

**SEMINOLE COUNTY GOVERNMENT
AGENDA MEMORANDUM**

SUBJECT: Community Service Block Grant Modification of Agreement

DEPARTMENT: Community Services **DIVISION:** Community Assistance

AUTHORIZED BY: Phillip C. Stalvey ^{31st} **CONTACT:** David Medley ^{DM} **EXT.** 3363
Director

Agenda Date <u>4/8/03</u>	Regular <input type="checkbox"/>	Consent <input checked="" type="checkbox"/>	Work Session <input type="checkbox"/>	Briefing <input type="checkbox"/>
	Public Hearing – 1:30 <input type="checkbox"/>		Public Hearing – 7:00 <input type="checkbox"/>	

MOTION/RECOMMENDATION:

Approve and authorize Chairman to execute Modification of Agreement between Seminole County and Florida Department of Community Affairs, and approval of additional \$642 cash match*

BACKGROUND:

On April 3, 2002 the Division of Community Assistance was notified of the availability of \$32,118 additional Community Services Block Grant (CSBG) funds to enhance our services under this program. The attached modification proposes the following utilization of the original grant and additional funds of \$32,118:

	Modification 02/03
Direct Services	
(Housing, Utilities, Child Care)	\$ 183,606.00
Intern	\$4,700.00
Other Program Expenses	\$68,164.00
Cash Match *	\$ 5,130.00*
In-Kind Match	\$ 46,165.00
TOTAL	\$ 307,765.00

***The additional Cash Match of \$642 is available in the current budget (No additional General Revenue needed).**

Reviewed by:	<u>S. DeLoach</u> 03-27-03
Co Atty:	<u>S. DeLoach</u>
DFS:	_____
Other:	_____
DCM:	<u>DM</u>
CM:	<u>DM</u>
File No.	<u>CCS01</u>

MODIFICATION OF AGREEMENT
BETWEEN
FLORIDA DEPARTMENT OF COMMUNITY AFFAIRS
AND
Seminole County

This Modification is made and entered into by and between the State of Florida, Department of Community Affairs, ("the Department"), and the Seminole County ("Recipient") to modify DCA Contract Number 03SB-2K-06-69-01-029, dated October 14, 2002 ("the Agreement").

WHEREAS, the Department and the Recipient have entered into the Agreement, pursuant to which the Department has provided a grant of \$224,352 to Recipient; and

WHEREAS, additional funds have become available to increase the amount of funding granted to the Recipient.

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

1. Paragraph (16)(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 \$256,469 subject to the availability of funds and appropriate budget authority. The Recipient is authorized to incur costs in an amount not to exceed \$192,352 until the Department receives the full budget authority. Upon Department receipt of final budget authority, the parties shall amend the Agreement to authorize the Recipient to incur additional costs. This revised contract amount includes:

1. \$224,352 Current FFY 2002-2003 CSBG contract allocation
 2. + \$23,590 FY 2003 Award Adjustment
 3. + \$8,528 Carryover funds from FY 2001-2002
2. Attachment H-1, (Budget Summary), Attachment H-2 (Sub-Recipient Information), Attachment H-3, (Budget Detail), and Attachment H-4 (Secondary Administrative Expenses) are hereby deleted in their entirety and replaced with Amended Attachment H-1, Amended Attachment H-2, Amended Attachment H-3 and Amended Attachment H-4 as attached hereto and incorporated herein by reference.

