|  | Lee (                   | •            | oard Of Cou        | •            | nissioners ]      | Blue Sh       | eet No. 20068629               |
|--|-------------------------|--------------|--------------------|--------------|-------------------|---------------|--------------------------------|
| 1. ACTION REQUES   | TED/PHR1                |              | enda Item S        | ишшагу       |                   |               | <i>V</i> · · ·                 |
| Approve Memorandum of  |                         |              | dum and Budg       | get Resoluti | on between the l  | United W      | ay and the Department o        |
| Human Services to admini   | ster the HO             | ME Again     | funds in the a     | mount of \$3 | 300,000 for hurri | cane hou      | ising recovery.                |
| 2. WHAT ACTION ACC   | COMDI ICU               | EC. Allow    | a tha Danastm      | ant of Unn   | on Cantings to s  | dminista      | r \$200 000 for the            |
| rehabilitation and construc  |                         |              | •                  |              |                   | unimste       | 1 \$300,000 101 the            |
|  |                         |              |                    |              |                   |               |                                |
|  |                         |              |                    |              |                   |               |                                |
| B. MANAGEMENT R  | ECOMME                  | NDATIO       | N: Approve         | •            |                   |               |                                |
|  |                         |              |                    |              |                   |               |                                |
|  |                         |              |                    |              |                   |               |                                |
| 4. Departmental Cates  | 20rv: 05                |              | 751                |              | 5. Meeting        | Date:         | 5-23-2006                      |
| 6. Agenda:   |                         | Requirem     | ent/Purpose        | · (snecify   |                   |               |                                |
| X Consent  | "•                      | -            | tute               | . (specify   | Commissio         |               | CW                             |
| Administrative   |                         | — Oro        | linance            |              | Departmen         | ıt _          | Human Services                 |
| Appeals  |                         | Adı          | nin. Code          | _            | Division          |               |                                |
| Public   | 7                       | Oth          | ier                |              | _                 |               | Popkey, Housing                |
|  |                         |              | -                  |              |                   | Mgr.          |                                |
| Walk-On  Reckground: Ti  | ha Unitad V             | Voy of L     | na County o        | nnlied for   | Uoma Again f      | mndina        | for disaster recovery.         |
|  |                         |              |                    |              |                   |               | inds for the Home              |
|  |                         |              |                    |              |                   | _             | ee County homes that           |
| were damaged l   | _                       | •            | _                  | -            | -                 |               | •                              |
|  |                         |              |                    |              |                   |               |                                |
| Attachments: United Wa   | •                       | Addendu      | m                  |              |                   |               |                                |
| Budget Re<br>Grants at a   |                         |              |                    |              |                   |               |                                |
| Grands at a  | Glunce                  |              |                    |              |                   |               |                                |
|  | ling:                   |              |                    |              |                   |               |                                |
| 10. Review for Schedu  |                         |              |                    |              |                   |               | County<br>Manager/P.W.         |
| Purchasing   | Human                   | Othor        | County             |              | Budget Service    |               |                                |
| 10. Review Schedu Department Purchasing or Contracts               | Human<br>Resources      | Other        | County<br>Attorney |              | Budget Service    |               | Director                       |
| Department Purchasing or Contracts                                 | Resources               | Other<br>N/A | Attorney           | Analyst      | Pişk Gran         | its 1/1       |                                |
| Purchasing or Contracts N/A  | Resources<br>N/A        |              | Attorney           | Analyst RK5  | 043m3/11          | its 1/1       | Director                       |
| Purchasing or Contracts N/A  1. Commission Action                  | Resources<br>N/A<br>on: |              | Attorney           | 1            | Pişk Gran         | ole S         | Director                       |
| Purchasing or Contracts N/A  1. Commission Action Approved         | Resources<br>N/A<br>on: |              | Attorney           | RK5 10       | Pişk Gran         | de S          | Director  Segr.  Co. by CoAtty |
| Purchasing or Contracts N/A  1. Commission Actio Approved Deferred | Resources<br>N/A<br>on: |              | Attorney           | RK5 II       | Risk Gran         | de S          | Director                       |
| Purchasing or Contracts N/A  1. Commission Action Approved         | Resources<br>N/A<br>on: |              | Attorney           | RK5 10       | Risk Gran         | its Nurrement | Director  Segr.  Co. by CoAtty |

### 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 \$300,000 of the additional revenue from Home Again Grant Proceeds and an appropriation of a like amount for salaries and rehabilitation grants and loans and;

