

## **COMMUNITY PARTNERSHIP MINI GRANT AGREEMENT**

### **Fiscal Year 2017-2018**

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 Jubilee of South Broward a Florida not for profit corporation (hereinafter referred to as the "GRANTEE").

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

**WHEREAS,** The intent of this funding is to allocate resources to qualified nonprofit organizations that support meaningful community programs, service learning opportunities and political subdivisions of the State of Florida.

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

#### **1. Program Description/Deliverables and Project Execution**

The City of Hallandale Beach hereby grants to GRANTEE a Community Partnership Mini-Grant in an amount not to exceed \$10,000 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. **Funding shall be used to benefit the residents of the City of Hallandale Beach.**

GRANTEE shall use funding for services as described in this Agreement. GRANTEE agrees to submit in writing, any deviation from the attached Mini Grant Application to the CITY for approval prior to the implementation of changes.

The term of this Agreement shall commence on October 1, 2017, or the date it is fully executed by both parties (whichever is later) and shall end no later than September 30, 2018.

#### **2. Payment and Reporting**

Grantee will be issued a one-time advance payment for the program. An Advance Payment Request Form (EXHIBIT C) is required at which time funding will be disbursed. Grantees are required to submit a Mid-Year Report (EXHIBIT D), which is due April 10<sup>th</sup>, 2018, and Final Report (EXHIBIT E), due October 30<sup>th</sup>, 2018. If GRANTEE's program is completed prior to the full fiscal year and all grant funds have been disbursed, a Final Report is due thirty (30) days after completion of the project. Also to include an expense report of funds that was disbursed.

The CITY reserves the right to require reports more frequently than stated above if necessary, but no more than once a month.

### **3. Project Withdrawal**

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

In the event an approved project cannot be completed, and if Grant Amount was advanced, those funds, plus any accrued interest, must be returned to the CITY.

### **4. Documentation and Recordkeeping**

GRANTEE shall maintain all records related to performance of this agreement and agrees to maintain satisfactory financial accounts, 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.

### **5. Promotion of Program Services**

GRANTEE agrees to promote the CITY if applicable 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.

### **6. Termination**

This Agreement shall be terminated upon the occurrence of:

- (1) Breach of this Agreement by the GRANTEE;
- (2) Written notice from the CITY to the GRANTEE to terminate the services under this Agreement, which notice may be given in the sole discretion of the CITY with or without cause; or
- (3) Upon receipt by CITY of written notice from the GRANTEE of GRANTEE'S intent to terminate this Agreement; or
- (4) Failure to maintain 501(c) (3) status.

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.

### **7. Assignment**

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

## **8. Charitable Purpose**

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

## **9. Obligations of Grantee**

The GRANTEE shall carry out the services and activities described in this Grant Agreement. The Grant Application and any subsequent changes or additions 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.

## **10. Governing Laws**

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.

## **11. 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 original certificates of insurance indicating that the GRANTEE is in compliance with the provisions of this Agreement.

1. The GRANTEE shall also provide Worker's Compensation Insurance as required by the laws of the State of Florida.
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. 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.

## **12. 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:**  
City Manager  
400 S. Federal Highway  
Hallandale Beach, FL 33009

**With Copy to:**

Human Services Department  
Attn: Community Partnership Grants  
1000 N.W. 8<sup>th</sup> Avenue  
Hallandale Beach, FL 33009

**Grantee:**

Leanna Vasquez  
Jubilee Center of South Broward  
2020 Scott Street  
Hollywood, FL 33020

**13. Contingencies**

Both the 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 GRANTEES, 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.

**14. Compliance**

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.

**15. 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.

**16. 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.

**REMAINDER OF THIS PAGE INTENTIONALLY LEFT BLANK**

[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 \_\_\_\_ day of September 2017, and Jubilee Center of South Broward. signing by and through its Executive Director 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

**EXHIBIT A**  
**WORK PLAN/SCOPE OF WORK**

**Agency Name:** Jubilee Center of South Broward, Inc.

**Program Name:** Jubilee Center Soup Kitchen and Food Pantry

**I. Program Intent**

The intent of this project is to assist individuals obtain and maintain health and wellness by offering a secure food source for those struggling to make ends meet and who are and/or may be on the verge of homelessness.

