1	RESOLUTION NO.
2	A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF BROWARD COUNTY, FLORIDA,
3	AUTHORIZING APPROPRIATION AND DISBURSEMENT OF FLORIDA DEPARTMENT OF LAW ENFORCEMENT
4	EDWARD BYRNE MEMORIAL JUSTICE ASSISTANCE GRANT FUNDS TO SPECIFIED SERVICE PROVIDERS IN
5	THE AMOUNT OF \$348,691 FOR FISCAL YEAR 2021-2022; APPROVING A REVISED BYRNE GRANT ADDENDUM;
6	AUTHORIZING THE COUNTY ADMINISTRATOR TO EXECUTE AMENDMENTS TO EXISTING AGREEMENTS
7	WITH SPECIFIED SERVICE PROVIDERS AND TO TAKE ALL NECESSARY ADMINISTRATIVE AND BUDGETARY
8	ACTIONS TO IMPLEMENT THE AGREEMENTS AS AMENDED; AND PROVIDING FOR SEVERABILITY AND AN
9	EFFECTIVE DATE.
10	
11	WHEREAS, on June 15, 2021, the Board of County Commissioners of Broward
12	County, Florida ("Board"), authorized submittal of an application to the Florida Department
13	of Law Enforcement ("FDLE") for the Edward Byrne Memorial Justice Assistance Grant –
14	Countywide ("JAGC") program for the FDLE grant period of October 1, 2021, through
15	September 30, 2022 ("FY2022"), to (i) purchase and install upgraded homeless shelter
16	security surveillance equipment, (ii) provide integrated mental health and substance use
17	disorder treatment services, and (iii) purchase updated equipment and accessories to
18	improve street outreach services for families and individuals experiencing homelessness
19	(collectively, the "Services");
20	WHEREAS, FDLE recently provided the JAGC award funding notices to Broward
21	County for the Services for FY2022;
22	WHEREAS, the Board desires to appropriate and disburse the JAGC FY2022
23	funds for provision of the Services;
24	

WHEREAS, the Board further desires to authorize the Broward County
 Administrator ("County Administrator") to execute, on behalf of Broward County,
 amendments to existing agreements with the specified service providers; and to approve
 a revised *Byrne Grant Addendum to Unit of Service Form Agreement* ("Byrne Grant
 Addendum") to meet FDLE's JAGC requirements; and

6 WHEREAS, the Board finds that the Services to be funded benefit the residents of7 Broward County and serve a public purpose, NOW, THEREFORE,

9 BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF10 BROWARD COUNTY, FLORIDA:

11

12

8

Section 1. <u>Authorized Appropriation and Disbursement</u>.

The Board hereby authorizes appropriation and disbursement of FY2022 JAGC
funds in the aggregate amount of Three Hundred Forty-eight Thousand Six Hundred
Ninety-one Dollars (\$348,691) to the service providers as specified in Attachment A.

16

Section 2. <u>Execution by the County Administrator</u>.

The County Administrator is hereby authorized to execute amendments to the service providers' agreements identified in Attachment A and to take all necessary administrative and budgetary actions to implement the agreements as amended. Nothing in this Resolution alters the requirement that agreements be reviewed for legal sufficiency by the Office of the County Attorney before execution. Any material deviations from the applicable Board-approved form agreement must be presented to the Board for approval.

24

1	Section 3. Approving Byrne Grant Addendum.
2	The Board hereby approves the Byrne Grant Addendum attached as
3	Attachment B, which contains additional FDLE requirements for contracts with service
4	providers. The Office of the County Attorney may make any routine or minor changes or
5	updates to the Byrne Grant Addendum as necessary. Any material deviations from the
6	Board-approved addendum must be presented to the Board for approval.
7	Section 4. <u>Severability</u> .
8	If any portion of this Resolution is determined by any court to be invalid, the invalid
9	portion will be stricken, and such striking will not affect the validity of the remainder of this
10	Resolution. If any court determines that this Resolution, in whole or in part, cannot be
11	legally applied to any individual, group, entity, property, or circumstance, such
12	determination will not affect the applicability of this Resolution to any other individual,
13	group, entity, property, or circumstance.
14	Section 5. <u>Effective Date</u> .
15	This Resolution is effective upon adoption.
16	ADOPTED this day of , 2022.
17	Approved as to form and legal sufficiency:
18	Andrew J. Meyers, County Attorney
19	By <u>/s/ Ronald J. Honick, III 05/04/2022</u>
20	Ronald J. Honick, III (date) Assistant County Attorney
21	By <u>/s/ Karen S. Gordon 05/04/2022</u>
22	Karen S. Gordon (date) Senior Assistant County Attorney
23	RJH/bh
24	FY22 JAG Resolution 05/04/2022
	#60070

