



**Request for Applications #02-2023-ESG-RUSH**

Lee County Human and Veterans Services  
2440 Thompson St. Fort Myers, FL 33901

**Request for Applications (RFA)**  
for  
**Rapid Rehousing Programs for Persons  
Experiencing Homelessness**  
funded by  
**Emergency Solutions Grants, Rapid Unsheltered  
Survivor Housing Program (ESG-RUSH),  
Florida Department of Children and Families**

**NOFA Released**  
**Monday, February 13, 2023**

**Applications Due**  
**Wednesday, March 1, 2023**

**Applications for must be submitted via email to  
Tim Gillmore at [Tgillmore@leegov.com](mailto:Tgillmore@leegov.com).**

**Lee County Human and Veteran Services  
2440 Thompson St., Fort Myers, FL 33901**

**It is the responsibility of the applicant to ensure application(s) arrive prior to  
the due date and time. Applications received after 5:00 p.m. will be returned  
to the applicant and will not be considered.**

This Document can be made available in alternative accessible formats upon  
request.



## **Request for Applications #02-2023-ESG-RUSH**

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### **Funding Available**

- 2023 State Emergency Solutions Grant – Rapid Unsheltered Survivor Housing Funding (ESG-RUSH): \$418,906.76
  - Funds Available for Rapid Rehousing: \$397,961.76
  - Funds Available for Administrative costs: \$20,945
- Estimated Grant Start Date: April 1, 2023
- All funds must be expended by January 17, 2025.
- No match is required.

**Required Program Activities**

Agencies must develop a project plan that incorporates ALL program activities listed below.

*Applications that do not contain a plan for ALL of the following program activities will not be considered for funding.*

Priority will be given to programs that demonstrate capacity to begin engaging persons experiencing homelessness within 30 days of contract execution.

- **Rapid Rehousing**
  - Awarded agencies must provide rapid rehousing (RRH) services to individuals and families who are experiencing homelessness and were directly affected by Hurricane Ian. Effective RRH projects:
    - Ensure ongoing housing (financial) assistance and case management/supportive services (directly or through linkages).
    - Are low barrier and housing first focused
    - Focus on housing plans and not service plans
- **Administration**
  - Administrative activities include general management, oversight, and coordination; reporting on the program; the costs of providing training on ESG requirements and attending HUD-sponsored ESG trainings; the costs of preparing and amending the ESG and homelessness-related sections of the Consolidated Plan, Annual Action Plan, and CAPER; and the costs of carrying out environmental review responsibilities.

Additional information about HUD ESG Program eligible activities and expenses can be found on the HUD Exchange at <https://www.hudexchange.info/programs/esg>.

**Eligible Clients**

To be eligible for assistance through ESG, individuals or families must meet the following criteria:

- Unsheltered individuals and families who qualify as homeless under Category one (1) and Category four (4) of HUD's Definition of Homelessness. **(See Appendix 1)**

Eligible clients will be selected through the community's Coordinated Entry System (CES). This funding is intended to serve individuals and families directly impacted by Hurricane Ian.

**Eligible Applicants**

All public (local government) and private non-profit agencies that meet the following criteria:

- Are currently providing services and have capacity to begin housing persons experiencing homelessness within 30 days of contract execution.
- Have had IRS Non-Profit status for at least 12 months prior to the application due date.
- Have provided direct client services for 12 months prior to application due date.

*Applicants MUST attach proof of their IRS Non-Profit status to this application.*

Applicant must also meet all the following requirements:

*(documentation does not need to be included with this application, but may be requested at a later time):*

- Independent certified audited financial statement of the most recent or immediate prior fiscal year, including the management letter and written response.



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- Current CPA's Peer Review letter.
- Most recent Form 990.
- Monthly Financial Statements (within last 60 days).
- Not be listed on the excluded parties list ([www.sam.gov/SAM/](http://www.sam.gov/SAM/)).

