

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

AGENDA ITEM SUMMARY

Meeting Date: September 16, 2025

☒ **Consent**

☐ Regular

[] Ordinance

☐ Public Hearing

Department

Submitted By: Community Services

Submitted For: Division of Human Services and Community Action Program

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: Amendment No. 2 to the Subrecipient Agreements with the agencies listed below, for the period October 1, 2023 through September 30, 2026, to exercise renewal options and increase funding by \$411,477 in Emergency Solutions Grant (ESG) 2025-2026 funds:

- A)** Adopt A Family of the Palm Beaches, Inc. (AAF), for the provision of rapid rehousing services to families with children experiencing homelessness, to increase funding by \$193,634, for a new total amount not to exceed \$567,718;
- B)** Aid to Victims of Domestic Abuse, Inc. (AVDA), for the provision of emergency shelter to individuals and families with children fleeing domestic violence, to increase funding by \$159,750, for a new total amount not to exceed \$468,940; and
- C)** YWCA of Palm Beach County, Inc. (YWCA), for the provision of emergency shelter to individuals and families with children fleeing domestic violence, to increase funding by \$58,093, for a new total amount not to exceed \$167,670.

Summary: On July 8, 2025, the Board of County Commissioners (BCC) approved the Palm Beach County (County) Action Plan for Fiscal Year (FY) 2025-2026, which allocated \$484,092 in ESG Program funds for nonprofit agencies to assist people experiencing homelessness, or who are at risk of homelessness, including those fleeing domestic violence. These agreements fund homeless services, including the operation and maintenance of emergency shelters and financial assistance to rapidly rehouse families. Activities include case management, rental and utility assistance, food, maintenance, security equipment, insurance, and supplies for emergency shelters. On January 23, 2024, the County entered into subrecipient agreements with the above agencies to provide homeless services (R2024-0030, R2024-0031, and R2024-0033, respectively), as amended by (R2024-1197, R2024-1198, and R2024-1200, respectively).

In FY 2024, AAF served 23 households through its rapid rehousing services and expended 100% of its ESG award. Under this amendment, AAF is projected to serve 20 families through the same program.

In FY 2024, AVDA served 56 individual and family households who were fleeing domestic violence with emergency shelter and expended 100% of its ESG award. Under this amendment, AVDA is projected to serve 70 individual and family households at its emergency shelters.

In FY 2024, YWCA served 148 individual and family households who were fleeing domestic violence with emergency shelter and expended 96% of its ESG award. Under this amendment, YWCA is projected to serve 190 individual and family households at its emergency shelter.

These federal ESG funds require a matching contribution, which will be provided by the agencies receiving funding. **There is no County match required.** Countywide (JBR)

Background and Justification: (Continued on Page 3)

Attachments:

1. Subrecipient Agreement Amendment with AAF
2. Subrecipient Agreement Amendment with AVDA
3. Subrecipient Agreement Amendment with YWCA
4. Budget Availability Statement

Recommended By:

- DocuSigned by:

Taruna Mallotra

8/15/2025

1459E4104F10490...
Department Director

Date _____

Approved By:

Assistant County Administrator

Date _____

II. FISCAL IMPACT ANALYSIS

A. Five-Year Summary of Fiscal Impact:

Fiscal Years	2025	2026	2027	2028	2029
Capital Expenditures					
Operating Costs	0	\$411,477			
External Revenue	0	(\$411,477)			
Program Income (County)					
In-Kind Match (County)					
NET FISCAL IMPACT	0	0			
No. ADDITIONAL FTE POSITIONS (Cumulative)					

Is the Item Included In the Current Budget? Yes x No
Does this item include the use of federal funds? Yes x No
Does this item include the use of state funds? Yes No x

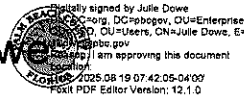
Budget Account No.:

Fund 1101 Dept 143 Unit 1435 Object 8201 Program Code VAR Program Period GY 2025

B. Recommended Sources of Funds/Summary of Fiscal Impact:

HUD Emergency Solutions Grant. No county funds required.

Julie Dowe



C. Departmental Fiscal Review:

Julie Dowe, Director, Financial & Support Services

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Development and Control Comments:

Lucy Mante 8/19/2025
OFMB SW 8-19-25

Grande Grack 8/21/25
Contract Development and Control 268.20.25

B. Legal Sufficiency

Michelle 8/20/2025
Assistant County Attorney

C. Other Department Review:

Department Director

This summary is not to be used as a basis for payment.

Background and Justification: (Continued from Page 1): The Palm Beach County Department of Housing and Economic Development (DHED) received \$570,211 in ESG funding from the U.S. Department of Housing and Urban Development (HUD). As permitted by HUD, DHED deducted \$11,119 from the total entitlement to be used towards administering the ESG Program and \$75,000 for administration of the Client Management Information System (CMIS). The undertaking of the ESG Program is an inter-departmental effort between the Community Services Department (CSD) and DHED. Funded organizations are monitored by CSD to ensure both programmatic and fiscal accountability.

SECOND AMENDMENT

SECOND AMENDMENT TO SUBRECIPIENT AGREEMENT
FOR PROVISION OF SERVICES

THIS SECOND AMENDMENT TO SUBRECIPIENT AGREEMENT FOR PROVISION OF SERVICES dated January 23, 2024 (**R2024-0030**) is made on this 11th day of September, 2025, by and between Palm Beach County, a Political Subdivision of the State of Florida, by and through its Board of County Commissioners, hereafter referred to as the COUNTY, and **Adopt A Family of the Palm Beaches, Inc.**, hereafter referred to as the AGENCY, a not-for-profit corporation authorized to do business in the State of Florida, whose Federal Tax ID is **59-2471253**.

In consideration of the mutual promises contained herein, the COUNTY and the AGENCY agree as follows:

WHEREAS, on January 23, 2024, the above-named parties entered into a Subrecipient Agreement for Provision of Services (R2024-0030) (the Agreement), in an amount not to exceed \$181,127.00 to provide rapid rehousing services to clients; and

WHEREAS, on September 17, 2024, the above-named parties entered into a First Amendment to the Agreement (R2024-1197) (the First Amendment), which added a second one-year term and increased the total Agreement amount by \$192,957 for a total amount of \$374,084; and

WHEREAS, the need exists to amend the Agreement to: add a third one-year term by amending **ARTICLE 4 SCHEDULE**; increase the not-to-exceed Agreement amount by amending **ARTICLE 5 PAYMENTS TO ESG-FUNDED AGENCY**; revise **ARTICLE 15 NONDISCRIMINATION**; removal of and notation for **ARTICLE 17 CONTRACTING WITH SMALL AND MINORITY BUSINESSES, WOMEN'S BUSINESS ENTERPRISES, LABOR SURPLUS FIRMS**; revise **ARTICLE 19 AGENCY'S PROGRAMMATIC REQUIREMENTS**; replace **EXHIBIT A-1** with **EXHIBIT A-2**; replace **EXHIBIT B-1** with **EXHIBIT B-2**; and replace **EXHIBIT G-1** with **EXHIBIT G-2**.

NOW THEREFORE, the COUNTY and the AGENCY mutually agree that the Agreement entered into on January 23, 2024, is hereby amended as follows:

- I. The foregoing recitals are true and correct and incorporated herein by reference and made a part of the parties' Agreement.
- II. The first paragraph of **ARTICLE 4 SCHEDULE** is amended to read as follows:

The term of this Agreement shall be for three (3) years starting October 1, 2023, and ending on September 30, 2026, with one (1), one (1)-year renewal option at the COUNTY'S sole discretion based on the availability of Emergency Solutions Grant (ESG) funding and AGENCY'S performance.

- III. The first paragraph in **ARTICLE 5 PAYMENTS TO ESG-FUNDED AGENCY** is amended to read as follows:

The total amount to be paid by the COUNTY under this Agreement for all services and materials shall not exceed a total Agreement amount of **FIVE HUNDRED SIXTY-SEVEN THOUSAND SEVEN HUNDRED EIGHTEEN DOLLARS AND ZERO CENTS (\$567,718.00)** over a one-

year period of which ONE HUNDRED NINETY-THREE THOUSAND SIX HUNDRED THIRTY-FOUR DOLLARS AND ZERO CENTS (\$193,634.00) is budgeted in Fiscal Year 2026.

IV. ARTICLE 15-NONDISCRIMINATION is revised to read as follows:

The COUNTY is committed to assuring equal opportunity in the award of contracts and complies with all laws prohibiting discrimination. Pursuant to Palm Beach County Resolution R2025-0748, as may be amended, the AGENCY warrants and represents that throughout the term of the Agreement, including any renewals thereof, if applicable, all of its employees are treated equally during employment without regard to race, color, religion, disability, sex, age, national origin, ancestry, marital status, familial status, sexual orientation, or genetic information. Failure to meet this requirement shall be considered a default of the Agreement.

As a condition of entering into this Agreement, the AGENCY represents and warrants that it will comply with the COUNTY’S Commercial Nondiscrimination Policy as described in Resolution R2025-0748, as amended. As part of such compliance, the AGENCY shall not discriminate on the basis of race, color, national origin, religion, ancestry, sex, age, marital status, familial status, sexual orientation, disability, or genetic information in the solicitation, selection, hiring or commercial treatment of subcontractors, vendors, suppliers, or commercial customers, nor shall the AGENCY retaliate against any person for reporting instances of such discrimination. The AGENCY shall provide equal opportunity for subcontractors, vendors and suppliers to participate in all of its public sector and private sector subcontracting and supply opportunities, provided that nothing contained in this clause shall prohibit or limit otherwise lawful efforts to remedy the effects of marketplace discrimination that have occurred or are occurring in the COUNTY’S relevant marketplace in Palm Beach County. The AGENCY understands and agrees that a material violation of this clause shall be considered a material breach of this Agreement and may result in termination of this Agreement, disqualification or debarment of the AGENCY from participating in COUNTY contracts, or other sanctions. This clause is not enforceable by or for the benefit of, and creates no obligation to, any third party. AGENCY shall include this language in its subcontracts.

V. ARTICLE 17 CONTRACTING WITH SMALL AND MINORITY BUSINESSES, WOMEN’S BUSINESS ENTERPRISES, LABOR SURPLUS FIRMS is removed and the notation of [INTENTIONALLY OMITTED] is added in its place.

VI. Item 25 of ARTICLE 19 AGENCY’S PROGRAMMATIC REQUIREMENTS is amended to read as follows:

AGENCY may provide Key Personnel appropriate training according to their staff qualifications, in compliance with Section 760.10, Florida Statutes, as may be amended, including but not limited to:
Trauma-Informed Care (TIC), Adverse Childhood Experiences (ACEs), and Motivational Interviewing (MI) training.

VII. EXHIBIT A-1 SCOPE OF WORK AND SERVICES is replaced in its entirety by EXHIBIT A-2 SCOPE OF WORK AND SERVICES, attached hereto and incorporated herein by reference.

- VIII. **EXHIBIT B-1 FY 2024 EXTREMELY LOW-INCOME INCOME LIMITS SUMMARY 30% AML**, is replaced in its entirety by **EXHIBIT B-2 FY 2025 EXTREMELY LOW-INCOME INCOME LIMITS SUMMARY**, attached hereto and incorporated herein by reference.
- IX. **EXHIBIT G-1 Subaward Data** is replaced in its entirety with **EXHIBIT G-2 Subaward Data**, attached hereto and incorporated herein by reference.
- X. All other provisions of the Agreement and the First Amendment not modified in this Second Amendment remain in full force and effect.

REMAINDER OF PAGE LEFT BLANK INTENTIONALLY

IN WITNESS WHEREOF, the Board of County Commissioners of Palm Beach County, Florida has made and executed this Second Amendment on behalf of the COUNTY, and AGENCY has hereunto set his/her hand the day and year above written.

ATTEST:
MICHAEL A. CARUSO
CLERK & COMPTROLLER

PALM BEACH COUNTY, FLORIDA a
Subdivision of the State of Florida
BOARD OF COUNTY COMMISSIONERS

BY: _____
Deputy Clerk

BY: _____
Maria G. Marino, Mayor

AGENCY:
Adopt A Family of the Palm Beaches, Inc.

BY:

Signed by:
Matthew Constantine

AGENCY'S Signatory Name

Matthew Constantine, CEO
AGENCY'S Signatory Name Typed

APPROVED AS TO FORM AND
CONDITIONS
LEGAL SUFFICIENCY

APPROVED AS TO TERMS AND
Community Services Department

BY:

Initial
JBR

Assistant County Attorney

BY:

DocuSigned by:
Tanina Mallotra

Department Director

EXHIBIT A-2

FY 2026 EMERGENCY SOLUTIONS GRANTS
(ESG) PROGRAM SCOPE OF
WORK AND SERVICES
AMENDMENT 2

Agency Name: Adopt A Family of the
Palm Beaches, Inc. **Program Name:**
Rapid Re-
Housing/Homeless Resource Center
Location: Palm Beach County
Target Population: Families, as defined by HUD, experiencing
homelessness (Program Participants)

ADOPT A FAMILY OF THE PALM BEACHES, INC. AGREES TO:

A. SCOPE OF SERVICES:

The AGENCY shall provide rapid re-housing to families, as defined by HUD, experiencing homelessness (Program Participants). Provision of these services is an eligible activity as defined in the Code of Federal Regulations (CFR) at 24 CFR Part 576 Subpart B. The AGENCY certifies that the eligible activities carried out under this Agreement will benefit persons who are Homeless as defined in **Exhibit B** and have incomes at or below the levels in **Exhibit B-2**. The services to be provided by the AGENCY shall be provided in accordance with the ESG component identified below and shall comply with the Federal regulations pertaining to such component:

- ☐ Emergency Shelter as specified at 24 CFR 576.102.
- ☐ Homelessness Prevention as specified at 24 CFR 576.103.
- ☒ Rapid Re-Housing Assistance as specified at 24 CFR 576.104.

