

**COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM AGREEMENT
BETWEEN THE CITY OF NORTH MIAMI AND
COMMUNITIES UNITED, INC.**

THIS GRANT AGREEMENT (“Agreement”) is entered into as of **January 1st, 2020**, between the **CITY OF NORTH MIAMI**, a Florida municipal corporation, located at 776 N.E. 125th Street, North Miami, Florida (“City”), and **COMMUNITIES UNITED, INC.**, a not-for-profit Florida corporation located at 4332 NW 17th Avenue, Miami, Florida 33142 (“Subrecipient”), (collectively the “Parties”).

WITNESSETH:

WHEREAS, the City has been awarded Community Development Block Grant (“CDBG”) funds by the U.S. Department of Housing and Urban Development (“HUD”) to provide services benefiting very low to moderate income persons, the elderly, and the disabled or handicapped; and

WHEREAS, the Subrecipient has performed similar services, including but not limited to the Scope of Services listed below (“SERVICES”); and

WHEREAS, the City desires to engage the Subrecipient to render SERVICES.

NOW, THEREFORE, the Parties agree as follows:

ARTICLE I
SCOPE OF SERVICES

The Subrecipient shall provide community based social services to the City’s low and moderate-income population pursuant to the “**Seniors First Disaster Hurricane Preparedness Program**”, as described in Exhibit “A” attached hereto and made part hereof of the agreement.

ARTICLE II
CONDITION OF SERVICES

The Subrecipient agrees to the following:

- a) The SERVICES shall benefit City residents.
- b) The Subrecipient shall maintain records including, but not be limited to, the following:
 1. Client profiles identifying household income, head of household, ethnicity, race and gender.
 2. An outreach plan, which insures equitable participation by all eligible City residents.

- c) The Subrecipient shall maintain a citizen participation mechanism, which will include, but not be limited to the following:
 - 1. Logging of citizen comments or complaints when received, pertaining specifically to services provided under this Agreement.
 - 2. Copies of comments and/or complaints received in writing referenced in 1 above, and all responses.
- d) The Subrecipient shall abide by the Federal requirements of 24 CFR 570.600-612, Subpart K, Other Program Requirements, the U.S. Office of Management and Budget (OMB) Circulars A-122, Cost Principles for Non-profit Organizations, and OMB A-110, Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations, as applicable, and all other federal, state and local laws and requirements.
- e) The Subrecipient acknowledges and accepts the conditions set forth in the letter submitted by the City to Subrecipient, a copy of which is attached hereto as Exhibit “B” and made a part of this Agreement.

ARTICLE III
TERM OF AGREEMENT

This Agreement shall be deemed effective as of **January 1st, 2020**, and shall terminate on **September 30th, 2020**.

ARTICLE IV
DEFAULT

A. For purposes of this Agreement (and the documents referenced or incorporated herein), a default shall include without limitation the following acts or events of the Subrecipient, its agents and employees, as applicable and as further detailed below:

- (1) Failure to (i) commence services within thirty (30) days from the date of this Agreement.
- (2) Failure to provide the documentation required to make the final payment of the grant within thirty (30) days from this Agreement’s expiration date.
- (3) Failure to comply with applicable federal, state and local regulations and laws.
- (4) Breach regarding any of the terms and conditions of this Agreement.
- (5) Insolvency or bankruptcy.

- (6) Failure to maintain the insurance required by the City as described in Article XIX of this Agreement.
- (7) Failure to correct defects within a reasonable time as determined by the City.

B. In the event of a breach, the City may exercise any and all rights including those rights expressed in Article V.

C. Additionally, the City shall be entitled to bring any and all legal and/or equitable actions in Miami Dade County, Florida, in order to enforce the City's right and remedies against the breaching party. The City shall be entitled to recover all costs of such actions including a reasonable attorney's fee, at trial and appellate levels, to the extent allowed by law.

ARTICLE V **TERMINATION**

The City and the Subrecipient agree that this Agreement may be terminated by either party upon written notice at least thirty (30) days prior to the effective date of such termination, with or without cause.

