawal

If GRANTEE wishes to withdraw a Project, GRANTEE shall notify the CITY of this right pursuant to the Notices provision below.

- 8.1. In the event an approval project is not completed and payment have been disbursed or advance, said funds plus accrued interest must be returned/ refunded to the City.

9. Promotion of Program Services

GRANTEE agrees to promote the CITY when marketing, website, media opportunities, etc. The GRANTEE further agrees to assist the CITY in making a strong case for Community Partnerships by providing timely, accurate data and reporting as requested regarding social service needs of the CITY.

10. Termination

This Agreement shall be terminated upon the occurrence of:

- (1) Breach of this Agreement by the GRANTEE.
 - (2) GRANTEE'S failure to maintain 501(c) (3) status.
 - (3) GRANTEE'S failure to abide by local, state and federal laws.
 - (4) Written notice from the CITY to the GRANTEE to terminate the services under the Agreement; termination by the CITY may be for convenience.
 - (5) Written notice by the GRANTEE to the CITY of GRANTEE'S intent to terminate the Agreement.
- 10.1. Notice of termination shall be provided in accordance with the "NOTICES" section of this Agreement except that notice of termination by the City Manager, which the City Manager deems necessary to protect the public, health, safety, or welfare may be verbal notice that shall be promptly confirmed in writing in accordance with the "NOTICES" section of this Agreement.

11. Assignment

Neither this Agreement nor any right or obligation provided for by this Agreement shall be assigned to a Sub recipient by the GRANTEE without the consent of the CITY.

12. Charitable Purpose

Activities under this Agreement will not be used for the purpose of profit.

13. Obligations of GRANTEE

The Grantee shall carry out the services and activities described in the Scope of Work/Work Plan, which is attached as Exhibit A. The Grant Application, Work Plan, Grant Guidelines and any subsequent

change or addition approved in writing by the CITY is hereby incorporated in this Agreement as though set forth in full in this Agreement. This Agreement may only be amended upon the written agreement of both the CITY and the GRANTEE.

GRANTEE acknowledges to have read and understands the contents of the Grant Guidelines and will act in accordance with these guidelines and procedures as a condition of acceptance of the funding.

14. Governing Laws and Compliance

The GRANTEE shall comply with all applicable federal, state, and local laws, codes, ordinances, rules, and regulations in performing its duties, responsibilities, and obligations pursuant to this Agreement.

1. Federal Law

The GRANTEE agrees to comply with all federal laws, including but not limited to:

- 14.1. Executive Order 11246, Equal Employment Opportunity, as amended by Executive Order 11375 and others, and as supplemented in the Department of Labor regulations.
- 14.2. The GRANTEE will not employ an unauthorized Alien. Such violation will be cause for termination of the Agreement.
- 14.3. The GRANTEE is a non-profit provider and is subject to the Internal Revenue Services (IRS) tax exempt organization reporting requirements (filing of a 990 or Form 990-N).

2. State Law

This Agreement shall be governed by the laws of State of Florida and of Broward County, Florida. Any action for breach, enforcement, interpretation, or arising out this Agreement shall be brought only in the Circuit Court of the Seventeenth Judicial Circuit in and for Broward County, and the parties agree to submit to the jurisdiction of that Court. The parties waive trial by jury.

- 14.4. If any provision of the Agreement is held unenforceable, then such provision will be modified to reflect the parties' intention. All remaining provisions of this Agreement shall remain in full force and effect.

15. Insurance

At all times during the term hereof, the GRANTEE shall maintain General Liability insurance acceptable to the CITY. Prior to commencing any activity under this Agreement, the GRANTEE shall furnish to the CITY an original Certificate of Insurance indicating that the GRANTEE is in compliance with the provisions of this Agreement.

- 15.1. The GRANTEE shall also provide Worker's Compensation Insurance as required by the laws of the State of Florida if employing an individual.
- 15.2. Indemnification

Each party assumes responsibility for the negligence of its own respective employees, appointees, or agents; and, in the event of any claims for damages or lawsuits for any remedy, each party will defend its own respective employees, appointees, or agents.