The AGENCY provides homeless intervention activities at the Philip D. Lewis Homeless Resource Center (HRC), including intake, assessment, eligibility determination, and documentation. Households served through the HRC will have access to on-site health screenings, reduced-cost bus passes, a food pantry, laundry, showers, computers with internet access, phones, school supplies, play space for children, and supportive staff.

The AGENCY will provide rapid re-housing activities to **20 unduplicated program participant households (70 unduplicated persons) annually**, including financial assistance in the form of security deposits and short-term and medium-term rental assistance in order to enable families to obtain permanent housing and stabilize and maintain housing long-term. Program participants will receive assistance in locating housing, and once they move in, a housing specialist will act as a liaison between the program

participant and the landlord. During the course of the program, participants will receive case management support focusing on obtaining and maintaining stable housing, budgeting, and connection to community resources, assistance in applying for benefits, and referral for assistance in behavioral health and/or substance treatment. Each program participant will be assisted by a family advocate to develop a personalized plan for housing stability (Family Action Plan), including an exit strategy to ensure that housing stability is maintained after the program ends.

The AGENCY expects to achieve the following outcomes:

- 90% of the 20 households served will exit the ESG RRH program to a permanent housing destination.
- Of the program participant households stably housed at program exit, at least 85% will remain stably housed for one full year after program exit, as evidenced by a lack of entry into the homeless services system.

B. COORDINATION OF SERVICES:

The AGENCY shall coordinate its services for persons in need with other service providers in Palm Beach County by making and accepting referrals.

C. HOMELESS AND HOUSING ALLIANCE OF PALM BEACH COUNTY:

The AGENCY is required to maintain membership in good standing, in the Palm Beach County Homeless and Housing Alliance (HHA). A member in good standing is required to attend 60% of the general HHA meetings and 70% of at least one of the HHA Sub-Committee meetings during a consecutive 12-month period.

D. BENEFICIARIES:

During the term of this Agreement, the AGENCY shall provide the services described herein to **20 unduplicated families (households) annually, (70 unduplicated persons)**. The beneficiaries of the project funded through this Agreement must be "Homeless" under Category 1 (literally homeless) or Category 4, (fleeing or attempting to flee domestic violence) as defined in **Exhibit B** attached hereto and incorporated by reference, and have incomes that do not exceed the HUD Extremely Low-Income Level as defined in **Exhibit B-2**. The project funded under this Agreement shall assist the aforesaid beneficiaries during the time period designated herein. Upon request, the AGENCY shall provide written verification of compliance to DEPARTMENT. All beneficiaries of the AGENCY'S services shall be current residents of Palm Beach County.

E. PERFORMANCE BENCHMARKS:

The AGENCY shall comply with the following Performance Benchmarks:

1. The AGENCY shall expend at least **\$87,136** (45% of the total funding allocated through this contract for FY 2025) by March 31, 2026.
2. The AGENCY shall expend the remaining **\$106,498** (55% of the total funding allocated through this contract for FY 2025) by September 30, 2026.

This Agreement may be amended to decrease and/or recapture grant funds from the AGENCY depending upon the timely completion of the Performance Benchmarks and/or the rate of expenditure of funds, as determined by DEPARTMENT.

The AGENCY agrees that it may be subject to decrease and/or recapture of project funds by the County if the Performance Benchmarks herein are not met. Failure by the AGENCY to comply with these Performance Benchmarks may negatively impact the ability to receive future ESG funding allocations.

The AGENCY further agrees that DEPARTMENT, in consultation with any parties it deems necessary, shall be the final arbiter of the AGENCY'S compliance with the above.

F. WRITTEN DOCUMENTATION:

The AGENCY shall maintain written documentation verifying that all persons assisted under this Agreement are "Homeless," meet the definition of "Extremely Low Income" and shall maintain written documentation of its compliance with the requirements of this Agreement. Upon request, the AGENCY shall provide such written documentation to DEPARTMENT.

The AGENCY shall maintain records for each program participant that document the services and assistance provided to the program participant, including, as applicable, case notes documenting services and assistance towards self-sufficiency, documentation of attainment of cash and non-cash mainstream resources, service plans, homeless documentation, and CMIS entry.

Compliance with the applicable requirements for providing services and assistance to the program participant under the ESG Component identified herein, including the provision on determining eligibility, the amount and type of assistance, and the provision on using appropriate assistance and services, can be found at 24 CFR 576.401(a)(b)(c)(d)(e).

G. INTAKE PROCEDURES:

The AGENCY shall use written intake procedures and forms as developed by the HHA in accordance with HUD requirements.

For persons that the AGENCY regards as "Homeless," the AGENCY'S intake procedures shall include documentation at intake of the evidence relied upon to establish and verify homeless status as required at 24 CFR 576.500(b). Upon request, the AGENCY shall make its written intake procedures available to DEPARTMENT. Furthermore, upon request, the AGENCY shall make the records it maintains to demonstrate compliance with 24 CFR 576.500(b)(c) available to DEPARTMENT.

H. EVALUATION OF PARTICIPANT ELIGIBILITY AND NEEDS

The AGENCY shall conduct an initial evaluation to determine the eligibility of each individual or family's eligibility for ESG assistance and the amount and types of assistance the individual or family needs to regain stability in permanent housing. These eligibility evaluations and needs assessments shall be conducted in accordance with the centralized/coordinated assessment requirements established by HHA.

I. DETERMINATION OF INELIGIBILITY:

The AGENCY shall, for each individual and family determined by the AGENCY to be ineligible to receive ESG assistance, maintain a written record that shall include documentation of the reason for such determination of ineligibility.

J. TERMINATION OF ASSISTANCE:

The AGENCY shall establish a written formal process for the termination of ESG assistance, which process shall recognize the rights of individuals affected. If a program participant violates program requirements, the AGENCY may terminate the assistance in accordance with such formal process. The AGENCY must exercise judgment and examine all extenuating circumstances in determining when violations warrant termination so that a program participant's assistance is terminated only in the most severe cases.

The required formal process shall, at a minimum, include:

1. The provision of a written notice to the program participant containing a clear statement of the reasons for termination.
2. A review of the decision, in which the program participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision.
3. The provision of prompt written notice of the final decision to the program participant.

Termination in accordance with the above shall not bar the AGENCY from providing further assistance at a later date to the same family or individual. Upon request, the AGENCY shall provide all written documentation in connection with its termination of assistance to DEPARTMENT.

K. INVOICES:

The AGENCY shall submit consecutively numbered reimbursement requests (invoices) to DEPARTMENT in order to receive reimbursement of ESG funds made available under this Agreement. Invoices shall be submitted on a monthly basis to facilitate an even flow of funds throughout the term of the Agreement, and to prevent under-expenditure of allocated funds.

All invoices submitted by the AGENCY for costs permitted under this Agreement must include the following:

1. An original cover memo on AGENCY letterhead signed by an Authorized Agency Representative (**Exhibit J**)
2. A properly completed and signed Monthly Allocation Worksheet (**Exhibit K**)
3. A properly completed and signed Monthly Performance Report (**Exhibit L**)
4. A properly completed Grantee Statistics Report (**Exhibit M**)

Invoices submitted by the AGENCY for costs permitted under this Agreement and associated with the operation of **Rapid Re-Housing** shall include:

- A copy of the vendor's or service provider's invoice for goods and/or services (e.g. utilities, rental). Eligible rapid rehousing assistance includes the following services **only**:
 - a. Rental Assistance
 - b. Security Deposits
- Evidence of payment by the AGENCY for the aforesaid goods and/or services consisting of a canceled check or a copy of bank records indicating payment has cleared.

DEPARTMENT, at its discretion, may modify the above lists. Upon modification of the aforesaid lists, DEPARTMENT shall, within ten (10) days, notify the AGENCY of such modification in writing.

L. REPAYMENT:

The AGENCY shall repay to the COUNTY all funds reimbursed under this Agreement if the AGENCY fails to comply with any requirements of this Agreement and all applicable program regulations which results in HUD requiring the COUNTY to repay funds reimbursed to the AGENCY under this Agreement.

M. MATCHING REQUIREMENT:

The AGENCY shall comply with the match requirements at 24 CFR 576.201. The AGENCY shall make matching contributions to supplement the COUNTY'S ESG funds made available hereunder in an amount that at least equals the amount of ESG funds provided through this contract. Only matching contributions made by the AGENCY after the start date of this contract may be used to meet the aforesaid requirement, and contributions used by the AGENCY to match a previous ESG grant may not be used to meet the aforesaid requirement.

The AGENCY'S matching contributions may be obtained from any source, including any Federal source other than ESG, as well as state, local, and private sources. However, the AGENCY shall, in regard to matching contributions from a Federal source of funds, ensure that the laws governing any such funds to be used as matching contributions to meet the aforesaid requirement do not prohibit such funds from being used to match ESG funds. Furthermore, if the ESG funds provided through this contract are used to satisfy the matching requirements of another Federal program, then funding from that program may not be used to satisfy the matching requirements hereunder.

The AGENCY may meet its match requirement with one or more of the following:

1. **Cash Contributions:** Cash expended by the AGENCY for allowable costs of the AGENCY as defined in OMB Circulars A-87 (2 CFR Part 225) and A-122 (2 CFR Part 230).
2. **Non-Cash Contributions:** The value of any real property, equipment, goods, or services contributed by the AGENCY to ESG, provided that if the AGENCY had to pay for them with ESG funds, the costs would have been allowable. Non-cash contributions may also include the purchase value of any donated building.

In calculating the amount of non-cash contributions to determine the value of any donated material, building, or any lease, the AGENCY must use a method reasonably

calculated to establish the fair market value of such donated material, building, or lease. The AGENCY shall obtain DEPARTMENT'S approval of any such method. In calculating the amount of non-cash contributions for services provided by individuals, the AGENCY shall value such services at rates consistent with those ordinarily paid for similar work in the AGENCY'S organization. If the AGENCY does not have employees performing similar work, the rates must be consistent with those ordinarily paid by other employers for similar work in the same labor market. In all instances, the AGENCY shall obtain DEPARTMENT'S approval of the rates it uses.

The AGENCY may also use costs paid by program income as provided for herein in order to meet its matching requirement provided that such costs are eligible ESG costs that supplement the AGENCY'S program undertaken with ESG funds, and the AGENCY may use any other non-cash contributions permitted at 24 CFR 576.201 after having obtained DEPARTMENT'S approval to do so.

The AGENCY agrees to provide matching contributions valued at no less than **\$193,634.00**.

N. REPORTS:

The AGENCY shall submit the following reports to the DEPARTMENT:

1. **Match Report:** The AGENCY shall demonstrate how it has met its matching requirement by submitting a Match Report (**EXHIBIT N**) and its supporting documentation therewith. The Match Report covering the period ending March 31, 2026, shall be submitted by the AGENCY to DEPARTMENT no later than April 30, 2026, and the Match Report covering the subsequent period shall be submitted by the AGENCY to DEPARTMENT with its submission of the final invoice for reimbursement. Satisfactory submission of timely and adequately documented Match Reports shall be a requirement for reimbursement under this contract.
2. **Monthly Performance Report:** The Monthly Performance Report (**EXHIBIT L**) shall be submitted by the AGENCY to DEPARTMENT for each month covered by this Agreement. This report shall be submitted no later than the 10th of each month to report on activities undertaken by the AGENCY during the previous month.

The AGENCY shall ensure that it reports all program income received by it on this report. The AGENCY shall comply with the program income requirements imposed by CARES and other applicable federal regulations. Program income shall have the meaning provided in 24 CFR 85.25, and shall include, but is not limited to, any amount of a security or utility deposit returned to the AGENCY. All program income from activities funded, in whole or in part, through this Agreement meeting the above requirements must be reported and returned to the COUNTY on a monthly basis.

The AGENCY may request that program income from activities funded, in whole or in part, through this Agreement be used to pay for certain of its costs provided that such costs are eligible under 24 CFR Part 576. Additionally, the AGENCY must obtain prior approval

EXHIBIT A-2

from DEPARTMENT and be in compliance with its obligations, terms, and conditions herein. The expenditure of program income according to the preceding shall count toward meeting the AGENCY’S matching requirement and shall be regarded as the non-federal share under 24 CFR 84.24(b).

3. **ESG Grantee Statistics Report:** The ESG Grantee Statistics Report (**EXHIBIT M**) shall be submitted by the AGENCY to DEPARTMENT for each month covered by this Agreement. This report shall be submitted no later than the 10th of each month to report on activities undertaken by the AGENCY during the previous month.

O. CLIENT MANAGEMENT INFORMATION SYSTEM:

As a precondition to receiving funding, the AGENCY shall participate in the Client Management Information System (CMIS/Client Track) for Palm Beach County, Division of Human Services. Failure of the AGENCY to do so may be regarded by the COUNTY as a basis for the termination of this Agreement. Victim Service Provider AGENCIES may use a comparable database that collects client-level data over time and generates unduplicated aggregate reports based on that data.