The City may also suspend or terminate payment to the Subrecipient in whole or in part for cause. Cause shall include the following:

- a) Failure to comply and/or perform in accordance with this Agreement; or
- b) Submission to the City of reports, which are materially incorrect or incomplete.

The City shall notify the Subrecipient in writing when payments are being suspended for cause. The notification shall include actions to be taken by the Subrecipient as a condition precedent to the resumption of payments and a reasonable date for compliance, which shall be no more than thirty (30) days from the notification date.

It is further agreed that upon curtailment of, or regulatory constraints placed on the funds by HUD, this Agreement will terminate effective as of the time that it is determined by City such funds are no longer available.

Upon termination of the Agreement, the Subrecipient and the City shall meet to determine if any amounts are to be repaid to the City.

It is understood by and between the City and the Subrecipient that any payment made in accordance with this section to the Subrecipient shall be made only if the Subrecipient is not in breach under the terms of this Agreement. If the Subrecipient is in breach, then the City shall in no way be obligated and shall not pay any sum to the Subrecipient.

ARTICLE VI
AMENDMENTS

Any alterations, variations, modifications, waivers, or provisions of this Agreement shall only be valid when they have been reduced to writing, duly approved and signed by both parties, and attached to the original of this Agreement. This Agreement contains all the terms and conditions agreed upon by the Parties. No other agreement, oral or otherwise, regarding the subject matter of this Agreement shall be deemed to exist or bind any of the Parties.

ARTICLE VII
METHOD OF PAYMENT

Upon execution of this Agreement, the City shall make payments to the Subrecipient for expenditures incurred under this Agreement based on actual expenditures with supportive documentation in accordance with the program budget and implementation. The maximum amount payable under this contract is Eight Thousand Dollars and 00/100 Cents (\$8,000.00) and shall represent the only source of funding received from the City for the Program.

It is expressly understood and agreed that in the event of curtailment or non-availability of Federal Grant funds, this Agreement will terminate effective as of the time that it is determined by the City that funds are no longer available. In the event of such determination, the Subrecipient agrees that it will not look to nor seek to hold liable the City for the performance of this Agreement and the City shall be released from further liability under the terms of this Agreement. This shall not release Subrecipient from the provisions of Article IX.

ARTICLE VIII
CONFLICT OF INTEREST

The conflict of interest provisions of this section apply to any person who is an employee, agent, consultant, officer, elected official or appointed official of the Subrecipient.

The Subrecipient covenants that persons described in this section who exercise any functions or responsibilities under this part or who are in a position to participate in a decision making process or gain information with regard to such activities may not obtain a financial interest in any contract, subcontract or benefit from a CDBG assisted activity being provided under this Agreement, nor may have a financial interest in any contract, subcontract or agreement with respect to a CDBG assisted activity covered under this Agreement, either for themselves or those with whom they have family or business ties.

Any such interest on the part of the Subrecipient or its employees shall be disclosed in writing to the City. The Subrecipient agrees to abide and be governed by the conflict of interest requirements applicable to or promulgated by H.U.D. or the City, which are incorporated by reference.

ARTICLE IX
INDEMNIFICATION

The Subrecipient shall defend, indemnify and hold harmless the City, its officers, employees and agents, against any claims, suits, actions, damages, proceedings, liabilities and costs (including attorney's fees) arising from or in connection with this Agreement or any contracts the Subrecipient may enter into with third parties pursuant to this Agreement. The Subrecipient shall pay all claims and losses of any nature, and shall defend all suits, on behalf of the City, its officers, employees or agents when applicable and shall pay all costs and judgments which may issue.

ARTICLE X
QUARTERLY REPORTS

The Subrecipient shall provide quarterly reports (an original and two copies) as required by the City, which shall be **due 15 days after the reporting period**. These shall include:

- I. Client profile form;
- II. A comparison of actual accomplishments with the goals and objectives established for the period (if applicable, use cost data for computation of unit costs);
- III. Reasons for unmet goals;
- IV. Analysis and Explanation of cost overruns or high unit costs.

The reports for the final contractual quarter of this Agreement shall contain a final evaluation that includes the cumulative totals and other statistical findings (such as the number of dollars spent to render actual services to each client, and the program's overall effectiveness) and shall be due no more than 30 days following this Agreement's expiration.