- 15.3. To the fullest extent permitted by law, the GRANTEE agrees to indemnify and hold-harmless the CITY, its officers and employees from any claims, liabilities, damages, losses, and costs, including, but not limited to, reasonable attorney fees to the extent caused, in whole or in part, of the GRANTEE or persons employed or utilized by the GRANTEE in performance of the Agreement.

16. Notices

All notices provided for or required under this Agreement shall be made by certified mail, return receipt requested to the addresses set forth below:

City of Hallandale Beach:
Roger M. Carlton, City Manager
400 S. Federal Highway
Hallandale Beach, FL 33009

With Copy to:
Attn: Community Partnership Grants Program
1000 NW 8th Avenue
Hallandale Beach, FL 33009

GRANTEE:
Tim Curtin
Memorial Healthcare System
Community Youth Services Department
3501 Johnson Street
Hollywood, FL 33021

17. Contingencies

Both CITY and the GRANTEE recognize that there exists the possibility of contingent events which may adversely impact the GRANTEE'S ability to provide services as provided for under this and other agreements with other GRANTEE'S, including without limitation, the failure of contributors to remit funds pledged. In the event that any such contingencies should develop or occur, the CITY shall have the right to reduce the amount of funds, suspend the services until conditions change or terminate this agreement and be relieved of its obligation to deliver according to this agreement.

18. Representation of Authority

Each individual executing this Agreement on behalf of a party hereto hereby represents and warrants that he or she is, on the date he or she signs this Agreement, duly authorized by all necessary and appropriate action to execute this Agreement on behalf of such party and does so with full legal authority.

19. Multiple Originals

Multiple copies of this Agreement may be executed by all parties, each of which, bearing original signatures, shall have the force and effect of an original document.



Execution on Next Page]

IN WITNESS WHEREOF, the parties hereto have made and executed this Agreement on the respective dates under each signature: CITY OF HALLANDALE BEACH through its authorization to execute same by City Commission action on the 20th, day of September 2017, and Memorial Healthcare System signing by and through its President/CEO duly authorized to execute same.

CITY

ATTEST:

CITY OF HALLANDALE BEACH

Mario Bataille
City Clerk

By _____
Roger M. Carlton
City Manager

Approved as to legal sufficiency and form by
CITY ATTORNEY

Jennifer Merino
City Attorney

[EXECUTION CONTINUED ON NEXT PAGE]

GRANTEE

ATTEST:

(Name of Corporation)

(Secretary) By _____
(Signature and Title)

(Corporate Seal)

(Print Name and Title Signed Above)

____ Day of _____, 20____.

Provide notary attestation for Grantee's signature below:

STATE OF FLORIDA)
COUNTY OF BROWARD)

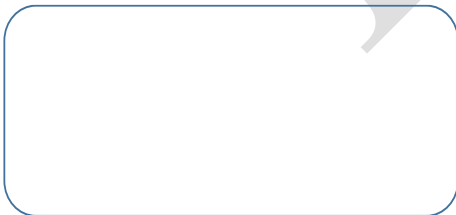
The foregoing Agreement was acknowledged before me this _____ day of _____, 2017,

by _____ as _____
(Name of Signatory) (Title)

on behalf of _____
(Name of Entity)

Personally known _____ OR Produced Identification _____
Type of identification produced:

(Seal)



Notary Public – State of Florida

(Name of Notary Typed, Printed, or Stamped)

EXHIBIT A

WORK PLAN/SCOPE OF WORK

Agency Name: South Broward Hospital District dba Memorial Healthcare System Hospital (SBHD)

Program Name: Hallandale Beach Families Matter Program

I. Program Intent

Hallandale Beach Families Matter (HBFM) provides comprehensive services to families exhibiting multiple risk factors, which, if left untreated, are likely to lead to neglect, abuse, maltreatment, dependency court, and other negative familial consequences. Examples of risk factors include disruptions in bonding and attachment between parent and child; family conflict/stress; family management problems; domestic violence; and behavioral health issues within the family. HBFM will provide up to four months of in-home therapy combined with case management and social development for the children and youth in the family. Family skills training, parenting education and youth development groups will be provided throughout the program.

