

**Lee County Board Of County Commissioners
Agenda Item Summary**

Blue Sheet No. 20060191

1. ACTION REQUESTED/PURPOSE:

Approve and sign a contract amendment between Lee County Board of County Commissioners and Florida's Department of Community Affairs for Lee County to receive \$12,072 in Community Services Block Grant (CSBG) carryover funds from FY 2004-05.

2. WHAT ACTION ACCOMPLISHES:

Provides for a total of \$215,870 for case management, vocational training and supportive and emergency services to facilitate economic self-sufficiency for eligible Lee County households.

3. MANAGEMENT RECOMMENDATION: Approve a contract amendment with Florida's Department of Community Affairs in order to receive FY 2004-05 carryover funds from CSBG funding.

4. Departmental Category: 05

CSA

5. Meeting Date:

02-28-2006

6. Agenda:

- Consent
- Administrative
- Appeals
- Public
- Walk-On

7. Requirement/Purpose: (specify)

- Statute
- Ordinance
- Admin. Code
- Other

8. Request Initiated:

Commissioner _____
Department Human Services
Division _____
By: Susan Oliver, Program Manager

Susan Oliver

9. Background: On August 2, 2005, the BoCC approved a contract with the Department of Community Affairs to receive \$203,798 in Community Services Block Grant (CSBG) funds. CSBG funds will provide low income households with case management and supportive services to facilitate economic self-sufficiency. To qualify the household must have income levels below 125% of the federal poverty level and be willing to engage in vocational training and placement activities or need emergency services. This contract amendment will allow the original allocation to be increased by \$12,072 due to the carry-over of unexpended FY 2004-05 CSBG funds. The contract requires 20% match, of which at least two percent must be cash. Existing salaries and fringe benefits will be used for the in-kind match. A cash match of \$4,320 was approved for the Department of Human Services during the FY06 budget process.

Attachments: Amended Agreement (3 originals)
Budget Amendment Resolution

10. Review for Scheduling:

Department Director	Purchasing or Contracts	Human Resources	Other	County Attorney	Budget Services				County Manager/P.W. Director
					Analyst	Risk	Grants	Mgr.	
<i>[Signature]</i>	N/A	N/A	N/A		AK 2/16	2/16/06	2/16/06	2/16/06	

11. Commission Action:

- Approved
- Deferred
- Denied
- Other

Rec. by CoAtty
 Date: 2/16/06
 Time: 11:00
 Forwarded To:

RECEIVED BY
 COUNTY ADMIN
 2-16-06
 COUNTY ADMIN
 FORWARDED TO:

RESOLUTION

Amending the General Fund #00100 Budget for unanticipated receipts into Estimated Revenues and Appropriations for Fiscal Year 2005-2006.

WHEREAS, in compliance with the Florida Statutes 129.06(2), it is the desire of the Board of County Commissioners of Lee County, Florida, to amend the General Fund #00100 budget for \$12,072 of unanticipated receipts from CSBG reimbursement proceeds and an appropriation of a like amount for other grants and aid;

WHEREAS, the General Fund #00100 budget shall be amended to include the following amounts which were previously not included.

ESTIMATED REVENUES		
Prior Total:		\$530,756,665
Additions		
11080900100.331540.9013	CSBG Reimbursement	\$12,072
Amended Total Estimated Revenues		\$530,768,737

APPROPRIATIONS		
Prior Total:		\$530,756,665
Additions		
11080900100.508309.130	Other Grants and Aid	\$12,072
Amended Total Appropriations		\$530,768,737

NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Lee County, Florida, that the General Fund #00100 budget is hereby amended to show the above additions to its Estimated Revenue and Appropriation accounts.

Duly voted upon and adopted in Chambers at a regular Public Hearing by the Board of County Commissioners on this ____ day of _____, 2006.

