

WALK ON #1

Lee County Board Of County Commissioners Agenda Item Summary

20050162

1. REQUESTED MOTION:

ACTION REQUESTED : Authorize the Chairman to sign documents for the Florida Housing Finance Corporation Application of the HOME Again funds in the amount of \$300,000. These HOME funds will be used to rehabilitate homes meeting the HOME criteria that were damaged by the hurricanes.

WHY ACTION IS NECESSARY: Authorizes the Chairman to sign documents for the submission of the HOME Again application.

WHAT ACTION ACCOMPLISHES: Allows the Department of Human Services to apply for hurricane funding relief.

2. DEPARTMENTAL CATEGORY: 05

COMMISSION DISTRICT CW

3. MEETING DATE:

02-08-05

4. AGENDA:

- CONSENT
- ADMINISTRATIVE
- APPEALS
- PUBLIC

WALK ON
TIME REQUIRED:

5. REQUIREMENT/PURPOSE:
(Specify)

- STATUTE
- ORDINANCE
- ADMIN. CODE
- OTHER

6. REQUESTOR OF INFORMATION:

- A. COMMISSIONER N/A
 - B. DEPARTMENT Human Services
 - C. DIVISION N/A
- BY: Marsha Popkey, Housing Program Manager

BACKGROUND: Department of Human Services, (DHS) is seeking funding from the FHFC through the HOME Again Program for hurricane recovery. Funds will be used to assist homeowners in repair or replacement of housing damaged by the hurricanes and 10% will be utilized for administrative costs. Money will be made available to low income homeowners to assist with returning housing to pre-hurricane status and/or meet current Housing Quality Standards.

Attachments: Application and Certificates
Grant Application Data Form

8. MANAGEMENT RECOMMENDATIONS:

9. RECOMMENDED APPROVAL:

A Department Director	B Purchasing or Contracts	C Human Resources	D Other	E County Attorney	F Budget Services				G County Manager
 [Signature]	N/A	N/A	N/A	[Signature]	[Signature] 2/4/05				[Signature]
					OA	OM	Risk	GC	
					[Signature]	[Signature]	[Signature]	[Signature]	[Signature]

10. COMMISSION ACTION:

- APPROVED
- DENIED
- DEFERRED
- OTHER

Rec. by CoAtty

Date: 2/4/05

Time: 11:55

Forwarded To:

RECEIVED BY
COUNTY ADMIN

2/4/05

COUNTY ADMIN
FORWARDED TO:

2/4/05

**BOARD OF COUNTY COMMISSIONERS
WALK ON AGENDA ITEMS
MEETING DATE: February 8, 2005**

WO # DESCRIPTION

WO #1 ACTION REQUESTED:
Authorize the Chairman to sign documents for the Florida Housing Finance Corporation Application of the HOME Again funds in the amount of \$300,000. These HOME funds will be used to rehabilitate homes meeting the HOME criteria that were damaged by the hurricanes.

WHY ACTION IS NECESSARY:
Authorizes the Chairman to sign documents for the submission of the HOME Again application.

WHAT ACTION ACCOMPLISHES:
Allows the Department of Human Services to apply for hurricane funding relief. (#20050162-Human Services)

REASON FOR WALK ON:
To enable Human Services to submit a grant application before funds are allocated elsewhere.

**BOARD: ALBION HALL JUDAH JANES ST. CERNY
COMMISSION RECEPTION DESK
DONALD STILWELL, COUNTY MANAGER
WILLIAM HAMMOND, DEPUTY COUNTY MANAGER
HOLLY SCHWARTZ, ASSISTANT COUNTY MANAGER
PETE WINTON, ASSISTANT COUNTY MANAGER**

**ANTONIO MAJUL, BUDGET SERVICES
DAVID M. OWEN, COUNTY ATTORNEY
JAMES LAVENDER, PUBLIC WORKS
PUBLIC RESOURCES OFFICE
LISA PIERCE, MINUTES**

