

**SEMINOLE COUNTY GOVERNMENT
AGENDA MEMORANDUM**

SUBJECT: 2003/2004 Community Services Block Grant Modification

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

AUTHORIZED BY: Phillip C. Stalvey **CONTACT:** David Medley **EXT.** 3363

Agenda Date <u>07/13/04</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: Approval by the Board of County Commissioners of the attached CSBG Modification of \$260,285, authorization for the Chairman to execute the grant application and related documents, approval of required 2% CASH MATCH of \$5,206.00*.

BACKGROUND:

On August 12, 2003, the Board of County Commissioners approved the acceptance of the Community Services Block Grant award in the amount of \$222,349.00 and the local 2% match of \$4,447. On June 4, 2004 the Division of Community Assistance was notified of the availability of an additional \$37,936 to enhance our services under this program. These new funds will require an additional \$759 in cash match.* The attached application proposes the following utilization of these funds:

	Proposed Modification
Direct Services (Housing, & Utilities,)	\$ 176,597.00
Administration (2 Staff)	\$ 77,188.00
Intern Program	\$6,500
Cash Match *	\$ 5,206.00 *
In-Kind Match	\$ 46,851.00
TOTAL	\$ 312,342.00

*The additional Cash Match will be identified in the existing division budget. **NO additional funds are being requested.**

Reviewed by:	<i>[Signature]</i>
Co Atty:	<i>[Signature]</i>
DFS:	<i>[Signature]</i>
Other:	<i>[Signature]</i>
DCM:	<i>[Signature]</i>
CM:	<i>[Signature]</i>
File No.	<u>CCS01</u>

6-21-04

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 04SB-3T-06-69-01-029, ("the Agreement").

WHEREAS, the Department and the Recipient have entered into the Agreement, pursuant to which the Department provided a grant of \$222,349 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 \$260,285, subject to the availability of funds and appropriate budget authority.

- A. \$222,349 Current FFY 2003-2004 CSBG contract allocation
 - B. + \$11,658 Base Increase for FFY 2003-2004
 - C. + \$26,278 Carryover funds from FFY 2002-2003
2. Attachment G-1 (Budget Summary), G-2 (Sub-Recipient Information, if applicable), G-3 (Budget Detail) and Attachment G-4 (Secondary Administration, if applicable) are hereby deleted in their entirety and replaced with Amended Attachment G-1, Amended Attachment G- 2 if applicable, Amended Attachment G-3 and Amended Attachment G-4 if applicable, as attached hereto and incorporated herein by reference.
 3. Attachments H-1 through H-7, CSBG Workplan are hereby deleted in its entirety, and replaced with Amended Attachment H-1 through H-7.
 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. Modifications will be effective when both parties have executed the contract, or July 1, 2004, whichever is later.

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.

