

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

Blue Sheet No. 2007024

1. ACTION REQUESTED/PURPOSE:

Approve a Contract Amendment between the Board of County Commissioners and Florida Department of Community Affairs for Lee County to receive an additional \$10,162.00 in Community Services Block Grant (CSBG) funds and approve budget amendment resolution.

2. FUNDING SOURCE:

Florida Department of Community Affairs

3. WHAT ACTION ACCOMPLISHES:

Provides an additional \$10,162 for education and employment assistance for eligible Lee County households for a total allocation of \$245,378.

4. MANAGEMENT RECOMMENDATION: Approve

5. Departmental Category: 05

C5A

6. Meeting Date: April 3, 2007

7. Agenda:

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

8. Requirement/Purpose: (specify)

- Statute**
- Ordinance**
- Admin. Code**
- Other**

9. Request Initiated:

Commissioner _____
Department Human Services
Division _____
By: Kim Hustad

10. Background:

On August 15, 2006 the BoCC approved a contract with the Department of Community Affairs to receive \$235,216 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.

This contract amendment will allow the original allocation to be increased by \$10,162 due to a base increase and carry-over of unexpended FY 2005 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.

Attachments: Amended Agreement (3 originals)
 Budget Amendment Resolution

11. 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>	NA	NA	NA	<i>[Signature]</i>	<i>[Signature]</i> 3/21/07	<i>[Signature]</i> 3/21/07	<i>[Signature]</i> 3/21/07	<i>[Signature]</i> 3/21/07	<i>[Signature]</i> 3/21/07

12. Commission Action:

- Approved**
- Deferred**
- Denied**
- Other**

RECEIVED BY COUNTY ADMIN: *[Signature]*
 3/21/07 9:45 AM
 COUNTY ADMIN FORWARDED TO: *[Signature]*
 3-21-07
 11:30 AM

Rec. by CoAtty
 Date: 3/21/07
 Time: 9:20 AM
 Forwarded To: CAD 9:44 AM

MEMORANDUM

FROM

LEE COUNTY DEPARTMENT OF HUMAN SERVICES

Date: March 20, 2007

To: Reginald Kantor
Budget Analyst

From: Kim Hustad
Program Manager

SUBJECT: Request for FY06/07 Budget Resolution for Amendment

Will you please increase budget for the attached grant in the following accounts?

(Note: Revenue is a Credit and Expense is a Debit, Debits should = Credits)

Revenue Account String	Description	Debit	Credit
11084500100.331540.9013	CSBG Reimbursement		\$ 10,162

Expense Account String	Description	Debit	Credit
11084500100.508309.130	Other Grants & Aids	\$ 10,162	

Thanks

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 the ("Recipient") to modify DCA Contract Number 07SB-5Z-09-46-01-015 ("the Agreement").

WHEREAS, the Department and the Recipient have entered into the Agreement, pursuant to which the Department has provided a sub-grant of \$235,216 to the Recipient; and

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

1. Section (5)(j), Audit Requirements, is hereby modified to read as follows:
The Recipient shall have all audits completed by an independent certified public accountant (IPA) who shall either be a certified public accountant or a public accountant licensed under Chapter 473, Fla. Stat. The IPA shall state that the audit complied with the applicable provisions noted above. The audit must be submitted to the Department not later than Nine (9) months from the end of the Recipient's fiscal year.

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

This is cost-reimbursement Agreement. The Recipient shall be reimbursed for costs incurred in the satisfactory performance of work hereunder in an amount not to exceed \$245,378, subject to the availability of funds and appropriate budget authority." The Recipient is authorized to incur costs in an amount not to exceed \$202,967 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 written notice from the Department." This revised contract amount includes:

A. \$235,216	Current CSBG Allocation (FY 2006-2007)
B. \$ 6,166	Base Increase (FY 2006-2007)
C. \$ <u>3,996</u>	Carryover Funds (FY 2005-2006)
D. \$245,378	Total (Amended CSBG Allocation)

3. If applicable, Attachment A, Recipient Information, Attachment B-1, Budget Summary, Attachment B-2, Sub-Recipient Information, Attachment B-3, Budget Detail, Attachment B-4, Secondary Administration and Attachment C, Scope of Work/Workplan 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, Amended

Attachment B-4, Secondary Administration and Amended Attachment C, Scope of Work/Workplan are attached hereto and incorporated herein by reference.

