

FAIN #	N/A
Federal Award Date	February 4, 2021
Federal Award Agency	HUD
CFDA Name	Community Development Block Grants/State's program & Non-Entitlement Grants in Hawaii
CFDA/CSFA#	14.228
Total Amount of Federal Funds Awarded	\$206,240.00 \$216,552.00
Subrecipient Name	Collier Health Services, Inc. dba Healthcare Network
UEI#	GPXBQKU6AJA5
FEIN	59-1741277
R&D	NA
Indirect Cost Rate	NA
Period of Performance	August 4, 2022 – August 3, 2026
Fiscal Year End	3/31
Monitor End:	August 3, 2031

**SECOND AMENDMENT TO
AGREEMENT BETWEEN COLLIER COUNTY, FLORIDA
AND
Collier Health Services, Inc. dba Healthcare Network**

This AMENDMENT is made and entered into as of this 23rd day of September 2025, by and between Collier County, a political subdivision of the State of Florida (COUNTY) and Collier Health Services, Inc. dba Healthcare Network (SUBRECIPIENT), a private non-profit organization having its principal office at 1454 Madison Ave. W., Immokalee, FL 34142.

RECITALS

WHEREAS, the COUNTY has entered into an Agreement with the State of Florida Department of ~~Economic Opportunity (DEO)~~ Commerce (DOC) for a grant for the execution and implementation of a Community Development Block Grant Mitigation (CDBG-MIT) Program in certain areas of Collier County, pursuant to Title I of the Housing and Community Development Act of 1974 (as amended); and

WHEREAS, on July 14, 2020, the Board of County Commissioners ("Board") approved Agenda Item 16D.6 – the "After-the-Fact" submittal of five (5) applications to the ~~DEO~~ (DOC); and

WHEREAS, on February 4, 2021, the ~~DEO~~ DOC awarded CDBG-MIT funds to four (4) of the five (5) submitted applications; and

WHEREAS, on June 28, 2021, the Board accepted the four (4) awards under Agenda Item 16.D.7 including the Marion E. Fether Medical Center Hardening; and

WHEREAS, all CDBG-MIT activities carried out by SUBRECIPIENT will: (1) meet the definition of mitigation activities; for the purpose of this funding, mitigation activities are defined as those activities that increase resilience to disasters and reduce or eliminate the long-term risk of loss of life, injury, damage to and loss of property, and suffering and hardship, by lessening the impact of future disasters; (2) address the current and future risks as identified in ~~DEO's~~ DOC's Mitigation Needs Assessment of most impacted and distressed area(s); (3) be CDBG-eligible activities under Title I of the Housing and Community Development Act of 1974 (HCDA) or otherwise eligible pursuant to a waiver or alternative requirement; and (4) meet a National Objective, including additional criteria for mitigation activities and a Covered Project; and

WHEREAS, CDBG-MIT Funds made available for use by the SUBRECIPIENT under this Agreement constitute a subaward of the ~~DEO~~ DOC Federal award, the use of which must be in accordance with requirements imposed by Federal statutes, regulations, and the terms and conditions of the ~~DEO's~~ DOC's Federal award; and

WHEREAS, the COUNTY and SUBRECIPIENT wish to set forth the responsibilities and obligations of each in undertaking the CDBG-MIT project – (MIT22-01) Marion E. Fether Medical Center Hardening;

WHEREAS, pursuant to Public Law (P.L.) P.L. 115-123 Bipartisan Budget Act of 2018 and Additional Supplemental Appropriations for Disaster Relief Act of 2018 (approved February 9, 2018), and P.L. 116-20 Supplemental Appropriations for Disaster Relief Requirements Act, 2019 (approved June 6, 2019), Division B, Subdivision 1 of the Bipartisan Budget Act of 2018, P.L. 115-56, the “Continuing Appropriations Act, 2018”; and the requirements of the Federal Register (FR) notices entitled “Allocations, Common Application, Waivers, and Alternative Requirements for Community Development Block Grant Mitigation Grantees”, 84 FR 45838 (August 30, 2019) and “Allocations, Common Application, Waivers, and Alternative Requirements for Community Development Block Grant Disaster Recovery Grantees” (CDBG Mitigation) 86 FR 561 (January 6, 2021); (hereinafter collectively referred to as the “Federal Register Guidance”), the U.S. Department of Housing and Urban Development (hereinafter referred to as “HUD”) has awarded Community Development Block Grant-Mitigation (CDBG-MIT) funds to ~~DEO~~ DOC for mitigation activities authorized under Title I of the Housing and Community Development Act of 1974 (HCDA) (42 United States Code (U.S.C) section 5301) and applicable implementing regulations at 24. CFR part 570 and consistent with the Appropriations Act; and

WHEREAS, on December 13, 2022, Agenda Item 16.D.7, the Board approved the CDBG-MIT sub-award agreement with Collier Health Services, Inc. dba Healthcare Network; and

WHEREAS, on August 27, 2024, Agenda Item 16.D.2, the Board approved the First Amendment to the CDBG-MIT sub-award between Collier County and Collier Health Services, Inc. dba Healthcare Network; and

WHEREAS, the COUNTY and SUBRECIPIENT wish to amend the Agreement to update Part I Scope of Work, Section 1.1 Grant and Special Conditions, Section 1.2 Project Details, Added Section 1.5 Leverage Funds, update Section 2.1 Audits, update Section 2.2 Record Retention, update Section 2.6 Reports, and update Exhibits C-I to current format.

NOW, THEREFORE, in consideration of the mutual benefits contained herein, it is agreed by the Parties to amend the Agreement as follows:

Words Struck-Through are deleted; Words Underlined are added.

PART I SCOPE OF WORK

This award has been granted under the Critical Facility Hardening Program. Projects eligible for funding under this program must harden critical buildings that serve a public safety purpose for local communities. Critical buildings include potable water facilities, wastewater facilities, police departments, fire departments, hospitals, emergency operation centers, and emergency shelters.

Subrecipient shall, in a satisfactory and proper manner and consistent with any standards required as a condition of providing CDBG-MIT assistance as provided herein and, as determined by Collier County Community and Human Services (CHS) Division, perform the tasks necessary to conduct the program as follows:

Project Name: Marion E. Fether Medical Center Hardening

Description of project and outcome: Collier Health Services, Inc. dba Healthcare Network serves as a vital instrument to the health of Collier County citizens before, during, and immediately after a natural disaster. Replacing ~~7 doors and 59~~ 43 windows with impact glazing material at the Marion E. Fether Medical Center will solidify the facility's ability to withstand wind, heat, or water damage during and after a storm and allow immediate response to the needs of the community; 61.84 percent of which are designated as low- to moderate-income residents. The project is estimated to begin upon execution of this Agreement and completed within 48 months at a cost of ~~\$206,240.00~~ \$216,552.00. There are no leveraged or matching funds included in this project. The team overseeing this project consists of the Collier Health Services, Inc. dba Healthcare Network Facilities Department under the direction of the Project Manager, who is working in coordination with Collier County, and selected contractor(s).

Project Component One: Construction

- Obtain appropriate permitting.

- Purchase, install remove and properly ~~dispest~~ dispose of ~~7 doors and 59~~ 43 exterior windows and replace with new insulated/impact ~~system doors and~~ windows of like dimensions and in compliance with Florida Building Codes standards and local, state and federal building codes.
- Repair affected areas resulting from removal/installation by applying molding, patching interior drywall and sills, and repair exterior stucco walls and touch up paint

The property will be deed restricted for five (5) years commencing on the date of initially meeting one of the National Objectives, in accordance with 24 CFR 570.505, if applicable.