RECIPIENT

STATE OF FLORIDA

By: _____
Name

By: _____

Title

Janice Browning, Director
Division of Housing and Community Development

Date: _____

Date: _____

Federal Identification Number

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

Recipient: Seminole County

REVENUE SOURCES	PERCENT	MATCH	TOTAL AMOUNT	NOTES: 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.		
1. CSBG Grant Funds			\$260,285.00			
2. Cash Match	2%	\$5,206.00				
3. In-Kind Match	18%	\$46,851.00				
4. TOTAL MATCH (Line 2 + Line 3)	20%		\$52,057.00			
5. TOTAL FUNDS (Line 1 + Line 4)			\$312,342.00			
A CSBG FUNDED PROGRAMS ONLY EXPENSE CATEGORY	B Last Approved CSBG Budget	C 2003-2004 Base Increase	D Subtotal Column B+ Column C	E 2002- 2003 Carryover Amount	F Total CSBG Funds (Col. D +E)	G Cash and In-kind Match
6. TOTAL CSBG FUNDS	222,349.00	11,658	234,007.00	\$26,278.00	260,285.00	52,057.00
ADMINISTRATIVE						
7. RECIPIENT (salaries + Fringe, Rent, Utilities, Travel, Other)	4,500	2,000	6,500	0	6,500	52,057.00
8. SUB-RECIPIENT EXPENSES (Salaries + Fringe, Rent, Utilities, Travel, Other)	0	0	0	0	0	0
9. TOTAL ADMINISTRATIVE EXPENSES (Line 7 + Line 8)	4,500	2,000	6,500	0	6,500	52,057.00
10. ADMINISTRATIVE EXPENSE PERCENT [(Cell 9D divided by cell 6D)x100]	2%	17%	3%	VALUE IN CELL 10D MAY NOT EXCEED 15% OF LINE 1		
PROGRAM						
11. RECIPIENT DIRECT CLIENT ASSISTANCE	140,661.00	9,658.00	150,319.00	26,278.00	176,597.00	52,057.00
12. RECIPIENT OTHER PROGRAM EXPENSES (Salaries + Fringe, Rent, Utilities, Travel, etc)	77,188.00	0	77,188.00	0	77,188.00	0
13. SUBTOTAL RECIPIENT PROGRAM EXPENSES (Line 11 + Line 12)	217,849.00	9,658.00	227,507.00	26,278.00	253,785.00	52,057.00
14. SUB-RECIPIENT DIRECT CLIENT ASSISTANCE EXPENSES	0	0	0	0	0	0
15. SUB-RECIPIENT OTHER PROGRAM EXPENSES (Salaries + Fringe, Rent, Utilities, Travel, etc)	0	0	0	0	0	0
16. SUBTOTAL SUB-RECIPIENT PROGRAM EXPENSES (Line 14 + Line 15)	0	0	0	0	0	0
17. TOTAL PROGRAM EXPENSE (Line 13 + Line 16)	217,849.00	9,658.00	227,507.00	26,278.00	253,785.00	0
18. SECONDARY ADMINISTRATIVE EXPENSES	0	0	0	0	0	0
19. GRAND TOTAL EXPENSE: (Line 9 + Line 17 + Line 18) (Must agree with line 6)	222,349.00	11,658.00	234,007.00	26,278.00	260,285.00	52,057.00

* THE AMOUNT IN CELL 9E CANNOT EXCEED THE UNSPENT ADMINISTRATIVE BALANCE FROM YOUR FY 2002-2003 CONTRACT CLOSEOUT.

**ATTACHMENT G-3
BUDGET DETAIL**

RECIPIENT: Seminole County

LINE ITEM NO.	OBJ. NO. (direct client assistance lines only)	<u>EXPENDITURE DETAIL</u> 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* *
11.	1.1.c	Utility Assistance 15 clients will be provided with utility assistance, in order to acquire/maintain employment.	3,500.00		
	1.8.e	5 clients will be provided with utility assistance, in order to complete post-secondary education, a certificate or diploma, in order to acquire or maintain employment.	3,000.00		
	1.7.b	3 clients will be provided with utility assistance, in order to obtain permanent rental housing in the community of their choice.	2,000.00		
	6.5.d.	40 clients will be provided with utility assistance, in order to avoid eviction.	8,000.00		
11.	1.8.g	Childcare Assistance 15 clients will be provided with childcare assistance, in order to acquire/maintain employment.	20,161.00	\$5,206	
	18.e	6 clients will be provided with childcare assistance, in order to complete post-secondary education, a certificate or diploma, in order to acquire or maintain employment.	15,000.00		
		<u>Recipient Direct Client Assistance Total:</u>	<u>\$176,597</u>	<u>\$5,206</u>	
12.		RECIPIENT OTHER PROGRAM EXPENSES Salaries: Case Manager, 100% CSBG \$13.252 (rounded) per hour x 2,080 = \$27,564 Fringe Benefits: FICA, Health Insurance, Worker's Comp and Retirement, (\$9,920 Actual)	\$37,484		
		Salaries: Senior Staff assistant, 100% CSBG \$14.173 (rounded) per hour x 2,080 = \$29,479 Fringe Benefits: FICA, Health Insurance, Worker's Comp and Retirement, (\$10,225 Actual)	\$39,704		
		<u>Recipient Other Program Expense Total:</u>	<u>\$77,188</u>		

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

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

RECIPIENT: Seminole County

SUB-RECIPIENT: N/A

MAILING ADDRESS OF SUB-RECIPIENT: _____, FL ZIP CODE _____

CONTACT PERSON: _____

TITLE: _____

TELEPHONE: () FAX ()

NOTE: The following line items (7,13,14 and 15) must correspond to the BUDGET SUMMARY of the RECIPIENT. 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.