Other reporting requirements may be required by the City in the event of program changes and/or legislative amendments. The Subrecipient shall be informed, in writing, if any changes become necessary. The Sub-Recipient understands and agrees that this Agreement is subject to termination for failure to comply with reporting deadlines.

ARTICLE XI
AUDIT AND INSPECTIONS

At any time during normal business hours and as often as the City and/or the comptroller of HUD may deem necessary, there shall be made available to the City and/or representatives of the federal agency, the right to audit and examine all contracts, invoices, materials, payrolls, records of personnel, conditions of employment and other data relating to matters covered by this Agreement. It is further understood that all records and supporting documents pertaining to this Agreement shall be kept for a minimum period of three (3) years from the date of expiration of this Agreement and shall be to the extent required by law, public records available for inspection

City of North Miami
776 NE 125th Street
North Miami, FL 33161
Attn: Director of Housing & Social Services

Subrecipient: Communities United, Inc.
Attn: Derrick Williams
4332 NW 17th Avenue
Miami, FL 33142

or to such other address as may be designated in writing.

ARTICLE XIV
SUBCONTRACTS

The Subrecipient agrees that no assignment or subcontract will be made in connection with this Agreement.

ARTICLE XV
ACCESS TO RECORDS

The Subrecipient, as outlined in Article XI of this Agreement, shall allow access during normal business hours to all financial records to authorized Federal, State or City representatives and agrees to provide such assistance as may be necessary to facilitate financial audit by any of these representatives when deemed necessary by the City to insure compliance with applicable accounting and financial standards. The Subrecipient shall allow access during normal business hours to all other records, forms, files, and documents which have been generated in performance of this Agreement, to those personnel as may be designated by the City.

A. Financial Management

1. Accounting Standards

The Subrecipient agrees to comply with 24 CFR 84.21-28 and agrees to adhere to the accounting principles and procedures required therein, utilize adequate internal controls, and maintain necessary source documentation for all costs incurred.

2. Cost Principles

The Subrecipient shall administer its program in conformance with OMB Circulars A-122, "Cost Principles for Non-Profit Organizations," or A-21, "Cost Principles for Educational Institutions," as applicable. These principles shall be applied for all costs incurred whether charged on a direct or indirect basis.

B. Documentation and Record Keeping

1. Records to be Maintained

The Subrecipient shall maintain all records required by the Federal regulations specified in 24 CFR 570.506 that are pertinent to the activities to be funded under this Agreement. Such records shall include but not be limited to:

- a) Records providing a full description of each activity undertaken;
- b) Records demonstrating that each activity undertaken meets one of the National Objectives of the CDBG program;
- c) Records required to determine the eligibility of activities

ARTICLE XVI
PERFORMANCE REVIEW

The City may conduct a formal quarterly review of the Subrecipient's compliance with the terms of this Agreement. A report of their findings will be made available to the Subrecipient within thirty (30) days of the completion of the review.

ARTICLE XVII
SEVERABILITY OF PROVISIONS

If any provision of this Agreement is held invalid, the remainder of this Agreement shall not be affected if such remainder would then continue to conform to the terms and requirements of applicable law.

ARTICLE XVIII
PROGRAM INCOME

The Subrecipient agrees that any program income received shall be prorated to the percentage of the City's participation and shall be used for eligible activities under the program. For those activities undertaken with program income, all of the provisions of this Agreement shall apply. It is further understood that upon expiration of this Agreement, the Subrecipient shall transfer to the City any funds on hand under the program and any accounts receivable attributable to the use of these funds consistent with Article V.

The Subrecipient shall submit quarterly reports to City on the program income received and proper documentation of the disbursement of these funds.

ARTICLE XIX
INSURANCE

The Subrecipient shall maintain during the term of this Agreement, the insurance specified below:

- a) Workmen's Compensation Insurance as required by Chapter 440, Florida Statutes.

- b) Comprehensive General Liability Insurance in an amount not less than \$500,000 combined single limit for bodily injury and property damage. The policy shall be endorsed to include the City and its officers, agents and employees as additional insureds, with all necessary endorsements showing the City as a first party insured.
- b) Automobile Liability Insurance covering all owned, non-owned and hired vehicles used in connection with the work, in an amount not less than \$500,000 combined single limit for bodily injury and property damage.