1.1 GRANT AND SPECIAL CONDITIONS

D. Annual Subrecipient Training: All SUBRECIPIENT staff assigned to the administration and implementation of the Project established by this Agreement shall attend the CHS-sponsored Annual SUBRECIPIENT Fair Housing training, except those who attended the training in the previous year. In addition, at least one staff member shall attend all other CHS-offered SUBRECIPIENT training, relevant to the Project, as determined by the Grants Coordinator, not to exceed four (4) sessions. Requests for exemption, under this special condition, must be submitted to the Grant Coordinator, in writing, at least 14 days, prior to the training

D.E. Limited English Proficiency: Persons who, as a result of national origin, do not speak English as their primary language and who have limited ability to speak, read, write, or understand English (“limited English proficient persons” or “LEP persons”) may be entitled to language assistance under Title VI in order to receive a particular service, benefit, or encounter. In accordance with Title VI of the Civil Rights Act of 1964 (Title VI) and its implementing regulations, the SUBRECIPIENT agrees to take reasonable steps to ensure meaningful access to activities funded with HUD Funds by LEP persons. Any of the following actions could constitute “reasonable steps”, depending on the circumstances: acquiring translators to translate vital documents; advertisements or notices; acquiring interpreters for face to face interviews with LEP persons; placing advertisements and notices in newspapers that serve LEP persons; partnering with other organizations that serve LEP populations to provide interpretation, translation, or dissemination of information regarding the project; hiring bilingual employees or volunteers for outreach and intake activities; contracting with a telephone line interpreter service; etc.

1.1 PROJECT DETAILS

A. Project Description/Project Budget

Description	Federal Amount
Project Component 1: Construction	\$206,240.00
Obtain appropriate permitting.	<u>\$216,552.00</u>
Purchase, install remove and properly dispest of 7 doors and 59 dispose of 43 exterior windows and replace with new insulated/impact doors and windows	

of like dimensions and in compliance with Florida Building Codes standards and local, state and federal building codes.	
Repair affected areas resulting from removal/installation by applying molding, patching interior drywall and sills, and repair exterior stucco walls and touch up paint.	
	\$206,240.00
	\$216,552.00
Total Federal Funds:	\$206,240.00
	\$216,552.00

SUBRECIPIENT will accomplish the following checked project tasks:

- Pay all closing costs related to property conveyance
- ~~Maintain beneficiary income certification documentation, and provide to the County as requested. Maintain and retain at SUBRECIPIENT location, beneficiary income certification documentation, using Exhibit D as amended, or CHS-approved presumed benefit documentation, and provide to the County as requested~~
- Maintain and provide National Objective Documentation, and provide to COUNTY, as requested
- Provide Quarterly Reports on project progress, ~~Activity Work Plan, Budget, and updated organization chart if applicable.~~
- Provide Quarterly Leverage Funds Reports
- Provide Quarterly Fair Housing Calls Report
- Provide Quarterly the resolution/ordinances, name and contact information of Fair Housing, EEO/AA, and Section 504/ADA Coordinator and a copy of the published information or email address for SUBRECIPIENT's website. Establish a system to log all Fair Housing, EEO/AA, and Section 504/ADA complaints and submit quarterly.
- Ensure attendance by a representative from executive management at scheduled partnership meetings, as requested by CHS
- Ensure attendance by SUBRECIPIENT and General Contractor at Pre-Construction meetings, prior to SUBRECIPIENT issuing Notice to Proceed (NTP) to contractor
- Provide monthly construction and rehabilitation progress reports until completion of construction or rehabilitation, ~~note any staffing changes with job descriptions, Activity Work Plan, and Budget~~
- Identify Lead Project Manager
- Provide Site Design and Specifications
- Submit Change Orders for CHS approval prior to SUBRECIPIENT authorizing work
- Comply with Davis-Bacon Labor Act Standards and maintain supporting documentation
- ~~Comply with BABA Act and maintain supporting documentation~~
- Comply with Section 3 reporting requirements and maintain supporting documentation
- Provide weekly certified payroll throughout construction and rehabilitation
- Comply with Uniform Relocation Act (URA), if necessary

- Ensure applicable numbers of units are Section 504/ADA accessible
- Ensure the applicable continued use period for the project is met

C. Performance Deliverables

Program Deliverable	Deliverable Supporting Documentation	Submission Schedule
Insurance	Insurance Certificate	Within 10 days of Agreement execution and Annually (immediately upon renewal)
Staffing Plan	Organization Chart and Job Descriptions for employees, contracted staff, vendors, and contractors	Quarterly, unless staffing changes occur off cycle, then report in monthly progress report. Due within 5 days prior to month end
Special Grant Condition Policies (Section 1.1)	Policies as stated in this Agreement	Within 10 days of Agreement execution
Activity Work Plan	Project Schedule (Exhibit D)	Monthly, within 5 days of prior month end
Fair Housing Log	Develop Tracking Spreadsheet for complaints <u>complaints</u> that includes: Coordinator contact name and information; attach ordinance ordinance/ resolution (Log must include Fair Housing/EEO/504 complaints)	Quarterly, within 5 days of prior quarter end
Detailed Project Budget	Exhibit C	Monthly, within 5 days of prior month end
Project Plans and Specifications	Site Plans and Specifications	Prior to procurement
Procurement Documents (Bid Packet) *	Independent Cost Estimate, Method of Procurement, Bid Advertisement, Solicitation Packet.	After completion of Environmental Review, and prior to advertising solicitation. Advertisement not to occur until package is approved by DEO Florida Commerce.
Subcontractor Log	Subcontractor Log	Initially at construction start, and quarterly thereafter
<u>Monthly Progress Report</u>	<u>Monthly and Quarterly Reports (Exhibits E and H respectively) Exhibit E; Subject to Updates by Florida Commerce</u>	Monthly report (Exhibit E) due by the 5 th of each month; <u>Quarterly Reports (Exhibit H) due by the 5th of Jan/Apr/Jul/Oct. Both reports are to be submitted in Jan/Apr/Jul/Oct.</u>
<u>Quarterly Progress Report</u>	<u>Quarterly Reports; Exhibit H; Subject to Updates by Florida Commerce</u>	<u>Quarterly Report due by the 5th of each respective quarter (January/April/July/October)</u>
Section 3 Compliance Report	Exhibit F; <u>Subject to Updates by Florida Commerce</u>	Monthly Quarterly, due by the 5 th of each month.
Davis-Bacon Act Certified Payroll	Weekly Certified Payroll reports, forms, and supporting	Weekly, within 7 days following issuance of payroll checks

Program Deliverable	Deliverable Supporting Documentation	Submission Schedule
	documentation required to be submitted through the County electronic certified payroll system LCP Tracker.	
Annual Audit Monitoring Report	Exhibit G	Annually within 60 days after the end of the fiscal year
Financial and Compliance Audit	Audit, Management Letter, and Supporting Documentation	Annually; 9 months after FY end for Single Audit OR 180 days after FY end
Continued Use Certification	Continued Use Affidavit, if applicable	Annually, for five (5) years after Project Closeout
Capital Needs Assessment Plan	Plan approved by the COUNTY	Initial Plan due after construction completion. Annually throughout the continued use period
<u>Conflict of Interest Form</u>	<u>Subrecipient Conflict of Interest Disclosure Form</u>	<u>Upon execution of the agreement for all employees who work on activities associated with the grant and upon hiring all new employees</u>
<u>Whistleblower Protections Affidavit</u>	<u>Exhibit I</u>	<u>Upon execution of the agreement for all employees who work on activities associated with the grant and upon hiring of all new employees</u>

*SUBRECIPIENT's Notice to Proceed may be withheld if procurement deliverables are not submitted in a timely manner, as stated in Section 1.2.C, Performance Deliverables. SUBRECIPIENT must submit to the COUNTY, for approval, all Change Orders required during the project. Failure to submit Change Orders in a timely manner may result in delay or withholding of payment, as well as, a cease work order until all change orders have been reviewed and approved, at which time a new Notice to Proceed will be issued.