II. THE COUNTY AGREES TO:

- A. Provide up to **\$193,634.00** in funding for Fiscal Year 2026 for the following budget line items:

Budget Line Item Description	FY 2024	FY 2025	FY 2026
Security Deposits	\$34,151.00	\$34,732.00	\$ 34,732.00
Rental Assistance	\$146,976.00	\$158,225.00	\$ 158,902.00
TOTAL:	\$181,127.00	\$192,957.00	\$ 193,634.00

- B. Provide technical assistance to ensure compliance with DEPARTMENT, HUD, and applicable State, Federal, County, and Local regulations and this Agreement.
- C. Provide overall administration and coordination activities to ensure that planned activities are completed in a timely manner.
- D. Monitor the AGENCY at any time during the term of this Agreement. Visits may be scheduled or unscheduled as determined by DEPARTMENT. Visits may be conducted by DEPARTMENT staff, or its contractor, to ensure compliance with HUD regulations and this Agreement, to ensure that planned activities are conducted in a timely manner, and to verify the accuracy of AGENCY’S reporting to DEPARTMENT on program activities.
- E. Assume the environmental responsibilities described in 24 CFR 576.

**FY 2025 Extremely Low-Income Income Limits
Summary
30% AMI**

Extremely Low-Income Levels								
Area	1- person	2- person	3- person	4- person	5- person	6- person	7- person	8- person
West Palm Beach- Boca Raton, FL HUD Metro FMR Area	\$24,550	\$28,050	\$31,550	\$35,050	37,900	\$40,700	\$43,500	\$46,300

EXHIBIT G-2

Subaward Data¹

(i)	Subrecipient Name	Adopt A Family
(ii)	Subrecipient Unique Entity Identifier:	HAN8GNGMCQ84
(iii)	Federal Award Identification Number (FAIN):	E-25-UC-12-004
(iv)	Federal Award Date of Award to the Recipient by the Federal Agency:	10/1/2025
(v)	Subaward Period of Performance Start Date:	10/1/2025
	Subaward Period of Performance End Date:	9/30/2026
(vi)	Amount of Federal Funds Obligated by this Action by the Pass-Through Entity to the Subrecipient:	\$193,634.00
(vii)	Total Amount of Federal Funds Obligated to the Subrecipient by the Pass-Through Entity Including the Current Obligation:	\$567,718.00
(viii)	Total Amount of the Federal Award Committed to the Subrecipient by the Pass-Through Entity:	\$567,718.00
(ix)	Federal Award Project Description:	Emergency Solutions Grant - Rapid Rehousing
(x)	Name of Federal Awarding Agency:	HUD
(xi)	Name of Pass-Through Entity:	Division of Human Services
(xii)	Contact Information for Federal Awarding Official:	Margarita Meoz-Mendez, Community Planning and Development Representative Margarita.MeozMendez1@hud.gov 305-520-5013
(xiii)	Contact Information for Palm Beach County Authorizing Official:	Jonathan B. Brown, Director of Housing and Economic Development jbrown2@pbc.gov 561- 233-5160
(xiv)	Contact Information for Palm Beach County Project Director:	Wendy Tippet, Director of Human Services and Community Action wtippet@pbc.gov 561- 355-4772
(xv)	CFDA Number and Name	Emergency Solutions Grant Program, 14.231

EXHIBIT G-2

(xvi)	Identification of Whether Subaward is R&D:	No
(xvii)	Indirect Cost Rate for [CAA] Federal Award:	N/A

¹ This information is required by the Uniform Guidance, 2 C.F.R. § 200.331(a)(1). The Uniform Guidance also requires that if any of these data elements change, the pass-through entity must include the changes in subsequent subaward modification. When some of this information is not available, the pass-through entity must provide the best information available to describe the federal prime award and subaward.

CONTRACT EXHIBIT

NONGOVERNMENTAL ENTITY HUMAN TRAFFICKING AFFIDAVIT
Section 787.06(13), Florida Statutes

THIS AFFIDAVIT MUST BE SIGNED AND NOTARIZED

I, the undersigned, am an officer or representative of Adopt-A-Family of the Palm Beaches
(CONTRACTOR) and attest that CONTRACTOR does not use coercion for labor or services as
defined in section 787.06, Florida Statutes.

Under penalty of perjury, I hereby declare and affirm that the above stated facts are true
and correct.

Matthew Constantine
(Signature of Officer or Representative)

Matthew Constantine
(Printed Name of Officer or Representative)

State of Florida, County of Palm Beach

Sworn to and subscribed before me by means of ☒ physical presence or ☐ online notarization
this, 24 day of July, 2025, by Matthew Constantine.

Personally known ☒ OR produced identification ☐.

Type of identification produced —.

Belldy De Angelis
NOTARY PUBLIC (Signature)
My Commission Expires:
State of Florida at large



Belldy De Angelis
Comm.: HH 222387
Expires: March 28, 2026
Notary Public - State of Florida

(Notary Seal)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/10/2024

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

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

PRODUCER
Marsh & McLennan Agency, LLC
4400 PGA Blvd, Suite 1000
Palm Beach Gardens FL 33410

INSURED
Adopt A Family of the Palm Beaches, Inc.
1712 2nd Ave N
Lake Worth FL 33460

CONTACT
NAME:
PHONE
(A/C, No, Ext):
FAX
(A/C, No):
E-MAIL
ADDRESS: FLCertificates@MarshMMA.com

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Century Surety Company		36951
INSURER B : Star Insurance Company		18023
INSURER C : American Liberty Insurance Company		12200
INSURER D : Philadelphia Indemnity Insurance Co.		18058
INSURER E :		
INSURER F :		

COVERAGES

CERTIFICATE NUMBER: 611923011

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<div><div><div><div><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY</div><div><div>CLAIMS-MADE</div><div><input checked="" type="checkbox"/> OCCUR</div></div></div><div>GEN'L AGGREGATE LIMIT APPLIES PER:</div><div><div><input checked="" type="checkbox"/> POLICY</div><div><input type="checkbox"/> PRO-JECT</div><div><input type="checkbox"/> LOC</div></div><div>OTHER:</div></div></div> <div><div>Y</div><div></div></div> <div>CSP098682601</div> <div>12/7/2024</div> <div>12/7/2025</div> <div><div>EACH OCCURRENCE</div><div>DAMAGE TO RENTED PREMISES (Ea occurrence)</div><div>MED EXP (Any one person)</div><div>PERSONAL & ADV INJURY</div><div>GENERAL AGGREGATE</div><div>PRODUCTS - COMP/OP AGG</div><div></div></div> <div><div>\$ 1,000,000</div><div>\$ 100,000</div><div>\$ 20,000</div><div>\$ 1,000,000</div><div>\$ 3,000,000</div><div>\$ 3,000,000</div><div>\$</div></div>						
B	<div><div><div><div><input checked="" type="checkbox"/> AUTOMOBILE LIABILITY</div><div><div>ANY AUTO</div><div><div><input type="checkbox"/> OWNED AUTOS ONLY</div><div><input type="checkbox"/> HIRED AUTOS ONLY</div></div><div><div><input type="checkbox"/> SCHEDULED AUTOS</div><div><input type="checkbox"/> NON-OWNED AUTOS ONLY</div></div></div></div></div><div><div></div><div></div></div><div>CSA098682601</div><div>12/7/2024</div><div>12/7/2025</div><div><div>COMBINED SINGLE LIMIT (Ea accident)</div><div>BODILY INJURY (Per person)</div><div>BODILY INJURY (Per accident)</div><div>PROPERTY DAMAGE (Per accident)</div><div></div></div><div><div>\$ 1,000,000</div><div>\$</div><div>\$</div><div>\$</div><div>\$</div></div></div>						
A	<div><div><div><div><input checked="" type="checkbox"/> UMBRELLA LIAB</div><div><div>EXCESS LIAB</div><div><input checked="" type="checkbox"/> CLAIMS-MADE</div></div></div><div><div>DED</div><div>RETENTION \$ 10,000</div></div></div><div><div><input checked="" type="checkbox"/> OCCUR</div><div></div></div><div>CSU098682601</div><div>12/7/2024</div><div>12/7/2025</div><div><div>EACH OCCURRENCE</div><div>AGGREGATE</div><div></div></div><div><div>\$ \$1M w \$4M Excess</div><div>\$ \$1M w \$4M Excess</div><div>\$</div></div></div>						
C	<div><div><div><div><input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</div><div><div>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)</div><div><input type="checkbox"/> Y / <input checked="" type="checkbox"/> N</div></div><div>If yes, describe under DESCRIPTION OF OPERATIONS below</div></div></div><div><div></div><div>N / A</div></div><div>CSWC501192024</div><div>12/22/2024</div><div>12/22/2025</div><div><div><div><input checked="" type="checkbox"/> PER STATUTE</div><div><input type="checkbox"/> OTH-ER</div></div><div>E.L. EACH ACCIDENT</div><div>E.L. DISEASE - EA EMPLOYEE</div><div>E.L. DISEASE - POLICY LIMIT</div></div><div><div></div><div>\$ 100,000</div><div>\$ 500,000</div><div>\$ 100,000</div></div></div>						
D A	<div><div><div><div><input checked="" type="checkbox"/> Directors & Officers Liability</div><div><input checked="" type="checkbox"/> Professional Liability</div><div><input checked="" type="checkbox"/> Sexual Abuse/Molestation</div></div></div><div><div>BZXS000020600</div><div>CSP098682601</div></div><div><div>12/7/2024</div><div>12/7/2024</div></div><div><div>12/7/2025</div><div>12/7/2025</div></div><div><div>See Below</div><div>See Below</div><div>See Below</div></div><div><div>See Below</div><div>See Below</div><div>See Below</div></div></div>						

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

Directors & Officers Liability #BZXS000020600; Claims-Made; Prior and Pending Date: 12/07/2009
Limit: \$1,000,000; Retention: \$2,500

Employment Practices #BZXS000020600; Claims-Made; Prior and Pending Date: 12/07/2009
Limit: \$1,000,000; Retention: \$10,000
Aggregate - All Parts: \$1,000,000

Professional Liability #CSP098682601; Claims-Made; Retroactive Date: 12/07/2021
See Attached...

CERTIFICATE HOLDER

Palm Beach County Board of County Commissioners
Insurance Compliance
c/o EBIX, Inc.
PO Box 100085 - DX
Duluth GA 30096

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

Blake Vancabene



ADDITIONAL REMARKS SCHEDULE

AGENCY Marsh & McLennan Agency, LLC		NAMED INSURED Adopt A Family of the Palm Beaches, Inc. 1712 2nd Ave N Lake Worth FL 33460
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Per Claim: \$1,000,000 / Aggregate: \$3,000,000

Sexual Abuse/Molestation #CSP098682601;
Occurrence Limit: \$1,000,000 / Aggregate: \$3,000,000

Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees and Agents, as Designated Organization, is an Additional Insured as respects General Liability when required by written contract subject to the terms, conditions and exclusions of the policy.



Palm Beach County
Compliance Summary Report

Vendor Number	Vendor Name	AM Best Rating	Insurance Carrier	Policy #	Eff. Date	Exp. Date	Coverage	Contract Number	Contract Name
DX00000994	Adopt-A-Family Of The Palm Beaches		Compliant					002-02	Emergency Shelter Grant - CARES
		Ap , X	Century Surety Company	CSU098682601	12/7/2024	12/7/2025	Excess Liability		
		Ap , X	Century Surety Company	CSP098682601	12/7/2024	12/7/2025	General Liability		
		Ap , X	Century Surety Company	CSP098682601	12/7/2024	12/7/2025	Professional Liability		
		Ar , VIII	American Liberty Insurance Company	CSWC501192024	12/22/2024	12/22/2025	Workers Comp		

Risk Profile : Standard - Professional Services
Required Additional Insured : Palm Beach County Board of County Commissioners
Ownership Entity :

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06378

Entity Name: ADOPT-A-FAMILY OF THE PALM BEACHES, INC.