Attachment A

Broward County Board of County Commissioners Human Services Department, Community Partnerships Division Edward Byrne Memorial Justice Assistance Countywide Grant ("JAGC") Program Fiscal Year 2021-2022 Funding Recommendations

SERVICE PROVIDER	CONTRACT NUMBER	SERVICE	RECOMMENDED JAG FUNDING AMOUNT Commencing October 1, 2021	PROGRAM STATUS S = Start
Miami Rescue Mission, Inc. d/b/a Broward Outreach Center	22-CP-HIP-8414-01	Funds are for the purchase and installation of upgraded surveillance equipment with accessories for homeless shelter security services at the Homeless Assistance Center to improve public safety.	\$200,000	S
South Broward Hospital District d/b/a Memorial Healthcare System	22-CP-HCS-0126-01	A comprehensive array of integrated mental health and substance use disorder treatment services.	\$100,000	S
TaskForce Fore Ending Homelessness, Inc.	22-CP-HIP-6886-01	Funds are for the purchase of updated equipment and accessories for street outreach services for individuals and families experiencing homelessness.	\$48,691	S
		Total Funded Services	· \$3/8 691	

Total Funded Services:

\$348,691

Outcome achievement for the previous fiscal year is not available as the contracts did not start until October 1, 2021.

BYRNE GRANT ADDENDUM TO UNIT OF SERVICE FORM AGREEMENT

Provider: Enter Legal Name Agreement Number: Enter Number

1. Add the following definitions to Article 1, Definitions and Identifications:

• • •

- 1.15. **FDLE** means the Florida Department of Law Enforcement.
- 1.16. **JAG** means FDLE's Edward Byrne Memorial Justice Assistance Grant.
- 2. Add the following provision to the end of Section 3.1 of Article 3, Scope of Services:

• • •

Provider must also comply with the Office of Criminal Justice Grants Award Standard Conditions ("JAG Program Standard Conditions") as set forth in Exhibit D-3.

- 3. Delete subsection 4.5.3., Performance.
- 4. Add the following provision to the end of Section 9.1 of Article 9, Financial Statements and Management Letters:

. . .

For JAG-funded agreements, said annual financial statement must include a special report with explicit, discrete disclosures accounting for all JAG funds received and expended.

5. Add the following provisions to Section 15.29, Use of County Logo and Publicity:

. . .

Further, Provider must comply with Section VI, Item 12 of the JAG Program Standard Conditions relating to Publication or Printing of Reports, which states in part that all materials publicizing or resulting from award activities must contain the following statements:

"This project was supported by Award No. 2020-MU-BX-0006 awarded by the Bureau of Justice Assistance, Office of Justice Programs. The opinions, findings, and conclusions or recommendations expressed in this publication/program/exhibition are those of the authors and do not necessarily reflect the views of the Department of Justice or grant-making component."

- 6. Retitle Exhibit E, Required Reports and Submission Dates, to read Exhibit E-1, Required Reports and Submission Dates.
- 7. Add Exhibit E-2, Invoice Backup Documentation Requirements, to the Agreement.

IN WITNESS WHEREOF, the Parties have made and executed this Addendum to Agreement #_____: Broward County, through its Board of County Commissioners, signing by and through its County Administrator, authorized to execute same by Board action on the [Insert Date], and [Insert Provider Name], signing by and through its [Insert Authorized Signatory Title], duly authorized to execute same.

<u>COUNTY</u>

WITNESSES:	Broward County, by and through its County Administrator
Signature	By: Monica Cepero, County Administrator
	day of, 20
Print/Type Name above	,,
	Approved as to form by
Signature	Andrew J. Meyers
	Broward County Attorney
	Governmental Center, Suite 423
Print/Type Name above	115 South Andrews Avenue
	Fort Lauderdale, Florida 33301
	Telephone: (954) 357-7600
	Ву:
	Date
	Assistant County Attorney

RJH/KSG/bh Byrne-JAG-Addendum-2022 4/22/2022 #60070

BYRNE GRANT ADDENDUM TO UNIT OF SERVICE FORM AGREEMENT BETWEEN BROWARD COUNTY AND ENTER FULL LEGAL NAME OF PROVIDER FOR ENTER AGREEMENT TITLE