The Comprehensive General Liability Insurance coverage as required in paragraph (b) above shall include those classifications, as listed in Standard Liability Insurance Manuals, which are applicable to the operations of the Subrecipient in the performance of this Agreement.

All insurance policies required above shall be issued by companies authorized to do business under the laws of the State of Florida and executed by duly licensed agents upon whom service of process may be made in Miami Dade County, Florida. All policies shall have a general policy holders rating of "A" or better and a financial rating no less than "X" as reported by Best's Key Rating Guide, published by A. M. Best company, latest edition.

Compliance with the foregoing requirements shall not relieve the Subrecipient of its liability and obligations under this section or any other section of this Agreement.

ARTICLE XX
CIVIL RIGHTS

The Subrecipient agrees to abide and be governed by Title VI and VII, Civil Rights Act of 1964 (42 USC 2000 D & E) and Title VIII of the Civil Rights Act of 1968, as amended, which provides in part that there will not be discrimination of race, color, sexual orientation, religion, handicap or national origin in performance of this Agreement, in regard to persons served, or in regard to employees or applicants for employment. It is expressly understood that upon receipt of evidence of such discrimination, the City shall have the right to terminate this Agreement.

The Subrecipient also agrees to abide and be governed by the Age Discrimination Act of 1975, as amended, 42 USC, which provides in part that there shall be no discrimination against persons in any area of employment because of age.

ARTICLE XXI
PATENT AND COPYRIGHTS

The Subrecipient agrees that HUD and the City retain patent rights and copyrights on any project, which involves research, development, experimental, or demonstration work.

ARTICLE XXII
PROJECT PUBLICITY

The Subrecipient agrees that any news release or other type of publicity pertaining to the Program must recognize the City as the recipient funded by HUD as the entity, which provided funds for the project.

ARTICLE XXIII
LIMITATION OF LIABILITY

The City desires to enter into this Agreement only if in so doing the City can place a limit on the City's liability for any cause of action arising out of this Agreement, so that its liability never exceeds the agreed sum of **Eight Thousand Dollars and 00/100 Cents (\$8,000.00)**. Subrecipient expresses its willingness to enter into this Agreement with Subrecipient recovery from the City for any action or claim arising from this Agreement to be limited to **Eight Thousand Dollars and 00/100 Cents (\$8,000.00)**.

Accordingly, and notwithstanding any other term or condition of this Agreement, the Subrecipient hereby agrees that the City shall not be liable to the Subrecipient for damages in an amount in excess of **Eight Thousand Dollars and 00/100 Cents (\$8,000.00)** for any action or claim of the Subrecipient or any third party arising out of this Agreement. Nothing contained in this paragraph or elsewhere in this Agreement is in any way intended to be a waiver of the limitation placed upon the City's liability as set forth in Chapter 768, Florida Statutes. Additionally, the City does not waive sovereign immunity, and no claim or award against the City shall include attorney's fees, investigative costs or pre-judgment interest.

The Subrecipient shall indemnify and save the City harmless from any and all claims, liability, losses and causes of actions arising out of any act, error or omission of the Subrecipient's professional services under this Agreement; and to the extent of any such claim, liability, loss or cause of action, the Subrecipient shall pay all such claims and losses and costs and judgments which may issue thereon, as well as any attorney's fee incurred. Changes in the Basic Services and entitlement to additional compensation or a change in duration of this Agreement shall be made by a written Amendment to this Agreement executed by the City and the Subrecipient. The Subrecipient shall proceed to perform the Services required by the Amendment only after receiving a fully executed Amendment from the City.

ARTICLE XXIV
VENUE, APPLICABLE LAW

This Agreement shall be governed by the laws of Florida, and any action shall be brought in Miami-Dade County, Florida.

[The remainder of this page is intentionally blank.]

IN WITNESS WHEREOF, the parties have executed this Agreement by their respective proper officers duly authorized the day and year first above written.