DATE AND TIME DISTRIBUTED: 02-07-05 8:00 AM

RUSH RUSH

02 FEB 04 PM 3:58

02 FEB 04 PM 11:19

**MEMORANDUM FROM
THE DEPARTMENT OF
HUMAN SERVICES
ADMINISTRATION**

Date: February 4, 2005

To: All Concerned Departments

From: Marsha Popkey
Housing Program Manager

Re: RUSH Blue Sheet Number

The attached blue sheet number 20050162 needs to be walked through the routing/approval process in order to meet the 5:00 p.m. Public Resources deadline today for the February 8, 2005 Board meeting.

Staff is requesting this blue sheet go before the Board on February 8, 2005 because it will enable our department to submit a grant application before funds are allocated elsewhere.

Thank you for your assistance in expediting this blue sheet.

RUSH RUSH

0.00 11:03:53

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Special Notation Symbols Used in the Application:

 Attachment may be required. **X** Section does not apply to all applicants **!** Significant Issue

The undersigned hereby makes application to Florida Housing Finance Corporation ("FHFC" or "the Corporation") for financial assistance, has read and understands the program guidelines, certifies that all information herein is true and correct to the best of their knowledge and belief and will only submit one Application per county to be served.

! Submitted Application must have the original signature from a representative with authority to execute documents on the Applicant's behalf. Signatures in blue ink are preferred.

 _____ Douglas St. Cerny Chairman 2-8-05
Applicant's Authorized Representative's Signature Representative's Printed Name, Title Date

1. APPLICANT INFORMATION

Provide the contact data for the Applicant's staff person who is responsible for application and contract administration. This contact cannot be the consultant or the end service provider.

A. APPLICANT CONTACT INFORMATION

Applicant Legal Name: Lee County Board of County Commissioners Phone: (239) 652-7930

Applicant Contact Name: Marsha Popkey Fax: (239) 652-7955

Applicant Mailing Address: 83 Pondella Rd. Ste 1

City, State, ZIP: North Fort Myers, FL 33903 Email: MPopkey@leegov.com

If Applicant's "Physical Address" is different from the "Mailing Address," provide the physical address below:

Applicant Physical Address: Moving March 1, 2005 2440 Thompson St

City, State, ZIP: Fort Myers, FL 33901

! Applicant must complete Exhibit A – Certification of Applicant

!  Applicant must place their Program Design behind Tab 1.

B. APPLICANT LEGAL DESCRIPTION

Legal Form of Applicant is/will be a (check only one):

- Unit of Local Government Public Housing Authority
 Nonprofit Corporation

Applicant is legally formed? No Yes

If yes, the Taxpayer Identification # (TIN)

X If Applicant is a Nonprofit Organization, the following items must be provided in order to complete this Application:

1). Exhibit B – Evidence of Nonprofit Organization included in this Application.

 2). Place the following items behind Tab 2:

- a). Proof of Nonprofit status (i.e. IRS Determination letter or Nonprofit Articles of Incorporation).
- b). Letter of recommendation or reference from a unit of local government in the county to be served.
- c). Most recent audited financial statements or last three (3) years tax returns.

EXHIBIT A – CERTIFICATION OF APPLICANT

This certification must be signed and filed by persons who are authorized to execute the HOME contract.