<u>PROVIDER</u>

	Enter Provider's Name	
WITNESSES:		
Ву:		
Signature	Authorized Signature	
Print/Type Name above	Print Name and Title	
	day of	, 20
Signature		
Print/Type Name above		
	(Corporate Seal or Notary)	

EXHIBIT E-2 INVOICE BACKUP DOCUMENTATION REQUIREMENTS

Monthly Schedule of Events/Services	Required Data Elements
Includes community meetings, events, and presentations, group services, lectures, trainings, social events, community volunteer services, field trips, drug-free social events, prevention groups, mentoring, etc.	Data and time scheduled, name of event and reason for event (topic, subject matter, expected result, etc.), location of event or service, and intended audience or participants (individual or group, students, parents, families, public).
Attendee, Participant Sign-in Sheets/Logs or Client Service Tickets	Required Data Elements
Sign-in sheet/log is required for all group education and counseling services, school and community presentations, social events, field trips, training, assistance to staff of other agencies, and any other events attended to a specific targeted or invited population. The sign- in log/sheet requirement may be waived for events provided for large public groups or forums, community assessment and volunteer services, and similar services. Individual, family, and group counseling, and urinalysis must be documented with a client-specific service ticket	Name and topic of event services /type of service provided, date of event or service provided, printed name of attendee(s) or Client(s) receiving service, signature of attendee(s) or Client(s), printed name and title of staff position(s) conducting the event or providing service, and each staff's signature with date signed.
or group roster with client signatures for attendance.	
	Required Data Elements
attendance.	Required Data Elements Staff name and position, date of activity, type of activity or services provided, location of activity or service provided, start and stop time (List travel time separate from activity. Ex: 8:00 a.m. to 8:30 a.m travel to Bair Middle School; 9:00 a.m. to 12:00 noon - Anti-Drug Presentation to Bair Middle School Students), staff signature and date signed, supervisor approval signature and date signed.
attendance. Staff Activity Log Document the actual staff time spent for grant-specific activities in chronological date order; must tie back to monthly schedules, time	Staff name and position, date of activity, type of activity or services provided, location of activity or service provided, start and stop time (List travel time separate from activity. Ex: 8:00 a.m. to 8:30 a.m travel to Bair Middle School; 9:00 a.m. to 12:00 noon - Anti-Drug Presentation to Bair Middle School Students), staff signature and date signed, supervisor approval signature and date

Documentation to be Provided Only as May Be Requested by County During Grant Period

Documentation to support unit rates/costs: Budget expense categories and object codes include calculations utilized to determine unit costs for approved activities; payroll registers must include amounts paid for regular hours worked separate from paid leave, employer and employee deductions, employer and employee paid benefits, and employee hourly rate; copies of cancelled checks (payroll, contractual staff, and/or services and other costs as included in the approved unit rate for activity or budgeted category for service).

EXHIBIT E-2 INVOICE BACKUP DOCUMENTATION REQUIREMENTS – CONTINUED

ACTIVITY/SERVICE	BACKUP DOCUMENTS REQUIRED
Assessing Community Needs	Monthly Schedule, Sign-in Sheet/Log,* Staff Activity Log, Staff Time Sheets *include type of activity or attendance
Community and Volunteer Services	Monthly Schedule, Sign-in Sheet/Log,* Staff Activity Log, Staff Time Sheets *include type of activity or attendance
Training/Technical Assistance	Monthly Schedule, Sign-in Sheet/Log, Staff Activity Log, Staff Time Sheets
Parenting/Family Management Services	Monthly Schedule, Sign-in Sheet/Log, Staff Activity Log, Staff Time Sheets
Peer Leader/Helper Programs	Monthly Schedule, Sign-in Sheet/Log, Staff Activity Log, Staff Time Sheets
Group Sessions (includes counseling)	Sign-in Sheet/Log and/or Service Ticket, Staff Activity Log, Staff Time Sheets
Anti-Drug Presentations	Monthly Schedule, Sign-in Sheet/Log, Staff Activity Log, Staff Time Sheets
Prevention Assessment and Referral Services	Sign-in Sheet/Log and/or Service Ticket, Staff Activity Log, Staff Time Sheets, copy of referral form, if applicable
Tracking Activities	Staff Activity Log, Staff Time Sheets
Short Term Prevention Counseling	Client-specific Service Ticket
Short Term Intervention Counseling	Client-specific Service Ticket
Staff Screening	Copies of the actual receipts for background screening and other services provided.
Urinalysis	Client-specific Service Ticket