ESTIMATED REVENUES

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

| Prior Total:<br>Additions                                      | HOMMIND IN LIVERS   | \$538,139,348                                  |
|--|---|--|
| 11083500100.331570.9004  | Home Again Grant Proceeds                                   | \$300,000                                      |
| Amended Total Estimated Revenu                                 | es  | \$538,439,348                                  |
|  | APPROPRIATIONS  |  |
| Prior Total:<br>Additions                                      |   | \$538,139,348                                  |
| 11083500100.501210.1110<br>11083500100.508302.1132             | Salaries Full-time Regular<br>Rehabilitation Grants & Loans | \$30,000<br>270,000                            |
| Amended Total Appropriations                                   |   | \$538,439,348                                  |
| Duly voted upon and adopted in Charlie Green, Ex-Officio Clerk | nambers at a regular Public Hearing by the                  | RD OF COUNTY COMMISSIONERS LEE COUNTY, FLORIDA |
| By:  |   |  |
| DEPUTY CLERK   |   | Chairwoman                                     |
|  |   | APPROVED AS TO FORM                            |
| DOC TYPE YA<br>LEDGER TYPE BA                                  |   | OFFICE OF COUNTY ATTORNEY                      |

### FORWARD WITH AGREEMENT AND BLUE SHEET

ALL INFORMATION IS REQUIRED - DO NOT LEAVE ANY BLANKS - USE WA WHEN NOT APPLICABLE

# **GRANT AT A GLANCE**

GRANT AWARD INFORMATION

| 1. County Grant ID (project #):  | 0834                   |              |                            |                   |  |  |
|--|------------------------|--------------|----------------------------|-------------------|--|--|
| 2. Title of Grant: Home Aga  | in                     |              |                            |                   |  |  |
| 3. Amount of Award:  | \$300,000.00           | \$300,000.00 |                            |                   |  |  |
| 4. Amount of Match Required:   | <u> </u>               |              |                            |                   |  |  |
| 5. Type of Match: (cash, in-kind etc)  | N/A                    | N/A          |                            |                   |  |  |
| 6. SOURCE OF GRANT FUNDS   | S & CATALOG            | NUMBER:      |                            |                   |  |  |
| FEDERAL CFDA #14.239   |                        | STATE CS     | FA #                       |                   |  |  |
| 7. Agency Contract Number: HA04-750  |                        |              |                            |                   |  |  |
| 8. Contract Period:  | Begin Date: Sep        | pt. 1, 200 5 | End Date:                  | September 1, 2007 |  |  |
| 9. Name of Subrecipient(s)   | N/A                    |              |                            |                   |  |  |
| 10. Business Unit(s):  | 1108340010             | 0            |                            |                   |  |  |
| 11. Scope of Grant: Funds are to be used to repair or replace homes damaged by the hurricanes. Applicants must be below 80% AMI  12. Has this Grant been Funded Before? ☐ YES ☒ NO If YES When?  13. Is Grant Funding Anticipated in Subsequent Years? ☐ YES ☒ NO  14. If Grant Funding Ends Will This Program Be Continued at County Expense? ☐ YES ☒ NO If YES What is the Lee County Budget Impact: |                        |              |                            |                   |  |  |
| 1st Year   | 2 <sup>nd</sup> Year   |              | 3 <sup>rd</sup>            | Year              |  |  |
| Check Box if Additional Information on Program and Budget Impact is provided in Comment Section on page 2 ADMINISTERING DEPARTMENT INFORMATION  1. Department: Department of Human Services  2. Contacts:  |                        |              |                            |                   |  |  |
| Program Mgr. Marsha Popk   |                        |              |                            |                   |  |  |
| Fiscal Mgr. Barbara Hollis   |                        | Phone #: 2   | <u>39-533-7941</u>         |                   |  |  |
|  | xey                    |              | 39-533-7941<br>39-533-7923 |                   |  |  |
|  | RMATION                |              |                            |                   |  |  |
| Fiscal Mgr. Barbara Hollis GRANTOR AGENCY INFO   | RMATION<br>ement with) | Phone # 23   |                            |                   |  |  |

|         | ·   |  |  |  |  |
|---------|---|--|--|--|--|
| 3.      | Agency Contact:   | Jennifer Pelletier   |  |  |  |
| 4.      | Phone Number:   | 239-533-7964   |  |  |  |
| 5.      | Mailing Address:  | 2440 Thompson St., Ft. Myers, Fl 33901   |  |  |  |
| SOUR    | CE OF FUNDS   |  |  |  |  |
| 1.      | Original Funding<br>Source:<br>(name of agency where funding                | Florida Housing Finance Corporation  |  |  |  |
| (mic    | -   | United Way Of Lee County, Inc. eral \$\$ from US DOT given to STATE of FL DOTthen from STATE DOT to Lee County DOT STATE of FL |  |  |  |
| 2.      | Additional Informat   | tion for Other Agencies Involved: N/A  |  |  |  |
|         | ·   |  |  |  |  |
|         | Is the County a Gra<br>Subrecipient in #3 a                                 |  |  |  |  |
| REPO    | RTING REQUIREM  | 1ENTS  |  |  |  |
|         | es this grant require a<br>le: you need to return intere                    | <u> </u>   |  |  |  |
| Please  | Explain:  |  |  |  |  |
| (If YES | unding received in ad<br>, please indicate condition<br>Agency Information) | Ivance? YES NO  |  |  |  |
|         |   |  |  |  |  |
| COMN    | MENTS-INSTRUCT  | TONS:  |  |  |  |
|         |   |  |  |  |  |
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|         |   |  |  |  |  |