Jubilee Center of South Broward provides emergency resources and relief from hunger and despair to residents of Broward County. Services include a soup kitchen serving a hot lunch during the week, Monday through Friday to the poor and homeless. In addition, the Office of Social Services provides information and referrals for employment, emergency shelter, TANF, government and photo identification, pantry food, hygiene products, clothing and counseling services.

The Jubilee Center is the only agency in the Hallandale Beach/Hollywood/Dania Beach area to offer meals five days a week. Food insecurity can lead to the birth of a premature, underweight baby who is more susceptible to infections, etc. Seniors who are food insecure are more likely to experience depression and other comorbidities.

**A. Target populations:** Jubilee Center Soup Kitchen and Food Pantry serves families with low income, individuals, seniors, homeless, near homeless, individuals living in Broward County including residents of Hallandale Beach.

**B. Method of Service Delivery** (Mandatory Components)

<b>Service Name and Description</b>	<b># of Participants to Be Served</b>
<b>Food Pantry</b> – GRANTEE shall provide food insecure and low income individuals, families and seniors with survival food packs, baby food, and hygiene kits. The following Social Services are also offered to the Food Pantry clients as they come in to sign up for Pantry Services in the Office of Social Services: information and referrals for emergency shelter (via Taskforce visits), employment information, photo identification, mental health counseling, HIV/AIDS testing, Legal Aid and Veteran's Assistance, as requested.	900 (duplicated)
<b>Soup Kitchen</b> – GRANTEE shall serve a five (5) component mid-day hot meal Monday through Friday to food insecure individuals, families and seniors. Each meal is to consist of soup, protein, vegetables, dessert and a beverage.	1250 meals (duplicated)

**C. Service Locations:**

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

Site	Street Address	City	Zip Code
Jubilee Center of South Broward, Inc.	2020 Scott Street	Hollywood	33020

**D. 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:

Program	Dates	Time Start	Time End
Soup Kitchen	Monday through Friday	11:00 am	12:15 pm
Office of Social Services	Monday through Friday	10:30 am	12:30 pm

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:

Position	Primary Duties
Executive Director	Overseeing all day to day operations to ensure we are fulfilling our mission to provide emergency resources and relief from hunger and despair, fund raising, grant research and writing, recruiting, training and managing staff and volunteers, community outreach, overseeing and providing strategic inputs for grant direction, overseeing donations and purchases, ensuring operations remain within budget, reporting to the Board of Directors, developing and implementing effective Public Relations, grant reporting, etc.
Social Services Administrator	Managing client intake for food pantry and social services. Managing stream of traffic for clients to receive social services as well as daily lunch meals. Assisting with volunteers, ensuring the Office of Social Services is adequately stocked with supplies and coordinating volunteer counselor attendance to ensure consistent and efficient services to our clients.
Office Assistant (part-time)	Responsible for bookkeeping, record management, answering phones, scheduling volunteer groups, and filing reports.

## **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 **\$10,000.00** 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.

## **I. Work Plan**

Work Task	Start-Up Date	Date of Completion
Daily Feeding (Mon-Fri)	10/01/2017	09/30/2018
Food Pantry (Mon-Fri)	10/01/2017	09/30/2018



## J. 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.

<b>Performance Measures</b> <b>Jubilee Center Soup Kitchen and Food Pantry</b> <b>October 1, 2017 - September 30, 2018</b>			
<b>How Much Did We Do?</b>			
<b>Performance Measure</b>	<b>Goal per Contract</b>	<b>Evaluation Tool</b>	<b>Administration Schedule</b>
# of Hallandale Beach residents served	1250 meals (duplicated)	Database management tracking software	Analyzed on a Monthly Schedule
# of Hallandale Beach residents served in our office of social services (pantry)	900 (duplicated)	Database management tracking software	Analyzed on a Monthly Schedule
<b>How Well Did We Do It?</b>			
% of funded allocation utilized	95%	Mid-Year and Final Report	Analyzed on a Semi-Annual Schedule
Program Services Site Visit Observations	On Track/Meets Expectations	Site Visit Report	Analyzed on a Semi-Annual Schedule
<b>Is Anyone Better Off?</b>			
Percent of participants who stated that the services/program helped them and/or their family	85%	Client Satisfaction Survey	Analyzed on a Semi-Annual Schedule