ATTEST:

SUBRECIPIENT:

DocuSigned by:
Shayla Saintil
8FAE233844EF449...
Corporate Secretary

DocuSigned by:
[Signature]
8FAE233844EF449...
By: _____
President/CEO

3/18/2020
Date Signed

By: _____
Executive Director
3/9/2020
Date Signed

ATTEST:

City of North Miami, a FLORIDA municipal Corporation, "City":

DocuSigned by:
[Signature]
BB47A3B4B262492...
Vanessa Joseph, Esq.

DocuSigned by:
Arthur H. Sorey, III
FDAE1897923F40D...
Arthur H. Sorey, III, Interim City Manager

3/24/2020
City Clerk Date Signed

3/24/2020
Interim City Manager Date Signed

APPROVED AS TO FORM AND LEGAL SUFFICIENCY:

DocuSigned by:
[Signature]
8AF8443D714D49J...
Jeff P. H. Cazeau, Esq., City Attorney

3/18/2020
City Attorney Date Signed

**NORTH MIAMI FLORIDA OFFICE OF
HOUSING & SOCIAL SERVICES
CDBG FY 2019-2020
SCOPE OF SERVICE NARRATIVE**

SECTION I: GENERAL INFORMATION

Name of Organization: Communities United, Inc.

Address: 4332 NW 17th Avenue, Miami, Florida, 33142

Program Contact Person #1: Hattie Willis, Executive Director

Program Contact Person #2: Shayla Saintil, Program Manager

Phone Number: (305)754-3993

E-mail Address: communitiesunited608@gmail.com

Fiscal Contact Person: Hattie Willis

Phone Number: (305)754-3993

E-mail Address: communitiesunited608@gmail.com

Board President/ Chair: Derrick Williams

Phone Number: (954) 364-4168

E-mail Address: communitiesunited608@gmail.com

Non-Profit Entity

Contract Amount: \$8,000.00 Contract Period: 01/01/2020 - 09/30/2020

SECTION II: PROGRAM NARRATIVE

Descriptive Program Name: Seniors First Disaster Hurricane Preparedness Program

Describe the program goals:

The Seniors First Disaster Hurricane Preparedness Program seeks to prepare low income seniors reside in the City of North Miami for hurricanes or disasters that may affect the community. Services consist of disseminating educational information and community outreach to access services. The program, which will help elderly residents and families, enables its participants to implement plans of action that will ensure their safety and survival before ,during and after a disaster. The program relies on the collaboration of community-based organizations, churches, city, county, and state resources.

Describe the program and services and how program funding will be used:

The program is maintaining an electronic file of the neediest persons, particularly elderly families, to ensure that they have adequate supplies, food, water as well as a safe-haven during a disaster. Post disaster, the program will assess property damage and facilitate repairs. Additionally, the program ensures that the targeted participants are informed of all available city, county, state, federal, and community services. The program will now broaden its outreach to include the training of Miami-Dade County City of North Miami's churches as food distribution centers, shelters, and information hubs for the Red Cross. The program will distribute hurricane kits. Communities United, Inc. (CU) will continue to assess the needs of the community and inform residents of upcoming infrastructure projects and interact with both the City of North Miami and the City of North Miami Police Departments to address crime city-wide.

Identify what Commission District(s) will be served: Miami-Dade County City of North Miami, Florida.

Identify the target population that will be served (i.e., children/students, seniors, adults, families, general population, businesses etc.): low-income senior citizens

Identify the total number of the target population served = 400 seniors

**SECTION III: PROFILE OF SERVICES (SCHEDULED OF WORK)
(INCLUDING EXPECTED LEVEL OF PERFORMANCE)**

Annual workload measures (for each type of service to be provided including the number of clients to be served in the program)