Current Principal Place of Business:

1712 SECOND AVENUE NORTH
LAKE WORTH, FL 33460

Current Mailing Address:

1712 SECOND AVENUE NORTH
LAKE WORTH, FL 33460 US

FEI Number: 59-2471253

Name and Address of Current Registered Agent:

CONSTANTINE, MATTHEW V
1712 SECOND AVENUE NORTH
LAKE WORTH, FL 33460 US

FILED
Feb 06, 2025
Secretary of State
2939702709CC

Certificate of Status Desired: No

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MATTHEW CONSTANTINE 02/06/2025
Electronic Signature of Registered Agent Date

Officer/Director Detail :

Title IMMEDIATE PAST CHAIR
Name KIRSTIN , TURNER
Address 1712 SECOND AVENUE NORTH
City-State-Zip: LAKE WORTH FL 33460

Title CHAIR
Name JOHN , ELDER
Address 1712 SECOND AVENUE NORTH
City-State-Zip: LAKE WORTH FL 33460

Title SECRETARY
Name FERGUSON, HEATHER B
Address 1712 2ND AVENUE NORTH
City-State-Zip: LAKE WORTH FL 33460

Title MEMBER
Name ROSENKRANCE, GARTH E
Address 1712 SECOND AVENUE NORTH
City-State-Zip: LAKE WORTH FL 33460

Title CEO
Name CONSTANTINE, MATTHEW V.
Address 1712 2ND AVENUE NORTH
City-State-Zip: LAKE WORTH FL 33460

Title FIRST VICE CHAIR
Name ELIZABETH , MORALES
Address 1712 SECOND AVENUE NORTH
City-State-Zip: LAKE WORTH FL 33460

Title TREASURER
Name BAIN , JONATHAN
Address 1712 SECOND AVENUE NORTH
City-State-Zip: LAKE WORTH FL 33460

Title MEMBER-AT-LARGE
Name MURPHY, LYNDA M
Address 1712 SECOND AVENUE NORTH
City-State-Zip: LAKE WORTH FL 33460

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MATTHEW CONSTANTINE CHIEF EXECUTIVE OFFICER 02/06/2025
Electronic Signature of Signing Officer/Director Detail Date

Officer/Director Detail Continued :

Title MEMBER
Name BRESNAN, SEAN P
Address 1712 SECOND AVENUE NORTH
City-State-Zip: LAKE WORTH FL 33460

Title MEMBER
Name PRESTON, JEFF W
Address 1712 SECOND AVENUE NORTH
City-State-Zip: LAKE WORTH FL 33460

Title MEMBER
Name MYLES, TEQUISHA Y
Address 1712 SECOND AVENUE NORTH
City-State-Zip: LAKE WORTH FL 33460

Title MEMBER
Name PORTER , DEREK A
Address 1712 SECOND AVENUE NORTH
City-State-Zip: LAKE WORTH FL 33460

Title MEMBER
Name HAY, TAKELIA
Address 1712 SECOND AVENUE NORTH
City-State-Zip: LAKE WORTH FL 33460

Title MEMBER-AT-LARGE
Name PENNY, HELLER
Address 1712 SECOND AVENUE NORTH
City-State-Zip: LAKE WORTH FL 33460

Title LIFETIME EMERITUS DIRECTOR
Name OBERLINK , CHRIS
Address 1712 SECOND AVENUE NORTH
City-State-Zip: LAKE WORTH FL 33460

Title MEMBER
Name MARASCO, JOHN P
Address 1712 SECOND AVENUE NORTH
City-State-Zip: LAKE WORTH FL 33460

Title MEMBER
Name CASTRONUOVO, JOHN C
Address 1712 SECOND AVENUE NORTH
City-State-Zip: LAKE WORTH FL 33460

Title SECOND VICE CHAIR
Name KYLE, NANCY J
Address 1712 SECOND AVENUE NORTH
City-State-Zip: LAKE WORTH FL 33460

Title MEMBER
Name PETERSON, BILL
Address 1712 SECOND AVENUE NORTH
City-State-Zip: LAKE WORTH FL 33460

Title MEMBER
Name GITLIN, STEPHANIE
Address 1712 SECOND AVENUE NORTH
City-State-Zip: LAKE WORTH FL 33460

Title CFO
Name DELEO, ARIANNA
Address 1712 SECOND AVENUE NORTH
City-State-Zip: LAKE WORTH FL 33460

**SECOND AMENDMENT TO SUBRECIPIENT AGREEMENT
FOR PROVISION OF SERVICES**

THIS SECOND AMENDMENT TO SUBRECIPIENT AGREEMENT FOR PROVISION OF SERVICES dated January 23, 2024 (R2024-0031) is made on this 16th day of ~~September~~ 2025, by and between Palm Beach County, a Political Subdivision of the State of Florida, by and through its Board of County Commissioners, hereafter referred to as the COUNTY, and Aid to Victims of Domestic Abuse, Inc., hereafter referred to as the AGENCY, a not-for-profit corporation authorized to do business in the State of Florida, whose Federal Tax ID is 59-2486620.

In consideration of the mutual promises contained herein, the COUNTY and the AGENCY agree as follows:

WHEREAS, on January 23, 2024, the above-named parties entered into a Subrecipient Agreement for Provision of Services (R2024-0031) (the Agreement), in an amount not to exceed \$150,000.00 to provide emergency shelter to clients; and

WHEREAS, on September 17, 2024, the above-named parties entered into a First Amendment to the Agreement (R2024-1198) (First Amendment), which added a second one-year term and increased the total Agreement amount by \$159,190.00 for a total amount of \$309,190.00; and

WHEREAS, the need exists to amend the Agreement to: add a third one-year term by amending **ARTICLE 4 SCHEDULE**; increase the not-to-exceed Agreement amount by amending **ARTICLE 5 PAYMENTS TO ESG-FUNDED AGENCY**; revise **ARTICLE 15 NONDISCRIMINATION**; removal of and notation for **ARTICLE 17 CONTRACTING WITH SMALL AND MINORITY BUSINESSES, WOMEN'S BUSINESS ENTERPRISES, LABOR SURPLUS FIRMS**; revise **ARTICLE 19 AGENCY'S PROGRAMMATIC REQUIREMENTS**; replace **EXHIBIT A-1** with **EXHIBIT A-2**; add **EXHIBIT B-1**; and replace **EXHIBIT G-1** with **EXHIBIT G-2**.

NOW THEREFORE, the COUNTY and the AGENCY mutually agree that the Agreement entered into on January 23, 2024, is hereby amended as follows:

- I. The foregoing recitals are true and correct and incorporated herein by reference and made a part of the parties' Agreement.
- II. The first paragraph of **ARTICLE 4 SCHEDULE** is amended to read as follows:

The term of this Agreement shall be for one (1) year starting October 1, 2023, and ending on September 30, 2026, with one (1), one (1) year renewal option at the COUNTY'S sole discretion based on the availability of Emergency Solutions Grant (ESG) funding and AGENCY'S performance.
- III. The first paragraph in **ARTICLE 5 PAYMENTS TO ESG-FUNDED AGENCY** is amended to read as follows:

The total amount to be paid by the COUNTY under this Agreement for all services and materials shall not exceed a total Agreement amount of **FOUR HUNDRED SIXTY-EIGHT THOUSAND NINE HUNDRED FORTY DOLLARS AND ZERO CENTS (\$468,940.00)** over a one-year period of which **ONE HUNDRED FIFTY-NINE THOUSAND SEVEN HUNDRED FIFTY DOLLARS AND ZERO CENTS (\$159,750.00)** is budgeted in Fiscal Year 2026.
- IV. **ARTICLE 15-NONDISCRIMINATION** is revised to read as follows:

The COUNTY is committed to assuring equal opportunity in the award of contracts and complies with all laws prohibiting discrimination. Pursuant to Palm Beach County Resolution R2025-0748, as may be amended, the AGENCY warrants and represents that throughout the term of the Agreement, including any renewals thereof, if applicable, all of its employees are treated equally during employment without regard to race, color, religion, disability, sex, age, national origin, ancestry, marital status, familial status, sexual orientation, or genetic information. Failure to meet this requirement shall be considered a default of the Agreement.

As a condition of entering into this Agreement, the AGENCY represents and warrants that it will comply with the COUNTY'S Commercial Nondiscrimination Policy as described in Resolution R2025-0748, as amended. As part of such compliance, the AGENCY shall not discriminate on the basis of race, color, national origin, religion, ancestry, sex, age, marital status, familial status, sexual orientation, disability, or genetic information in the solicitation, selection, hiring or commercial treatment of subcontractors, vendors, suppliers, or commercial customers, nor shall the AGENCY retaliate against any person for reporting instances of such discrimination. The AGENCY shall provide equal opportunity for subcontractors, vendors and suppliers to participate in all of its public sector and private sector subcontracting and supply opportunities, provided that nothing contained in this clause shall prohibit or limit otherwise lawful efforts to remedy the effects of marketplace discrimination that have occurred or are occurring in the COUNTY'S relevant marketplace in Palm Beach County. The AGENCY understands and agrees that a material violation of this clause shall be considered a material breach of this Agreement and may result in termination of this Agreement, disqualification or debarment of the AGENCY from participating in COUNTY contracts, or other sanctions. This clause is not enforceable by or for the benefit of, and creates no obligation to, any third party. AGENCY shall include this language in its subcontracts.

- V. **ARTICLE 17 CONTRACTING WITH SMALL AND MINORITY BUSINESSES, WOMEN'S BUSINESS ENTERPRISES, LABOR SURPLUS FIRMS** is removed and the notation of [INTENTIONALLY OMITTED] is added in its place.
- VI. Item 23 of **ARTICLE 19 AGENCY'S PROGRAMMATIC REQUIREMENTS** is amended to read as follows:
- AGENCY may provide Key Personnel appropriate training according to their staff qualifications, in compliance with Section 760.10, Florida Statutes, as may be amended, including but not limited to: Trauma-Informed Care (TIC), Adverse Childhood Experiences (ACEs), and Motivational Interviewing (MI) training.
- VII. **EXHIBIT A-1 SCOPE OF WORK AND SERVICES** is replaced in its entirety by **EXHIBIT A-2 SCOPE OF WORK AND SERVICES**, attached hereto and incorporated herein by reference.
- VIII. **EXHIBIT B-1 FY 2025 EXTREMELY LOW-INCOME INCOME LIMITS SUMMARY**, attached hereto and incorporated herein by reference.
- IX. **EXHIBIT G-1 SUBAWARD DATA** is replaced in its entirety with **EXHIBIT G-2 SUBAWARD DATA**, attached hereto and incorporated herein by reference.
- X. All other provisions of the Agreement and the First Amendment not modified in this Second Amendment remain in full force and effect.

REMAINDER OF PAGE LEFT BLANK INTENTIONALLY

IN WITNESS WHEREOF, the Board of County Commissioners of Palm Beach County, Florida has made and executed this Second Amendment on behalf of the COUNTY, and AGENCY has hereunto set his/her hand the day and year above written.

ATTEST:
MICHAEL A. CARUSO
CLERK & COMPTROLLER

PALM BEACH COUNTY, FLORIDA a Political
Subdivision of the State of Florida
BOARD OF COUNTY COMMISSIONERS

BY: _____
Deputy Clerk

BY: _____
Maria G. Marino, Mayor

AGENCY:
Aid to Victims of Domestic Abuse, Inc.

BY:

DocuSigned by:
Pam O'Brien
89624E4E0E32437...

AGENCY'S Signatory Name

Pam O'Brien President/CEO
AGENCY'S Signatory Name Typed

APPROVED AS TO FORM AND
LEGAL SUFFICIENCY

BY: 

Initial
JBR

Assistant County Attorney

APPROVED AS TO TERMS AND CONDITIONS

BY:

DocuSigned by:
Tanuna Mallotra
1459E4101F1049C...

Department Director
Community Services Department

FY 2026 EMERGENCY SOLUTIONS GRANTS (ESG) AMENDMENT 2
PROGRAM SCOPE OF WORK AND SERVICES

Agency Name: Aid to Victims of Domestic Abuse, Inc.
Program Name: Emergency Shelter Operation
Center Location: Palm Beach County
Target Population: Individuals and families who are experiencing homelessness as a result of domestic violence and/or abuse (Program Participants)

AID TO VICTIMS OF DOMESTIC ABUSE INC. (AVDA) AGREES TO:

A. SCOPE OF SERVICES:

The AGENCY shall provide emergency shelter, as defined by HUD, to individuals and families experiencing homelessness as a result of domestic violence and/or abuse (Program Participants). Provision of these services is an eligible activity as defined in the Code of Federal Regulations (CFR) at 24 CFR Part 576 Subpart B. The AGENCY certifies that the eligible activities carried out under this Agreement will benefit persons who are Homeless as defined in **Exhibit B**. The services to be provided by the AGENCY shall be provided in accordance with the ESG component identified below and shall comply with the Federal regulations pertaining to such component:

- ☒ Emergency Shelter as specified at 24 CFR 576.102.
☐ Homelessness Prevention as specified at 24 CFR 576.103.
☐ Rapid Re-Housing Assistance as specified at 24 CFR 576.104.

The AGENCY will provide a 64-bed emergency shelter, staffed 24 hours a day for victims of domestic violence, their children, and pets (Program Participants), including a safe place to stay for up to six weeks. An extended stay beyond six weeks can be arranged for victims who have special needs and require an extended length of stay. Program Participants will be provided with food, clothing, transportation, basic needs items, information and referral to community resources, and continuous safety planning assistance. While in the shelter all Program Participants have access to advocacy and comprehensive service management to assist them in taking steps toward attaining self-sufficiency. Children in the shelter receive safety plans appropriately tailored to their age, and psychosocial assessments, individual and group counseling as needed.

The AGENCY will provide emergency shelter to **70 unduplicated individual and family households annually (70 adults and 74 children) who are victims of domestic violence and/or abuse annually**).

The AGENCY expects to achieve the following outcome:

- 80% of the households exiting the program will exit to safe, violence-free housing

B. COORDINATION OF SERVICES:

The AGENCY shall coordinate its services for persons in need with other service providers in Palm Beach County by making and accepting referrals.

C. HOMELESS AND HOUSING ALLIANCE OF PALM BEACH COUNTY:

The AGENCY is required to maintain membership in good standing, in the Palm Beach County Homeless and Housing Alliance (HHA). A member in good standing is required to attend 60% of the general HHA meetings and 70% of at least one of the HHA Sub-Committee meetings during a consecutive 12-month period.

D. BENEFICIARIES:

During the term of this Agreement, the AGENCY shall provide the services described herein to **70 unduplicated individuals and families (households) consisting of individuals, heads of households, and their dependents (144 unduplicated clients – 70 adults and 74 children) who are victims of domestic violence annually (Program Participants)**. The beneficiaries of the project funded through this Agreement must be “Homeless” under Category 1 (literally homeless) or Category 4, (fleeing or attempting to flee domestic violence) as defined in **Exhibit B** attached hereto and incorporated by reference. The project funded under this Agreement shall assist the aforesaid beneficiaries during the time period designated herein. Upon request, the AGENCY shall provide written verification of compliance to DEPARTMENT. All beneficiaries of the AGENCY’S services shall be current residents of Palm Beach County.