**Cost of Submitting Applications**

The cost of preparing and submitting an application is the sole responsibility of the applicant and shall not be chargeable in any manner to HVS. HVS will not reimburse any applicant for any costs associated with the preparation and submission of an application, including but not limited to, expenses incurred in making an oral presentation, or participating in an interview *(if required)*.

**Conflict of Interest**

The applicant agrees that it presently has no interest and shall acquire no interest, either direct or indirect, which would conflict in any manner with the performance of services required if a contract is awarded. The applicant further agrees that no person having any such interest shall be employed or engaged for said performance. The applicant agrees that no employee, officer, agent of the applicant or its sub-recipients shall participate in the selection, award or administration of a contract or construction bid if a conflict-of-interest, either real or implied, would be involved. The applicant or sub-recipient employees, officers and agents should refrain from accepting gratuities, favors or anything of monetary value from contractors or potential contractors based on the understanding that the receipt of such an item of value would influence any action or judgment of the applicant.

For federally funded contracts, conflict of interest provisions described in 2 CFR 200.112 and all other HUD regulations currently in effect and as may be amended from time to time shall apply.

**State and Federal Administrative Requirements**

Agencies must comply with Federal administrative requirements. All agencies awarded funds through this NOFA will be required to comply with a variety of requirements governing the use of State and Federal funds. Additionally, agencies awarded funds through this NOFA will be required to provide access to their financial records to a representative of Lee County Human and Veteran Services (HVS) to evaluate their financial management systems. HVS staff will monitor each program to ensure compliance with the terms of the funding agreement between the HVS and the agency. This will include monitoring records kept by the applicant to demonstrate the eligibility of clients, the services provided, and other required information.

**Duplication of Benefits.** All agencies awarded funds must comply with applicable duplication of benefits policies and maintain duplication of benefits documentation on each household served. Lee County's Duplication of Benefits Policy and form are attached to this RFA as Appendix 3.

**Liability insurance is required for all Grants.** All agencies awarded funds will be required to obtain liability and worker's compensation coverage that will be further defined in the funding agreement, if awarded. **Lee County Board of County Commissioners must be named as the Certificate Holder and the additional insured.**

**Handicapped Accessibility** – All projects must be accessible to persons with disabilities. Programs, information, participation, communications and services must be accessible to persons with disabilities. Agencies must comply with Section 504 of the Rehabilitation Act of 1974 and Americans with Disabilities Act (ADA).

**Nondiscrimination** – All funded agencies must ensure that all persons have fair and equal access to all forms of assistance regardless of race, color, national origin, age, sex, familial status, religious preference, disability, type or amount of disability, gender identity, perceived gender identity, marital status, sexual orientation, or perceived sexual orientation. These non-discriminatory practices apply

to employment and contracting as well as to marketing, and selection of project participants.

HVS operates in accordance with all federal statutes including, but not limited to: the Fair Housing Act, Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act, and Title II and Title III of the Americans with Disabilities Act. All service providers, where assistance is provided through Community Planning and Development (CPD) programs, including assistance under the: HOME Investment Partnerships program (24 CFR part 92), Housing Trust Fund program (24 CFR part 93), Community Development Block Grant program (24 CFR part 570), Housing Opportunities for Persons With AIDS program (24 CFR part 574), Emergency Solutions Grants program (24 CFR part 576), Continuum of Care program (24 CFR part 578), or Rural Housing Stability Assistance Program (24 CFR part 579)., must ensure equal access to the HUD-assisted program in accordance with all general HUD program requirements as specified in 24 CFR Part 5.

Funded agencies must maintain records demonstrating compliance with the nondiscrimination and equal opportunity requirements under §576.407(a), including data concerning race, ethnicity, disability status, sex, and family characteristics of persons and households who are applicants for, or program participants in, any program or activity funded in whole or in part with the awarded funding source and the affirmative outreach requirements in § 576.407(b).