4. 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.
5. 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.

IN WITNESS WHEREOF, the parties hereto have executed this document as of the dates set out herein.

RECIPIENT

Lee County Board of County Commissioners

By: _____

Bob Janes, Board Chair
(Type Name and Title Here)

Date: _____

59-6000702

Federal Identification Number

STATE OF FLORIDA

By: _____

Janice Browning, Director
Division of Housing and Community Development

Date: _____

**CSBG
ATTACHMENT A - RECIPIENT INFORMATION**

FEDERAL FISCAL YEAR: 2007 CONTRACT PERIOD: October 1, 2006 To September 30, 2007

- 1. RECIPIENT:** Lee County Board of County Commissioners
2. FISCAL YEAR: Month/Day: From 10/01/06 To Month/Day 09/30/07
3. COUNTIES TO BE SERVED WITH THESE FUNDS:
1. LEE 2. _____ 3. _____ 4. _____ 5. _____
6. _____ 7. _____ 8. _____ 9. _____ 10. _____

4. GENERAL ADMINISTRATIVE INFORMATION

A. AGENCY HEAD: (Chief Elected Official for Local Governments or Board Chair for Nonprofits)

Name: Bob Janes Title: Chair
Street Address: 2120 Main Street County: Lee
City: Fort Myers , Fl, Zip Code 33901
Telephone (239) 335-2224
Fax (239) 335-2355
E-Mail: dist1@leegov.com

B. RECIPIENT CONTACT PERSON/PROGRAM COORDINATOR

Name: Kim Hustad Title: Manager-Family Self-Sufficiency Programs
Street Address: 2440 Thompson Street County: Lee
City: Fort Myers , Fl Zip Code: 33901
Telephone (239) 533-7916
Fax (239) 533-7976
E-Mail: khustad@leegov.com

C. MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

Address: _____
City: _____, Fl Zip Code: _____

D. WARRANT OFFICER (OFFICIAL TO RECEIVE STATE WARRANT)

Name: Barb Hollis Title: Fiscal Manager
Address: 2440 Thompson Street (Street address)
City: Fort Myers , Fl Zip Code 33901
Telephone (239) 533-7923 Fax (239) 533-7904
E-Mail: hollisbj@leegov.com

E. FINANCIAL CONTACT PERSON

Name: Barb Hollis Title: Fiscal Manager
Address: 2440 Thompson Street (Street address)
City: Fort Myers , Fl Zip Code 33901
Telephone (239) 533-7923 Fax (239) 533-7976
E-Mail: hollisbj@leegov.com

F. PERSON(S) AUTHORIZED TO SIGN FISCAL REPORTS:

1. Name/Title: Barb Hollis Title: Fiscal Manager
2. Name/Title: Kim Hustad Title: Manager-Family Self-Sufficiency Programs

H. FEDERAL IDENTIFICATION NUMBER: 59-6000702

5. 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:

REVENUE SOURCES		PERCENT	MATCH	TOTAL AMOUNT	NOTES:
1. CSBG Grant Funds				\$245,378	Round all figures up to the nearest dollar.
2. Cash Match		2%	\$4,907		Provide a minimum of 2% -Cash Match 20% - Total Match
3. In-Kind Match		18%	\$44,168		Do not under match. 1.99% Cash Match is unacceptable.
4. TOTAL MATCH (Line 2 + Line 3)		20%		\$49,075	
5. TOTAL FUNDS (Line 1 + Line 4)					Match amounts must agree with the amended totals reflected on the Modification Cover Page.
A	B	C	D	E	F
CSBG FUNDS ONLY EXPENSE CATEGORY	Last Approved CSBG Budget	Proposed Budget** Within last approved budget	2005-2006 Carryover Amount	Total CSBG Funds (Col. C +D)	CASH AND IN-KIND MATCH
TOTAL CSBG FUNDS					
ADMINISTRATIVE					
6. RECIPIENT EXPENSES (Salaries + Fringe, Rent, Utilities, Travel, Other)	0	0	0	0	0
7. SUB-RECIPIENT EXPENSES (Salaries + Fringe, Rent, Utilities, Travel, Other)	0	0	0	0	0
8. TOTAL ADMINISTRATIVE EXPENSES (Line 6 + Line 7) See footnote *	0	0	0	0	0
9. ADMINISTRATIVE EXPENSE PERCENT [(Cell 8C divided by cell 18C) x 100]	0%	0%	VALUE IN CELL 8C MAY NOT EXCEED 15% Of Cell 18C		
PROGRAM					
10. RECIPIENT DIRECT CLIENT ASSISTANCE	\$187,834	\$187,834	\$10,162	\$197,996	\$4,907
11. RECIPIENT OTHER PROGRAM EXPENSES (Salaries + Fringe, Rent, Utilities, Travel, Other)	\$47,382	\$47,382	\$0	\$47,382	\$44,168
12. SUBTOTAL RECIPIENT PROGRAM EXPENSES (Line 10 + Line 11)	\$235,216	\$235,216	\$10,162	\$245,378	\$49,075
16. SUB-RECIPIENT DIRECT CLIENT ASSISTANCE EXPENSES	0	0	0	0	
16. SUB-RECIPIENT OTHER PROGRAM EXPENSES (Salaries + Fringe, Rent, Utilities, Travel, etc.)	0	0	0	0	
16. SUBTOTAL SUB-RECIPIENT PROGRAM EXPENSES (Line 14 + Line 15)	0	0	0	0	
16. TOTAL PROGRAM (Line 12 + Line 15)	\$235,216	\$235,216	\$10,162	\$245,378	\$49,075
17. SECONDARY ADMINISTRATIVE EXPENSES	0	0	0	0	
18. GRAND TOTAL EXPENSE: (Line 8 + Line 16 + Line 17)	\$235,216	\$235,216	\$10,162	\$245,378	

* THE AMOUNT IN CELL 8-D CANNOT EXCEED THE UNSPENT ADMINISTRATIVE BALANCE FROM YOUR FY 2005-2006 CONTRACT CLOSE-OUT.

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

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

RECIPIENT: **NOT APPLICABLE-NO SUB-RECIPIENTS**

SUB-RECIPIENT INFORMATION:

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**

BUDGET LINE ITEM NUMBER	GOAL, OUTCOME, INDICATOR (For Direct Client Assistance Only)		BUDGETED EXPENDITURES		
			CSBG FUNDS	CASH MATCH*	IN-KIND MATCH*
10	<p>Goal</p> <p>1.1.A 1.1.B 1.1.D 1.2.A 1.2.C 1.2.E 1.2.F</p> <p>Goal</p> <p>1.2.F 1.2.G 6.2.B</p> <p>Goal</p> <p>6.2.D</p>	<p><u>RECIPIENT DIRECT CLIENT ASSISTANCE EXPENSES</u></p> <p>Self-sufficiency clients will be provided educational/employment assistance with expenses including but not limited to; tuition, registration fees, tests, licenses, certificates, books, course materials, graduation expenses, used computers and components, printers, supplies, uniforms, child care/summer camp, transportation, and car repair.</p> <p>LEE/CSBG participating households will receive financial assistance for emergency needs such as; rent/mortgage, utility costs, medical expenses, dental expenses, transportation costs, and car repairs.</p> <p>CSBG eligible households will receive emergency prescription assistance.</p> <p><i>In-kind match will be provided by ad valorem taxes or Med/Rex program.</i></p> <p><u>TOTAL DIRECT CLIENT ASSISTANCE EXPENSES</u></p>	<p>\$125,000</p> <p>\$49,996</p> <p>\$23,000</p> <p>\$197,996</p>	<p>\$4,907</p> <p>\$4,907</p>	
11		<p>Salaries and Fringe</p> <p>Case Manager to determine eligibility and provide case management and supportive services (salary and fringe) 2080 hours x \$26.57=\$55,265.00 75% to CSBG= \$41,449</p> <p>Case Manager to determine eligibility and provide case management and supportive services (salary and fringe) 2080 hours x \$26.57=\$55,265.00</p> <p><i>Salary to be paid 100% by ad valorem taxes.</i></p>	<p>\$41,449</p> <p>\$4,500</p>		<p>\$44,168</p>
11		Rent and common area charges and local Career and Service Center for two CSBG offices.	\$1,433		
11		Travel in conjunction with case management 3220 miles x .445/mile			
		TOTAL OTHER PROGRAM EXPENSES	\$47,382		\$44,168
		TOTAL	\$245,378	\$4,907	\$44,168

***EXPLAIN SOURCES OF CASH AND IN-KIND MATCH**

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

Secondary Administrative Expense requested: Yes _____ No xxxxxxxx

Name of Recipient:

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.

**FY 2006-2007 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
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>	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
NPI 1.1: 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.)	15								
(1) Obtained part-time employment – less than 25 hours per week, at minimum wage or above (or its equivalent if employment includes tips/etc.)									

FY 2006-2007 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
Goal 1: Low-Income People Become Self-Sufficient	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	
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>		Received Services (Participants Enrolled 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
(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.									
(6) Received an increase in income as a result of better wages, hours, or benefits.									
C) Achieved “living wage” employment and benefits. (See footnote.)¹									
D) Maintained Employment for at Least 90 days.	15								
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.	35								
(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.									

FY 2006-2007 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
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>	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 (Participant s Enrolled in Program)	Achieved Outcome
		NPI 1.2: EMPLOYMENT SUPPORTS - continued							
B) Completed ABE/GED and received certification or diploma.	22								
C) Completed post-secondary education program and obtained certificate or diploma.									
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.	20								
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.	20								
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.)									

FY 2006-2007 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
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>	WORKPLAN Total Number of Participants Expected to Achieve Outcome	Number of Participants at or Below 125% of Poverty Received Services (Participants Enrolled in Program)	Achieved Outcome	Number of People Above 125% of Poverty Received Services (Participants Enrolled in Program)	Achieved Outcome	Number of People for Whom No Income Information was Obtained Received Services (Participants Enrolled in Program)	Achieved Outcome	Aggregated Dollar Amounts (Payments, Credits or Savings)
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.	20							
(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.	25							
(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.								

COMMENTS OR EXPLANATION:

RESOLUTION

Amending the General Fund #00100 Budget for 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 \$10,162 of the unanticipated revenue from Community Services Block Grant (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:		\$591,622,404
Additions		
11084500100.331540.9013	CSBG Reimbursement	\$10,162
Amended Total Estimated Revenues		\$591,632,566

APPROPRIATIONS

Prior Total:		\$591,622,404
Additions		
11084500100.508309.130	Other Grants and Aid	\$10,162
Amended Total Appropriations		\$591,632,566

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 _____, 2007.

ATTEST:
CHARLIE GREEN, EX-OFFICIO CLERK

BOARD OF COUNTY COMMISSIONERS
LEE COUNTY, FLORIDA

BY: _____
DEPUTY CLERK

CHAIRMAN

APPROVED AS TO FORM

OFFICE OF COUNTY ATTORNEY

Doc Type YA
Ledger Type BA