\$ 5,130.00 CASH \$ 46,165.00 IN-KIND
 3. Attachments I-1 through I-7, CSBG Workplan are hereby deleted in their entirety, and replaced with Amended Attachment I-1 through Amended Attachment I-7, CSBG Workplan, which 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

STATE OF FLORIDA

By: _____

By: _____

Daryl McLain
Chairman

Shirley W. Collins, Director
Division of Housing and Community Development

Date: _____

Date: _____

69-11-033995-53C
Federal Identification Number

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

Recipient:

REVENUE SOURCES		PERCENT	MATCH	TOTAL AMOUNT	NOTE:	
1. CSBG Grant Funds				256,470.00	•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.	
2. Cash Match		2 %	5,130.00			
3. In-Kind Match		18 %	46,165.00			
4. TOTAL MATCH (Line 2 + Line 3)		20 %		51,295.00		
5. TOTAL FUNDS (Line 1 + Line 4)				307,765.00		
A CSBG FUNDS ONLY	B	C	D	E	F	G
	Last Approved CSBG Budget	Increase in Federal Award Amount	2001-2002 Carryover Amount	Total CSBG Funds (Col. B+C+D)	Cash and In-kind Match	Total Modified CSBG Budget (Col. E +F)
6. TOTAL FUNDS	224,352.00	23,590.00	8,528.00	256,470.00	51,295.00	307,765.00
ADMINISTRATIVE						
7. RECIPIENT (Salaries + Fringe, Rent, Utilities, Travel, Other)	3,200.00	0	1,500.00	4,700.00	46,165.00	50,865.00
8. SUB-RECIPIENT (Salaries + Fringe, Rent, Utilities, Travel, Other)	0	0	0	0	0	0
9. TOTAL ADMINISTRATIVE (Line 7+Line 8)	3,200.00	0	1,500.00	4,700.00	46,165.00	50,865.00
10. ADMINISTRATIVE LIMIT: Cell 9E, Total CSBG Funds for Administration, may not exceed Col. 6B + 6C times .15 plus Col. 9D. Cell 9D cannot exceed the unspent administrative balance from your FY 2001-2002 contract close-out.						
PROGRAM						
11. RECIPIENT DIRECT CLIENT	153,988.00	23,590.00	7,028.00	183,606.00	0	183,606.00
12. RECIPIENT OTHER	68,164.00	0	0	68,164.00	5,130.00	73,294.00
13. SUBTOTAL RECIPIENT PROGRAM	221,152.00	23,590.00	7,028.00	251,770.00	5,130.00	256,900.00
14. SUB-RECIPIENT DIRECT CLIENT ASSISTANCE EXPENSES	0	0	0	0	0	0
15. SUB-RECIPIENT OTHER PROGRAM	0	0	0	0	0	0
16. SUBTOTAL SUB-RECIPIENT PROGRAM	0	0	0	0	0	0
17. TOTAL PROGRAM (Line 13 + Line 16)	221,152.00	23,590.00	7,028.00	251,770.00	5,130.00	256,900.00
18. SECONDARY ADMIN. EXPENSES	0	0	0	0		0
19. GRAND TOTAL EXPENSE: (Line 9 + Line 17 + Line 18. Must agree with Line 6)	224,352.00	23,590.00	8,528.00	256,470.00	51,295.00	307,765.00

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

RECIPIENT: _____

SUB-RECIPIENT: _____

MAILING ADDRESS OF SUB-RECIPIENT: _____ ZIP CODE _____

CONTACT PERSON: _____ TITLE: _____

TELEPHONE: () _____ FAX () _____

NOTE: The following line items (8, 14, 15 and 16) must correspond with AMENDED ATTACHMENT H-1, BUDGET SUMMARY of the RECIPIENT. If there is more than one subrecipient, it is the recipient's responsibility to ensure that the total of all subrecipient budgets add correctly.

a	b	c	d	e	f	g
CSBG FUNDS ONLY EXPENSE CATEGORY	Last Approved CSBG Budget	Award Adjustmen t	2001-2002 Carryover Amount	Total CSBG Funds (Col. B+C+D)	Cash and In-kind Match	Total Modified CSBG Budget (Col. E+F)
SUB-RECIPIENT ADMINISTRATIVE EXPENSES						
8. SUB-RECIPIENT EXPENSES (Salaries + Fringe, Rent, Utilities, Travel, Other)						
SUB-RECIPIENT PROGRAM EXPENSES:						
14. SUB-RECIPIENT DIRECT CLIENT ASSISTANCE EXPENSES						
15. SUB-RECIPIENT OTHER PROGRAM EXPENSES (Salaries + Fringe, Rent, Utilities, Travel, Other)						
16. SUBTOTAL SUB- RECIPIENT PROGRAM EXPENSES (Line 14 + Line 15)						
TOTAL EXPENSES: (Line 8 + Line 16)						