**Formal Termination Policy** – Funded agencies must develop a formal Termination Policy that clearly describes a process by which clients’ services may be terminated if program requirements are violated. The process must recognize individual rights and allow termination in only the most severe cases. Termination processes for rental assistance, leasing, and/or housing relocation and stabilization services must include written notice to the program participant, with a clear statement of reasons for termination; review of decision to terminate, with opportunity for the program participant to present written or oral objections to agency; prompt written notice to the project participant of final decision.

### **Minimum Funding Request**

The minimum funding request for any project is \$418,906.76. HVS reserves the right to award more or less than the amount of funds requested based on funding available. Applicants must receive at least 70% points available in the ranking process to be considered for funding. Nothing in this RFA obligates HVS to award any funding to any agency.

### **Application Review and Conditional Selection Process**

Applications will be reviewed by Lee County’s Performance Evaluation and Ranking Committee and selected based on the criteria outlined in the project review tool, Appendix 2. Applications will be reviewed by the CoC Performance Evaluation and Ranking Committee on Monday, March 6, 2023 at 2:00pm via Microsoft Teams. The meeting is open to the public and can be joined via this link: [Click here to join the meeting](#)

### **Notice of Funding Decision**

HVS staff will provide written notice regarding the funding decision to each applicant by **Wednesday, March 8, 2023**.

### **Appeals Policies**

All eligible applicants have the opportunity to appeal both their preliminary ranking prior to the ranked

list being finalized and approved by the CoC. An appeal can only be made by an applicant regarding the scoring of its own application. The Performance Evaluation and Ranking Committee will only review applications a second time if an applicant requests an appeal in writing within 3 business days of the notification of preliminary ranking. Applicants will receive summary scoring information with notification of preliminary ranking. Individual ranking committee member scores will not be released to applicants.

**Note:** Project Applicants that have been found to not meet the threshold requirements are not eligible for an appeal.

### **Post Award Requirements**

If awarded, a contract will be executed by the Lee County Board of County Commissioners and administered by the HVS (See Sample Contract Document in Appendix 3). The contract will be based upon the information submitted in the application, all accompanying exhibits/attachments and any additional information that is requested/received during the review phase. Contract language is not negotiable. **The contract is reimbursement based and the applicant must be able to pay for project costs prior to requesting payment.** Modifications and updates to application exhibits may be required prior to contract execution. Applicants should review the attached contract to ensure their ability to comply with all requirements and expectations, including potential increased insurance coverage and financial audits.



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**Application Forms**

**All forms must be complete for application to be considered for conditional award.**

**Applicant Information**

Organization Name:	Authorized Organization Representative Name/Title:
Address:	Telephone:
City, State/Zip:	Organization Website:
Contact Person Name/Title:	DUNS #:
Contact Person E-mail:	Federal Employer ID #:

**Project Information**

Project Name:
Project Address <i>(if different from organization address)</i> :
Total Funding Requested for this Project: \$ _____
Total number of persons proposed to be assisted: _____

<b>Target Population <i>(check as many as applicable below)</i>:</b>	
<input type="checkbox"/> Chronically Homeless <input type="checkbox"/> Single Individuals <input type="checkbox"/> Victims of Domestic Violence <input type="checkbox"/> LGBTQI+ Individuals/Families/Youth <input type="checkbox"/> Other: _____	<input type="checkbox"/> Families <input type="checkbox"/> Unaccompanied Youth (ages 18-24) <input type="checkbox"/> Veterans <input type="checkbox"/> Individuals with Severe and Persistent Mental Illness
<b>Target Service Location <i>(check as many as applicable below)</i>:</b>	
<input type="checkbox"/> City of Cape Coral <input type="checkbox"/> City of Fort Myers <input type="checkbox"/> City of Bonita Springs <input type="checkbox"/> City of Sanibel	<input type="checkbox"/> Town of Fort Myers Beach <input type="checkbox"/> Unincorporated Lee County <input type="checkbox"/> All of Lee County <input type="checkbox"/> Other: _____