CSBG FUNDED PROGRAMS ONLY EXPENSE CATEGORY	(1) CSBG FUNDS	(2) CASH MATCH	(3) IN-KIND MATCH	(4) TOTAL
SUB-RECIPIENT ADMINISTRATIVE EXPENSES:				
7. SUB-RECIPIENT EXPENSES <i>(Salaries + Fringe, Rent, Utilities, Travel, Other)</i>	0	0	0	0
SUB-RECIPIENT PROGRAM EXPENSES:				
13. SUB-RECIPIENT DIRECT CLIENT ASSISTANCE EXPENSES	0	0	0	0
14. SUB-RECIPIENT OTHER PROGRAM EXPENSES <i>(Salaries + Fringe, Rent, Utilities, Travel, etc)</i>	0	0	0	0
15. SUBTOTAL SUB-RECIPIENT PROGRAM EXPENSES <i>(Line 13 + Line 14)</i>	0	0	0	0
TOTAL EXPENSES: <i>(Line 7 + Line 15)</i>	0	0	0	0

**ATTACHMENT G-3
BUDGET DETAIL**

RECIPIENT: Seminole County

LINE ITEM NO.	OBJ. 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**
<u>ADMINISTRATIVE EXPENSES</u>					
7.		RECIPIENT EXPENSES Salaries: Intern \$8.00 per hour x 25 hrs. per week x 32.50 weeks = \$6,500	\$6,500		
3.		SUBTOTAL SALARIES AND FRINGE: Rent & Utilities: Source: Seminole County In-kind match Space, utilities and telephone 2,500 sq. ft. @ \$11.00 = 27,500 <u>*In-kind Match Source: Seminole County</u> SUBTOTAL RENT & UTILITIES: Administrative Supervision Source=Seminole County In-Kind Match Salaries for Division Manager/Program Manager 405 Hrs. (approximately 8 hrs per week) at 47.78 Rounded			\$27,500
					\$19,351
		<u>Recipient Expenses Total:</u>	<u>\$6,500</u>		<u>\$46,851</u>
RECIPIENT DIRECT CLIENT ASSISTANCE					
Rental assistance					
11.	1.1.d	20 clients will be provided with rental/mortgage assistance, in order to acquire/maintain employment.	45,000.00		
	1.8.e	5 clients will be provided with rental/mortgage assistance, in order to complete post-secondary education, a certificate or diploma, in order to acquire or maintain employment.	18,000.00		
	1.7.b	5 clients will be provided with rental/mortgage assistance, in order to obtain permanent rental housing in the community of their choice.	2,000.00		
	6.5.e	114 clients will be provided with rental assistance, in order to avoid eviction.	59,936.00		

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

**ATTACHMENT G-3
BUDGET DETAIL**

RECIPIENT: Seminole County

LINE ITEM NO.	OBJ. 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* *
11.	1.1.c	Utility Assistance 15 clients will be provided with utility assistance, in order to acquire/maintain employment.	3,500.00		
	1.8.e	5 clients will be provided with utility assistance, in order to complete post-secondary education, a certificate or diploma, in order to acquire or maintain employment.	3,000.00		
	1.7.b	3 clients will be provided with utility assistance, in order to obtain permanent rental housing in the community of their choice.	2,000.00		
	6.5.d.	40 clients will be provided with utility assistance, in order to avoid eviction.	8,000.00		
11.	1.8.g	Childcare Assistance 15 clients will be provided with childcare assistance, in order to acquire/maintain employment.	23,608.00	\$5,206	
	18.e	6 clients will be provided with childcare assistance, in order to complete post-secondary education, a certificate or diploma, in order to acquire or maintain employment.	15,000.00		
		<u>Recipient Direct Client Assistance Total:</u>	<u>\$176,597</u>		
12.		RECIPIENT OTHER PROGRAM EXPENSES Salaries: Case Manager, 100% CSBG \$13.252 (rounded) per hour x 2,080 = \$27,564 Fringe Benefits: FICA, Health Insurance, Worker's Comp and Retirement, (\$9,920 Actual)	\$37,484		
		Salaries: Senior Staff assistant, 100% CSBG \$14.173 (rounded) per hour x 2,080 = \$29,479 Fringe Benefits: FICA, Health Insurance, Worker's Comp and Retirement, (\$10,225 Actual)	\$39,704		
		<u>Recipient Other Program Expense Total:</u>	<u>\$77,188</u>		