**AMENDED
CSBG MODIFICATION
AMENDED ATTACHMENT H-3
BUDGET DETAIL**

RECIPIENT:

LINE ITEM NO.	OBJ. NO. (direct client assistance lines only)	EXPENDITURE DETAIL <i>Round up line item totals to dollars. Do not use cents or decimals in totals.</i>	DOLLARS CHARGED		
			CSBG FUNDS	CASH MATCH*	IN-KIND MATCH*
		<u>ADMINISTRATIVE EXPENSES</u>			
7		RECIPIENT EXPENSES <u>Salaries:</u> Intern \$6.00 per hour X 20 hrs. per week X 35 weeks =4,200 Supervisor \$20.00 per hour X1 hr. per week X 25 weeks = \$500 SUBTOTAL SALARIES AND FRINGE	\$4,700		
7		<u>Rent & Utilities:</u> Source: Seminole County in-kind match 2. Space, utilities and telephone 2,400 sq. ft. @\$11.00 = \$26,400			\$26,400
7		<u>Administrative Supervision</u> Source=Seminole County In-Kind Match Salaries for Division Manager/Program Manager 700 Hrs. (approximately 13.5 hrs per week) at \$28.77hr. <u>*In-Kind Match Source: Seminole County</u>			\$19,765
		TOTAL ADMINISTRATIVE EXPENSES: \$50,865	\$4,700.00		\$46,165.00

* EXPLAIN SOURCES OF CASH AND IN-KIND MATCH

**AMENDED
CSBG MODIFICATION
AMENDED ATTACHMENT H-3
BUDGET DETAIL**

RECIPIENT:

LINE ITEM NO.	OBJ. NO. (direct client assistance lines only)	EXPENDITURE DETAIL <i>Round up line item totals to dollars. Do not use cents or decimals in totals.</i>	DOLLARS CHARGED		
			CSBG FUNDS	CASH MATCH*	IN-KIND MATCH*
		<u>PROGRAM EXPENSES</u>			
		<u>DIRECT CLIENT ASSISTANCE</u>			
		RENTAL ASSISTANCE			
		RECIPIENT DIRECT CLIENT ASSISTANCE			
11	1.1	30 clients will be provided with rental/mortgage assistance.	60,000.00		
	1.2	10 clients will be provided with rental/mortgage assistance.	30,000.00		
	3.1	5 clients will be provided with rental/mortgage assistance	15,000.00		
	6.1	35 clients will be provided with rental/mortgage assistance.	35,000.00		
11		UTILITY ASSISTANCE			
	1.1	10 clients will be provided with utility assistance.	3,000.00		
	1.2	10 clients will be provided with utility assistance.	4,000.00		
	6.1	35 clients will be provided with utility assistance.	6,606.00		
11		CHILDCARE			
	1.1	10 client s will be provided with childcare assistance.	15,000.00		
	1.2	10 clients will be provided with childcare assistance.	15,000.00		
		<u>TOTAL DIRECT CLIENT ASSISTANCE: \$183,606</u>	<u>\$183,606.00</u>		
12		RECIPIENT OTHER PROGRAM EXPENSES			
		Salaries: Case Manager, 100% CSBG \$12.25 per hour X 2,080 = \$25,480.00			
		Fringe Benefits: FICA, Health Insurance, Worker's Comp and Retirement (\$9,089) (Sub Total (\$34,569)	\$34,569.00		
		Salaries: Senior Staff Assistant, 100% CSBG \$13.95 per hour X 2,080 = \$29,016.00			
		Fringe Benefits: FICA, Health Insurance, Worker's Comp and Retirement (\$9,709) (Sub Total= \$38,725)	\$33,595.00	\$5,130.00	
		<u>TOTAL OTHER PROGRAM EXPENSES: \$73,294</u>	<u>\$68,164.00</u>	<u>\$5,130.00</u>	