## **Project Description**

Applicants must provide a written narrative that addresses the following:

1. Information demonstrating that the applicant will complete ALL of the required program activities,
2. Information describing the scope of the project, the number and type of clients to be served, the services to be provided and the cost of the proposed activities,
3. Information demonstrating that the project will follow a “Housing First” approach to maintain a low barrier process for accessing housing and services to quickly move clients into permanent housing,
4. A clear description of the project’s plan to coordinate with housing providers, workforce development boards, and physical and behavioral healthcare organizations to provide permanent housing and supportive services, and
5. A description of the project’s role in addressing homelessness and helping to ensure homelessness in Lee County is rare, brief, and one-time.

*The narrative is required and must be attached to the application in either Word or PDF format.*

## **Quality of Service Questionnaire**

The applicant shall provide a brief (*300 words or less*) response to each question below.

1. Explain how your agency is actively participating in the Coordinated Entry System, the Homeless Management Information System (HMIS), and the Continuum of Care (CoC), and how this project will integrate with the CoC’s Coordinated Entry System.
2. Describe how your agency has worked to remove traditional barrier to housing and services for individuals in needs of assistance.
3. Describe how your agency will use innovative and evidence-based best practices to ensure long term client stability in housing.
4. Describe how your will increase equity in the homeless service system.  
*Priority will be given to organizations that are led by, or specifically serves, communities that have been underrepresented; programs located in or serving areas with significant populations of targeted racial or ethnic groups; or programs that have a clear and specific strategy for increasing program enrollment and/or improving outcomes for people in previously underserved racial and ethnic groups*
5. Explain your agency’s experience providing services to individuals and families experiencing homelessness, including federal, state, and/or local government grant experience and capacity of the organization to administer the project and oversee all compliance requirements.



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6. Describe your procedure for assessing participant’s needs and making client referrals to other service providers.
7. Describe rapid rehousing efforts your agency has implemented to assist the needs of individuals experiencing homelessness.
8. Provide a timeline for project implementation and describe critical tasks necessary for project implementation within 30 days after contract execution. The timeline should include a detailed plan to serve the number of households and spend the funds in a timely fashion as described in the Budget & Anticipated Outcomes section below.

**Budget & Anticipated Outcomes**

To be eligible for reimbursement as direct costs, costs must be eligible under 24 CFR § 576.104-106. [\(View Complete List of Eligible Costs\)](#)

Applicants will be expected to serve households as detailed below:

	<b>SFY 22-23 (4/1/23-6/30/23)</b>	<b>SFY 23-24 (7/1/23-6/30/24)</b>	<b>SFY 24-25 (7/1/24-1/17/25)</b>
<b>Deliverables</b>			
RRH Households Served	2	13	5
<b>Funding</b>			
Housing, services, and other costs eligible under 24 CFR § 576.104-106	\$35,000	\$262,961.76	\$100,000
Administrative Costs (5%)	\$4,000	\$12,000	\$4,945
<b>Funding total</b>	<b>\$39,000</b>	<b>\$274,961.76</b>	<b>\$104,945</b>

The timeline above is based on the Fiscal Years for the State of Florida. SFY 22/23 is anticipated to be for the period of April 1, 2023 through June 30, 2023. SFY 23/24 will be for the period of July 1, 2023 through June 30, 2024. The final year will be SFY 24/25 which will be for the period of July 1, 2024 through January 17, 2025. **Please be advised, the amounts allocated in each SFY will not be rolled over to the next SFY.**

Applicants are not required to submit a detailed budget.



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**Certification**

To the best of my knowledge, I certify that the information in this application is true and correct and that the document has been duly authorized by the governing body of the applicant. I will comply with the program rules and regulations if assistance is approved. I also certify that I am aware that providing false information on the application can subject the individual signing such application to criminal sanctions. I further certify that I am authorized to submit this application and have followed all policies and procedures of my agency regarding grant application submissions.