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

**ATTACHMENT G-4
SECONDARY ADMINISTRATIVE EXPENSES**

Secondary Administrative Expense requested: Yes _____ No XX
 Name of Recipient: Seminole County

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 F, Section D (13) for additional information.

BUDGET INFORMATION	NAME OF SECONDARY PROGRAM:	NAME OF SECONDARY PROGRAM:	NAME OF SECONDARY PROGRAM:	NAME OF SECONDARY PROGRAM:	TOTAL OF ALL PROGRAMS
	GRANT PERIOD: START DATE: END DATE:	GRANT PERIOD: START DATE: END DATE:	GRANT PERIOD: START DATE: END DATE:	GRANT PERIOD: 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 # _____	Goal # _____ Goal # _____	
8. Work Plan actions that address secondary programs activities:	Action # _____ Action # _____	Action # _____ Action # _____	Action # _____ Action # _____	Action # _____ Action # _____	

¹ The recipient must take full advantage of all administrative and indirect dollars allowed by the secondary programs's funding source before CSBG secondary administrative expenses are requested.

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

ATTACHMENT H - AMMENDED FLORIDA COMMUNITY SERVICES BLOCK GRANT (CSBG)

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

Version 1.1--09/03/03

1 – CAA Outcomes Catalog	2	3	4	5	6	7	8	9	10
Goal 1: Low-Income People Become Self-Sufficient 1. Obtained Employment/Self-Employment for Unemployed Persons. 2. Obtained Employment/Self-Employment for Employed Persons. 3. Maintained Employment for at Least 90 days. 4. Increased Earned Income from the Previous Reporting Period. 5. Increased Total Household Resources from Non-Employment Sources. 6. Increased Ability to Manage Income and Use Assets to Achieve Self-Sufficiency. 7. Obtained Adequate, Safe, Affordable, Unsubsidized, Permanent Housing 8. Eliminated/Reduced Barriers to Employment and Self-Sufficiency.	WORKPLAN Total Number of People who will Achieve Outcome	Number of People 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	Achieved Outcome	Still Progressing Toward Outcome	Exited Program Prior to Achieved Outcome	Received Services	Achieved Outcome	Received Services	Achieved Outcome
Outcomes with Indicators (2 continued)									
b) 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.), w/o health insurance benefits.									
c) Obtained full-time employment – number of hours as defined by employer; at least minimum wage, without benefits.									
d) Obtained full-time employment – number of hours defined by employer, above minimum wage and could include benefits.									
e) Became self-employed – and earned the equivalent of at least part-time employment.									
3) Maintained Employment for at Least 90 days.	150								
4) Increased Earned Income from the Previous Reporting Period.	0								
5) Increased Total Household Resources from Non-Employment Sources.	0								
a) Obtained Federal Earned Income Tax Credit.									
b) Obtained Federal Child Tax Credit.									
c) Homeowners realize an increase in assessed value of their home as a result of rehabilitation.									
d) Obtained other non-employment income (example: child support, SSI, disability, etc.)									