* EXPLAIN SOURCES OF CASH AND IN-KIND MATCH

**AMENDED
ATTACHMENT I-1
CSBG WORK PLAN
(All activities must agree with the CAP Plan)**

NATIONAL GOAL 1: Low-income People Become More Self-Sufficient

OBJECTIVE		SERVICE CATEGORY ¹	TYPE OF UNIT ²	ACTIONS	LINKAGE STATEMENT	COUNTY(IES) SERVED
<i>From Community Action Plan:</i>				<i>From Community Action Plan:</i> Describe the Actions applicable to this National Goal, Objective and Measure. (Do not include any numeric detail i.e, dollar amounts, number of clients, etc)	Indicate other programs in the agency or community used to achieve each measure.	List the Counties served under each measure
1	Describe the Objective(s) applicable to this National Goal					
2	Describe the Measure(s) applicable to this National Goal and Objective					
<p>1. Objective Number: 1.1 By September 30, 2003, 100 out of 200 eligible applicants will be screened and will identify those obstacles that inhibit their ability in becoming self-sufficient by the provision of increasing access to employment opportunities.</p> <p>2. Measure Number(s): 1-a. By September 30, 2003, 20 out of 40 participants seeking employment will obtain it.</p> <p>1-c. By September 30, 2003, 10 out of 20 households with adult household members will maintain employment for at least 90 days.</p>		<p>Employment</p> <p>Employment</p>	<p>Participants</p> <p>Households</p>	<p>1.1. 1-a.(1) Identify potential (FSSP) participants through outreach, referrals, walk - in applicants.</p> <p>1.1. 1-a.(2) Screen for potential Self-Sufficiency clients and set appointments for those clients who are determined as meeting the income guidelines and who show a willingness to participate in FSSP.</p> <p>1.1.1-a.(3) Conduct a needs assessment and enroll clients in FSSP.</p> <p>1.1.1-a.(4) Caseworker and participant will develop an individual plan to determine goal, benchmark and time frames.</p> <p>1.1.1-a.(5) Provide rental, childcare, and utility assistance while participant works to achieve individual plan.</p> <p>1.1.1-a.(6) Develop resumes for clients on an as needed basis.</p> <p>1.1-a.(7) Refer clients to job services programs and/or agencies that assist in job placement.</p> <p>1.1-c.(1) Maintain contact with clientele via phone, fax and mail/e-mail to monitor client's longevity of employment.</p> <p>1.1-c.(2) Maintain copies of current pay stubs for client's participating under FSSP.</p> <p>1.1-c.(3) Provide rental, utility, and childcare assistance while participant works to achieve individual plan.</p>	<p>Catholic Social Services Christian Sharing Center Salvation Army Jewish Family Services Community Assistance Consumer Credit Counseling 4-c Approved Daycare Centers One Stop/Workforce Welfare to Work Wellness Institute Seminole Community College Vocational Schools Vocational Rehabilitation</p>	<p>Seminole County</p>

¹ **SERVICE CATEGORIES:** Employment, Education/Literacy, Income Management, Housing, Emergency Services, Nutrition, Linkages, Self-Sufficiency, Health, Youth Development, Senior Programs.

² **UNITS:** Individuals, Participants, Households, Partnerships, Dollars, Clients, etc.