Authorized Organization Representative:

Signature: \_\_\_\_\_

Typed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_




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**Appendix 1 – Homeless Definitions and Recordkeeping**

<b>CRITERIA FOR DEFINING HOMELESS</b>	Category 1	Literally Homeless	<p>(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:</p> <ul style="list-style-type: none"> <li>(i) Has a primary nighttime residence that is a public or private place not meant for human habitation;</li> <li>(ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); <u>or</u></li> <li>(iii) Is exiting an institution where (s)he has resided for 90 days or less <u>and</u> who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution</li> </ul>
	Category 2	Imminent Risk of Homelessness	<p>(2) Individual or family who will imminently lose their primary nighttime residence, provided that:</p> <ul style="list-style-type: none"> <li>(i) Residence will be lost within 14 days of the date of application for homeless assistance;</li> <li>(ii) No subsequent residence has been identified; <u>and</u></li> <li>(iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing</li> </ul>
	Category 3	Homeless under other Federal statutes	<p>(3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:</p> <ul style="list-style-type: none"> <li>(i) Are defined as homeless under the other listed federal statutes;</li> <li>(ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;</li> <li>(iii) Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; <u>and</u></li> <li>(iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers</li> </ul>
	Category 4	Fleeing/ Attempting to Flee DV	<p>(4) Any individual or family who:</p> <ul style="list-style-type: none"> <li>(i) Is fleeing, or is attempting to flee, domestic violence;</li> <li>(ii) Has no other residence; <u>and</u></li> <li>(iii) Lacks the resources or support networks to obtain other permanent housing</li> </ul>

<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>RECORDKEEPING REQUIREMENTS</b></p> 	<p><b>Category 1</b></p>	<p>Literally Homeless</p>	<ul style="list-style-type: none"> <li>• Written observation by the outreach worker; <u>or</u></li> <li>• Written referral by another housing or service provider; <u>or</u></li> <li>• Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter;</li>   <li>• For individuals exiting an institution—one of the forms of evidence above <u>and</u>:             <ul style="list-style-type: none"> <li>○ discharge paperwork <u>or</u> written/oral referral, <u>or</u></li> <li>○ written record of intake worker's due diligence to obtain above evidence <u>and</u> certification by individual that they exited institution</li> </ul> </li> </ul>
	<p><b>Category 2</b></p>	<p>Imminent Risk of Homelessness</p>	<ul style="list-style-type: none"> <li>• A court order resulting from an eviction action notifying the individual or family that they must leave; <u>or</u></li> <li>• For individual and families leaving a hotel or motel—evidence that they lack the financial resources to stay; <u>or</u></li> <li>• A documented and verified oral statement; <u>and</u></li>   <li>• Certification that no subsequent residence has been identified; <u>and</u></li> <li>• Self-certification or other written documentation that the individual lack the financial resources and support necessary to obtain permanent housing</li> </ul>
	<p><b>Category 3</b></p>	<p>Homeless under other Federal statutes</p>	<ul style="list-style-type: none"> <li>• Certification by the nonprofit or state or local government that the individual or head of household seeking assistance met the criteria of homelessness under another federal statute; <u>and</u></li> <li>• Certification of no PH in last 60 days; <u>and</u></li> <li>• Certification by the individual or head of household, and any available supporting documentation, that (s)he has moved two or more times in the past 60 days; <u>and</u></li> <li>• Documentation of special needs <u>or</u> 2 or more barriers</li> </ul>
	<p><b>Category 4</b></p>	<p>Fleeing/ Attempting to Flee DV</p>	<ul style="list-style-type: none"> <li>• For victim service providers:             <ul style="list-style-type: none"> <li>○ An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence; and they lack resources. Statement must be documented by a self-certification or a certification by the intake worker.</li> </ul> </li> <li>• For non-victim service providers:             <ul style="list-style-type: none"> <li>○ Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; <u>and</u></li> <li>○ Certification by the individual or head of household that no subsequent residence has been identified; <u>and</u></li> <li>○ Self-certification, or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.</li> </ul> </li> </ul>