ATTEST:
CHARLIE GREEN, EX-OFFICIO CLERK

BOARD OF COUNTY COMMISSIONERS
LEE COUNTY, FLORIDA

BY: _____
DEPUTY CLERK

CHAIRWOMAN

APPROVED AS TO FORM

OFFICE OF COUNTY ATTORNEY

DOC TYPE YA
LEDGER TYPE BA

MODIFICATION OF AGREEMENT
BETWEEN
FLORIDA DEPARTMENT OF COMMUNITY AFFAIRS
AND
Lee County Board of County Commissioners

This Modification is made and entered into by and between the State of Florida, Department of Community Affairs, ("the Department"), and the Lee County Board of County Commissioners ("Recipient") to modify DCA Contract Number 06SB-5N-09-46-01-015 , ("the Agreement").

WHEREAS, the Department and the Recipient have entered into the Agreement, pursuant to which the Department provided a grant of \$ 203,798 to Recipient; and

NOW, THEREFORE, in consideration of the mutual promises of the parties contained herein, the parties agree as follows:

1. Paragraph (17)(a) Funding/Consideration is hereby modified to read as follows:

"This is a cost-reimbursement Agreement. The Recipient shall be reimbursed for costs incurred in the satisfactory performance of work hereunder in an amount not to exceed \$215,870 subject to the availability of funds and appropriate budget authority." The Recipient is authorized to incur costs in an amount not to exceed \$179,172 until further notification is received. As funds and budget authority are available, changes to the costs the Recipient may incur will be accomplished by notice from the Department to the Recipient, in the form of certified mail, return receipt requested, to the Recipient's contact person identified in Attachment A, Recipient Information. The terms of the Agreement shall be considered to have been modified to allow the Recipient to incur additional costs upon the Recipient's receipt of the written notice from the Department." This revised contract amount includes:

- A. \$ 203,798 Current FFY 2005-2006 CSBG contract allocation
- B. +\$ 12,072 Carryover Funds from FFY 2004-2005

2. If applicable, Attachment A, Recipient Information, Attachment B-1, Budget Summary, Attachment B-2, Sub-Recipient Information, Attachment B-3, Budget Detail and Attachment B-4, Secondary Administration are hereby deleted in their entirety and replaced with amended Attachment A, Recipient Information, amended Attachment B-1, Budget Summary, amended Attachment B-2, Sub-Recipient Information, amended Attachment B-3 , Budget Detail and amended Attachment B-4, Secondary Administration as attached hereto and incorporated herein by reference.

3. All provisions of the Agreement being modified and any attachments thereto in conflict with this Modification shall be and are hereby changed to conform with this Modification, effective as of the date of the last execution of this Modification by both parties.
4. All provisions not in conflict with this Modification remain in full force and effect, and are to be performed at the level specified in the Agreement.

RECIPIENT

STATE OF FLORIDA

By: _____
Name

By: _____

Title

Kimball Love, Director
Division of Housing and Community Development

Date: _____

Date: _____

59-6000702

Federal Identification Number

**CSBG MODIFICATION
AMMENDED ATTACHMENT A
RECIPIENT INFORMATION**

FEDERAL FISCAL YEAR: 2005-2006 CONTRACT PERIOD: September 30, 2005 TO September 30, 2006

FOR DCA USE ONLY

DATE RECEIVED: _____ REVISION(S) REC'D: _____ / _____ / DCA CONSULTANT: _____

I. RECIPIENT CATEGORY: () Non-Profit (X) Local Government () Tribal Government

II. RECIPIENT FISCAL YEAR: From 10/01/05 to 09/30/06

III. COUNTIES TO BE SERVED WITH THESE FUNDS::

1. Lee 2. _____ 3. _____ 4. _____ 5. _____
6. _____ 7. _____ 8. _____ 9. _____ 10. _____

IV. GENERAL ADMINISTRATIVE INFORMATION

a. Name of Recipient: Lee County Board of County Commissioners

b. Address: Department of Human Services, 2440 Thompson Street

City: Fort Myers, FL Zip Code 33901 County Lee

Telephone: (239) 533-7930 Fax: (239) 533-7960

E-Mail Address: oliversl@leegov.com

c. Mailing Address (if different from above):

Address: Same

City: _____, FL Zip Code _____ County _____

d. Chief Elected Official (for local governments) or President/ Chairman of Board :