- The program will distribute 40 hurricane kits in the City of North Miami within the period of **January 1, 2020 to September 30, 2020**. During the period, kits will be distributed at pick-up sights, door to door, and through other community-based organizations and program meetings and service sites. There will be a total of 4 Seminar.
- The program will mail or email material to 400 senior citizens within the program period of **January 1, 2020 to September 30, 2020**. Materials will be disseminated to senior citizens throughout City of North Miami informing them of all the available services of the city, county, and state programs and how to access these services.
- The program will provide education, training, and assistance in the development of Hurricane/Disaster Plans to 4 churches. The programs will utilize the sick, shut-in, and homebound lists at each church to ensure that the targeted population receives education information and kits.
- The program will maintain an electronic file which will be updated monthly of new and existing clients. In the event of a Disaster this information will be shared with the program's partners such as the Miami-Dade County Department of Emergency Management, Alliance for Aging, Inc., Miami Jewish Home and Hospital for the Aged, Inc., Long-Term Recovery Group (F.R.I.E.N.D.S), and the American Red Cross.
- The program will maintain a comprehensive web and media hurricane education program to provide online information and services to its clients and other community organizations. The website and social media pages will be updated monthly.
- The program will advise residents of upcoming infrastructure projects and potential job opportunities through community newsletter.

Unit Cost (Define the unit(s) of service and detail the unit cost(s) for the service):

Unit cost per client is \$60.00 (\$8,000 / 400)

Identify the period of service delivery for program component(s) that WILL NOT be provided year-round: Hurricane Educational Seminars with the distribution of hurricane kits are from **January 1, 2020 to September 30, 2020**.

Total number of unduplicated seniors that will be served during the program year is: 300.

Total number of seniors receiving ongoing services: 40.

A typical client will be in the program for one to two hours, on average.

What is the defined workload measure: Mail materials to seniors, distribute 40 hurricane kits to seniors, and work with 4 churches as distribution sites?

The total number of workload measures that will be provided during the program period:

400 Educated + 200 mail-outs/emails + 40 hurricane kits + 4 Seminars = 644 workload units

Location of Service Site(s) and Hours of Service at each Site: List all administrative and program sites including the physical street address with zip codes, contact information and the hours of operation for each site):

Communities United, Inc. is located at 4332 NW 17th Avenue, Miami, Florida, 33142 and operating Mondays through Fridays, 9:30 a.m. to 4:30 p.m., including evenings and weekends when necessary. Outreach to senior citizens will be conducted door to door. Hurricane kits will also be distributed at other community organizations still to be determined.

SECTION IV: STATEMENT OF OBJECTIVES: (Define measurable and specific program objectives. Please quantify and note timeframe for completion of each objective [i.e.,75% of children attending after school tutoring program will increase their reading score by a full letter grade as measured by pre- and post-testing during the contract year]).

- Ninety percent (90%) of the seniors visited will be satisfied with the program based on a survey to be reported after each event.
- One hundred percent (100%) of 400 seniors will be educated on hurricane readiness by providing educational materials in the City of North Miami to be documented by mailing lists to be provided if requested.

- Sixty (40) hurricane kits will be distributed in the City of North Miami to be documented with monthly receipts.
- One hundred percent (100%) of 400 seniors will be given information regarding signing up for the Shutters Program to be documented by mailing lists to be provided if requested.
- One hundred percent (100%) of 400 seniors will be offered applications to sign up for Emergency Evacuation Assistance to be documented by mailing lists and/or log-in sheets to be provided if requested.
- The program will create a network of 2 self-sufficient churches to become disaster relief providers and to ensure quality services and assistance for the seniors to be documented with a monthly list of churches.
- CU will represent the concerns of seniors at community meetings with the City of North Miami Police Department.

Documentation will be kept via mail-out, phone logs, sign-in sheets, and/or an off-site remotely backed-up electronic file.

BACKGROUND SCREENING INFORMATION

The program(s) is serving "at risk" population: Low-income seniors

The minimum age for a client is 55 years.

The maximum age for a client is N/A.

Staff or volunteers working directly with seniors for more than 10 hours.

Clients will fill out C.U. survey form.

Clients Will fill out C.U. intake form.

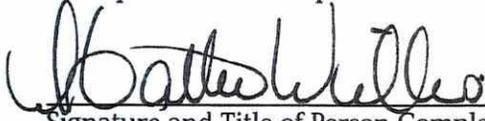
SECTION V: ORGANIZATIONAL SUPPORT ACTIVITIES: Describe how your organization will do outreach and public awareness of program activities:

The Seniors First Disaster Hurricane Preparedness Program will educate, disseminate and conduct outreach to senior citizens through flyers, brochures, television and radio spots, social media and home visits. PSA's will be distributed informing the community of special events. The program will issue special invitations to the City of North Miami to any events held.