E. PERFORMANCE BENCHMARKS:

The AGENCY shall comply with the following Performance Benchmarks:

- a. The AGENCY shall expend at least **\$71,888** (45% of the total funding allocated through this contract for FY 2026) by March 31, 2026.
- b. The AGENCY shall expend the remaining **\$87,862** (55% of the total funding allocated through this contract for FY 2026) by September 30, 2026.

This Agreement may be amended to decrease and/or recapture grant funds from the AGENCY depending upon the timely completion of the Performance Benchmarks and/or the rate of expenditure of funds, as determined by DEPARTMENT.

The AGENCY agrees that it may be subject to decrease and/or recapture of project funds by the County if the Performance Benchmarks herein are not met. Failure by the AGENCY to comply with these Performance Benchmarks may negatively impact the ability to receive future ESG funding allocations.

The AGENCY further agrees that DEPARTMENT, in consultation with any parties it deems necessary, shall be the final arbiter of the AGENCY’S compliance with the above.

F. WRITTEN DOCUMENTATION:

The AGENCY shall maintain written documentation verifying that all persons assisted under this Agreement are “Homeless,” and shall maintain written documentation of its compliance with the requirements of this Agreement. Upon request, the AGENCY shall provide such written documentation to DEPARTMENT.

The AGENCY shall maintain records for each program participant that document the services and assistance provided to the program participant, including, as applicable, case notes documenting services and assistance towards self-sufficiency, documentation of attainment of cash and non-cash mainstream resources, service plans, and homeless documentation.

As a domestic violence service provider, the AGENCY is exempt from requirements to use the Client Management Information System (CMIS) but must keep records in a comparable system.

Compliance with the applicable requirements for providing services and assistance to program participants under the ESG Component identified herein, including the provision on determining eligibility, the amount and type of assistance, and the provision on using appropriate assistance and services, can be found at 24 CFR 576.401(a)(b)(d)(e).

G. INTAKE PROCEDURES:

The AGENCY shall use written intake procedures and forms as developed by the HHA in accordance with HUD requirements.

For persons that the AGENCY regards as "Homeless", the AGENCY'S intake procedures shall include documentation at intake of the evidence relied upon to establish and verify homeless status as required at 24 CFR 576.500(b). Upon request, the AGENCY shall make its written intake procedures available to DEPARTMENT. Furthermore, upon request, the AGENCY shall make the records it maintains to demonstrate compliance with 24 CFR 576.500(b)(c) available to DEPARTMENT.

H. EVALUATION OF PARTICIPANT ELIGIBILITY AND NEEDS

The AGENCY shall conduct an initial evaluation to determine the eligibility of each individual or family's eligibility for ESG assistance and the amount and types of assistance the individual or family needs to regain stability in permanent housing. These eligibility evaluations and needs assessments shall be conducted in accordance with the centralized/coordinated assessment requirements established by HHA.

I. DETERMINATION OF INELIGIBILITY:

The AGENCY shall, for each individual and family determined by the AGENCY to be ineligible to receive ESG assistance, maintain a written record that shall include documentation of the reason for such determination of ineligibility.

J. TERMINATION OF ASSISTANCE:

The AGENCY shall establish a written formal process for the termination of ESG assistance, which process shall recognize the rights of individuals affected. If a program participant violates program requirements, the AGENCY may terminate the assistance in accordance with such formal process. The AGENCY must exercise judgment and examine all extenuating circumstances in determining when violations warrant termination so that a program participant's assistance is terminated only in the most severe cases.

The required formal process shall, at a minimum, include:

- a. The provision of a written notice to the program participant containing a clear statement of the reasons for termination.
- b. A review of the decision, in which the program participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision.

- c. The provision of prompt written notice of the final decision to the program participant.

Termination in accordance with the above shall not bar the AGENCY from providing further assistance at a later date to the same family or individual. Upon request, the AGENCY shall provide all written documentation in connection with its termination of assistance to DEPARTMENT.

K. INVOICES:

The AGENCY shall submit consecutively numbered reimbursement requests (invoices) to DEPARTMENT in order to receive reimbursement of ESG funds made available under this Agreement. Invoices shall be submitted on a monthly basis to facilitate an even flow of funds throughout the term of the Agreement, and to prevent under-expenditure of allocated funds.

All invoices submitted by the AGENCY for costs permitted under this Agreement must include the following:

- a. An original cover memo on AGENCY letterhead signed by an Authorized Agency Representative (**Exhibit J**)
- b. A properly completed and signed Monthly Allocation Worksheet (**Exhibit K**)
- c. A properly completed and signed Monthly Performance Report (**Exhibit L**)
- d. A properly completed Grantee Statistics Report (**Exhibit M**)

Invoices submitted by the AGENCY for costs permitted under this Agreement and associated with the operation of the **Emergency Shelter** shall include:

- A copy of the vendor's or service provider's invoice for goods and/or services.

Eligible emergency shelter costs are limited to the following:

- Operating Costs
- Evidence of payment by the AGENCY for the aforesaid goods and/or services consisting of a canceled check or a copy of bank records indicating payment has cleared.

DEPARTMENT, at its discretion, may modify the above lists. Upon modification of the aforesaid lists, DEPARTMENT shall, within ten (10) days, notify the AGENCY of such modification in writing.

L. REPAYMENT:

The AGENCY shall repay to the COUNTY all funds reimbursed under this Agreement if the AGENCY fails to comply with any requirements of this Agreement and all applicable program regulations which results in HUD requiring the COUNTY to repay funds reimbursed to the AGENCY under this Agreement.

M. MATCHING REQUIREMENT:

The AGENCY shall comply with the match requirements at 24 CFR 576.201. The AGENCY shall make matching contributions to supplement the COUNTY'S ESG funds made available hereunder in an amount that at least equals the amount of ESG funds provided through this contract. Only matching contributions made by the AGENCY after the start date of this contract may be used to meet the aforesaid requirement, and contributions used by the AGENCY to match a previous ESG grant may not be used to meet the aforesaid requirement.

The AGENCY'S matching contributions may be obtained from any source, including any Federal source other than ESG, as well as state, local, and private sources. However, the AGENCY shall, in regard to matching contributions from a Federal source of funds, ensure that the laws governing any such funds to be used as matching contributions to meet the aforesaid requirement do not prohibit such funds from being used to match ESG funds. Furthermore, if the ESG funds provided through this contract are used to satisfy the matching requirements of another Federal program, then funding from that program may not be used to satisfy the matching requirements hereunder.

The AGENCY may meet its match requirement with one or more of the following:

- a. **Cash Contributions:** Cash expended by the AGENCY for allowable costs of the AGENCY as defined in OMB Circulars A-87 (2 CFR Part 225) and A-122 (2 CFR Part 230).
- b. **Non-Cash Contributions:** The value of any real property, equipment, goods, or services contributed by the AGENCY to ESG, provided that if the AGENCY had to pay for them with ESG funds, the costs would have been allowable. Non-cash contributions may also include the purchase value of any donated building.

In calculating the amount of non-cash contributions to determine the value of any donated material or building, or any lease, the AGENCY must use a method reasonably calculated to establish the fair market value of such donated material, building, or lease. The AGENCY shall obtain DEPARTMENT'S approval of any such method. In calculating the amount of non-cash contributions for services provided by individuals, the AGENCY shall value such services at rates consistent with those ordinarily paid for similar work in the AGENCY'S organization.

The AGENCY may also use costs paid by program income as provided for herein in order to meet its matching requirement provided that such costs are eligible ESG costs that supplement the AGENCY'S program undertaken with ESG funds, and the AGENCY may use any other non-cash contributions permitted at 24 CFR 576.201 after having obtained DEPARTMENT'S approval to do so.

The AGENCY agrees to provide matching contributions valued at no less than \$159,750.00.

N. REPORTS:

The AGENCY shall submit the following reports to the DEPARTMENT:

- a. **Match Report:** The AGENCY shall demonstrate how it has met its matching requirement by submitting a Match Report (**EXHIBIT N**) and its supporting documentation therewith. The Match Report covering the period ending March 31, 2026, shall be submitted by the AGENCY to DEPARTMENT no later than April 30, 2026, and the Match Report covering the subsequent period shall be submitted by the AGENCY to DEPARTMENT with its submission of the final invoice for reimbursement. Satisfactory submission of timely and adequately documented Match Reports shall be a requirement for reimbursement under this contract.
- b. **Monthly Performance Report:** The Monthly Performance Report (**EXHIBIT L**) shall be submitted by the AGENCY to DEPARTMENT for each month covered by this Agreement. This report shall be submitted no later than the 10th of each month to report on activities undertaken by the AGENCY during the previous month.

The AGENCY shall ensure that it reports all program income received by it on this report. The AGENCY shall comply with the program income requirements imposed by applicable federal regulations. Program income shall have the meaning provided in 24 CFR 85.25, and shall include, but is not limited to, any amount of a security or utility deposit returned to the AGENCY. All program

income from activities funded, in whole or in part, through this Agreement meeting the above requirements must be reported and returned to the COUNTY on a monthly basis.

The AGENCY may request that program income from activities funded, in whole or in part, through this Agreement be used to pay for certain of its costs provided that such costs are eligible under 24 CFR Part 576. Additionally, the AGENCY must obtain prior approval from DEPARTMENT and be in compliance with its obligations, terms, and conditions herein. The expenditure of program income according to the preceding shall count toward meeting the AGENCY'S matching requirement and shall be regarded as the non-federal share under 24 CFR 84.24(b).

- c. **ESG Grantee Statistics Report:** The ESG Grantee Statistics Report (**EXHIBIT M**) shall be submitted by the AGENCY to the DEPARTMENT for each month covered by this Agreement. This report shall be submitted no later than the 10th of each month to report on activities undertaken by the AGENCY during the previous month.

O. CLIENT MANAGEMENT INFORMATION SYSTEM:

As a precondition to receiving funding, agencies are required to participate in the Client Management Information System (CMIS/Client Track) for Palm Beach County, Division of Human Services. As a Victim Service Provider, the AGENCY must use a comparable database that collects client-level data over time and generates unduplicated aggregate reports based on that data. Failure of the AGENCY to do so may be regarded by the COUNTY as a basis for the termination of this Agreement.

II. THE COUNTY AGREES TO:

A. Provide up to \$159,750.00 in funding for the following budget line items for Fiscal Year 2026:

Budget Line Item Description	FY 2024	FY 2025	FY 2026
Operating Costs	\$150,000.00	\$159,190.00	\$159,750.00
TOTAL:	\$150,000.00	\$159,190.00	\$159,750.00

- B. Provide technical assistance to ensure compliance with DEPARTMENT, HUD, and applicable State, Federal, County, and Local regulations and this Agreement.
- C. Provide overall administration and coordination activities to ensure that planned activities are completed in a timely manner.
- D. Monitor the AGENCY at any time during the term of this Agreement. Visits may be scheduled or unscheduled as determined by DEPARTMENT. Visits may be conducted by DEPARTMENT staff, or its contractor, to ensure compliance with HUD regulations and this Agreement, to ensure that planned activities are conducted in a timely manner, and to verify the accuracy of AGENCY’S reporting to DEPARTMENT on program activities.
- E. Assume the environmental responsibilities described in 24 CFR 576.

**FY 2025 Extremely Low-Income Income Limits
Summary
30% AMI**

Extremely Low-Income Levels								
Area	1- person	2- person	3- person	4- person	5- person	6- person	7- person	8- person
West Palm Beach- Boca Raton, FL HUD Metro FMR Area	\$24,550	\$28,050	\$31,550	\$35,050	37,900	\$40,700	\$43,500	\$46,300

Subaward Data¹

(i)	Subrecipient Name	Aid to Victims of Domestic Abuse - AVDA
(ii)	Subrecipient Unique Entity Identifier:	Q6CKQAAWDMJ7
(iii)	Federal Award Identification Number (FAIN):	E-25-UC-12-004
(iv)	Federal Award Date of Award to the Recipient by the Federal Agency:	10/1/2025
(v)	Subaward Period of Performance Start Date:	10/1/2025
	Subaward Period of Performance End Date:	9/30/2026
(vi)	Amount of Federal Funds Obligated by this Action by the Pass-Through Entity to the Subrecipient:	\$159,750
(vii)	Total Amount of Federal Funds Obligated to the Subrecipient by the Pass-Through Entity Including the Current Obligation:	\$468,940
(viii)	Total Amount of the Federal Award Committed to the Subrecipient by the Pass-Through Entity:	\$159,750
(ix)	Federal Award Project Description:	Emergency Solutions Grant - Emergency Shelter - DV
(x)	Name of Federal Awarding Agency:	HUD
	Name of Pass-Through Entity:	Division of Human Services
	Contact Information for Federal Awarding Official:	Margarita Meoz-Mendez, Community Planning and Development Representative Margarita.MeozMendez1@hud.gov 305-520-5013
	Contact Information for Palm Beach County Authorizing Official:	Jonathan B. Brown, Director of Housing and Economic Development jbrown2@pbcgov.org 561-233-5160
	Contact Information for Palm Beach County Project Director:	Wendy Tippet, Director of Human Services and Community Action wtippet@pbcgov.org 51-355-4772

(xi)	CFDA Number and Name:	Emergency Solutions Grant, 14.231
(xii)	Identification of Whether Subaward is R&D:	No
(xiii)	Indirect Cost Rate for [CAA] Federal Award:	N/A

¹ This information is required by the Uniform Guidance, 2 C.F.R. § 200.331(a)(1). The Uniform Guidance also requires that if any of these data elements change, the pass-through entity must include the changes in subsequent subaward modification. When some of this information is not available, the pass-through entity must provide the best information available to describe the federal prime award and subaward.