Name: Tammara Hall Title: Chairwoman

Mailing Address (Home or Business other than Recipient's)

Address: P.O. Box #398

City: Fort Myers, FL Zip Code 33902

Telephone: (239) 335-2226 Fax: (239) 477-2054

E-Mail Address: dist4@leegov.com

e. Official to Receive State Warrant:

Name: Barbara Hollis Title: Fiscal Manager

Address: 2440 Thompson Street

City: Fort Myers, FL Zip Code 33901

Telephone: (239) 533-7923 Fax: (239) 533-7960

E-Mail Address: hollisbj@leegov.com

f. Contact Person: Susan Oliver

Address: 2440 Thompson Street

City: Fort Myers, FL Zip Code 33901

Telephone: (239) 533-7916 Fax: (239) 533-7960

E-Mail Address: oliversl@leegov.com

g. Name and title of person(s) authorized to sign fiscal reports:

1. Barbara Hollis Title Fiscal Manager

2. Susan Oliver Title Program Manager

h. Federal Identification Number: 59-60000702

V. SUB-RECIPIENT INFORMATION

These funds will be transferred to one or more Sub-Recipients: Yes () No (X) For each Sub-Recipient, attach a copy of Attachment B-2, Sub-Recipient Information.

**CSBG MODIFICATION
AMENDED ATTACHMENT B-1
BUDGET SUMMARY**

Recipient: Lee County Board of County Commissioners

REVENUE SOURCES	PERCENT	MATCH	TOTAL AMOUNT	NOTES:	
1. CSBG Grant Funds			\$215,870	Round all figures up to the nearest dollar. Provide a minimum of 2% - Cash Match 20% - Total Match Do not under match. 1.99% Cash Match is unacceptable. Match amounts must agree with the amended totals reflected on the Modification Cover Page.	
2. Cash Match	2.00%	\$4,320			
3. In-Kind Match	18.35%	\$39,603			
4. TOTAL MATCH (Line 2 + Line 3)	20.35%		\$43,923		
5. TOTAL FUNDS (Line 1 + Line 4)			\$259,793		
A CSBG FUNDS ONLY EXPENSE CATEGORY	B Last Approved CSBG Budget	C Proposed Budget** Amount	D 2003-04 Carryover Amount	E Total CSBG Funds (Col. C+D)	F Cash and in-kind Match
TOTAL CSBG FUNDS	\$203,798	\$203,798	\$12,072	\$215,870	\$43,923
ADMINISTRATIVE					
6. RECIPIENT (Salaries+Fringe,Rent, Utilities, Travel, Other)	\$0	\$0	\$0	\$0	\$0
7. SUB-RECIPIENT (Salaries+Fringe,Rent, Utilities, Travel, Other)					
8. TOTAL ADMINISTRATIVE (Line 6 + Line 7) See footnote*	\$0	\$0	\$0	\$0	\$0
9. ADMINISTRATIVE EXPENSE PERCENT [(Cell 8C divided by cell 16C) x 100]			VALUE IN CELL 8C MAY NOT EXCEED 15% OF CELL 18C		
PROGRAM					
10. RECIPIENT DIRECT CLIENT ASSISTANCE	\$160,955	\$160,955	\$12,072	\$173,027	\$4,320
11. RECIPIENT OTHER PROGRAM EXPENSES (Salaries+Fringe,Rent, Utilities, Travel, Other)	\$42,843	\$42,843	\$0	\$42,843	\$39,603
12. SUBTOTAL RECIPIENT PROGRAM EXPENSES (Line 10 + 12)	\$203,798	\$203,798	\$12,072	\$215,870	\$43,923
13. SUB-RECIPIENT DIRECT CLIENT ASSISTANCE EXPENSES	\$0	\$0	\$0	\$0	\$0
14. SUB-RECIPIENT OTHER PROGRAM EXPENSES (Salaries+Fringe,Rent, Utilities, Travel, Other)	\$0	\$0	\$0	\$0	\$0
15. SUBTOTAL SUB-RECIPIENT PROGRAM EXPENSES (Line 14 + Line 15)	\$0	\$0	\$0	\$0	\$0
16. TOTAL PROGRAM (Line 12 + Line 15)	\$203,798	\$203,798	\$12,072	\$215,870	\$43,923
17. SECONDARY ADMINISTRATIVE EXPENSES	\$0	\$0	\$0	\$0	\$0
18. GRAND TOTAL EXPENSE: (Line 8 + Line 16 + Line 17)	\$203,798	\$203,798	\$12,072	\$215,870	\$259,793