**AMENDED
ATTACHMENT I-2
CSBG WORK PLAN
(All activities must agree with the CAP Plan)**

NATIONAL GOAL 1: Low-Income People Become More Self-Sufficient. (Continued)

OBJECTIVE		SERVICE CATEGORY ¹	TYPE OF UNIT ²	ACTIONS	LINKAGE STATEMENT	COUNTY(IES) SERVED
<i>From Community Action Plan:</i>				<p style="text-align: center;"><i>From Community Action Plan:</i> Describe the Actions applicable to this National Goal, Objective and Measure.</p> <p style="text-align: center;">(Do not include any numeric detail i.e, dollar amounts, number of clients)</p>	Indicate other programs in the agency or community used to achieve each measure.	List the Counties served under each measure.
1	Describe the Objective(s) applicable to this National Goal					
2	Describe the Measure(s) applicable to this National Goal and Objective					
<p>1. Objective Number: 1.2 By September 30, 2003, 10 out of 20 eligible participants will identify those obstacles and/or problems that inhibit their becoming self-sufficient by the provision of increased access to education.</p> <p>2. Measure Number(s): 1-m. By September 30, 2003, 10 out of 20 people will make progress towards post secondary degree or vocational training.</p>		Education	Persons	<p>1.1.1-m.(1) Supportive services for educational purposes which include: Referral to local educational facilities Technical assistance for completion of necessary forms.</p> <p>1.1.1-m.(2) Provide rental, utility and childcare assistance.</p>	(same)	Seminole County

¹ **SERVICE CATEGORIES:** Employment, Education/Literacy, Income Management, Housing, Emergency Services, Nutrition, Linkages, Self-Sufficiency, Health, Youth Development, Senior Programs.

² **UNITS:** Individuals, Participants, Households, Partnerships, Dollars, Clients, etc.

**AMENDED
ATTACHMENT I-3
CSBG WORK PLAN
(All activities must agree with the CAP Plan)**

NATIONAL GOAL 3: Low-income People Own a Stake in their Community

OBJECTIVE		SERVICE CATEGORY ¹	TYPE OF UNIT ²	ACTIONS	LINKAGE STATEMENT	COUNTY(IES) SERVED
<i>From Community Action Plan:</i>				<i>From Community Action Plan:</i> Describe the Actions applicable to this National Goal, Objective and Measure. (Do not include any numeric detail, i.e., dollar amounts, number of clients etc.,)	Indicate other programs in the agency or community used to achieve this measure.	List the Counties served under each measure.
1	Describe the Objective(s) applicable to this National Goal					
2	Describe the Measure(s) applicable to this National Goal and Objective					
<p>1. Objective Number: 3.1 By September 30, 2003, 5 out of 10 low-income households will take a stake in their community by maintaining residency in Seminole County.</p> <p>2. Measure Number(s): 3-a. By September 30, 2003 5 out of 10 households will own or actively participate in the management of their housing.</p>		Housing	Households	<p>3.1.3-a.(1) Caseworker and participants will go over household expenses on a monthly basis.</p> <p>3.1.3-a.(2). Supportive services for housing assistance to include: Referrals to Consumer Credit Counseling, Center for Affordable Housing and Ship.</p> <p>3.1.-a.(3). Provide rental or mortgage assistance while client achieves individual plan.</p>	<p>Center for Affordable Housing SHIP</p> <p>Consumer Credit Counseling.</p> <p>Christian Sharing Center</p> <p>Salvation Army</p> <p>Jewish Family</p> <p>Catholic Charities</p>	Seminole County

¹ **SERVICE CATEGORIES:** Employment, Education/Literacy, Income Management, Housing, Emergency Services, Nutrition, Linkages, Self-Sufficiency, Health, Youth Development, Senior Programs.

² **UNITS:** Individuals, Participants, Households, Partnerships, Dollars, Clients, etc.

**AMENDED
ATTACHMENT I-4
CSBG WORK PLAN
(All activities must agree with the CAP Plan)**

NATIONAL GOAL 4: Partnerships among Supporters and Providers of Services to Low-Income People are Achieved.