HBFM addresses family members individually and as a unit. Three evidenced based programs combine to improve family functioning. 1) Strengthening Multi-Ethnic Families and Communities (SMEFC) teaches parenting skills 2) Solution Focused Brief Therapy (SFBT) provides intensive individual and family therapy, and 3) Life Skills Training (LST) focuses on child and adolescent issues.

Families will be referred primarily through the Hallandale Beach Human Services Department, Gulfstream Academy K-8, McNicol Middle School, Hallandale High School, Hallandale Beach Church of Christ, and other community stakeholders such as Broward 211, Women in Distress and Hallandale Parks and Recreation and Police Athletic League (PAL).

Youth and families are referred to partner and local agencies for needs that cannot be met by Memorial. For example, referrals are made to the Hepburn Center for basic needs and CareerSource Broward for employment opportunities, job placement, and job training.

Hallandale Beach Families Matter (HBFM) will serve 60 at-risk families that reside in the City of Hallandale Beach. The actual number of Hallandale Beach residents served will depend on the size of the families served.

- A. **Target populations:** Hallandale Beach Families Matter Program will serve at-risk families (including parents, caregivers, youth and siblings) that reside in the City of Hallandale Beach.

B. Method of Service Delivery (Mandatory Components)

Service Name and Description	# of Participants to Be Served
Intake and Assessment - Each child and family that accesses the program shall have an individualized assessment prior to the start of services. This assessment shall include dialogue with the family regarding the child's and family history, academic history, peer relationships, information on other family members, behavioral information, a brief medical history, and emergency contact information.	60 families
Individual & Family Therapy – Community and home based therapy services for the individual and/or family shall be provided by Master's level therapists utilizing the Solution Focused Brief Therapy Model (SFBT). Treatment plan goals shall be incorporated into each session. Therapy shall address family dynamics, interpersonal relationships, academics, behavior, communication, and effective supervision of children, family bonding, cultural rites of passage and other issues as necessary.	821 units
Life Skills Groups – shall be provided to assist youth develop a sense of belonging as well as a positive connection to their family, school and community through the use of the Life Skills Training model.	60 units
Case Management – Services shall include collaboration with natural community resources, crisis management, and parenting skill education. Support, referrals, and resources shall be provided to families, as needed.	168 units
Parent Skills – Parenting skills shall be provided using the "Strengthening Multi-Ethnic Families and Communities" model. Services shall empower caregivers to become effective parents through the utilization of appropriate consequences. Services shall focus on education on the prevention and intervention of violence against the self (drugs/alcohol, depression/suicide), violence in the family (child abuse, domestic violence), and violence against the community (juvenile delinquency, crime, gangs).	15 units

C. Service Locations:

The GRANTEE shall provide program services at the following location(s):

Site	Street Address	City	Zip Code
Austin Hepburn Center	1000 NW 8 th Avenue	Hallandale Beach	33009
Gulfstream Academy K-8	1000 SW 3 rd Street	Hallandale Beach	33009
Memorial Hallandale Beach Center	1750 E. Hallandale Beach Blvd	Hallandale Beach	33009

- C. **Dates/Days/Hours of Operation:** The GRANTEE shall operate the program from October 1, 2017 through September 30, 2018. Daily hours of operation shall be as follows:

Dates	Time Start	Time End
Monday – Friday	8:00 am	8:00pm
Saturday and Sunday	By appointment (Home Visits)	By appointment (Home Visits)

Additionally, special program activities and events may take place on evenings and Saturdays as needed. The GRANTEE agrees to notify the City within three (3) days in the event of changes to service locations and/or hours of operation.

E. **Staffing Chart**

Staff positions and duties shall be as follows:

# of Staff	Position	Duties
1 (in-kind)	Team Leader	Develops and manages project; supervises Therapist. Addresses complex needs and crisis situations; collects and records all information for invoicing and reporting.
1	Therapist	Screens youth and parents; provides pre and post-tests; provides individual and group facilitation; provides in-home counseling; maintains documentation in each youth/family chart.

F. **Partnership Recognition**

The GRANTEE shall make a concerted effort to promote the CITY and the GRANTEE as partners for these program services. Program staff shall be fully aware of the partnership and able to articulate that their program is supported and funded by the CITY.

G. **File Management**

Documentation: The GRANTEE will maintain all appropriate supporting documentation to demonstrate they satisfied the requirements for delivering services as it is defined and paid for during the contract period.