D. Payment Deliverables

Payment Deliverable	Payment Supporting Documentation	Submission Schedule
<p>Project Component 1: Construction Obtain appropriate permitting.</p> <p>Purchase, install remove and properly dispose of 7 doors and 59 43 exterior windows and replace with new insulated/impact windows of like dimensions and in compliance with Florida Building Codes standards and local, state and federal building codes.</p>	<p>Submission of supporting documents must be provided as backup along with pay requests (Exhibit B), as evidenced by AIA or similar document, canceled check and/or bank statements, copy of any permits, invoices and any other additional documentation as requested.</p> <p>The County will pay up to 90% of the total grant award or project</p>	<p>Within 5 calendar days after the end of each month.</p>

Repair affected areas resulting from removal/installation by applying molding, patching interior drywall and sills, and repair exterior stucco walls and touch up paint.	costs, whichever is lower. The remaining 10% of the award or project costs will be released upon final monitoring clearance and meeting a National Objective. For clarity, the County will not withhold 10% on each payment request.	
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SECTIONS 1.4 THRU 1.8 ARE NOW RENUMBERED SEQUENTIALLY BEGINNING WITH "AGREEMENT AMOUNT" AND ENDING WITH 1.8 "NOTICES"

1.4 AGREEMENT AMOUNT

The COUNTY agrees to make available ~~TWO HUNDRED SIX THOUSAND, TWO HUNDRED AND FORTY DOLLARS AND 00 CENTS~~ TWO HUNDRED AND SIXTEEN THOUSAND, FIVE HUNDRED AND FIFTY-TWO DOLLARS (~~\$206,240.00~~\$216,552.00) for use by SUBRECIPIENT, during the term of the Agreement (hereinafter, shall be referred to as the Funds).

Modification to the Budget and Scope may only be made if approved in advance. Budgeted fund shifts among line items shall not be more than 10 percent of the total Funding amount and shall not signify a change in scope. Fund shifts that exceed 10 percent of the Agreement amount shall only be made with Board of County Commissioners (Board) approval.

The COUNTY shall reimburse SUBRECIPIENT for the performance of this Agreement upon completion or partial completion of the work tasks, as accepted and approved by CHS. SUBRECIPIENT may not request disbursement of CDBG-MIT Funds until Funds are needed for eligible costs; and all disbursement requests must be limited to the amount needed at the time of the request. SUBRECIPIENT may expend Funds only for allowable costs resulting from obligations incurred during the term of this Agreement. Invoices for work performed are required every month. If no work has been performed during the month, or if SUBRECIPIENT is not yet prepared to send the required backup, a \$0 invoice is required. Explanations will be required if two consecutive months of \$0 invoices are submitted. Payments shall be made to SUBRECIPIENT when requested as work progresses, but not more frequently than once per month. Reimbursement will not occur if SUBRECIPIENT fails to perform the minimum level of service required by this Agreement.

COUNTY will pay SUBRECIPIENT funds available under this Agreement based on information submitted by SUBRECIPIENT and consistent with any approved budget and COUNTY policy concerning payments. With the exception of certain advances, payments will be made for eligible expenses actually incurred by SUBRECIPIENT, and not to exceed actual cash requirements. Payments will be adjusted by CHS in accordance with advance fund and program income balances available in SUBRECIPIENT accounts. In addition, COUNTY reserves the right to liquidate funds available under this Agreement for costs incurred by COUNTY on behalf of SUBRECIPIENT.

Final invoices are due no later than 90 days after the end of the Agreement. Work performed during the term of the program but not invoiced within 90 days after the end of the Agreement may not be processed without written authorization from the Grant Coordinator.

CHS may withhold any pay request until approved by CHS for grant compliance and adherence to any and all applicable Local, State, or Federal requirements, including timely submission of Performance Deliverables contained in Section 1.2.C. Late submission of deliverables or evidence of project inactivity may cause payment suspension of any open pay requests until the required deliverables are received or substantial project progression occurs, as determined by CHS. Except where disputed for noncompliance, payment will be made upon receipt of a properly completed invoice, and in compliance with sections 218.70–218.80, Florida Statutes, otherwise known as the “Local Government Prompt Payment Act.”

1.5 LEVERAGE FUNDS

Leverage funds must be identified, tracked, and verifiable in the SUBRECIPIENT’s records. Resources must be fully identified and described in the Agreement and the approved budget submitted with the application. Resources must also meet the following criteria to be allowable as leverage:

- a. Expenditures of leverage funds or resources are permitted only for eligible activities and allowable costs under the cost principles specified by the OMB Circulars referenced in this Agreement. Expenditures must be necessary and reasonable for proper and efficient accomplishment of project or program objectives.
- b. Leverage resources committed on one project may not be used as leverage for any other project or program.
- c. Leverage resources must represent newly created resources covering expenditures that would not be incurred if the award were not made.
- d. Leverage resources may not be Federal funds under a different award, except where Federal statute allows their use for cost sharing (such as the Community Development Block Grant program).
- e. Third-party cash or in-kind contributions offered as leverage require a commitment letter on company letterhead signed by the individual who is in a position to commit the in-kind contribution. The contribution is only allowable if not utilized towards cost sharing dollars.

1.6 COST PRINCIPLES

Payments to SUBRECIPIENT are governed by the Federal grant management rules for cost allowability, found at 2 CFR 200 Subpart E-Cost Principles. For the purposes of this section (Section 1.5-Cost Principles) of this Agreement, SUBRECIPIENT is defined as described in 2 CFR 200.93. Accordingly, payments will be made on a cost reimbursement basis. Each request for reimbursement shall identify the associated project and approved project task(s) listed under this Scope of Work. SUBRECIPIENT may only incur direct costs that may be attributed specifically to the project(s) referenced above, as defined in 2 CFR 200.413. SUBRECIPIENT must provide adequate documentation for validating costs incurred. Payments to SUBRECIPIENT’S contractors and vendors are conditioned upon compliance with the procurement requirements provided in 2 CFR 200.318–200.327.

Allowable costs incurred by Subrecipients and Contractors shall comply with 2 CFR Subpart E-Cost Principles. The SUBRECIPIENT will use adequate internal controls and maintain necessary source documentation for all costs incurred and adhere to any other accounting requirements included in this Agreement.

1.7 CITIZEN COMPLAINTS

The goal of the DEO DOC is to provide an opportunity to resolve citizen complaints in a timely manner, usually written with fifteen (15) business days of the receipt of the complaint as expected by HUD, if practicable, and to provide the right to participate in the process and appeal a decision when there is a reason for an applicant to believe its application was not handled according to program policies. All applications, guidelines, and websites will include details on the right to file a complaint or appeal to the process for filing a complaint or beginning an appeal.

The SUBRECIPIENT will handle citizen complaints by:

- (a) Conducting investigations, as necessary;
- (b) Finding a resolution; or
- (c) Conducting follow-up actions.

Program Appeals

Applicants may appeal program decisions related to one of the following activities:

- (a) A program eligibility determination;
- (b) A program assistance award calculation; or
- (c) A program decision concerning housing unit damage and the resulting program outcome.

