	Lee	•	oard Of Cou	•	ssioners Blue	Shoot No	20061418
10/13/06			<u>enda Item S</u>	ummary	Dide	Sheet Int	2006171
1. ACTION REQUESTED/PURPOSE:							
Authorize approval of the State Agreement for the receipt of Challenge Grant funds and sub-recipient agreements. Also authorize Department of Human Services Deputy Director to sign required grant reports. Approve budget							
Also authorize Departm	ent of Hun	nan Servic	es Deputy Di	rector to sign	n required grant r	eports. A	pprove budget
resolution for State of F	lorida FY 2	2007 Chal	lenge Grants	in the amour	it of \$100,000 for	the Coun	ty fiscal year
2006-2007.	2006-2007.						
		TOTTO					
2. WHAT ACTION A							
Allows the Department						with prog	gram activities
and the execution of su	b-recipier	it contrac	ts as well as	monthly rep	orts.		
3. MANAGEMENT R	FCOMM	TNDATIC	N• Staff rec	ommends er	nnroval		
3. WANAGENENT K		MUAIK	JIN. Stall Tee	ommenus aj	pproval.		
4. Departmental Categ	gory: 05	C	58		5. Meeting Dat	e:	NOV 0 7 2006
6. Agenda:	7.	Requirem	ent/Purpose	: (specify)	8. Request Init		
X Consent		Sta	tute		Commissioner		N/A
Administrative		Or	dinance		Department	Hu	uman Services
Appeals		Ad	min. Code 🗌		Division		
Public		X Otl	her		By: Ann	M. Arna	Unon linal
Walk-On					De	puty Dire	ector 10/18/06
9. Background:							
The Board approved the							
Department was notified				ate Grant Ag	reements. Once t	he grant a	greement is
signed, sub-recipient ag	reements w	fill be exec	cuted.				
The Chellenge Curve for				. 1 1 1.1		1	
The Challenge Grant fur							<u> </u>
permanent housing throus							
Salvation Army Program Southwest Florida Addie							
through Renaissance Ma			ia provide fui	inture and a	pphances for the	Infonican	y nomeless
unough Renaissance Mit		4111.					
Attachments: Budget Resolution							
Grants at a Glance							
Signature Authority Letter							
1 and							
10. Review for Schedu	ling:						· · · · · · · · · · · · · · · · · · ·
Departmen	Human	Other	County		D 1		County
Director Contracts	Resources	Other	Attorney		Budget Services		Manager/P.W. Director
1 A July	. (alares	Analyst	Risk Gnants	Mgr.	
BAH N/A	N/A	N/A	Plaser,	pk volat With	125/00 1912/01/	Nobs lot	HS 10/20/00
11. Commission Actio	on:						
Approved							
Denied CO ATTY JUNE 316 MP							
Other	Other FORWARDED TO: // T						
				باعدا	4106	10	Sulob
							UAM

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RESOLUTION#

Amending the General Fund #00100 Budget to incorporate unanticipated receipts into estimated Revenues and Appropriations for 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 \$100,000 of the additional revenue from the State of Fla. Challenge grant and an appropriation of a like amount for indigent rent and utilities and 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

Additions		\$3/3,082,03/
12085600100.334690.9002	State of Fla. Challenge Grant	\$100,000
Amended Total Estimated Revenues		\$573,782,657
Prior Total: Additions	APPROPRIATIONS	\$573,682,657
12085600100.508303 12085600100.508309.198 12085600100.508309.220 12085600100.508309.209	Indigent Rent and Utilities Other Grants and Aid Other Grants and Aid Other Grants and Aid	\$25,000 25,000 25,000 25,000
Amended Total Appropriations		\$573,782,657