*THE AMOUNT IN CELL 8D CANNOT EXCEED THE UNSPENT ADMINISTRATIVE BALANCE FROM YOUR FY2004-2005 CONTRACT CLOSE-OUT

**ADJUSTMENTS TO LAST APPROVED CSBG MAY BE MADE IN COLUMN C.

**CSBG MODIFICATION
 AMENDED ATTACHMENT B-2
 SUB-RECIPIENT INFORMATION
 (Complete this page for each sub-recipient)**

RECIPIENT: Lee County Board of County Commissioners

SUB-RECIPIENT INFORMATION: Not Applicable

NAME OF ENTITY

MAILING ADDRESS: ZIP CODE

STREET ADDRESS (IF DIFFERENT): _____, FL ZIP CODE _____

CONTACT PERSON'S NAME AND TITLE:

TELEPHONE: FAX:

NOTE: The following line items (7, 13, 14 and 15) must correspond to Attachment B-1, Budget Summary. If there is more than one sub-recipient, it is the Recipient's responsibility to ensure that the total of all sub-recipient budgets add correctly. Expenditures must be detailed in Attachment B-3.

CSBG FUNDED PROGRAMS ONLY EXPENSE CATEGORY	(A) CSBG FUNDS	(B) CASH MATCH	(C) IN-KIND MATCH	(D) TOTAL
SUB-RECIPIENT ADMINISTRATIVE EXPENSES:				
7. SUB-RECIPIENT EXPENSES <i>(Salaries + Fringe, Rent, Utilities, Travel, Other)</i>				
SUB-RECIPIENT PROGRAM EXPENSES:				
13. SUB-RECIPIENT DIRECT CLIENT ASSISTANCE EXPENSES				
14. SUB-RECIPIENT OTHER PROGRAM EXPENSES <i>(Salaries + Fringe, Rent, Utilities, Travel, etc)</i>				
15. SUBTOTAL SUB-RECIPIENT PROGRAM EXPENSES <i>(Line 13 + Line 14)</i>				
TOTAL EXPENSES: (Line 7 + Line 15)				

The Recipient must have a written agreement with all subcontractors. The agreement must meet the requirements of section 14 of this agreement. A copy of the unsigned agreement with the subcontractor must be forwarded to the Department for review and approval along with this agreement.