Citizens may file a written complaint or appeal with the Office of Long-Term Resiliency by email at CDBG-DDR@deo.myflorida.com CDBG-DR@commerce.fl.gov or by mail to the following address”

Attention; Office of Long-Term Resiliency
Florida Department of ~~Economic Opportunity~~ Commerce
107 East Madison Street
The Caldwell Building, MSC 420
Tallahassee, Florida 3239

1.8 NOTICES

Notices required by this Agreement shall be in writing and delivered via mail (postage prepaid), commercial courier, personal delivery, or sent by facsimile or other electronic means. Any notice delivered or sent as aforesaid shall be effective on the date of delivery or sending. All notices and other written communications under this Agreement shall be addressed to the individuals in the capacities indicated below, unless otherwise modified by subsequent written notice.

COLLIER COUNTY ATTENTION: Parker Smith, Grant Coordinator
Collier County Government
Community and Human Services Division
3339 Tamiami Trail East, Suite 213
Naples, Florida 34112
Email: Parker.Smith@colliercountyfl.gov
Telephone: (239) 252-6141

SUBRECIPIENT ATTENTION: Tami Raznoff, VP of Fiscal Affairs and CFO
Collier Health Services, Inc. dba Healthcare Network
1454 Madison Ave. W.
Immokalee, Florida 34142
Email: traznoff@healthcareswfl.org
Telephone: (239) 658-3001

PART II GRANT CONTROL REQUIREMENTS

2.1 AUDITS

~~At any time during normal business hours and as often as the COUNTY (and/or its representatives) may deem necessary, SUBRECIPIENT shall make available for review, inspection, or audit all records, documentation, and any other data relating to all matters covered by the Agreement. During the term of this Agreement, SUBRECIPIENT shall submit to the COUNTY an Annual Audit Monitoring report (Exhibit G) no later than 60 days after SUBRECIPIENT'S fiscal year end. In addition, SUBRECIPIENT shall submit to the COUNTY a financial and compliance Single Audit report, Management Letter, and supporting documentation nine (9) months (or audited financial statements, one hundred eighty (180) days for Subrecipients exempt from Single Audit) after the SUBRECIPIENT'S fiscal year end. The COUNTY will conduct an annual financial and programmatic review.~~

SUBRECIPIENT must fully clear any deficiencies noted in audit reports within 30 days after its receipt of the report. SUBRECIPIENT's failure to comply with the above audit requirements will constitute a violation of this Agreement and may result in the withholding of future payments. SUBRECIPIENT hereby agrees to obtain an annual agency audit conducted in accordance with current COUNTY policy concerning Subrecipient audits and 2 CFR 200.501

Federal Award amounts expended shall be determined in accordance with guidelines established by 2 CFR Part 200, Subpart F-Audit Requirements.

2.2 RECORDS AND DOCUMENTATION

SUBRECIPIENT shall maintain sufficient records, in accordance with 24 CFR 570.506, to determine compliance with the requirements of this Agreement, the CDBG Program, and all other applicable laws and regulations. This documentation shall include but is not limited to, the following:

- A. All Records required by CDBG-MIT regulations.
- B. ~~SUBRECIPIENT shall establish and maintain public records that ordinarily and necessarily would be required by the COUNTY in order to perform the service.~~ Public records that ordinarily and necessarily would be required by the COUNTY to perform the service.
- C. SUBRECIPIENT shall make available to the COUNTY or CHS at any time upon request, all reports, plans, surveys, information, documents, maps, books, records, and other data procedures developed, prepared, assembled, or completed by SUBRECIPIENT for this Agreement. Materials identified in the previous sentence shall be in accordance with generally accepted accounting principles (GAAP), procedures, and practices, which sufficiently and properly reflect all revenues and expenditures of Funds provided directly or indirectly by this Agreement, including matching funds and Program Income. These records shall be maintained to the extent of such detail to properly reflect all net costs, direct and indirect labor, materials, equipment, supplies and services, and other costs and expenses of whatever nature for which reimbursement is claimed under the provisions of this Agreement.
- D. Upon completion of all work contemplated under this Agreement, copies of all documents and records relating to this Agreement shall be surrendered to CHS, if requested. In any event, SUBRECIPIENT shall keep all documents and records in an orderly fashion, and in a readily accessible, permanent, and secured location for six (6) state fiscal years after final closeout of this Agreement (all reporting requirements are satisfied and final payments have been received), as prescribed in 2 CFR 200.334, 24 CFR 570.493, and 24 CFR 570.502(a)(7)(ii). However, if any litigation, claim, or audit is started before the expiration date of the six (6) year period, the records will be maintained until all litigation, claim, or audit findings involving these records are resolved. If SUBRECIPIENT ceases to exist after the closeout of this Agreement, it shall notify the COUNTY in writing, of the address where the records are to be kept, as outlined in 2 CFR 200.337. SUBRECIPIENT shall meet all requirements for retaining public records and transfer, at no cost to COUNTY, all public records in SUBRECIPIENT'S possession upon termination of the Agreement, and destroy any duplicate, exempt, or confidential public records that are released from public records disclosure requirements. All records stored electronically must be provided to the COUNTY in a format that is compatible with the COUNTY'S information technology systems.

IF SUBRECIPIENT HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO SUBRECIPIENT'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS AGREEMENT, IT SHALL CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT 239-252-2679, Michael.Brownlee@collierecountyfl.gov

Angel.Bates@colliercountygl.gov, 3299 Tamiami Trail E, Naples FL 34112.

2.6 REPORTS

Reimbursement may be contingent upon the timely receipt of complete and accurate reports required by this Agreement, and on the resolution of monitoring findings identified pursuant to this Agreement, as deemed necessary by the County Manager or designee. Reports showing lack of project activity may result in withholding of payment or issuance of a Notice of Noncompliance.

During the term of this Agreement, SUBRECIPIENT shall submit monthly and quarterly progress reports to the COUNTY on the 5th day of every month (Monthly report) for the prior month, and the 5th day of Jan/April/July/October for the prior quarter end. The progress reports include but are not limited to, accomplishments within past month/quarter, issues or risks with resolutions, and projected activities to be completed within the following month/quarter. Exhibit E, Monthly Report, and Exhibit G, Quarterly Report ~~Monthly-Quarterly Report~~, should be used to fulfil this requirement. Other reporting requirements may be required by the County Manager or designee if the Program changes, the need for additional information or documentation arises, or if legislative amendments are enacted. Reports and/or requested documentation not received by the due date shall be considered delinquent and may be cause for default and termination of this Agreement.

* * *

ENTIRE AGREEMENT This Agreement constitutes the entire agreement between COUNTY and SUBRECIPIENT for the use of funds received under this Agreement and it supersedes all prior or contemporaneous communications and proposals, whether electronic, oral, or written between COUNTY and SUBRECIPIENT with respect to this Agreement.

* * *

(Signature Page to Follow)

IN WITNESS WHEREOF, the SUBRECIPIENT and COUNTY, have each respectively, by an authorized person or agent, hereunder set their hands and seals on the date first written above.