#### MEMORANDUM OF UNDERSTANDING

# BETWEEN LEE COUNTY DEPARTMENT OF HUMAN SERVICES and LEE COUNTY UNITED WAY

### April 11, 2005

This letter will clarify and attest to the partnering relationship between the Housing Services Program, Lee County Human Services Department (DHS), and Lee County United Way, (on behalf of the Lee County Long Term Recovery Committee, LTRC) for housing rehabilitation and replacement services as part of the HOME Again funds for hurricane recovery.

The purpose of this agreement is to clarify the responsibilities and to ensure funds are spent in a timely manner, and meet all requirements of the Florida Housing Finance Corporation for the HOME Again Program.

United Way will charge FHFC 10% of the grant, (\$30,000) for Administrative Services and will make 12 monthly payments of \$2,500 to DHS to cover costs for the delivery of the program. DHS shall only bill for administrative costs for months when HOME Again activities were actually delivered.

Listed below are the responsibilities of the United Way.

- Market the program to area agencies and run ads as appropriate
- Process applications and provide initial screening for eligibility
- · Forward files to DHS
- Maintain tracking log
- Utilize assigned case-managers to track and coordinate services
- Reimburse DHS for invoices related to approved costs for repair and replacement
- Process monthly invoices for Administrative Costs and all outstanding invoices by the 10<sup>th</sup> of each month

### DHS responsibilities are:

- Monitor United Way to ensure HOME Again program meets all FHFC requirements
- Review screened applicants and verify eligibility
- Coordinate estimates and scope of work
- Generate closing documents and record all documents as required
- Utilize Construction Manager and Rehabilitation Specialists for project delivery
- Organize materials delivery and coordinate volunteers for appropriate projects

- Manage bidding and Contractor Process for contracted projects
- Schedule inspections as required and perform inspections, including HQS
- Ensure materials are delivered as ordered
- · Process payments for contactors and materials in a timely fashion

This MOU shall be reviewed on a quarterly basis to determine if adjustments or clarifications are needed.

This MOU shall be consistent with all HUD approved guidelines and regulations as defined in 24 CFR Part 2.

Lee County

n B. Hawes Director

United Way of Lce County

Clifford Smith, Executive Director

# ADDENDUM TO MEMORANDUM OF UNDERSTANDING BETWEEN LEE COUNTY DEPARTMENT OF HUMAN SERVICES and LEE COUNTY UNITED WAY HOME AGAIN

This Addendum is to clarify additional terms of this MOU.

The term of this agreement shall be from September 1, 2005 until September 1, 2007, or until all funds are spent, whichever is earliest.

The funds shall be allocated as follows:

- \$300,000 total
- \$270,000 for hurricane housing rehabilitation or replacement
- \$30,000 for administrative and salaries.

United Way will reimburse DHS within 15 days following the receipt of the invoice, providing all documentation is attached and legible.

Lee County DHS will insure that all families are eligible for Home Again assistance and all expenses paid are eligible under the Home Again program.

The United Way, Inc. shall indemnify, defend, save and hold harmless, the County, its officers, agents and employees from all suits, actions, claims, demands, and liabilities of any nature whatsoever arising out of, because of, or due to breach of this Memorandum of Understanding, and due to any act or occurrence of omission or commission of the agreement. The parties agree that this paragraph shall not waive sovereign immunity of the County, nor waive the benefits of Section 768.28 and 335.055, F.S., or any similar provision.

Any dispute on a claim arising out of or related to this Contract will be presented through the County's representative herein to the Department of Human Services Director for informal resolution.

Either party may terminate this contract with thirty (30) calendar days written notice to the Director, Department of Human Services, or by certified mail to the United Way, Inc.

This MOU shall be consistent with all Housing and Urban Development approved guidelines and regulations as defined in 24 CFR, Part 2.

## IN WITNESS WHEREOF the parties hereto have affixed their signatures:

Lee County

United Way of Lee County

Clifford Smith, Executive Director

ren B. Hawes, Director \( \) \( \) \( \) \( \) S:\HSNG\HSNG \( \) Admin\MOUs\MOUHARP.doc