CSBG MODIFICATION

**AMENDED ATTACHMENT B-3
BUDGET DETAIL**

RECIPIENT: Lee County Board of County Commissioners

Line Item Number	OBJECT NO. (direct client assistance lines only)	EXPENDITURE DETAIL Round up line item totals to dollars. Do not use cents and decimals in totals.	DOLLARS CHARGED TO CSBG		
			CSBG FUNDS	CASH MATCH**	IN-KIND MATCH**
		PROGRAM EXPENSES			
10	Goal	RECIPIENT DIRECT CLIENT ASSISTANCE EXPENSES			
	1.1.A	Self sufficiency clients will be provided educational/employment	\$117,072	\$4,320	
	1.1.B	expenses such as but not limited to: tuition, registration fees,			
	1.1.D	tests, licenses, certificates, books, required course materials,			
	1.2.A	graduation expenses, used computers, computer components,			
	1.2.C	software, hardware, printers, computer technical support			
	1.2.E	and/or repair, supplies, uniforms, equipment, child care/summer			
	1.2.F	camp, transportation, car repair, preventative maintenance,			
		auto safety kits, children's educational software			
	Goal	LEE/CSBG participating households will receive financial	\$35,955		
	1.2.F	assistance for emergency needs such as: rent/mortgage			
	1.2.G	payment, utility costs, medical expenses, dental expenses,			
	6.2.B	transportation costs, automobile repairs.			
	Goal	CSBG eligible households will receive emergency prescription	\$20,000		
	6.2.D	assistance			
		TOTAL DIRECT CLIENT ASSISTANCE=	\$173,027	\$4,320	
11		<u>Salaries and Fringe</u>			
		Case manager to determine eligibility and provide case			
		management and supportive services (salary and fringe)			
		75% CSBG \$23.80 x 1560 = \$37,128	\$37,128		
		(remaining salary paid by ad valorem taxes)			
		Case manager to determine eligibility and provide case			
		management and supportive services (salary and fringe):			
		80% CSBG \$23.80 x 1664 hrs = \$39,603			\$39,603
		TOTAL SALARIES AND FRINGE=	\$37,128		\$39,603
11		Rent and common area charges at local Career & Service Center	\$4,500		
		for two CSBG offices			
		TOTAL RENT	\$4,500		
11		Travel in conjunction with case management	\$1,215		
		(3000 miles x .405/mile = \$1215)			
		TOTAL TRAVEL	\$1,215		
16		TOTAL OTHER PROGRAM EXPENSES	\$42,843		
		TOTAL	\$215,870	\$4,320	\$39,603

****EXPLAIN SOURCES OF CASH AND IN-KIND MATCH - General Revenue
Numbers under Goals are Outcome Indicator Numbers**

**CSBG MODIFICATION
AMENDED ATTACHMENT B-4
SECONDARY ADMINISTRATIVE EXPENSES**

Secondary Administrative Expense requested: Yes ___ No XX

Name of Recipient: Lee County Board of County Commissioners

INSTRUCTIONS: If requesting Secondary Administrative Expenses, you must supply the following information for each secondary program for which administrative expenses are being requested. A "secondary program source" is the non-CSBG program that will receive administrative support from the use of CSBG funds. See Attachment G, Section D(13) for additional information.

BUDGET INFORMATION	NAME OF SECONDARY PROGRAM:	NAME OF SECONDARY PROGRAM:	NAME OF SECONDARY PROGRAM:	TOTAL OF ALL PROGRAMS
	GRANT START DATE: END DATE:	GRANT START DATE: END DATE:	GRANT START DATE: END DATE:	
1. Total cash budget for secondary program:	\$	\$	\$	
2. Maximum percent administrative expense including indirect cost allowed by secondary program:	%	%	%	
3. Total administrative expense approved by secondary program funding sources: ¹	\$	\$	\$	
4. CSBG secondary administrative expense requested: ²	\$	\$	\$	\$
5. Total administrative expense (Line 3 + Line 4):	\$	\$	\$	
6. Percent of total administrative expense to total budget (Line 5 divided by Line 1). This total cannot exceed 15% of Line 1.	%	%	%	
7. CAP Plan Goals Supported by secondary program.	Goal # _____ Goal # _____	Goal # _____ Goal # _____	Goal # _____ Goal # _____	
8. Work Plan actions that address secondary programs activities:	Action # _____ Action # _____	Action # _____ Action # _____	Action # _____ Action # _____	

¹ The Recipient must take full advantage of all administrative and indirect dollars allowed by the secondary program's funding source before CSBG secondary administrative expenses are requested. For each secondary administration program, provide documentation of the maximum administrative limits of the secondary program and a copy of the contract budget detailing the amount of the contract and the administration funds provided by the secondary source.

² You are required to provide budget detail in Attachment B-3 for the amount on line 4 for each program above.