ATTEST:

AS TO COUNTY:

CRYSTAL K. KINZEL, CLERK

BOARD OF COUNTY COMMISSIONERS OF
COLLIER COUNTY, FLORIDA

by: 
Deputy Clerk

By: 
BURT SAUNDERS, CHAIRPERSON

Dated: 9/24/2025
(SEAL)
Attest as to Chairman's
signature only

Date: 9/23/25

WITNESSES:

AS TO SUBRECIPIENT:


Witness #1 Signature

COLLIER HEALTH SERVICES, INC. D/B/A
HEALTHCARE NETWORK

Martine Woolley
Witness #1 Printed Name

By: 
TAMI RAZNOFF, VICE/PRESIDENT OF FISCAL
AFFAIRS AND CHIEF FINANCIAL OFFICER



Witness #2 Signature,

Date: 9/22/2025

Krisna Singh
Witness #2 Printed Name

[Please provide evidence of signing authority]

Approved as to form and legality:


Courtney L. DaSilva
Assistant County Attorney

CLD
9/21/25

Date: 9/23/25

PART V
EXHIBITS

Exhibit C
Project Budget

Activity/Project		National Objective			Beneficiaries					Budget			
Activity	Description	LMI	Slum & Blight	Urgent Need	VLI	LI	MI	Non-LMI	Total	CDBG-DR Amount	Other Funds	Source *	Total Funds
1. Project Implementation		-	-	-	-	-	-	-	-	-	-	-	-
		-	-	-	-	-	-	-	-	-	-	-	-
		-	-	-	-	-	-	-	-	-	-	-	-
2. Engineering Services		-	-	-	-	-	-	-	-	-	-	-	-
		-	-	-	-	-	-	-	-	-	-	-	-
3. Construction		-	-	-	-	-	-	-	-	-	-	-	-
		-	-	-	-	-	-	-	-	-	-	-	-
4.		-	-	-	-	-	-	-	-	-	-	-	-

Exhibit C – Project Budget

<u>Subrecipient:</u>	<u>Collier County, FL</u>	<u>CDBG-DR Program:</u>	<u>MIT</u>	
<u>Project Name:</u>	<u>Marion E. Fether Medical Center Hardening</u>	<u>County:</u>	<u>Collier</u>	
<u>Agreement No:</u>	<u>MIT22-001</u>	<u>Version No.:</u>		
<u>Period of Agreement:</u>	<u>08/04/2022 – 08/03/2026</u>	<u>Commerce Award:</u>	<u>\$216,552.00</u>	
		<u>Leverage Funding:</u>	<u>\$0</u>	
		<u>Total Project Budget:</u>	<u>\$216,552.00</u>	
<p>Please provide below, a breakdown of the Project by Deliverables and Tasks. The table should closely match the Deliverables and funds listed in Attachment A of your Agreement.</p> <p>Leverage Funds Instructions:</p> <ul style="list-style-type: none"> - Funds have to be used FIRST if funding is obtained through a Government entity (DEP, FEMA...) - Funds can be spread out by Deliverables for other fundings. They will still need to be used FIRST for that specific Deliverable. 				
<u>Tasks</u>	<u>Description</u>	<u>CDBG-MIT Funding</u>	<u>Leverage Funding</u>	<u>Total</u>
<u>Deliverable #1: Construction</u>		<u>\$216,552.00</u>	<u>\$0</u>	<u>\$216,552.00</u>
<u>1</u>	<u>Obtain appropriate permitting</u>			
<u>2</u>	<u>Purchase, install, remove, and properly dispose of 43 exterior windows and replace with new</u>			

	<u>insulated/impact glazing system doors and windows of like dimensions and in compliance with Florida Building Codes standards and local and state building codes.</u>			
<u>3</u>	<u>Repair affected areas resulting from B.2. above by applying molding, patching interior drywall and sils, and repair exterior stucco walls and touch up paint.</u>			
Total Project Cost		\$	\$0	\$

* Sources of Leverage Funds	Amount
<u>1.</u>	

*** Leverage Funding will have to be used FIRST. Please provide documentation of Leverage being specifically allocated to THIS project.**

Submitted by: _____ Date _____

JUSTIFICATION:
Please provide below a brief summary of why a revised Attachment B is being submitted

Exhibit D — Activity Work Plan

Subrecipient _____ Activity _____ Project Budget: _____
 Agreement Number: _____ Date Prepared: _____ Modification Number: _____

Start Date (month/year)	End Date (month/year)	Describe Proposed Action to be Completed by the "End Date."	Estimated Units to be Completed by the "End Date"	Estimated Funds to be Requested by the "End Date"
—	—	—	—	—
—	—	—	—	—
—	—	—	—	—
—	—	—	—	—
—	—	—	—	—
—	—	—	—	—
—	—	—	—	—

—	—	—	—	—
—	—	—	—	—
—	—	—	—	—

I hereby certify the above information is true and accurate.

Name:

Signature:

Title:

Your typed name here represents your electronic signature

Exhibit D – Activity Work Plan

CDBG-MIT Program:	Critical Facility Hardening Program (CFHP)	Version No.:	
Subrecipient:		County:	Collier
Project Name:		MID Area:	State-MID
Agreement No:	I0162	National Objective:	LMA
Period of Agreement:		Commerce Award:	\$216,552.00
		Leverage Funding:	\$0
		Total Project Budget:	\$216,552.00

Please provide below, a breakdown of the Project by Deliverables and Tasks. The table should closely match the Deliverables and funds listed in Attachment A of your Agreement. List ONLY the Estimated Funds that will be requested as detailed in your Agreement.

Please DO NOT list the breakdown or usage of Leverage Funds. Attachment B will be used to document Leverage Funding usage.

TIMELINE * – Current/anticipated progress		Deliverable(s) and/or Task(s) Description	PROJECTION ** – Funds reimbursement request		
Actual / Anticipate d Start Date	Actual / Anticipate d End Date		Estimated Reimbursed Funds	Estimated Request Date	
		Deliverable 1 Tasks 1	Construction: <i>Obtain Appropriate Permitting</i>		
		Deliverable 1 Tasks 2	Construction: <i>Purchase, Install, Remove, and Properly Dispose of 43 Windows and Replace with new insulated/impact glazing system windows with like</i>		

			<i>dimensions and in compliance with Florida Building Codes and Local, State, and Federal codes.</i>		
		Deliverable 1 Tasks 3	Construction: Repair affected areas resulting from removal/installation by applying molding, patching interior drywall and sills, and repair exterior stucco walls and touch up paint.		
Total Period of performance:					
⇔					

JUSTIFICATION:
Please provide below a brief summary of why a revised Attachment C is being submitted

Submitted by: _____ Date: _____

* Actual Date supersede Anticipated date.
** Actual Date and Reimbursed supersede Anticipated date.
Highlight section Green when Reimbursement has ACTUALLY been made/processed, or task completed.

Ron DeSantis
GOVERNOR



Dane Eagle
SECRETARY

EXHIBIT E
CDBG-MIT Grant
Monthly Progress Report

Grant No. — Sub. Name:				
Project Title:				
Funding Awarded:				
Agreement Period:				
Primary Points of Contact Information:		Grant Manager name GM Phone # / GM email DEO — Office of Long Term Resiliency	Primary project manager Phone# / Email Title	
Activity Reporting Period: Month Year				
<i>An update of this report shall be submitted to DEO ten (10) calendar days after the end of each month.</i>				
Section One — Financial Data:				
	Amount	Funds used this period	Funds used to date	Balance Remaining
Leverage Funds (A)				
CDBG-MIT Funds (B)				
TOTAL Project Funds (A+B)				
Section Two — Accomplishments within the Past Month:				