Describe how your organization will complete a self-assessment of its services throughout the program period (i.e., client satisfaction questionnaires, online surveys, independent organization audit review, etc.): The agency will administer a similar survey to the churches designated as disaster relief providers.

SECTION VI: CERTIFICATION

I certify that the Scope of Services of the program will be carried out as described above. I also understand that I must receive **prior** formal approval from the City of North Miami Housing & Social Services Department for any variations from the operations and performance described above.



Signature and Title of Person Completing Form

Hattie Willis EXECUTIVE
Print Name and Title DIRECTOR

City of North Miami
Program Budget Narrative Contract Period - FY 2019-2020

Organization Name:	Communities United, Inc.		
Organization Address:	4332 NW 17th Avenue, Miami, Florida 33142		
Primary Contact Name:	Hattie Willis	Phone Number:	(305)754-3993
Primary Contact Title:	(305)754-3993	E-mail Address:	communitiesunitedsf. org
Program Name*:	Hurricane Preparedness Activation Program		
Contract #	2019-2020		

*Please fill out one for each program.

1. Seniors First Disaster Preparedness Program Budget \$8000.00

• We will collaborate with various local, state and charity organizations (Table of Brotherhood) CU will worked to ensure that needed services will be provided to the elderly and underprivileged residents.

• Through our Senior's First Emergency Disaster and Hurricane Response Educational Seminar, sessions will be conducted for elderly and disadvantaged seniors will have opportunity to win a kit Hurricane Kits.

Hurricane Supplies (\$8000.00) 40 Hurricane Kits - Educate 400 Clients

This line item represents program hurricane supplies and kits that will be provided to low income seniors consisting of: Igloo Cooler , Car charger, Utility Light, Can Opener ,Insect Repellent , Jump drive, Clorox bleach flashlights, batteries, dome lights, first aid kit, Plastic Utensils, phone, paper towels, Zip Lock bags, tape, portable fan, large trash bags, Baby wipes, Whistle ,battery operated radio, educational materials and seven days' supply of food and water. Meeting supplies, food and drinks for the senior



Priority: High ___ Medium ___ Low ___
 Staff _____ Rebuild # _____ Red
 Cross: Yes ___ No ___
 Need Inspection: Name _____ Phone _____

Seniors First Disaster and Hurricane Preparedness Program

Client Intake Form

Date of Intake _____ Intake Staff _____

Name: _____

Address: _____ City _____ State _____ Zip _____

Daytime/Cell Phone _____ Email _____ Date of Birth: ____/____/____

ID or Driver's License Number: _____

Please answer the following questions, where applicable:

1. What is your annual income? _____
2. Do you receive any governmental subsidies? (Please specify and check all that applies)
3. Snap/Food Stamps Medicare Medicaid Social Security Disability
Free or Reduced Lunch
4. Do you live alone in Miami-Dade County? Yes No
5. Do you own your own home? Yes No
6. Do you have a Reverse Mortgage? Yes No
7. Do you own Rental Property? Yes No
8. Do you have Homeowner's Insurance? Yes No If you answered "Yes,"
Home Owner's Insurance carrier? _____
How much money did you received? _____ Deductible? _____
9. What type of insurance do you have? Flood Wind/Hurricane Fire
10. What is the present condition of your home? Excellent Fair Poor
Minor Repairs Needed Major Repairs Needed
11. Do you have damage to your home from Hurricane Irma? Yes No
12. Did you receive money from the SBA for repairs? Yes No
13. If yes how much? _____

14. Do you have a FEMA number? If so, what is it? _____,

15. If yes did you received money, how much? _____

16. Are you in need of any of the following? Roof Repair Smoke Detectors

Windows Shutters Tree Maintenance Debris Removal

Transportation Meals/Water Hurricane Survival Kit Other

Please Specify _____

17. In case of a hurricane or other emergency, would you like transportation to a senior citizens shelter? Yes No

18. In case of a hurricane or other emergency, do you have your emergency contact information completed, current and readily accessible? Yes No