CONTRACT EXHIBIT

NONGOVERNMENTAL ENTITY HUMAN TRAFFICKING AFFIDAVIT

Section 787.06(13), Florida Statutes

THIS AFFIDAVIT MUST BE SIGNED AND NOTARIZED

I, the undersigned, am an officer or representative of Aid to Victims of Domestic Abuse, Inc.
(CONTRACTOR) and attest that CONTRACTOR does not use coercion for labor or services as
defined in section 787.06, Florida Statutes.

Under penalty of perjury, I hereby declare and affirm that the above stated facts are true
and correct.

Pam O'Brien Pres. + CEO
(Signature of Officer or Representative)

Pam O'Brien Pres. + CEO
(Printed Name of Officer or Representative)

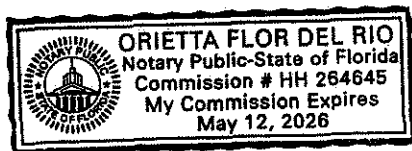
State of Florida, County of Palm Beach

Sworn to and subscribed before me by means of ☒ physical presence or ☐ online notarization
this, 5 day of August, 2025, by Pam O'Brien.

Personally known ☒ OR produced identification ☐.

Type of identification produced _____.

Orietta Flor Del Rio
NOTARY PUBLIC (Signature)
My Commission Expires:
State of Florida at large



(Notary Seal)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/19/2024

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

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

PRODUCER

Aris Insurance Group
3900 Hollywood Blvd
Suite PH-5
Hollywood FL 33021

CONTACT NAME:

PHONE (A/C No, Ext): 954-323-0355

FAX (A/C No): 954-906-1499

E-MAIL ADDRESS: info@arisrisk.com

INSURER(S) AFFORDING COVERAGE

INSURER A: Philadelphia Indemnity Ins Co

INSURER B: Travelers Casualty & Surety

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED

Aid To Victims Of Domestic Abuse, Inc.
P.O. Box 6161
Delray Beach FL 33482-6161

License#: L108602

AIDTOV1-01

NAIC #

18058

19038

COVERAGES				CERTIFICATE NUMBER: 1690006383		REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR LTR	TYPE OF INSURANCE			ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY		Y	Y	PHPK2632039023	12/10/2024	12/10/2025	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/>	CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input checked="" type="checkbox"/>	Prof Liability							MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/>	Abuse/Molestatio							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/>	POLICY	<input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:								ProfLiab & Abuse/Mol \$ \$1mm/\$2mm
A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY				PHPK2632039023	12/10/2024	12/10/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/>	ANY AUTO							BODILY INJURY (Per person) \$
	<input type="checkbox"/>	OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/>	HIRED AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Palm Beach County Board of County Commissioners are additional insured as per written contract with the name insured under the General Liability Policy.

Waiver of Subrogation applies as per written contract with the named insured under the General Liability Policy.

Contract Name: Community Based Agency Contract/Commit to Change: A Violence Prevention Initiative

Number: R2022-1161

CERTIFICATE HOLDER

Palm Beach County Board of County Commissioners
Insurance Compliance c/o EBIX, Inc.
P. O. Box 100085-DX
Duluth GA 30096
United States

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

David Arnel



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/27/2025

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

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

PRODUCER Mary Storti c/o Paychex Insurance Agency, Inc. 225 Kenneth Drive, Rochester, NY 14623	CONTACT NAME:	
	PHONE (A/C, No, Ext): (888) 627-4735	FAX (A/C, No):
	E-MAIL: PEO_WorkComp@paychex.com	
	ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
INSURED Paychex PEO Holdings, LLC Alt. Emp: Aid to Victims of Domestic Abuse Inc 911 Panorama Trail South Rochester NY 14625	INSURER A: American Zurich Insurance Company	
	40142	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES CERTIFICATE NUMBER: 20309831 REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						\$
	RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC 12-68-329-05	06/01/2025	06/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$ 2,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 2,000,000
							E.L. DISEASE - POLICY LIMIT \$ 2,000,000
				Location Coverage Period:	06/01/2025	06/01/2026	Client# 20004330-FL

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Coverage is provided for only those co-employees of, but not subcontractors to: Aid to Victims of Domestic Abuse Inc, 205 NE 5th Terrace, Delray Beach FL 33444
WC coverage applies in the following State(s): FL

CERTIFICATE HOLDER	CANCELLATION
Palm Beach County Board of County Commissioners Insurance Compliance c/o EBIX, Inc. PO Box 100085 - DX Duluth GA 30096	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



Palm Beach County
Compliance Summary Report

Vendor Number	Vendor Name	AM Best Rating	Insurance Carrier	Policy #	Eff. Date	Exp. Date	Coverage	Contract Number	Contract Name
DX00001884	Aid to Victims of Domestic Abuse, Inc.	Modified	Compliant					R2022-1161	Community Based Agency Contract/Commit to Change; A Violence Prevention Initiative
		A++p , XV	Philadelphia Indemnity Insurance Company	PHPK2632039023	12/10/2024	12/10/2025	Auto Liability		
		A++p , XV	Philadelphia Indemnity Insurance Company	PHPK2632039023	12/10/2024	12/10/2025	General Liability		
		A++p , XV	Philadelphia Indemnity Insurance Company	PHPK2632039023	12/10/2024	12/10/2025	Sexual Molestation		
		A+g , XV	American Zurich Insurance Company	WC126832905	6/1/2025	6/1/2026	Workers Comp		

Risk Profile : Standard - General Services
Required Additional Insured : Palm Beach County Board of County Commissioners
Ownership Entity :

2025 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N07310

Entity Name: AID TO VICTIMS OF DOMESTIC ABUSE, INC.

Current Principal Place of Business:

205 NE 5TH TERRACE
DELRAY BEACH, FL 33444

Current Mailing Address:

P. O. BOX 6161
DELRAY BEACH, FL 33482 US

FEI Number: 59-2486620

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

COE, VANESSA
423 FERN STREET
SUITE 200
WEST PALM BEACH, FL 33401 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: VANESSA COE 05/29/2025
Electronic Signature of Registered Agent Date

Officer/Director Detail :

Title	SECRETARY	Title	CHAIR
Name	BABIJ, TAMI	Name	CORDNER, BEVERLY
Address	205 NE 5TH TERRACE	Address	205 NE 5TH TERRACE
City-State-Zip:	DELRAY BEACH FL 33444	City-State-Zip:	DELRAY BEACH FL 33444
Title	VICE CHAIR	Title	IMMEDIATE PAST CHAIR
Name	HARTMANN, CRAIG	Name	MAYEN, VICKY
Address	205 NE 5TH TERRACE	Address	205 NE 5TH TERRACE
City-State-Zip:	DELRAY BEACH FL 33444	City-State-Zip:	DELRAY BEACH FL 33444
Title	TREASURER	Title	DIRECTOR
Name	TOM, DALEY	Name	GORDON, NICONE
Address	205 NE 5TH TERRACE	Address	205 NE 5TH TERRACE
City-State-Zip:	DELRAY BEACH FL 33444	City-State-Zip:	DELRAY BEACH FL 33444
Title	DIRECTOR	Title	DIRECTOR
Name	RAPPAPORT, STEVEN	Name	WHITE, KASIA
Address	205 NE 5TH TERRACE	Address	205 NE 5TH TERRACE
City-State-Zip:	DELRAY BEACH FL 33444	City-State-Zip:	DELRAY BEACH FL 33444

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAM O'BRIEN PRESIDENT AND CEO 05/29/2025
Electronic Signature of Signing Officer/Director Detail Date

Officer/Director Detail Continued :

Title	PRESIDENT / CEO
Name	O'BRIEN, PAM
Address	205 NE 5TH TERRACE
City-State-Zip:	DELRAY BEACH FL 33444

SECOND AMENDMENT TO SUBRECIPIENT AGREEMENT
FOR PROVISION OF SERVICES

THIS SECOND AMENDMENT TO SUBRECIPIENT AGREEMENT FOR PROVISION OF SERVICES dated January 23, 2024 (R2024-0033) is made on this 16th day of September 2025, by and between Palm Beach County, a Political Subdivision of the State of Florida, by and through its Board of County Commissioners, hereafter referred to as the COUNTY, and YWCA of Palm Beach County, Inc., hereafter referred to as the AGENCY, a not-for-profit corporation authorized to do business in the State of Florida, whose Federal Tax ID is 59-0751935.

In consideration of the mutual promises contained herein, the COUNTY and the AGENCY agree as follows:

WHEREAS, on January 23, 2024,, the above-named parties entered into a Subrecipient Agreement for Provision of Services (R2024-0033) (the Agreement), in an amount not to exceed \$25,845.00 to provide emergency shelter services to clients; and

WHEREAS, on September 17, 2024, the above-named parties entered into a First Amendment to the Agreement (R 2024-1200) (the First Amendment), which added a second one-year term and increased the total Agreement amount by \$83,732.00 for a total amount of \$109,577.00; and

WHEREAS, the need exists to amend the Agreement to: add a third one-year term by amending **ARTICLE 4 SCHEDULE**; increase the not-to-exceed Agreement amount by amending **ARTICLE 5 PAYMENTS TO ESG-FUNDED AGENCY**; revise **ARTICLE 15 NONDISCRIMINATION**; removal of and notation for **ARTICLE 17 CONTRACTING WITH SMALL AND MINORITY BUSINESSES, WOMEN’S BUSINESS ENTERPRISES, LABOR SURPLUS FIRMS**; revise **ARTICLE 19 AGENCY’S PROGRAMMATIC REQUIREMENTS**; replace **EXHIBIT A-1** with **EXHIBIT A-2**; add **EXHIBIT B-1**; and replace **EXHIBIT G-1** with **EXHIBIT G-2**.

NOW THEREFORE, the COUNTY and the AGENCY mutually agree that the Agreement entered into on January 23, 2024, is hereby amended as follows:

- I. The foregoing recitals are true and correct and incorporated herein by reference and made a part of the parties’ Agreement.
- II. The first paragraph of **ARTICLE 4 SCHEDULE** is amended to read as follows:

The term of this Agreement shall be for one (1) year starting October 1, 2023, and ending on September 30, 2026, with one (1), one (1)year renewal option at the COUNTY’S sole discretion based on the availability of Emergency Solutions Grant (ESG) funding and AGENCY’S performance.
- III. The first paragraph in **ARTICLE 5 PAYMENTS TO ESG-FUNDED AGENCY** is amended to read as follows:

The total amount to be paid by the COUNTY under this Agreement for all services and materials shall not exceed a total Agreement amount of ONE HUNDRED SIXTY-SEVEN THOUSAND SIX HUNDRED SEVENTY DOLLARS AND ZERO CENTS (\$167,670.00) over a one-year period of which FIFTY-EIGHT THOUSAND NINETY-THREE DOLLARS AND ZERO CENTS (\$58,093.00) is budgeted in Fiscal Year 2026.
- IV. **ARTICLE 15-NONDISCRIMINATION** is revised to read as follows:

The COUNTY is committed to assuring equal opportunity in the award of contracts and complies with all laws prohibiting discrimination. Pursuant to Palm Beach County Resolution R2025-0748, as may be amended, the AGENCY warrants and represents that throughout the term of the Agreement, including any renewals thereof, if applicable, all of its employees are treated equally during employment without regard to race, color, religion,

disability, sex, age, national origin, ancestry, marital status, familial status, sexual orientation, or genetic information. Failure to meet this requirement shall be considered a default of the Agreement.

As a condition of entering into this Agreement, the Agreement represents and warrants that it will comply with the COUNTY’S Commercial Nondiscrimination Policy as described in Resolution R2025-0748, as amended. As part of such compliance, the AGENCY shall not discriminate on the basis of race, color, national origin, religion, ancestry, sex, age, marital status, familial status, sexual orientation, disability, or genetic information in the solicitation, selection, hiring or commercial treatment of subcontractors, vendors, suppliers, or commercial customers, nor shall the AGENCY retaliate against any person for reporting instances of such discrimination. The AGENCY shall provide equal opportunity for subcontractors, vendors and suppliers to participate in all of its public sector and private sector subcontracting and supply opportunities, provided that nothing contained in this clause shall prohibit or limit otherwise lawful efforts to remedy the effects of marketplace discrimination that have occurred or are occurring in the COUNTY’S relevant marketplace in Palm Beach County. The AGENCY understands and agrees that a material violation of this clause shall be considered a material breach of this Agreement and may result in termination of this Agreement, disqualification or debarment of the AGENCY from participating in COUNTY contracts, or other sanctions. This clause is not enforceable by or for the benefit of, and creates no obligation to, any third party. AGENCY shall include this language in its subcontracts.