Section Three — Issues or risks that have been faced with resolutions:		
Section Four — Projected activities to be completed within the following Month:		
Section Five — Required Submissions:		
❖ Attachment B — Project Budget ➤ Has the Project Budget changed? ➤ If answered "Yes", please submit the Revised Attachment B .	Yes <input type="checkbox"/>	No <input type="checkbox"/>
❖ Attachment C — Activity Work Plan ➤ Has the Activity Work Plan changed? ➤ If answered "Yes", please submit the Revised Attachment C .	Yes <input type="checkbox"/>	No <input type="checkbox"/>
❖ Timeline (Milestones) for Implementation ➤ Has the Timeline changed? ➤ If answered "Yes", please submit the Detailed Timeline (Milestones) .	Yes <input type="checkbox"/>	No <input type="checkbox"/>
❖ Staffing Plan ➤ Were there any Staffing changes? ➤ If answered "Yes", please submit the Revised Staffing Plan which will include the Revised Org Chart and Updated names and Job descriptions .	Yes <input type="checkbox"/>	No <input type="checkbox"/>
❖ Equipment Transfer/Disposal ➤ Were there Equipment Transferred/Disposed? ➤ If answered "Yes", please request a copy of the Equipment Transfer/Disposal Form and disposition instructions from your grant Manager. Complete and submit the Equipment Transfer/Disposal form .	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>This report was prepared by:</i>	Signature and date:	

EXHIBIT E – CDBG-MIT Monthly Progress Report (MPR)

Grant No. – Sub. Name:	MT000 – City of Anywhere			
Project Title:	General Infrastructure Project			
Funding Awarded:	\$0,000,000.00			
Agreement Period:	01/10/2021 – 01/09/2025			
Primary Points of Contact Information:	<i>Grant Manager name GM Phone # / GM email Office of Long-Term Resiliency</i>		<i>Primary project manager Phone# / Email Title</i>	
Activity Reporting Period: MARCH 2024				
<i>An update of this report shall be submitted to FloridaCommerce ten (10) calendar days after the end of each month.</i>				
Section One – Financial Data:				
	Amount	Funds used this period	Funds used to date	Balance Remaining
Leverage Funds (A) *				
CDBG-MIT Funds (B)				
TOTAL Project Funds (A+B)				
<p>* PLEASE SUBMIT COPIES OF SUPPORTING DOCUMENTATION FOR LEVERAGE FUNDS USED TO YOUR GRANT MANAGER ON A MONTHLY BASIS.</p> <p><u>Please include the date the first/next invoice will be submitted for this project and the amount of the invoice:</u></p> <p style="text-align: center;">Date: _____ Amount \$ _____</p>				
Section Two – Accomplishments within the Past Month:				

A narrative MUST be included

Section Three – Issues or risks that have been faced with resolutions:

Section Four – Projected activities to be completed within the following Month:

A narrative MUST be included.

Section Five – Required Submissions:

<ul style="list-style-type: none"> ❖ Attachment B - Project Budget <ul style="list-style-type: none"> ➤ <u>Has the Project Budget changed?</u> ➤ <u>If answered "Yes", please submit:</u> <ul style="list-style-type: none"> ◆ <u>The Revised Attachment B for review and approval.</u> ◆ <u>The explanation for the change.</u> 	<u>Yes</u> <input type="checkbox"/>	<u>No</u> <input type="checkbox"/>
<ul style="list-style-type: none"> ❖ Attachment C - Activity Work Plan <ul style="list-style-type: none"> ➤ <u>Has the Activity Work Plan/Project Timeline changed?</u> ➤ <u>If answered "Yes", please submit:</u> <ul style="list-style-type: none"> ◆ <u>The Revised Attachment C for review and approval.</u> ◆ <u>The explanation for the change.</u> 	<u>Yes</u> <input type="checkbox"/>	<u>No</u> <input type="checkbox"/>
<ul style="list-style-type: none"> ❖ Staffing Plan <ul style="list-style-type: none"> ➤ <u>Were there any Staffing changes?</u> ➤ <u>If answered "Yes", please submit the Revised Staffing Plan which will include the Revised Org Chart and Updated names and Job descriptions.</u> 	<u>Yes</u> <input type="checkbox"/>	<u>No</u> <input type="checkbox"/>

<p>❖ Equipment Transfer/Disposal and Tracking <i>(If Construction is part of the Project)</i></p> <ul style="list-style-type: none"> ➤ <u>Were there Equipment Transferred/Disposed?</u> <ul style="list-style-type: none"> ➤ <i>If answered "Yes", please request a copy of the Equipment Transfer/Disposal Form and disposition instructions from your grant Manager. Complete and submit the Equipment Transfer/Disposal form.</i> ➤ <u>Any Equipment purchased specifically for this project?</u> <ul style="list-style-type: none"> ➤ <i>If answered "Yes", please submit an up-to-date Equipment Inventory Tracking Log listing the current equipment inventory, equipment service dates, etc. for monitoring purposes.</i> 	<p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>❖ Environmental Review</p> <ul style="list-style-type: none"> ➤ <u>Is FULL Environmental Review completed and Approved?</u> <ul style="list-style-type: none"> ➤ <i>If "Yes", please provide the AUGF (HUD 7015.16) Commerce's execution (signed) date on the bottom.</i> AUGF Date: _____ ➤ <i>If "No", please explain where you are in the environmental process:</i> ➤ <u>Was the AUGF issued with "Special Conditions"?</u> <ul style="list-style-type: none"> ➤ <i>If "Yes", have the Special Conditions been fulfilled?</i> ➤ <i>If "No", please provide the estimated date the Special Conditions will be fulfilled (MUST be completed PRIOR to beginning of Constructions):</i> Date: _____ 	<p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>Section Six – Construction/Plan Updates: (APPLIES to ALL MIT Agreements)</p>		
<ul style="list-style-type: none"> ➤ <u>Have you started Construction (CFHP/GIP) or Plan Development (GPS)?</u> <ul style="list-style-type: none"> ➤ <i>If "No", please provide Estimated Construction Start Date below</i> Date: _____ ➤ <i>If answered "Yes", please answer next 3 questions.</i> 	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<ul style="list-style-type: none"> ➤ <u>Percentage of Overall Construction/Plan CURRENTLY completed? (Approximate)</u> 	<p>_____ %</p>	

> Percentage of Overall Construction/Plan EXPECTED to be completed next month? (Approximate)	_____ %	
> Have you provided 3 to 5 photos showing Construction or Planning Activities (Outreach meetings, etc....) progress for this month? – <i>If not, please attach photos to this report.</i> > Please remember to submit, 3 to 5 different photos each month showing Construction progress.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
> Is Construction being split into Phases? > <i>If "No", please continue to next question.</i> <i>If answered "Yes", please list how many phases are being procured for and the date construction was started or anticipated to start?</i> _____ Phase 1: _____ Title _____ Construction Start Date (anticipated) Phase 2: _____ Title _____ Construction Start Date (anticipated)		
<i>This report was prepared by:</i>	Signature and date:	



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ov

EXHIBIT F

CONTRACTORS' MONTHLY COMPLIANCE FORM — SECTION 3

Every month, Contractor and all subcontractor(s) must sign, date, and deliver this form to the Grant Coordinator.

Project Name _____

Project Location _____

For the Month of _____

I. Hiring

- I have NOT hired any new employees during the month specified.
- I have hired ___ Section 3 employees, and/or ___ non-Section 3 employees during the month.

II. Recruitment

- I have advertised to fill vacancy(ies) at the site(s) where work is taking place, in connection with this project. Below, I have checked the steps I have taken to find Section 3 low-income residents, from the targeted groups and neighborhoods, to fill any vacancies.
- Placed signs or posters in prominent places at project site(s).
- Taken photographs of the above item to document that the above step was carried out.
- Distributed employment flyers to the administrative office of the local Public Housing Authority.
- Kept a log of all applicants and indicated reasons why Section 3 residents who applied were not hired.
- Retained copies of any employment applications completed by Section 3 residents.