If you answered "No" to question 9, please complete the following:

Name of Contact: _____

Contact Phone Number: _____

Your Relationship to Contact: _____

19. Would you be interested in participating in the following activities?

Computer Courses Youth Mentoring Reading to Young Children

Learning to Play Chess Job-Readiness Seminar Community Volunteering

20. Are you in need of daily services provided by Meals on Wheels? Yes No

21. Are you in need of assistance in performing daily tasks that include bathing, housekeeping and/or personal shopping? Yes No

22. Is there any other information that we should know about your living condition(s) where CU might give your assistance? _____

Disclosure Authorization:

By providing my signature below, I hereby grant Communities United, Inc. permission to provide full disclosure of my information to collaborating social service organizations that have resources to assist



COMMUNITIES UNITED, INC.
4332 NW 17TH Avenue, Miami, Florida 33142
Phone: 305.754.3993
Email: communitiesunited608@gmail.com

CLIENT SURVEY

Name: _____
Address: _____
Daytime Phone: _____

Questions	Excellent	Good	Fair	Poor
Was today's information clear and easy to understand?				
Do you feel better prepared to educate a weather-related disaster or other emergencies?				
How would you relate the professionalism and helpfulness of today's disaster relief team?				
How would you rate the efficiency of our team to any needs or concerns you had on today's visit?				
Overall, how would you rate the quality of service provided by today's disaster relief team?				

Client Signature: _____ Date: _____



Proposed Budget Summary for FY2019-20

A. Applicant Communities United, Inc.

C. Contract Term: From _____ To _____

B. Program Senior First Program

D. Year 2019-2020 Allocation _____

E. Project Budget

Column 1	Column 2	Column 3	Column 4
Item of Expenditure	CDBG Funding	Other Funding (\$)	Total Cost (\$)
Personnel			
Fringe Benefits			
Operating/Technical			
Professional and Technical Services			
Materials and Supplies	\$ 8,000.00		
Disaster Supplies			
Equipment Hurricane Kits			
Other (please specify)			
Other (please specify)			
TOTAL	\$ 8,000.00		

Note: The entire budget for this project must be shown. This is a preliminary budget, and is not binding. However it is important that you comprehensively determine the expenses for this proposed project. Please show both the expenses that will be paid for with CDBG funds and those that will be paid for from other funding sources.

F. Percentage of total project costs paid by Other Funding Sources: 75 %



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/22/2019

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 Phone: (813) 969-1313 Fax: (888) 316-8184 A&D INSURANCE AGENCY 14310 N DALE MABRY HWY, SUITE 250 TAMPA FL 33618	CONTACT NAME: A&D Insurance Agency PHONE (A/C, No, Ext): (813) 969-1313 FAX (A/C, No): (888) 316-8184 E-MAIL ADDRESS: PRODUCER CUSTOMER ID: 1150																					
INSURED COMMUNITIES UNITED INC. PO BOX 694524 MIAMI, FL 33269	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td style="width: 5%;">INSURER A :</td> <td style="width: 85%;">HISCOX</td> <td style="width: 10%; text-align: center;">10200</td> </tr> <tr> <td>INSURER B :</td> <td></td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	HISCOX	10200	INSURER B :			INSURER C :			INSURER D :			INSURER E :			INSURER F :		
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INSURER F :																						

COVERAGES

CERTIFICATE NUMBER: 4892

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	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <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	X		UDC4165606CGL19	05/02/19	05/02/20	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED. EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ Not Included
								\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X		UDC4165606CGL19	05/02/19	05/02/20	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
								\$
	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					WC STATUTORY LIMITS	\$
		N/A					OTH ER	\$
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE-EA EMPLOYEE	\$
							E.L. DISEASE-POLICY LIMIT	\$
A	Professional Liability			UDC4165606EO19	05/02/19	05/02/20	EACH CLAIM	500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
MIAMI DADE COUNTY IS LISTED AS ADDITIONAL INSURED WITH REGARDS TO THE GENERAL LIABILITY POLICY.

CERTIFICATE HOLDER MIAMI DADE COUNTY 111 NW 1ST ST, SUITE 2340 MIAMI, FL 33128 Attention:	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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