ATTACHMENT H - AMMENDED FLORIDA COMMUNITY SERVICES BLOCK GRANT (CSBG)

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

Version 1.1--09/03/03

Goal 1: Low-Income People Become Self-Sufficient 1. Obtained Employment/Self-Employment for Unemployed Persons. 2. Obtained Employment/Self-Employment for Employed Persons. 3. Maintained Employment for at Least 90 days. 4. Increased Earned Income from the Previous Reporting Period. 5. Increased Total Household Resources from Non-Employment Sources. 6. Increased Ability to Manage Income and Use Assets to Achieve Self-Sufficiency. 7. Obtained Adequate, Safe, Affordable, Unsubsidized, Permanent Housing 8. Eliminated/Reduced Barriers to Employment and Self-Sufficiency.	WORKPLAN Total Number of People who will <u>Achieve</u> <u>Outcome</u>	Number of People at or Below 125% of Poverty				Number of People Above 125% of Poverty		Number of People for whom no Income Information was Obtained	
				Still Progressing Toward Outcome	Exited Program Prior to Achieved Outcome				
		Received Services	Achieved Outcome	Still Progressing Toward Outcome	Exited Program Prior to Achieved Outcome	Received Services	Achieved Outcome	Received Services	Achieved Outcome
Outcomes with Indicators									
k) Moved toward self-sufficiency by "moving up" at least one step on an outcome scale. (Attach a copy of scale used.)									
l) Completed goals on their case management plan in order to move toward self-sufficiency.									
m) Maintained independence, etc. You may define the nature of the increased stability, or identify the specific area of concern, such as "remain drug free", in narrative comment below. Also, you may break out individuals by age or other characteristics in the Narrative Comments.									
n) Resolved other barrier to employment. Provide outcome, indicator and a description in Narrative Comments below.									

Definitions:

Increased Total Household Resources from Non-Employment Sources – this could refer to such things as: a move of a job to one closer to home which reduces travel costs; securing benefits such as tax credits, child support, SSI; or other increases which you may wish to define.

Completed goals on their case management plan in order to move toward self-sufficiency – this should refer specifically to the individual/family movement toward employment and self sufficiency, and not to their increased potential or to strengthen supportive systems.

Maintained independence – this could refer to a range of outcomes for individuals of various ages, characteristics, or circumstances. Outcomes associated with participation in treatment programs, alternatives to incarceration or institutionalization, Family Care Giver programs or other programs that enable families/individuals to achieve a measure of self-sufficiency should be reported here. Provide outcome, indicator and description in narrative comments.

Narrative Comments: *Please attach a separate sheet if necessary.*

**ATTACHMENT H – AMMENDED FLORIDA COMMUNITY SERVICES BLOCK GRANT (CSBG)
Community Action Goal 6 (Family) – Low-Income People Especially Vulnerable Populations,
Achieve Their Potential by Strengthening Family and Other Supportive Systems**

Version 1.0 – 08/01/03

1 – CAA Outcomes Catalog	2	3	4	5	6	7	8	9	10
Goal 6: Low-Income People Especially Vulnerable Populations Achieve Their Potential by Strengthening Family and Other Supportive Systems 1. Increased Education and/or Skills. 2. Increased Families Skills and Strengthened Families. 3. Increased Ability to Manage Income. 4. Obtained, Maintained, or Improved Housing Arrangements. 5. Reduced or Eliminated an Emergency Need 6. Improved or Maintained Nutrition (Proxy). 7. Obtained Access or Links to Services. 8. Improved or Maintained Physical or Behavioral Health 9. Children and Youth Participate in Services that Support Their Growth and Development. 10. Seniors Participate in Services that Support Independent Living. 11. Increased Other Supports to Eliminate Causes of Poverty	WORKPLAN Total Number of People who will <u>Achieve Outcome</u>	Number of People 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	Achieved Outcome	Still Progressing Toward Outcome	Exited Program Prior to Achieved Outcome	Received Services	Achieved Outcome	Received Services	Achieved Outcome
Outcomes with Indicators									
10) Seniors Participate in Services that Support Active, Independent Living.	0								
a) Senior Citizens remain active in their communities by participating in community-oriented programs (include Senior Centers, RSVP, Senior Employment, Foster Grandparent etc.)									
b) Senior Citizens maintain independent living status for 90 days through support services (including home delivered meals, home health or homemaker services, etc.)									
c) Senior Citizens avoid institutionalization through support services for at least six months after receiving services.									
d) Other outcome or indicator may be used with the approval of DCA.									
11) Increased Other Supports to Eliminate Causes of Poverty. Other outcome or indicator may be used with the approval of DCA.	0								

Narrative Comments: *Please attach a separate sheet if necessary.*