I hereby apply to Florida Housing Finance Corporation for approval to participate in this Application activity as the Applicant. I certify that all statements made by me in the "Participants in the Application Information" section of the Application and related exhibits are true, complete and correct and are made in good faith. I further certify that:

- (1) I have read all applicable Corporation rules and have read the guidelines related to this Application and will abide by all applicable Florida Statutes and administrative rules, including Chapter 420, Florida Statutes and Rule Chapter 67-50, Florida Administrative Code. With respect to the HOME program, I have read, understand and will comply with 24 CFR Part 92, as amended and all related federal regulations.
- (2) I certify that I have not been determined ineligible for funding or allocation by the Corporation Board or Directors pursuant to a proceeding conducted pursuant to Section 120.569 and 120.57 Florida Statutes or as a result of a finding by a court of competent jurisdiction within the past two years for any of the following:
 - (a) Engaging in fraudulent actions;
 - (b) Materially misrepresenting information to the Corporation regarding any of its Developments within the current Application or in any previous application for financing or an allocation of Housing Credits administered by the Corporation;
 - (c) Been convicted of fraud, theft or misappropriation of funds;
 - (d) Been excluded from federal or Florida procurement programs; or
 - (e) Been convicted of a felony.
- (3) I certify to the best of my knowledge that there are no existing developments participating in Corporation programs that remain in non-compliance with the Code, applicable rule chapter, or applicable loan documents and for which any applicable cure period granted for correcting such non-compliance has ended.
- (4) I certify that I am knowledgeable of all federal, state and local requirements and the requirements of the Federal Fair Housing Act as implemented by 24 CFR 100, Section 504 of the Rehabilitation Act of 1973 and Titles II and III of the Americans with Disabilities act of 1990 as implemented by 28 CFR 35, incorporating the most recent amendments and other legislation, regulations, rules and other related requirements which apply or could apply to the rehabilitation activity.
- (5) I certify that I have the required experience necessary to participate in the HOME Again program and have completed at least twenty (20) single-family rehabilitation projects or at least fifty (50) new home construction projects.

Douglas St Cerny _____
 Signature of Applicant Date

Douglas St Cerny
 Name (typed or printed)

Chairman
 Title (typed or printed)

Lisa L. Pierce _____
 Signature of Witness

Lisa L. Pierce
 Name (typed or printed)

APPROVED AS TO FORM

Andrea B. Jauer

OFFICE OF COUNTY ATTORNEY

List the "Applicant Legal Name" followed by the "Program Code" for each current or pending Corporation application in which this entity is an Applicant. Use the following program codes: HOME Single Family = HSF, HOME Rental = HR, Low Income Housing Tax Credit = HC, State Apartment Incentive Loan (SAIL) = S, Multifamily Mortgage Revenue Bonds = MMRB, Predevelopment Loan = PLP, Elderly Housing Community Loan Fund (EHCL) = E, Demonstration Loan = DEMO, Guarantee = G _____

GRANT APPLICATION DATA FORM

SUBMITTING DEPARTMENT/DIVISION: Human Services

Contact Person: Marsha Popkey

Telephone #: 239-652-7941

Were the services of the County's grant development consultant utilized for this application?
(For ex. Full proposal preparation, consultation, research, phone inquiry, etc.) YES NO X

If you answered YES, please briefly explain:

NAME OF GRANT: Lee County Home Again

GRANTOR AGENCY: Florida Housing Finance Corporation

Is this grant a "Pass-Through" of Federal Funds to State?
 Yes No Unknown

DEADLINE FOR SUBMITTAL: First come, First served

GRANT AMOUNT: \$300,000

MATCHING REQUIREMENTS (include how the matching will be met): none

PURPOSE OF GRANT:

To receive state Home funds to provide additional funding for homeowners that received damage from the hurricanes.

This funding is additional money made available by Govenor Bush and the Florida Housing Finance Corp.

IMPACT STATEMENTS

Please describe the benefit of this grant to the community.

These funds will cover costs up to \$20,000 for home repairs that were not covered by insurance or FEMA.

This will assist low income residents of Lee County in hurricane recovery.

Please describe the operational impact to Lee County Government.

Lee County will receive \$30,000 of funds as administrative funds to hire temporary assistance to ensure service delivery. These funds will be used to pay staff to assist with paperwork & provide some management

Marsha Popkey
Department Grant Administrator/designee

2/3/05
Date

James Stewart
Department Director

2/3/05
Date