- V. ARTICLE 17 CONTRACTING WITH SMALL AND MINORITY BUSINESSES, WOMEN’S BUSINESS ENTERPRISES, LABOR SURPLUS FIRMS is removed and the notation of [INTENTIONALLY OMITTED] is added in its place.
- VI. Item 24 of ARTICLE 19 AGENCY’S PROGRAMMATIC REQUIREMENTS is amended to read as follows:

AGENCY may provide Key Personnel appropriate training according to their staff qualifications, in compliance with Section 760.10, Florida Statutes, as may be amended, including but not limited to: Trauma-Informed Care (TIC), Adverse Childhood Experiences (ACEs), and Motivational Interviewing (MI) training.
- VII. **EXHIBIT A-1 SCOPE OF WORK AND SERVICES** is replaced in its entirety by **EXHIBIT A-2 SCOPE OF WORK AND SERVICES**, attached hereto and incorporated herein by reference.
- VIII. **EXHIBIT B-1 FY 2025 EXTREMELY LOW-INCOME INCOME LIMITS SUMMARY**, attached hereto and incorporated herein by reference.
- IX. **EXHIBIT G-1 Subaward Data** is replaced in its entirety with **EXHIBIT G-2 Subaward Data**, attached hereto and incorporated herein by reference.
- X. All other provisions of the Agreement and the First Amendment not modified in this Second Amendment remain in full force and effect.

REMAINDER OF PAGE LEFT BLANK INTENTIONALLY

IN WITNESS WHEREOF, the Board of County Commissioners of Palm Beach County, Florida has made and executed this Second Amendment on behalf of the COUNTY, and AGENCY has hereunto set his/her hand the day and year above written.

ATTEST:
MICHAEL A. CARUSO
CLERK & COMPTROLLER

**PALM BEACH COUNTY, FLORIDA a Political
Subdivision of the State of Florida
BOARD OF COUNTY COMMISSIONERS**

BY: _____
Deputy Clerk

BY: _____
Maria G. Marino, Mayor

AGENCY:
YWCA of Palm Beach County, Inc.

BY:

DocuSigned by:
Shea Spencer
502D399CB13E4D2...

AGENCY'S Signatory Name

Shea Spencer, CEO
AGENCY'S Signatory Name Typed

APPROVED AS TO FORM AND
LEGAL SUFFICIENCY

APPROVED AS TO TERMS AND CONDITIONS

BY:

Initial
JBR

Assistant County Attorney

BY:

DocuSigned by:
Tanuna Malliotra
1459E4181F1049C...

Department Director
Community Services Department

FY 2026 EMERGENCY SOLUTIONS GRANTS (ESG) AMENDMENT 2
PROGRAM SCOPE OF WORK AND SERVICES

Agency Name: YWCA of Palm Beach County, Inc.
Program Name: Harmony House Shelter
Center Location: Palm Beach County
Target Population: Individuals and families who are experiencing homelessness as a result of domestic violence and/or abuse (Program Participants)

YWCA OF PALM BEACH COUNTY, INC. AGREES TO:

A. SCOPE OF SERVICES:

The AGENCY shall provide emergency shelter, as defined by HUD, to individuals and families experiencing homelessness as a result of domestic violence and/or abuse (Program Participants). Provision of these services is an eligible activity as defined in the Code of Federal Regulations (CFR) at 24 CFR Part 576 Subpart B. The AGENCY certifies that the eligible activities carried out under this Agreement will benefit persons who are Homeless as defined in **Exhibit B**. The services to be provided by the AGENCY shall be provided in accordance with the ESG component identified below and shall comply with the Federal regulations pertaining to such component:

- ☒ Emergency Shelter as specified at 24 CFR 576.102.
- ☐ Homelessness Prevention as specified at 24 CFR 576.103.
- ☐ Rapid Re-Housing Assistance as specified at 24 CFR 576.104.

The Mary Rubloff Harmony House domestic violence shelter serves victims of domestic violence who are in imminent danger of physical harm and/or possibly death. Program Participants become homeless when fleeing their homes in order to stay safe. Homelessness is documented through a screening conducted through a 24-hour hotline and police reports (when available) which document and assess the individual or family's danger and, therefore their need to flee and seek safety. Harmony House provides emergency shelter, food, clothing, transportation, individual and group counseling, advocacy within the criminal justice and social service systems, information and referrals, safety planning, case management, economic empowerment, child welfare advocacy, legal representation, relocation assistance, children's services, outreach, and youth violence prevention. The families and individuals who enter Harmony House are in need of basic necessities-shelter, food, clothing, and transportation. Each apartment unit is comfortably furnished and equipped with a living room, kitchen, 3 bedrooms, bathroom, and washer/dryer. The Agency has an installed generator to ensure electricity during inclement weather and high-risk situations. Each of the 4 duplexes (8 apartments) has existing electric and water meters.

The AGENCY will provide rapid emergency shelter to **190 unduplicated individual and family households annually (190 household heads and 230 children) who are victims of domestic violence and/or abuse annually).**

The AGENCY expects to achieve the following outcome:

80% of the households exiting the program will exit to safe, violence-free housing

B. COORDINATION OF SERVICES:

The AGENCY shall coordinate its services for persons in need with other service providers in Palm Beach County by making and accepting referrals.

C. HOMELESS AND HOUSING ALLIANCE OF PALM BEACH COUNTY:

The AGENCY is required to maintain membership in good standing, in the Palm Beach County Homeless and Housing Alliance (HHA). A member in good standing is required to attend 60% of the general HHA meetings and 70% of at least one of the HHA Sub-Committee meetings during a consecutive 12-month period.

D. BENEFICIARIES:

During the term of this Agreement, the AGENCY shall provide the services described herein to **190 households consisting of victims and their dependents (420 total persons) annually**. The beneficiaries of the project funded through this Agreement must be "Homeless" under Category 1 (literally homeless) or Category 4, (fleeing or attempting to flee domestic violence) as defined in **Exhibit B** attached hereto and incorporated by reference. The project funded under this Agreement shall assist the aforesaid beneficiaries during the time period designated herein. Upon request, the AGENCY shall provide written verification of compliance to DEPARTMENT. All beneficiaries of the AGENCY'S services shall be current residents of Palm Beach County.

E. PERFORMANCE BENCHMARKS:

The AGENCY shall comply with the following Performance Benchmarks:

- i. The AGENCY shall expend at least **\$26,142** (45% of the total funding allocated through this contract for FY 2026) by March 31, 2026.
- ii. The AGENCY shall expend the remaining **\$31,951** (55% of the total funding allocated through this contract for FY 2025) by September 30, 2025.

This Agreement may be amended to decrease and/or recapture grant funds from the AGENCY depending upon the timely completion of the Performance Benchmarks and/or the rate of expenditure of funds, as determined by DEPARTMENT.

The AGENCY agrees that it may be subject to decrease and/or recapture of project funds by the County if the Performance Benchmarks herein are not met. Failure by the AGENCY to comply with these Performance Benchmarks may negatively impact the ability to receive future ESG funding allocations.

The AGENCY further agrees that DEPARTMENT, in consultation with any parties it deems necessary, shall be the final arbiter of the AGENCY'S compliance with the above.

F. WRITTEN DOCUMENTATION:

The AGENCY shall maintain written documentation verifying that all persons assisted under this Agreement are “Homeless,” and shall maintain written documentation of its compliance with the requirements of this Agreement. Upon request, the AGENCY shall provide such written documentation to DEPARTMENT.

The AGENCY shall maintain records for each program participant that document the services and assistance provided to the program participant, including, as applicable, case notes documenting services and assistance towards self-sufficiency, documentation of attainment of cash and non-cash mainstream resources, service plans, and homeless documentation.

As a domestic violence service provider, the AGENCY is exempt from requirements to use the Client Management Information System but must keep records in a comparable system.

Compliance with the applicable requirements for providing services and assistance to program participants under the ESG Component identified herein, including the provision on determining eligibility, the amount and type of assistance, and the provision on using appropriate assistance and services, can be found at 24 CFR 576.401(a)(b)(d)(e).

G. INTAKE PROCEDURES:

The AGENCY shall use written intake procedures and forms as developed by the HHA in accordance with HUD requirements.

For persons that the AGENCY regards as “Homeless,” the AGENCY’S intake procedures shall include documentation at intake of the evidence relied upon to establish and verify homeless status as required at 24 CFR 576.500(b). Upon request, the AGENCY shall make its written intake procedures available to DEPARTMENT. Furthermore, upon request, the AGENCY shall make the records it maintains to demonstrate compliance with 24 CFR 576.500(b)(c) available to DEPARTMENT.

H. EVALUATION OF PARTICIPANT ELIGIBILITY AND NEEDS

The AGENCY shall conduct an initial evaluation to determine the eligibility of each individual or family's eligibility for ESG assistance and the amount and types of assistance the individual or family needs to regain stability in permanent housing. These eligibility evaluations and needs assessments shall be conducted in accordance with the centralized/coordinated assessment requirements established by HHA.

I. DETERMINATION OF INELIGIBILITY:

The AGENCY shall, for each individual and family determined by the AGENCY to be ineligible to receive ESG assistance, maintain a written record that shall include documentation of the reason for such determination of ineligibility.

J. TERMINATION OF ASSISTANCE:

The AGENCY shall establish a written formal process for the termination of ESG assistance, which process shall recognize the rights of individuals affected. If a program participant violates program requirements, the AGENCY may terminate the assistance in accordance with such formal process. The AGENCY must exercise judgment and examine all extenuating circumstances in determining when violations warrant termination so that a program participant's assistance is terminated only in the most severe cases.

The required formal process shall, at a minimum, include:

1. The provision of a written notice to the program participant containing a clear statement of the reasons for termination.
2. A review of the decision, in which the program participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision.
3. The provision of prompt written notice of the final decision to the program participant.

Termination in accordance with the above shall not bar the AGENCY from providing further assistance at a later date to the same family or individual. Upon request, the AGENCY shall provide all written documentation in connection with its termination of assistance to DEPARTMENT.

K. INVOICES:

The AGENCY shall submit consecutively numbered reimbursement requests (invoices) to DEPARTMENT in order to receive reimbursement of ESG funds made available under this Agreement. Invoices shall be submitted on a monthly basis to facilitate an even flow of funds throughout the term of the Agreement, and to prevent under-expenditure of allocated funds.

All invoices submitted by the AGENCY for costs permitted under this Agreement must include the following:

- a. An original cover memo on AGENCY letterhead signed by an Authorized Agency Representative (**Exhibit J**)
- b. A properly completed and signed Monthly Allocation Worksheet (**Exhibit K**)
- c. A properly completed and signed Monthly Performance Report (**Exhibit L**)
- d. A properly completed Grantee Statistics Report (**Exhibit M**)

Invoices submitted by the AGENCY for costs permitted under this Agreement and associated with

the operation of the **Emergency Shelter** shall include:

- A copy of the vendor's or service provider's invoice for goods and/or services. Eligible emergency shelter costs are limited to the following:
 1. Operating Costs
- Evidence of payment by the AGENCY for the aforesaid goods and/or services consisting of a canceled check or a copy of bank records indicating payment has cleared.

DEPARTMENT, at its discretion, may modify the above lists. Upon modification of the aforesaid lists, DEPARTMENT shall, within ten (10) days, notify the AGENCY of such modification in writing.

L. REPAYMENT:

The AGENCY shall repay to the COUNTY all funds reimbursed under this Agreement if the AGENCY fails to comply with any requirements of this Agreement and all applicable program regulations which results in HUD requiring the COUNTY to repay funds reimbursed to the AGENCY under this Agreement.

M. MATCHING REQUIREMENT:

The AGENCY shall comply with the match requirements at 24 CFR 576.201. The AGENCY shall make matching contributions to supplement the COUNTY'S ESG funds made available hereunder in an amount that at least equals the amount of ESG funds provided through this contract. Only matching contributions made by the AGENCY after the start date of this contract may be used to meet the aforesaid requirement, and contributions used by the AGENCY to match a previous ESG grant may not be used to meet the aforesaid requirement.

The AGENCY'S matching contributions may be obtained from any source, including any Federal source other than ESG, as well as state, local, and private sources. However, the AGENCY shall, in regard to matching contributions from a Federal source of funds, ensure that the laws governing any such funds to be used as matching contributions to meet the aforesaid requirement do not prohibit such funds from being used to match ESG funds. Furthermore, if the ESG funds provided through this contract are used to satisfy the matching requirements of another Federal program, then funding from that program may not be used to satisfy the matching requirements hereunder.

The AGENCY may meet its match requirement with one or more of the following:

- a. **Cash Contributions:** Cash expended by the AGENCY for allowable costs of the AGENCY as defined in OMB Circulars A-87 (2 CFR Part 225) and A-122 (2 CFR Part 230).
- b. **Non-Cash Contributions:** The value of any real property, equipment, goods, or services contributed by the AGENCY to ESG, provided that if the AGENCY had to pay for them with ESG funds, the costs would have been allowable. Non-cash contributions may also include the purchase value of any donated building.

In calculating the amount of non-cash contributions to determine the value of any donated material or building, or any lease, the AGENCY must use a method reasonably calculated to establish the fair market value of such donated material, building, or lease. The AGENCY shall obtain DEPARTMENT'S approval of any such method. In calculating the amount of non-cash contributions for services provided by individuals, the AGENCY shall value such services at rates consistent with those ordinarily paid for similar work in the AGENCY'S organization.

The AGENCY may also use costs paid by program income as provided for herein in order to meet its matching requirement provided that such costs are eligible ESG costs that supplement the AGENCY'S program undertaken with ESG funds, and the AGENCY may use any other non-cash contributions permitted at 24 CFR 576.201 after having obtained DEPARTMENT'S approval to do so.

The AGENCY agrees to provide matching contributions valued at no less than \$58,093.

