

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

10/18/06

Blue Sheet No. *2006 1426*

1. ACTION REQUESTED/PURPOSE:

Authorize approval of the State agreement for the receipt of Lee County's Homeless Housing Assistance Grant and sub-recipient agreements. Also authorize Department of Human Services Deputy Director to sign required grant reports. Approve budget resolution for State of Florida FY07 Homeless Housing Assistance Grant in the amount of \$750,000 for the County fiscal year 2006-2007.

2. WHAT ACTION ACCOMPLISHES:

Allows the Department to accept a contract from the State of Florida and proceed with activities and the execution of a sub-recipient contract as well as monthly reports.

3. MANAGEMENT RECOMMENDATION: Staff recommends approval.

4. Departmental Category: 05

C5C

5. Meeting Date:

NOV 07 2006

6. Agenda:

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

7. Requirement/Purpose: (specify)

- Statute
- Ordinance
- Admin. Code
- Other

8. Request Initiated:

Commissioner N/A
 Department Human Services
 Division _____
 By: Ann Arnall *Ann Arnall* 10/18/06
 Deputy Director

9. Background:

The Board approved the application for Lee County's Homeless Housing Assistance Grant on August 1, 2006. The Department was notified of the award and received the State Grant Agreements. Once the grant agreement is signed, a sub-recipient agreement will be executed.

The Homeless Housing Assistance Grant will be used to construct 42 critically needed permanent housing beds for homeless persons with mental health issues in the County.

Attachments: Budget Resolution
 Grants at a Glance
 Signature Authority Letter

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>Wma</i>	<i>PRM N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>Andrew Fraser</i>	<i>RK 10/24</i>	<i>10/25/06</i>	<i>10/25/06</i>	<i>10/25/06</i>	<i>HS 10/20/06</i>

11. Commission Action:

- Approved
- Deferred
- Denied
- Other

RECEIVED BY COUNTY ADMIN: *RL*
10/23/06
4pm
 COUNTY ADMIN FORWARDED TO: *RL*
10/20/06
10AM

REC'D by CO. ATTY: *10/20/06*
1:45pm
 CO. ATTY. FORWARDED TO: *Admin 10/20/06*

RESOLUTION

Amending the General Fund #00100 budget to incorporate the unanticipated receipts into Estimated Revenues and Appropriations for the fiscal year 2006-2007;

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 \$750,000 of unanticipated receipts from the Florida Homeless Housing Assistance Grant and an appropriation of a like amount for other grants and aid and;

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

ESTIMATED REVENUES		
Prior Total:		\$572,932,657
Additions		
12085700100.334690.9016	FL Homeless Housing Assistance Grant	\$750,000
Amended Total Estimated Revenues		\$573,682,657

APPROPRIATIONS		
Prior Total:		\$572,932,657
Additions		
12085700100.508309.198	Other Grants & Aid	750,000
Amended Total Appropriations		\$573,682,657

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

FORWARD WITH AGREEMENT AND BLUE SHEET

ALL INFORMATION IS REQUIRED - DO NOT LEAVE ANY BLANKS - USE N/A WHEN NOT APPLICABLE

GRANT AT A GLANCE

GRANT AWARD INFORMATION

- 1. County Grant ID (project #): 0857
- 2. Title of Grant: Homeless Housing Assistance Grant
- 3. Amount of Award: \$750,000
- 4. Amount of Match Required: None
- 5. Type of Match: N/A
(cash, in-kind etc)

6. SOURCE OF GRANT FUNDS & CATALOG NUMBER:

FEDERAL <input type="checkbox"/> CFDA #	STATE <input checked="" type="checkbox"/> CSFA # 60.015
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7. Agency Contract Number: HFZ22

8. Contract Period:	Begin Date: <u>October 15, 2006</u>	End Date: <u>June 30, 2007</u>
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9. Name of Subrecipient(s) Renaissance Manor, Inc. Broadway Place

10. Business Unit(s): 12085700100

11. Scope of Grant: (describe project). The Lee County Homeless Housing Assistance Grant will be used to construct 42 critically needed permanent housing beds for homeless persons with mental health issues in the County.

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 nd Year	3 rd Year
4 th Year	5 th Year	

Check Box if Additional Information on Program and Budget Impact is provided in *Comment Section* on page 2

ADMINISTERING DEPARTMENT INFORMATION

1. Department: Human Services

2. Contacts:

Program Mgr. Ann Arnall	Phone #: 533-7930
Fiscal Mgr. Barbara Hollis	Phone #: 533-7923

GRANTOR AGENCY INFORMATION

(The agency you signed this agreement with)

- 1. Grantor Agency: Florida Department of Children and Families
- 2. Program Title/Division: Office of Homelessness
- 3. Agency Contact: Robert McHarry
- 4. Phone Number: 23 9-338-1674
- 5. Mailing Address: District Eight, P.O. B ox 60085
Fort Myers, FL 33906-0085

SOURCE OF FUNDS

- 1. Original Funding Source: Florida Departme nt of Children and Families
(name of agency where funding originated from)
- 2. Pass Through Agency: _____
(middleman if any? Example: federal \$\$ from US DOT given to STATE of FL DOT- -then from STATE DOT to Lee County DOT --- STATE of FL DOT is the pass-through agency).
- 3. Additional Information for Other Agencies Involved:

3a. Is the County a Grantee or Subrecipient in #3 above: Grantee

REPORTING REQUIREMENTS

1. Does this grant require a separate subfund? YES NO
(Example: you need to return interest earnings)

Please Explain: _____

2. Is funding received in advance? YES NO
(If YES, please indicate conditions for returning residual proceeds, or interest and the address to return it to, if different from the Grantor Agency Information)

G rantee does not require interest to be earned but if it is, interest must be returned to the grantor agency.

COMMENTS--INSTRUCTIONS:

Empty box for comments and instructions.



BOARD OF COUNTY COMMISSIONERS

(239) 335-2111

Writer's Direct Dial Number: _____

Bob Janes
District One

October 18, 2006

Douglas R. St. Cerny
District Two

Ray Judah
District Three

Bob Farr, Senior Human Services Program Specialist
State of Florida, Department of Children and Families
P.O. Box 60085
Fort Myers, Florida 33906-0085

Tammy Hall
District Four

John E. Albion
District Five

Subject: Delegation Letter for Signature Authority
2007 Homeless Housing Assistance Grant HFZ22

Donald D. Stilwell
County Manager

David M. Owen
County Attorney

Dear Mr. Farr:

Diana M. Parker
County Hearing Examiner

This letter serves as notification that the Deputy Director of Lee County Department of Human Services is hereby authorized to sign all reports required in Homeless Housing Assistance Grant HFZ22 for fiscal year 2006-2007. The Board of County Commissioners approved this authorization.

Sincerely,

Chair, BOCC

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