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

Prior Total

Вү:_____

DEPUTY CLERK

BOARD OF COUNTY COMMISSIONERS LEE COUNTY, FLORIDA

\$573 682 657

CHAIRWOMAN

APPROVED AS TO FORM

OFFICE OF COUNTY ATTORNEY

DOC TYPE YA LEDGER TYPE BA

-	FORWARD WITH AGREEMENT AND BLUE SHEET EQUIRED - DO NOT LEAVE ANY BLANKS - USE N/A WHEN NOT APPLICABLE			
	GRANT AT A GLANCE			
	GRANT AWARD INFORMATION			
1. County Grant ID (project #):	0856			
2. Title of Grant:	Florida Challenge Grant			
3. Amount of Award:	\$100,000			
4. Amount of Match Required:	None			
5. Type of Match: (cash, in-kind etc)	<u>N/A</u>			
6. SOURCE OF GRANT FUNDS	S & CATALOG NUMBER:			
FEDERAL 🗌 CFDA#	STATE 🖾 CSFA #60.014			
7. Agency Contract Number:	HFZ21			
8. Contract Period:	Begin Date: 10/15/06 End Date: 06/30/07			
9. Name of Subrecipient(s) <u>The Salvation Army, Southwest Florida Addiction Services,</u> <u>Renaissance Manor, Lee County Department of Human Services-</u> <u>Family Self-sufficiency Program</u>				
10. Business Unit(s): 12085600100				
household necessities for homele Program, emergency meals, cloth case management and treatment	broject). The Challenge Grant funds will be used for rent, utilities & ess persons moving to permanent housing through the County LIFT thing and furniture through the Salvation Army Programs, medications, to homeless persons in recovery at Southwest Florida Addiction ture and appliances for the chronically homeless through Renaissance			
12. Has this Grant been Funded	Before? 🛛 YES 🔲 NO If YES When? 2002, 2003, 2004, 2005, 2006			
13. Is Grant Funding Anticipated	d in Subsequent Years? XYES NO			
14. If Grant Funding Ends Will T If YES What is the Lee Co	This Program Be Continued at County Expense?			
1st Year	2 nd Year 3 rd Year			
4th Year 5th Year Check Box if Additional Information on Program and Budget Impact is provided in <i>Comment Section</i> on page 2				
	Page 1 of 3			

ADMINISTERING DEPARTMENT INFORMATION

1. Department: Human Services

2.	Contacts:					
	Program Mgr. Ann Ar	nall & Kim Hustead	Phone #: 533-7930			
	Fiscal Mgr. Barbara J. Hollis		Phone #:533-7923			
<u>G</u>	RANTOR AGENCY I	NFORMATION				
(T	he agency you signed this	agreement with)				
1.	1. Grantor Agency: Florida Department of Children and Families					
2.	Program Title/Divis	sion: Office of Homele	essness			
3.	Agency Contact: Robert McHarry					
4.	Phone Number:	338-1674				
5.	Mailing Address:	District Eight, P.O. Box				
		Fort Myers, FL 33906	-0085			
SOU	RCE OF FUNDS					
1.						
	Source: Florida Department of Children and Families (name of agency where funding originated from)					
2.	Pass Through Agen	icv: N/A				
	(middleman if any? Example: federal \$\$ from US DOT given to STATE of FL DOT then from STATE DOT to Lee County DOT STAT					
	of FL DOT is the pass-throug					
3.	Additional Informa N/A	tion for Other Agencies	s Involved:			
	a. Is the County a Gr r Subrecipient in #3 a					
REPO	ORTING REQUIRE	MENTS				
	Des this grant require ple: you need to return inte		YES NO			
Pleas	e Explain:					
2. Is	funding received in a	dvance?	YES NO			
	S, please indicate condition r Agency Information)	ns for returning residual pro-	ceeds, or interest and the address to return it to, i	f different from th		
Grant	ee does not require intere	st to be earned but if it is, in	terest must be returned to the grantor agency.			
		Page 2 of 3				
		1 450 2 01 5				

COMMENTSINSTRUCTIONS: N	N/A	
	Page 3 of 3	



BOARD OF COUNTY COMMISSIONERS

Bob Janes District One October 18, 2006

Douglas R. St. Cerny District Two

Ray Judah District Three

Tammy Hall District Four

John E. Albion District Five

Donald D. Stilwell County Manager

David M. Owen County Attorney

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

Subject: Delegation Letter for Signature Authority 2007 Challenge Grant HFZ21

Dear Mr. Farr:

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 Challenge Grant HFZ21 for fiscal year 2006-2007. The Board of County Commissioners approved this authorization.

Sincerely,

Chair, BOCC

S:\INTSVCS\Florida Homeless Grants\2006 Challenge Grant\2006 Challenge Grant Administration\BOCC authorization.doc