**ATTACHMENT C - FLORIDA Community Services Block Grant (CSBG)
 FY 2005-2006 Workplan and Quarterly Report Form
 Community Action Goal 1 (Family) – Low-Income People Become Self-Sufficient**

AGENCY NAME:

FOCAS Outcomes Catalog	2	3			4			5			6			7			8			9			10		
		WORKPLAN Total Number of Participants Expected to Achieve Outcome			Received Services (Participants Enrolled in Program)	Achieved Outcome	Still Progressing Toward Outcome	Exited Program Prior to Achieved Outcome	Received Services (Participants Enrolled in Program)	Achieved Outcome	Received Services (Participants Enrolled in Program)	Achieved Outcome	Received Services (Participants Enrolled in Program)	Achieved Outcome	Received Services (Participants Enrolled in Program)	Achieved Outcome	Received Services (Participants Enrolled in Program)	Achieved Outcome	Received Services (Participants Enrolled in Program)	Achieved Outcome	Received Services (Participants Enrolled in Program)	Achieved Outcome	Received Services (Participants Enrolled in Program)	Achieved Outcome	
Goal 1: Low-Income People Become Self-Sufficient National Performance Indicators: 1.1 Employment 1.2 Employment Supports 1.3 Economic Asset Enhancement and Utilization <i>All agencies must report on at least one NPI in Goal 1.</i>																									
NPI 1: EMPLOYMENT - The number of low-income participants in community action employment initiatives who get a job or become self-employed as measured by one or more of the following:																									
A) Unemployed and obtained a job. (Unduplicated count.)	5																								
(1) Obtained part-time employment – less than 25 hours per week, at minimum wage or above (or its equivalent if employment includes tips/etc.)																									
(2) Obtained part-time employment – equal to or greater than 25 hours per week, at minimum wage or above (or its equivalent if employment includes tips/etc.)																									
(3) Obtained full-time employment – number of hours as defined by employer, at least minimum wage, without benefits.																									
(4) Obtained full-time employment – number of hours defined by employer, at least minimum wage with benefits.																									
(5) Became self-employed – and earned the equivalent of at least part-time employment.																									
B) Employed and obtained an increase in employment income. (Unduplicated count.)	20																								
(1) Obtained part-time employment – less than 25 hours per week, at minimum wage or above (or its equivalent if employment includes tips/etc.)																									

ATTACHMENT C - FLORIDA Community Services Block Grant (CSBG)

FY 2005-2006 Workplan and Quarterly Report Form

Community Action Goal 1 (Family) – Low-Income People Become Self-Sufficient

FOCAS Outcomes Catalog	2 WORKPLAN Total Number of Participants Expected to Achieve Outcome	3 Number of Participants at or Below 125% of Poverty			4 Number of Participants Above 125% of Poverty			8 Number of People Whom no Income Information was Obtained	9 Number of People for Whom no Income Information was Obtained	10
		Received Services (Participants Enrolled in Program)	Achieved Outcome	Still Progressing Toward Outcome	Exited Program Prior to Achieved Outcome	Received Services (Participants Enrolled in Program)	Achieved Outcome			
Goal 1: Low-Income People Become Self-Sufficient National Performance Indicators: 1.1 Employment 1.2 Employment Supports 1.3 Economic Asset Enhancement and Utilization Must report on at least one NPI in Goal 1.										
(2) Obtained part-time employment – equal to or greater than 25 hours per week, at minimum wage or above (or its equivalent if employment includes tips/etc.).										
(3) Obtained full-time employment – number of hours as defined by employer, at least minimum wage.										
(4) Obtained full-time employment – number of hours defined by employer, above minimum wage and with benefits.										
(5) Became self-employed – and earned the equivalent of at least part-time employment.										
C) Achieved "living wage" employment and benefits. (See footnote.)¹										
D) Maintained Employment for at Least 90 days.	10									
¹ "Living Wage" must be an locally accepted rate as identified by government or coalition.										
NPI 1.2: EMPLOYMENT SUPPORTS – The number of low-income participants for whom barriers to initial or continuous employment are reduced or eliminated through assistance from community action measured by one or more of the following:										
A) Obtained pre-employment skills/competencies required for employment and received training program certificate or diploma.	39									
(1) Obtained work experience as a non-paid volunteer and developed measurable identified skill(s).										
(2) Demonstrated a measurable increase in identified skills/competencies required for employment										
(3) Completed training program and received certificate or diploma required for employment.										
FOCAS Outcomes Catalog	2	3	4	5	6	7	8	9	10	
3)										