III. Verification

- I have attached proof of all checked items.

I hereby certify that the above information is true and correct.

Date _____

Signature _____

Title _____

Business _____



Florida Department of Economic Opportunity | Caldwell Building | 107 E. Madison Street | Tallahassee, FL 32309
850.245.7405 | www.FloridaJobs.org





Office of Long-Term Resiliency

QPR - Section Six

CDBG-MIT

Public Facilities and Improvements - Non-Covered

Program:	CDBG-MIT Critical Facility Hardening Program (CFHP)		
Name of Subrecipient:	Collier County		
Project Name:	Marlon E. Fether Medical Center Hardening		
Agreement Number:	I0162		
Year:		Quarter:	

Section 3 Accomplishments

Performance Measure	Projected Total	This Quarter	Total To Date
# of Section 3 Labor Hours			
# of Targeted Section 3 Labor Hours			
# of Total Labor Hours			
Qualitative Section 3 Efforts	None to report this quarter		

Project Accomplishments

Performance Measure	Projected Total	This Quarter	Total To Date
# acres of newly added or improved green space			
# acres of wetlands created			
# cubic feet of stormwater storage added			
% decrease in affluent discharged			
% decrease in area inundated by flooding			
% decrease in disruption hours to residents and			
% decrease in NFIP CRS score			
% decrease in road closures in target area during a flood			
% decrease water surface elevation level during a flood			
\$ estimated flood loss avoidance			
\$ Funds allocated for water management/flood			
\$ Funds allocated for water-quality improvements			
% Increase in acres of cropland protected from flooding			
% Increase in groundwater infiltration			
% Increase in number of acres converted to open space			
% Increase in pumping capacity			
# linear feet of streams restored			
# occupied structures in floodplain			
# of acres green infrastructure created			
# of acres green space created			
# of acres green space preserved			
# of acres no longer vulnerable to flood events			
# of acres of native vegetation planted			
# of acres with improved multiple hazard risk mapping			
# of brownfield acres converted to wetland			
# of buildings (non-residential)			
# of containment systems constructed			
# of Elevated Structures			

# of fewer outages of critical facilities and utilities			
# of green infrastructure projects constructed			
# of greenspace users			
# of Linear feet of Public Improvement			
# of Linear Feet of Sewer Lines			
# of linear feet of shoreline restored			
# of linear feet of stream restored			
# of linear feet of trails constructed			
# of Linear Feet of Water Lines			
# of Linear miles of Public Improvement			
# of Non-business Organizations benefitting			

Performance Measure	Projected Total	This Quarter	Total To Date
# of non-invasive species trees planted on project sites			
# of properties protected from future flooding			
# of properties with access above 100-yr flood level			
# of public facilities			
# of pump stations repaired/replaced			
# of reduced hours streets are flooded			
# of residents protected from future flooding			
# of small water retention devices/systems installed			
# of storm water projects implemented			
# of vacant lots repurposed			
# of water control structures repaired/replaced			
% reduction in emergency maintenance costs			
% reduction in energy costs			
% reduction in loss of service			
% reduction of sanitary sewer overflows			
% reduction of watershed nitrate loading			
% reduction of water surface elevation level			

Beneficiaries

Performance Measure	Projected Total	Projected Low	Projected Mod	Quarter Total	Total to Date
# of structures hardened against future flood events					

Date Prepared:	
Prepared By:	

Ron DeSantis
GOVERNOR



Dane Eagle
SECRETARY

**EXHIBIT H
CDBG-MIT
QUARTERLY PROGRAM REPORT**

Grant No. — Sub. Name:				
Project Title:				
Funding Awarded:				
Agreement Period:				
Primary Points of Contact Information:		Grant Manager name GM Phone # / GM email DEO — Office of Long Term Resiliency	Primary project manager Phone# / Email Title	
Activity Reporting Period: QUARTER YEAR				
<i>An update of this report shall be submitted to DEO ten (10) calendar days after the end of each month.</i>				
Section One — Financial Data:				
	Amount	Funds used this period	Funds used to date	Balance Remaining
Leverage Funds (A)				
CDBG-MIT Funds (B)				
TOTAL Project Funds (A+B)				
Section Two — Accomplishments within the Past Quarter:				
Section Three — Issues or risks that have been faced with resolutions:				

Section Four — Projected activities to be completed within the following Quarter:

Section Five — Required Submissions (Attachments—A(3)(M), D(18), E(5), F) †

❖ **Staffing Plan**

➤ Were there any Staffing changes since last Quarter?

➤ If answered "Yes", please submit the **Updated Org. Chart**.

Yes

No

❖ **Fair Housing** (Attachment F)

➤ Do you Certify that Subrecipient Name will "affirmatively further fair housing" in its community?

➤ Submit with this Report a copy of the Subrecipient's fair housing resolution or ordinance.

➤ Submit, in the box below, the **name and contact information** of the Subrecipient's Fair Housing Coordinator.

➤ Provide a copy of the published Fair Housing Coordinator's contact information from the newspaper where listed OR provide, in the box below, the email address for the home page of the Subrecipient's website.

➤ Establish a system (spreadsheet) to log all fair housing calls and submit to DEO GM on a quarterly basis.

➤ Submit to DEO GM support documentation (as proof) for fair housing activities conducted each quarter.

➤ Submit to DEO GM a copy of the fair housing poster displayed in the Subrecipient's office each quarter.

-Subrecipient shall document its fair housing activities by keeping photographs, newspaper articles, sign-in sheets and copies of handouts in their GDBG-MIT project file and include information about the activities in the comment section of each QPR.

Yes

This is a condition for receipt of GDBG-MIT funds.

<p>➤ Name and contact information of Subrecipient's Fair Housing Coordinator:</p> <p>➤ <i>Email address for the Subrecipient's website home page.</i></p>		
<p>❖ Equal Employment Opportunity (EEO) (Attachment F)</p> <p>➤ Do you Certify that Subrecipient Name and the contractors, subcontractors, subrecipients and consultants that it hires with CDBG-MIT funds will abide by the Equal Employment Opportunity (EEO) Laws of the United States?</p> <p>➤ <i>Submit with this Report a copy of the Surecipient's EEO resolution or ordinance.</i></p> <p>➤ <i>Submit, in the box below, the name and contact information of the EEO Coordinator.</i></p> <p>➤ <i>Provide a copy of the published EEO Coordinator's contact information from the newspaper where listed OR provide, in the box below, the email address for the Subrecipient's website home page.</i></p> <p>➤ <i>Establish a system (spreadsheet) to log all EEO calls and submit to DEO GM on a quarterly basis.</i></p> <p>➤ <i>Submit to DEO GM the list of certified minority owned business enterprises (MBE) and women owned business enterprises (WBE) that the Subrecipient uses to solicit bids on CDBG-MIT funded construction activities.</i></p> <p>➤ <i>The Subrecipient will keep all EEO information in their CDBG-MIT project file as well as submitting the information on a quarterly basis in the QPR.</i></p>	<p>Yes <input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>This is a condition for receipt of CDBG-MIT funds.</p>
<p>➤ Name and contact information of Subrecipient's EEO Coordinator:</p> <p>➤ Email address for the home page of the Sub-Recipient's website.</p>		