OBJECTIVE		SERVICE CATEGORY ¹	TYPE OF UNIT ²	ACTIONS	LINKAGE STATEMENT	COUNTY(IES) SERVED
<i>From Community Action Plan:</i>						<i>From Community Action Plan:</i> Describe the Actions to be taken to achieve each measure. (Do not include any numeric detail i.e, dollar amounts, number of clients)
1	Describe the Objective(s) applicable to this National Goal					
2	Describe the Measure(s) applicable to this National Goal and Objective					
1. Objective Number: 2. Measure Number(s):						

¹ **SERVICE CATEGORIES:** Employment, Education/Literacy, Income Management, Housing, Emergency Services, Nutrition, Linkages, Self-Sufficiency, Health, Youth Development, Senior Programs.

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**AMENDED
ATTACHMENT I-5
CSBG WORK PLAN**

(All activities must agree with the CAP Plan)

NATIONAL GOAL 5: Agencies Increase their Capacity to Achieve Results.

OBJECTIVE		TYPE OF UNIT ¹	SERVICE CATEGORY ²	MEASURABLE ACTIONS	LINKAGE STATEMENT	COUNTY(IES) SERVED
<i>From Community Action Plan:</i>				Describe the Actions to be taken to achieve each measure. (Do not include any numeric detail i.e, dollar amounts, number of clients)	Indicate other programs in the agency or community used to achieve this measure.	List the Counties served under each Measure
1	Describe the Objective(s) applicable to this National Goal					
2	Describe the Measure(s) applicable to this National Goal and Objective					
1. Objective Number:						
2. Measure Number(s):						

¹ **SERVICE CATEGORIES:** Employment, Education/Literacy, Income Management, Housing, Emergency Services, Nutrition, Linkages, Self-Sufficiency, Health, Youth Development, Senior Programs.

¹ **UNITS:** Individuals, Participants, Households, Partnerships, Dollars, Clients, etc.

**AMENDED
ATTACHMENT I-6
CSBG WORK PLAN
(All activities must agree with the CAP Plan)**

NATIONAL GOAL 6: Low Income People, Especially Vulnerable Populations, Achieve Their Potential By Strengthening Family and Other Supportive Systems.

OBJECTIVE		SERVICE CATEGORY ¹	TYPE OF UNIT ²	ACTIONS	LINKAGE STATEMENT	COUNTY(IES) SERVED
<i>From Community Action Plan:</i>				<i>From Community Action Plan: Describe the Actions to be taken to achieve each measure. (Do not include any numeric detail i.e, dollar amounts, number of clients)</i>	Indicate other programs in the agency or community used to achieve each measure.	List the Counties served under each measure.
1	Describe the Objective(s) applicable to this National Goal					
2	Describe the Measure(s) applicable to this National Goal and Objective					
<p>1. Objective Number: 6.1 By September 30, 2003, 30 out of 40 CSBG eligible clients will be assisted in ameliorating a crisis that impedes their self-sufficiency and/or independent living situation</p> <p>2. Measure Number(s): 6-c. By September 30, 2003, 35 out of 40 eligible clients in crisis will have their emergency needs ameliorated.</p>		Emergency Services	Households	<p>6.1.6-c.(1). Identify CSBG eligible applicants who are "at risk" and in need of immediate assistance to maintain to a stable household.</p> <p>6.1.6-c.(2). Determine the nature of the need and provide referrals where applicable.</p> <p>6.1.6-c.(3). Provide participants with rent, rent or mortgage assistance.</p>	<p>Salvation Army Catholic Charities Salvation Army Christian Sharing Center Consumer Credit Counseling.</p>	Seminole County

SERVICE CATEGORIES: Employment, Education/Literacy, Income Management, Housing, Emergency Services, Nutrition, Linkages, Self-Sufficiency, Health, Youth Development, Senior Programs.

² **UNITS:** Individuals, Participants, Households, Partnerships, Dollars, Clients, etc.