AMENDED ATTACHMENT C - FLORIDA Community Services Block Grant (CSBG)

FY 2005-2006 Workplan and Quarterly Report Form

Community Action Goal 1 (Family) – Low-Income People Become Self-Sufficient

Goal 1: Low-Income People Become Self-Sufficient National Performance Indicators: 1.1 Employment 1.2 Employment Supports 1.3 Economic Asset Enhancement and Utilization <i>Must report on at least one NPI in Goal 1.</i> NPI 1.2: EMPLOYMENT SUPPORTS - continued	WORKPLAN Total Number of Participants Expected to Achieve Outcome	Number of Participants at or Below 125% of Poverty				Number of People Above 125% of Poverty		Number of People for Whom no Income Information was Obtained	
		Received Services (Participants Enrolled in Program)	Achieved Outcome	Still Progressing Toward Outcome	Exited Program Prior to Achieved Outcome	Received Services (Participants Enrolled in Program)	Achieved Outcome	Received Services (Participants Enrolled in Program)	Achieved Outcome
B) Completed ABE/GED and received certification or diploma.									
C) Completed post-secondary education program and obtained certificate or diploma.	22								
D) Enrolled children in "before" or "after" school programs, in order for parent to acquire or maintain employment.									
E) Obtain care for child or other dependant in order for parent or caregiver to acquire or maintain employment.	15								
F) Obtain access to reliable transportation and/or driver's license in order to acquire or maintain employment.	10								
G) Obtained health care services for themselves or a family member in support of employment stability.	10								
H) Obtained safe and affordable housing in support of employment stability.									
I) Obtained food assistance in support of employment stability.									
J) Obtained identification or work permit documentation for employment. (social security card, work permit, legal immigration papers, drivers licenses, etc.)									

COMMENTS OR EXPLANATION:

AMENDED ATTACHMENT C - FLORIDA Community Services Block Grant (CSBG)

FY 2005-2006 Workplan and Quarterly Report Form

Community Action Goal 1 (Family) – Low-Income People Become Self-Sufficient

FOCAS Outcomes Catalog	2 WORKPLAN Total Number of Participants Expected to Achieve Outcome	3 Number of Participants at or Below 125% of Poverty		5 Number of People Above 125% of Poverty		7 Number of People for Whom No Income Information was Obtained		9 Aggregated Dollar Amounts (Payments, Credits or Savings)
		Received Services (Participants Enrolled in Program)	Achieved Outcome	Received Services (Participants Enrolled in Program)	Achieved Outcome	Received Services (Participants Enrolled in Program)	Achieved Outcome	
Goal 1: Low-Income People Become Self-Sufficient National Performance Indicators: 1.1 Employment 1.2 Employment Supports 1.3 Economic Asset Enhancement and Utilization <i>Must report on at least one NPI in Goal 1.</i>								
NPI 1.3: ECONOMIC ASSET ENHANCEMENT AND UTILIZATION – The number of low-income households that achieve an increase in financial assets and/or financial skills as a result of community action assistance, and the aggregated amount of those assets and resources for all participants achieving the outcome, as measured by one or more of the following.								
A) Enhancement								
(1) Number of participants in tax preparation programs who identify any type of Federal or State tax credit and the aggregated dollar amount of credits.								
(2) Number of participants who obtained court-ordered child support payments and expected annual aggregated dollar amount of payments.								
(3) Number of participants enrolled in telephone lifeline and/or energy discounts with the assistance of the agency and the expected aggregated dollar amount of savings.								
B) Utilization								
(1) Number of participants demonstrating ability to complete and maintain a budget for over 90 days.								
(2) Number of participants opening an Individual Development Account (IDA) or other savings account and increased savings, and the aggregated amount of savings.								
(3) Of participants in a community action asset development program (IDA or others):								
a) Number capitalizing a small business due to accumulated savings.								
b) Number pursuing post-secondary education due to savings.								
c) Number purchasing a home due to accumulated savings.								