Statistical Demographic Report: The GRANTEE agrees to maintain complete and accurate data and support data quality assurance mechanisms. Failure to implement these measures may impact future funding.

H. **Method of Payment**

1. CITY agrees to pay GRANTEE the total amount of **\$52,000.00** for work actually performed and completed pursuant to this Agreement, which amount shall be accepted by GRANTEE as full compensation for all such work. It is acknowledged and agreed by GRANTEE that this amount is the maximum payable and constitutes a limitation upon the CITY's obligation to compensate GRANTEE for its services related to this Agreement. This maximum amount, however, does not constitute a limitation,

of any sort, upon the GRANTEE's obligation to perform all items of work required by or which can be reasonably inferred from the Scope of Services.

2. Payment shall be due within thirty (30) days of date stipulated on the invoice, provided invoice is accepted for payment. Payment shall be made only for approved invoices. The CITY retains the right to delay or withhold payment for services which have not been accepted by the CITY.

3. Notwithstanding any provision of this Agreement to the contrary, CITY may withhold, in whole or in part, payment to the extent necessary to protect itself from loss on account of inadequate work which has not been remedied or resolved in a manner satisfactory to the City's Contract Administrator or failure to comply with this Agreement. The amount withheld shall not be subject to payment of interest by CITY.

E. Work Plan (COMPLETED)

Work Task	Start-Up Date	Date of Completion
Begin marketing at the Austin Hepburn Center, public, private and charter schools that serve the City of Hallandale Beach	09/01/2017	Ongoing
Update staff knowledge on evidenced based programs with training	09/15/2017	09/30/2017
Conduct family intakes to enroll 4 cohorts of 12-15 families for program admission on a quarterly basis each year	10/01/2017 01/02/2018 04/01/2018 07/01/2018	10/31/2017 01/31/2018 04/30/2018 07/31/2018
Hallandale Beach Families Matters begins.	10/01/2017	09/30/2018
Individual, Family, and Case management services are delivered	10/01/2017	09/30/2018
Administration of pre-program measurement tools	10/01/2017 01/02/2018 04/01/2018 07/01/2018	10/31/2017 01/31/2018 04/30/2018 07/31/2018
Administration of post-program measurement tools	Quarterly	
Monthly Quality Assurance reviews and feedback	11/15/17 ongoing	Ongoing
Monthly Invoicing due on the 10 th of each month	11/10/17 ongoing	Ongoing
Quarterly Reporting	01/09/2018 ongoing	Ongoing
Quarterly meetings with site providers	01/20/2018 ongoing	Ongoing
Program completion date		09/30/2018

F. Performance Measures

The GRANTEE shall report individual outcome measurement results. Upon CITY request, GRANTEE shall also report in narrative form, the reasons for dropping-out and failures to achieve the outcomes, as well as, describing any factors that effected outcome achievement or measurement. The GRANTEE shall be responsible for purchasing and including in program budgets outcome tools applicable to their programs.

Performance Measures Hallandale Beach Families Matter Program October 1, 2017 – September 30, 2018			
How Much Did We Do?			
Performance Measure	Goal per Contract	Evaluation Tool	Administration Schedule
# of families served	60 families	Client Data Tracking Sheet	Analyzed on a Quarterly Schedule
How Well Did We Do It?			
% of funded allocation utilized	95%	Monthly Report	Analyzed on a Quarterly Schedule
Program Services Site Visit Observations and Programmatic Monitoring	On Track/Meets Expectations	Site Visit and Monitoring Report	Analyzed on a Quarterly Schedule
Is Anyone Better Off?			
% of Program participants reporting the services offered were helpful	85%	Client Satisfaction Surveys	Analyzed on a Quarterly Schedule
# Overall satisfied with services received	85%	Client Satisfaction Surveys	Analyzed on a Quarterly Schedule