N. REPORTS:

The AGENCY shall submit the following reports to the DEPARTMENT:

- a. **Match Report:** The AGENCY shall demonstrate how it has met its matching requirement by submitting a Match Report (**EXHIBIT N**) and its supporting documentation therewith. The Match Report covering the period ending March 31, 2026, shall be submitted by the AGENCY to DEPARTMENT no later than April 30, 2026, and the Match Report covering the subsequent period shall be submitted by the AGENCY to DEPARTMENT with its submission of the final invoice for reimbursement. Satisfactory submission of timely and adequately documented Match Reports shall be a requirement for reimbursement under this contract.
- b. **Monthly Performance Report:** The Monthly Performance Report (**EXHIBIT L**) shall be submitted by the AGENCY to DEPARTMENT for each month covered by this Agreement. This report shall be submitted no later than the 10th of each month to report on activities undertaken by the AGENCY during the previous month.

The AGENCY shall ensure that it reports all program income received by it on this report. The AGENCY shall comply with the program income requirements imposed by applicable federal regulations. Program income shall have the meaning provided in 24 CFR 85.25, and shall include, but is not limited to, any amount of a security or utility deposit returned to the AGENCY. All program income from activities funded, in whole or in part, through this Agreement meeting the above requirements must be reported and returned to the COUNTY on a monthly basis. The AGENCY may request that program income from activities funded, in whole or in part, through this Agreement be used to pay for certain of its costs provided that such costs are eligible under 24 CFR Part 576. Additionally, the AGENCY must obtain prior approval from DEPARTMENT and be in compliance with its obligations, terms, and conditions herein. The expenditure of program income according to the preceding shall count toward meeting the AGENCY'S matching requirement and shall be regarded as the non-federal share under 24 CFR 84.24(b).

- c. **ESG Grantee Statistics Report:** The ESG Grantee Statistics Report (EXHIBIT M) shall be submitted by the AGENCY to DEPARTMENT for each month covered by this Agreement. This report shall be submitted no later than the 10th of each month to report on activities undertaken by the AGENCY during the previous month.

O. CLIENT MANAGEMENT INFORMATION SYSTEM:

As a precondition to receiving funding, agencies are required to participate in the Client Management Information System (CMIS/Client Track) for Palm Beach County, Division of Human Services. As a Victim Service Provider, the AGENCY must use a comparable database that collects client-level data over time and generates unduplicated aggregate reports based on that data. Failure of the AGENCY to do so may be regarded by the COUNTY as a basis for the termination of this Agreement.

II. THE COUNTY AGREES TO:

- A. Provide up to **\$58,093.00** in funding for Fiscal Year 2026 for the following budget line items:

Budget Line Item Description	FY 2024	FY 2025	FY 2026
Operating Cost	\$51,690.00	\$57,887.00	\$58,093.00
TOTAL	\$51,690.00	\$57,887.00	\$58,093.00

Provide technical assistance to ensure compliance with DEPARTMENT, HUD, and applicable State, Federal, County, and Local regulations and this Agreement.

- B. Provide overall administration and coordination activities to ensure that planned activities are completed in a timely manner.
- C. Monitor the AGENCY at any time during the term of this Agreement. Visits may be scheduled or unscheduled as determined by DEPARTMENT. Visits may be conducted by DEPARTMENT staff, or its contractor, to ensure compliance with HUD regulations and this Agreement, to ensure that planned activities are conducted in a timely manner, and to verify the accuracy of AGENCY’S reporting to DEPARTMENT on program activities.
- D. Assume the environmental responsibilities described in 24 CFR 576.

**FY 2025 Extremely Low-Income Income Limits
Summary
30% AMI**

Extremely Low-Income Levels								
Area	1- person	2- person	3- person	4- person	5- person	6- person	7- person	8- person
West Palm Beach-Boca Raton, FL HUD Metro FMR Area	\$24,550	\$28,050	\$31,550	\$35,050	37,900	\$40,700	\$43,500	\$46,300

Subaward Data¹

(i)	Subrecipient Name	YWCA
(ii)	Subrecipient Unique Entity Identifier:	EJBWVDVYBAU7
(iii)	Federal Award Identification Number (FAIN):	E-25-UC-12-004
(iv)	Federal Award Date of Award to the Recipient by the Federal Agency:	10/1/2025
(v)	Subaward Period of Performance Start Date:	10/1/2025
	Subaward Period of Performance End Date:	9/30/2026
(vi)	Amount of Federal Funds Obligated by this Action by the Pass-Through Entity to the Subrecipient:	\$58,093.00
(vii)	Total Amount of Federal Funds Obligated to the Subrecipient by the Pass-Through Entity Including the Current Obligation:	\$167,670
(viii)	Total Amount of the Federal Award Committed to the Subrecipient by the Pass-Through Entity:	\$167,670
(ix)	Federal Award Project Description:	Emergency Solutions Grant – Emergency Shelter
(x)	Name of Federal Awarding Agency:	HUD
(xi)	Name of Pass-Through Entity:	Division of Human Services
(xii)	Contact Information for Federal Awarding Official:	Margarita Meoz-Mendez, Community Planning and Development Representative Margarita.MeozMendez1@hud.gov 305-520-5013
(xiii)	Contact Information for Palm Beach County Authorizing Official:	Jonathan B. Brown, Director of Housing and Economic Development jbrown2@pbcgov.org 561-233-5160
(xiv)	Contact Information for Palm Beach County Project Director:	Wendy Tippet, Director of Human Services and Community Action wtippet@pbcgov.org

		561-355-4772
(xv)	CFDA Number and Name:	Emergency Solutions Grant Program, 14.231
(xvi)	Identification of Whether Subaward is R&D:	No
(xvii)	Indirect Cost Rate for [CAA] Federal Award:	N/A

¹ This information is required by the Uniform Guidance, 2 C.F.R. § 200.331(a)(1). The Uniform Guidance also requires that if any of these data elements change, the pass-through entity must include the changes in subsequent subaward modification. When some of this information is not available, the pass-through entity must provide the best information available to describe the federal prime award and subaward.

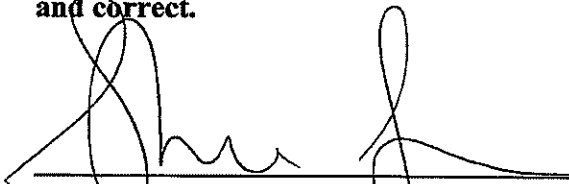
CONTRACT EXHIBIT

NONGOVERNMENTAL ENTITY HUMAN TRAFFICKING AFFIDAVIT
Section 787.06(13), Florida Statutes

THIS AFFIDAVIT MUST BE SIGNED AND NOTARIZED

I, the undersigned, am an officer or representative of YUCA Palm Beach County
(CONTRACTOR) and attest that CONTRACTOR does not use coercion for labor or services as
defined in section 787.06, Florida Statutes.

Under penalty of perjury, I hereby declare and affirm that the above stated facts are true
and correct.


(Signature of Officer or Representative)

Shea Spencer
(Printed Name of Officer or Representative)

State of Florida, County of Palm Beach

Sworn to and subscribed before me by means of ☐ physical presence or ☐ online notarization
this, _____ day of _____, 20____, by _____.

Personally known ☐ OR produced identification ☐.

Type of identification produced _____.


NOTARY PUBLIC (Signature)

My Commission Expires:
State of Florida at large

(Notary Seal)





YWCAOFP-01

BFOSTER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/7/2025

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

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

PRODUCER Plastridge Insurance Agency 820 NE 6th Avenue Delray Beach, FL 33483		CONTACT NAME: PHONE (A/C, No, Ext): (561) 276-5221 FAX (A/C, No): (561) 276-5244 E-MAIL ADDRESS: delraydocs@plastridge.com		
INSURED YWCA of Palm Beach County, Inc. 1016 N. Dixie Highway West Palm Beach, FL 33401		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : Philadelphia Indemnity Ins Co.		18058
		INSURER B :		
		INSURER C :		
		INSURER D :		
		INSURER E :		
		INSURER F :		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	PHPK2653179023	2/3/2025	2/3/2026	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 \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2653179023	2/3/2025	2/3/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB899848023	2/3/2025	2/3/2026	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ Aggregate \$ 3,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Crime			PHPK2653179023	2/3/2025	2/3/2026	Employee Dishonesty 100,000
A	Directors & Officers			PHSD1846692023	2/3/2025	2/3/2026	Limit 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Professional Liability - Philadelphia Indemnity Insurance Company - Policy #PHPK2653179023
Effective 02/03/2025 - 02/03/2026 - \$3,000,000 Aggregate - \$1,000,000 Each Professional Incident

Additional Insured and Waiver of Subrogation in favor of Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its officers, employees, and agents with respect to General Liability when required by written contract subject to the terms, conditions, and exclusions of the policy.

CERTIFICATE HOLDER	CANCELLATION
Palm Beach County Community Services Department 810 Datura Street West Palm Beach, FL 33401	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



Palm Beach County
Compliance Summary Report

Vendor Number	Vendor Name	AM Best Rating	Insurance Carrier	Policy #	Eff. Date	Exp. Date	Coverage	Contract Number	Contract Name
DX00001169	YWCA		Compliant					051-02	Human Services - ESG
		A++p , XV	Philadelphia Indemnity Insurance Company	PHUB899848023	2/3/2025	2/3/2026	Excess Liability		
		A++p , XV	Philadelphia Indemnity Insurance Company	PHPK2653179023	2/3/2025	2/3/2026	General Liability		
		A++p , XV	Philadelphia Indemnity Insurance Company	PHPK2653179023	2/3/2025	2/3/2026	Professional Liability		
		A+g , XV	American Zurich Insurance Company	WC293868723	6/1/2025	6/1/2026	Workers Comp		

Risk Profile : Standard - Professional Services
Required Additional Insured : Palm Beach County Board of County Commissioners
Ownership Entity :

Current Mailing Address:
1016 N DIXIE HIGHWAY
WEST PALM BEACH, FL 33401 US

FEI Number: 59-0751935
Name and Address of Current Registered Agent:

Certificate of Status Desired: No

SPENCER, SHEA
1016 N DIXIE HIGHWAY
WEST PALM BEACH, FL 33401 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SHEA SPENCER
Electronic Signature of Registered Agent

02/06/2025
Date

Officer/Director Detail :

Title	CEO	Title	BOARD MEMBER
Name	SPENCER, SHEA	Name	STEPHENSON, KAREN
Address	1016 N DIXIE HIGHWAY	Address	125 WORTH AVE
City-State-Zip:	WEST PALM BEACH FL 33401	City-State-Zip:	PALM BEACH FL 33480
Title	CHAIR	Title	BOARD MEMBER
Name	WALKER, TRIXY	Name	WATTS , TESSIE
Address	1016 N DIXIE HIGHWAY	Address	560 VILLAGE BLVD SUITE 120, UNIT 18
City-State-Zip:	WEST PALM BEACH FL 33401	City-State-Zip:	WEST PALM BEACH FL 33409
Title	BOARD MEMBER		
Name	CRUZ, KIMBERLY		
Address	600 BANYAN BLVD		
City-State-Zip:	WEST PALM BEACH FL 33401		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHEA SPENCER
Electronic Signature of Signing Officer/Director Detail

CEO

02/06/2025
Date

BUDGET AVAILABILITY STATEMENT

REQUEST DATE: 07-29-2025 REQUESTED BY: Julie Dowe

PHONE: 561-355-9922

PROJECT TITLE: Emergency Solutions Grant

ORIGINAL CONTRACT AMOUNT: N/A

BCC RESOLUTION#: n/a

REQUESTED AMOUNT: \$411,477.00

DATE: n/a

CSA or CHANGE ORDER NUMBER: n/a

LOCATION: Community Services

BUILDING NUMBER: 810 Datura Street

DESCRIPTION OF WORK/SERVICE LOCATION: ESG FY25 Contracts

PROJECT/W.O. NUMBER: n/a

CONSULTANT/CONTRACTOR: Adopt-A-Family; Aid to Victim of Domestic Abuse; and, YWCA of Palm Beach County.

PROVIDE A BRIEF STATEMENT OF THE SCOPE OF SERVICES TO BE PROVIDED BY THE CONSULTANT/CONTRACTOR: Emergency Shelter and homeless prevention services

CONSTRUCTION	\$
PROFESSIONAL SERVICES	\$ 411,477.00
STAFF COSTS*	\$
EQUIP. / SUPPLIES	\$
CONTINGENCY	\$
TOTAL	\$411,477.00

BUDGET ACCOUNT NUMBER(S) (Specify distribution if more than one and order in which funds are to be used):

FUND: 1101

DEPT: 143

UNIT: 1435

OBJ: 8201

Program Code: Various
Grant Year : 2025**IDENTIFY FUNDING SOURCE FOR EACH ACCOUNT: (check and provide detail for all that apply)**

<input type="checkbox"/> Ad Valorem (Amount \$ _____)	<input type="checkbox"/> Infrastructure Sales Tax (Amount \$ _____)
<input type="checkbox"/> State (source/type: _____ Amount \$ _____)	<input checked="" type="checkbox"/> Federal (source/type: <u>ESG</u> Amount \$ <u>411,477.00</u>)
<input type="checkbox"/> Grant (source/type: _____ Amount \$ _____)	<input type="checkbox"/> Impact Fees: (Amount \$ _____)
<input type="checkbox"/> Other (source/type: _____ Amount \$ _____)	

Department: Department of Housing and Economic Development

BAS APPROVED BY: _____

DATE 7/29/2025

ENCUMBRANCE NUMBER: _____