<p>❖ Section 504 and the Americans with Disabilities Act (ADA) (Attachment F)</p> <p>➤ Do you Certify that Subrecipient Name provides access to all federally funded activities to all individuals, regardless of handicap?</p> <p>➤ <i>Submit with this Report a copy of the Subrecipient's Section 504/ADA resolution or ordinance.</i></p> <p>➤ <i>Submit, in the box below, the name and contact information of the Section 504/ADA Coordinator.</i></p> <p>➤ <i>Provide a copy of the published Section 504/ADA Coordinator's contact information from the newspaper where listed OR provide, in the box below, the email address for the Subrecipient website home page.</i></p> <p>➤ <i>Establish a system (spreadsheet) to log all Section 504/ADA calls and submit to DEO GM on a quarterly basis.</i></p> <p>➤ <i>The Subrecipient will keep all Section 504/ADA information in their CDBG-MIT project file as well as submitting the information on a quarterly basis in the QPR.</i></p>	<p>YES <input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>This is a condition for receipt of CDBG-MIT funds.</p>
<p>➤ Name and contact information of Subrecipient's Section 504/ADA Coordinator:</p> <p>➤ <i>Email address for the home page of the Sub-Recipient's website.</i></p>		

<p>❖ Section 3 (Attachments F, G(6))</p> <p>➤ Did Subrecipient Name and the contractors, subcontractors, subrecipients and consultants that it hires, hire qualified low- and moderate-income residents for any job openings that exist on CDBG-MIT-funded projects in the community?</p> <p>➤ If answered "Yes", please submit a report addressing the following:</p> <ul style="list-style-type: none"> • The total number of labor hours worked. • The total number of labor hours worked by Section 3 workers. • The total number of labor hours worked by Targeted Section 3 workers. <p>➤ If Section 3 benchmarks are not met, the subrecipient's qualitative efforts must be reported in a manner required by 24 CFR §75.25(b).</p>	<p>Yes <input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>❖ Construction Documentation (If Construction is part of the Project)</p> <p>➤ Is FULL Environmental Review completed and Approved?</p> <p>➤ If answered "Yes", please take photographs or video of all activity locations <u>prior</u> to initiating any construction and submit with your QPR. As the construction progresses, additional photography or videography shall document the <u>ongoing</u> improvements and be submitted quarterly.</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>❖ Equipment Tracking (If Construction is part of the Project)</p> <p>➤ Any Equipment purchased specifically for this project?</p> <p>➤ If answered "Yes", please submit an up-to-date Equipment Inventory Tracking Log listing the current equipment inventory, equipment service dates, etc. for monitoring purposes.</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>❖ Estimated construction start date</p>	<p>MM/DD/YYYY</p>	<p style="background-color: #cccccc;"></p>
<p>❖ Estimated expenditure start date</p> <p>➤ Date Sub. is estimating submission of 1st Invoice to DEO:</p>	<p>MM/DD/YYYY</p>	<p style="background-color: #cccccc;"></p>
<p><i>This report was prepared by:</i></p>	<p>Signature and date:</p>	

EXHIBIT H - CDBG-MIT Quarterly Progress Report (QPR)

Grant No. - Sub. Name:	MT000 - City of Anywhere			
Project Title:	General Infrastructure Project			
Funding Awarded:	\$0,000,000.00			
Agreement Period:	01/10/2021 - 01/09/2025			
Primary Points of Contact Information:	<i>Grant Manager name</i> <i>GM Phone # / GM email</i> <i>Office of Long-Term Resiliency</i>		<i>Primary project manager</i> <i>Phone# / Email</i> <i>Title</i>	
Activity Reporting Period:				
<i>An update of this report shall be submitted to FloridaCommerce ten (10) calendar days after the end of each quarter.</i>				
Section One - Financial Data:				
	Amount	Funds used this period	Funds used to date	Balance Remaining
Leverage Funds (A) *				
CDBG-MIT Funds (B)				
TOTAL Project Funds (A+B)				
* PLEASE SUBMIT COPIES OF SUPPORTING DOCUMENTATION FOR LEVERAGE FUNDS USED TO YOUR GRANT MANAGER ON A MONTHLY BASIS.				
❖ Estimated date of first/next invoice and amount:				
DATE: _____ AMOUNT: \$ _____				
Section Two - Accomplishments within the Past Quarter:				

A narrative MUST be included

Section Three – Issues or risks moving project forward (if any):

Section Four – Projected activities to be completed within the following Quarter:

A narrative MUST be included.

Section Five – Environmental Review Status:

<p>➤ <u>Is FLL Environmental Review completed and Approved?</u></p> <p>➤ <i>If "Yes", please provide the AUGF (HUD 7015.16) Commerce's execution (signed) date on the bottom.</i></p> <p>AUGF Date: _____</p> <p>➤ <i>If "No", please explain where you are in the environmental process:</i></p> <p>➤ <u>Was the AUGF issued with "Special Conditions"?</u></p> <p>➤ <i>If "Yes", have the Special Conditions been fulfilled?</i></p> <p>➤ <i>If "No", please provide the estimated date the Special Conditions will be fulfilled (MUST be completed PRIOR to beginning of Constructions):</i></p> <p>Date: _____</p> <p>➤ <u>Estimated construction start date:</u></p> <p>_____</p> <p>➤ <u>Percentage of construction complete:</u> _____ %</p>	<p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
---	---	--

Section Six – Section 3 Reporting (Attachments F, G(6)):

Only provide hours relevant to the current reporting period/quarter.

➤ Name and contact information (phone number and email address) of the Sub-Recipient's Section 3 Coordinator:

<u>Total # Section 3 Labor Hours:</u>	<u>Total # Targeted Section 3 labor hours:</u>	<u>Total # labor hours:</u>
_____ HRS	_____ HRS	_____ HRS

<p>➤ <u>Did the Subrecipient Name meet the required benchmark of 25% Section 3 labor hours and 5% Targeted Section 3 labor hours?</u></p> <p>➤ <i><u>If answered "No", please provide a list of qualitative 'best efforts' made during this quarter as an attachment. Examples of best efforts can be found in 24 CFR 75.15(b).</u></i></p>	<p><u>Yes</u> <input type="checkbox"/></p>	<p><u>No</u> <input type="checkbox"/></p>
<p><u>This report was prepared by:</u></p>	<p><u>Signature of Subrecipient Staff and date:</u></p>	

EXHIBIT I
COLLIER COUNTY COMMUNITY & HUMAN SERVICES
WHISTLEBLOWER PROTECTIONS CERTIFICATION

SUBRECIPIENT Name:

SUBRECIPIENT Address:

Project Name:

Project No:

In accordance with 41 U.S.C. § 4712, SUBRECIPIENT may not discharge, demote, or otherwise discriminate against an employee in reprisal for disclosing to any of the list of persons or entities provided below, information that the employee reasonably believes is evidence of gross mismanagement of a federal contract or grant, a gross waste of federal funds, an abuse of authority relating to a federal contract or grants, a substantial and specific danger to public health or safety, or a violation of law, rule, or regulation related to a federal contract (including the competition for or negotiation of a contract) or grant.

The list of persons and entities referenced in the paragraph above includes the following:

- A member of Congress or a representative of a committee of Congress
- An Inspector General
- The Government Accountability Office
- A Treasury employee responsible for contract or grant oversight or management
- An authorized official of the Department of Justice or other law enforcement agency
- A court or grand jury
- A management official or other employee of SUBRECIPIENT, contractor, or subcontractor who has the responsibility to investigate, discover, or address misconduct

SUBRECIPIENT shall inform its employees in writing of whistleblower rights and remedies provided under section 41 U.S.C. § 4712, in the predominant native language of the workforce.

I certify that (insert subrecipient name here)
will comply with all whistleblower rights and
protections for its employees.

Name: Krisen Singh

Signature: 

Title: Construction Administrator

Your typed name here represents your electronic signature