EXHIBIT B

BUDGET

PROPOSED PROJECT BUDGET			
ITEM	GRANT REQUEST	OTHER FUNDS/ INKIND	JUSTIFICATION
Personnel - Team Leader		\$ 6,000	In-Kind Support for Supervision of Therapist \$25/hour X 4 hours/week X 50 weeks = \$5,000 Benefits @ 20% = \$1,000
- Therapist	\$49,900		\$20/hour X 2,080 hours/year = \$41,600 Benefits @ 20% = \$8,380
Consultants	\$ 0		Not Applicable
Supplies - Cell Phone - Office Supplies - Travel	\$ 312 \$ 480 \$ 963		Cell Phone @ \$26/month X 12 months = \$312 General supplies @ \$40/month X 12 months=\$480 150 mile @ \$.535 X 12 months = \$963
Other/Specify - Food	\$ 1,200		Food for Parent Meetings (\$100/month X 12 months)
Leveraged Services		\$25,000	Leveraged Support for City of Hallandale Beach residents - South Broward Community Health Services mobile van visits. (25 days per year @ \$1,000 per day)
Leveraged Grant Funds		\$43,323	Leveraged services for youth and families beyond HBFM including Healthy Start and Healthy Families, Youth FORCE, MOMS and the Nurse Family Partnership.
	\$52,000	\$74,323	
TOTAL	\$127,178		
ADMINISTRATIVE COST The intent of funding is to provide direct services to residents; therefore, Administrative Cost should be kept to a minimum. Please provide the amount or percentage of Administrative Costs for this budget: \$0.			

**EXHIBIT C
REQUEST FOR PAYMENT**

Contract Period: October 1, 2017 to September 30, 2018

1. Project Name: Hallandale Beach Families Matter Program						
2. Organization: South Broward Hospital District d /b/a Memorial Healthcare System Hospital (SBHD)						
3. Purchase Order Number:						
4. Billing Month Covered: **						
5. % of Total Grant, Expended thru this Billing:						
6. Cost Categories		Total Expenditures Up to Last Billing		Expenditures This Billing		Total Expenditures To Date
A. Project Costs						
Personnel						
Fringe Benefits						
Consultants/Contractors						
Equipment (Over \$5,000)						
Travel						
Materials/Supplies						
Misc/Other						
Indirect/Administration						
B. Grant Amount:						
Funds Received to Date						
Available Grant Amount						
Remaining Balance						
7. Activity	Units of Services (per year)	Rate Per Unit of Service* (per year)	Frequency of Services (per year)	Not to Exceed Amount	# Served	Monthly Payment Request
Intake	60 units=1family	\$ 50.00	Monthly (5)	\$3,000		
Individual & Family Therapy	821 units = 60mins	\$ 50.00	Monthly (65)	41,050		
Life Skills	60 units=60mins	\$ 50.00	Monthly (5)	\$3,000		
Case Mgmt	168 unit=30mins	\$ 25.00	Monthly (14)	\$4,200		
Parent Skills	15 units=60mins	\$ 50.00	Monthly (1.25)	\$750		
			Total request**	\$52,000		

****All payments requests, with corresponding monthly report, shall be submitted to the CITY within 60 days of delivery of service. * Above units of services is per grant year.**

EXHIBIT C
REQUEST FOR PAYMENT
(continued)

8. Detail of request for payment (Attach copies verifying unit of service, i.e. sign in sheets, registration forms, attendance logs, etc.)			
Vendor Name	Invoice # (if applicable)	Description of Service	Amount

Total Request for Reimbursement \$ _____

9. Certification:

Through submission of this electronic report, I hereby certify that items 1-8 of this billing are correct and just and are based upon obligation(s) of records for the project; that the work and services are in accordance with the CITY's approved agreement including any amendments thereto; and that the progress of the work and services under the agreement are satisfactory and are consistent with the amount billed. Additionally, I certify that I have authority to submit the above on behalf of the Grantee.