**EXHIBIT B**  
**BUDGET**

Expense Item	Amount Requested	Other/In-Kind Funding	Justification
Personnel	\$3,000	\$90,000	Two full time employees and 1 part time
Consultants	\$0	\$6,500	Prof Services, Audit (CPA) & Grant
Supplies	\$3,000	\$28,000	Food and non food supplies
Equipment	\$0	\$1,000	Machinery & Equipment
Travel	\$2,000	\$6,000	Van Food Pickups
Facility/Utilities	\$2,000	\$39,700	Utilities, mortgage & phone
Other/Specify	\$0	\$82,800	Admin, dish, cleaning, laundry, insurance, FICA, fund raising, repairs, client ID, etc.
TOTAL Requests	\$10,000	\$254,000	TOTAL BUDGET: <u>\$264,000</u>

**Exhibit C  
FY 2017-2018**

**ADVANCE PAYMENT REQUEST**

<b>Organization:</b> Jubilee Center of South Broward, Inc.
<b>Project Name:</b> Jubilee Center Soup Kitchen and Food Pantry

<b>a. Grant Amount</b>	\$	
<b>b. Funds Received to Date</b>	\$	
<b>c. Available Grant Amount (a minus b)</b>	\$	
<b>d. Amount Requested</b>	\$	
<b>e. Balance of Funds available for this Agreement Amount requested (c minus d)</b>	\$	
<b>Justification for Requested Amount. NOTE: Must be in compliance with program budget line items (e.g., method of calculation for salaries, consultants, supplies, etc.):</b>		
<b>Signature:</b>		
<b>Print Name:</b>	<b>Date</b>	

<b>FOR CITY USE ONLY</b>	
<b>Staff Review and Date</b>	
<b>PAYMENT APPROVAL SIGNATURE</b>	<b>DATE</b>

**EXHIBIT E**  
**FY 2017-2018**  
**MID YEAR REPORT**  
**Date Report Due: April 10, 2018**

<b>Project Name:</b>					
Person Preparing the Report/ Job Title		Phone # (    )    -			
Project Start-Up Date:	Project Completion Date:	Amended Completion Date, (if applicable):			
<b>Project Description: (Add a brief description of what has happened with the program to date):</b>					
<b>_Project Cost</b>	<b>(A)</b>	<b>(B)</b>	<b>(C)</b>	<b>(D)</b>	<b>(E)</b>
	<b>Budget Allocation</b>	<b>Funds Expended this Month</b>	<b>Funds Expended to Date</b>	<b>Funds Remaining</b>	<b>Percentage of Funds utilized to date (C/A=E)</b>
<b>PERSONNEL</b>				<b>0</b>	!Zero Divide
<b>CONSULTANTS/ CONTRACTORS</b>				<b>0</b>	!Zero Divide
<b>EQUIPMENT (OVER \$5,000)</b>				<b>0</b>	!Zero Divide
<b>MATERIALS/ SUPPLIES</b>				<b>0</b>	!Zero Divide
<b>MISC/OTHER</b>				<b>0</b>	!Zero Divide
<b>INDIRECT/ ADMINISTRATION</b>				<b>0</b>	!Zero Divide
<b>Total</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	!Zero Divide
<b>Performance Measures:</b>					<b>Numbers:</b>
# of contracted Hallandale Beach residents served					
% of funded allocation utilized					

**I certify that the information contained in this Mid-Year 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

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:**

**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**

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

**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 8<sup>th</sup> Avenue  
Hallandale Beach, FL 33009**