Signature of Authorized Representative

Date

Exhibit D
FY 2017-2018
MONTHLY PROGRESS REPORT
Date Report Due: 10th of each month
Reporting Period: _____

Project Name:	Hallandale Beach Families Matter Program	
Person Preparing the Report/ Job Title		Phone # () -
Project Start-Up Date:	Project Completion Date:	Amended Completion Date, (if applicable):
Project Description: (Add a brief description of what has happened with the program to date):		

Project Cost	(A)	(B)	(C)	(D)	(E)
	Budget Allocation	Funds Expended this Month	Funds Expended to Date	Funds Remaining	Percentage of Funds utilized to date (C/A=E)
PERSONNEL				0	!Zero Divide
CONSULTANTS/ CONTRACTORS				0	!Zero Divide
EQUIPMENT (OVER \$5,000)				0	!Zero Divide
MATERIALS/ SUPPLIES				0	!Zero Divide
MISC/OTHER				0	!Zero Divide
INDIRECT/ ADMINISTRATION				0	!Zero Divide
Total	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	!Zero Divide

Performance Measures:	Numbers:

I certify that the information contained in this Monthly Report and Attachments are true and correct to the best of my knowledge.

 Signature of Authorized Representative

 Date

EXHIBIT E

FY 2017- 2018 FINAL REPORT

FINAL REPORT GUIDELINES

The Final Report is an opportunity for you to inform the City about the important work you do, and it is a valuable tool for the City to use in assessing the success of the project and future funding considerations for your organization. Please complete the report and submit to the City within thirty days of completion of your project.

Organization: South Broward Hospital District d /b/a Memorial Healthcare System Hospital (SBHD)

Date Final Report Submitted: _____

1. Complete the chart below:

A. Project Information:

Project Name:			
Person Preparing the Report/ Job Title		Phone #	
Project Start-Up Date			
Number of participants served during this period _____	Hallandale Beach Residents _____	Non- Hallandale Beach Residents _____	
Participant Status to Date	Active: _____	Terminations: _____ Successful: _____	
Completion Date:		Total Number Served	
Amended Completion Date (if applicable)			

B. Project Cost:

Total Project Cost		Funds Expended to Date	Percentage
City Funding	\$	\$	%
Other Funding	\$	\$	%
(specify source)			

**FINAL REPORT
(Continued)**

2. Please provide the information requested below on Agency letterhead. All information must be submitted typed using an 11pt font.

- i. The actual number of individuals served by the City grant award. (Provide back-up to support number of individuals served; i.e. copies of sign-in sheets, call logs, etc.)
- ii. List the specific activities used to accomplish the project goals and objectives. In the case of classes, workshops, performances, and the like, indicate the number, frequency, duration, and number of participants. Example: A total of six workshops took place on a monthly basis with each workshop lasting two hours. Ten individuals attended each workshop. (Provide copies of participant attendance logs.)
- iii. List the evaluation methods used to determine the extent to which objectives and goals were met. Provide copies of evaluation tools, such as surveys or tests, when possible. If no evaluation tool is used, please indicate such.
- iv. Indicate how you publicly recognized The City of Hallandale Beach. For example, brochures, program booklet, in annual report, press release, web site. Provide copies of all collateral materials and copies of any media coverage the project has received.
- v. Describe unexpected challenges or opportunities you encountered, if any. You may want to explain why you were unsuccessful at some levels of services. You are also encouraged to share your success stories.
- vi. Please also submit the following financial information:
 - a. Accounting of actual expenses using the Final Expenditure Report Form provided.
 - b. Copies of all expenditures to include receipts, payroll, etc.
- vii. Submit an overall Project Summary.
- viii. The Final Report must be signed by the Authorized Representative.



**FINAL REPORT
(Continued)
FINAL EXPENDITURE REPORT FORM**

Program Name:		Organization:				
	(A)	(B)	(C)	(D)	(E)	(F)
	Budget Allocation	Other Program Funds	Other Grant Funds	In-Kind Funding	Total Program Budget	Budget Computation and Justification
PERSONNEL						
CONSULTANTS/ CONTRACTORS						
EQUIPMENT (OVER \$5,000)						
MATERIALS/ SUPPLIES						
MISC/OTHER						
INDIRECT/ ADMINISTRATION						
Total	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

REMEMBER TO ATTACH ALL EXPENDITURE RECEIPTS RELATED TO GRANT FUNDS PROVIDED BY THE CITY OF HALLANDALE BEACH.

I certify that the information contained in this Final Report, including Budget and Attachments are true and correct to the best of my knowledge.

Signature of Authorized Representative

Date

Thank you in advance for your Final Report. Submit the Final Report to:

Community Partnership Grants
1000 NW 8th Avenue
Hallandale Beach, FL 33009