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**Appendix 2 – 2023 ESG RUSH Ranking Tool**

**2023 ESG-RUSH Project Ranking Tool**

<p><i>This portion of the ranking tool will be completed by the Collaborative Applicant (Lee County HVS).</i></p>	Threshold Requirements									
<p>Proposal was submitted by deadline. <i>If no, ineligible to apply.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Applicant is a local government or non-profit organization with 501c3 status. <i>If no, ineligible to apply.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Applicant agency has possessed IRS Non-profit organizations status, and has been providing direct client services for at least 12 months prior to application deadline. <i>If no, ineligible to apply.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Organization is NOT listed on the System of Award Management excluded parties list. <i>If no, ineligible to apply.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Application is signed by agency official designated to execute contracts. <i>If no, ineligible to apply.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Eligible to Apply</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>HVS Review Staff Initial: Date of Threshold Review:</p>										

**Project Scoring**

*Please enter your score for each scoring criteria based on the project proposal. While most scoring factors are related to specific questions, reviewer may consider all elements of the proposal to determine score for each item. Please use only whole and half points.*

**Project Proposal**

The following elements are directly stated in the NOFA as required information related to the project proposal.

<p><b>HMIS and Coordinated Entry Participation:</b> Applicant agency actively participates in the Coordinated Entry System, the Homeless Management Information System (HMIS), and the Continuum of Care (CoC). This project will integrate with the CoC's Coordinated Entry System. <b>Maximum point value: 5</b></p>									
<p><b>Housing First and Household Income:</b> The project will strictly adhere to low barrier and housing first practices, and has a plan to increase client income and make connections to mainstream benefits, including use of SOAR. <b>Maximum Point Value: 5</b></p>									
<p><b>Innovation and Best Practices:</b> The project will use innovative and evidenced based best practices to ensure long term client stability in housing. <b>Maximum Point Value: 5</b></p>									
<p><b>Increasing Equity:</b> The organization is led by, or specifically serves, communities that have been underrepresented. The program is located in or serves areas with significant populations of targeted racial or ethnic groups. The program has a clear and specific strategy for increasing program enrollments and/or improving outcomes for people in previously underserved racial and ethnic groups. <b>Maximum Point Value: 5</b></p>									
<p><b>Agency's Capacity and Experience:</b> The agency has at least 12 months experience addressing the needs of and providing services to low income households who are homeless, formerly homeless or at risk of becoming homeless. The agency also makes clear efforts to provide quality services through a person centered, housing focused model and ensuring "soft hand-offs" when referrals are required. <b>Maximum Point Value: 5</b></p>									
<p><b>Timeliness:</b> The agency has a clear schedule for project implementation, demonstrates capacity to begin assisting persons experiencing homelessness within 30 days of contract execution, and will be able to carry out activities within the funding period. The plan describes how the agency will spend funds on eligible expenses and meet the deadlines described in the Budget &amp; Anticipated Outcomes Section of the RFA <b>Maximum Point Value: 8</b></p>									
<p><b>Proposal Presentation:</b> The proposal is organized, and adheres to NOFA instructions. Narratives are clear and concise, and the proposal presents new and original information to be considered for funding. <b>Maximum Point Value: 2</b></p>									
<b>Total</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Total Available Points = 35</b>									
<b>Rank:</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>

Reviewer Signature

Date of Review

Reviewer Name

Committee Member's Overall Observations/Concerns:





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**Appendix 3 – Duplication of Benefits Policy**



**Hurricane Ian  
Duplication of Benefit  
Policies and Procedures**

*November 2022*

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## **Purpose**

The purpose of the Policy on Duplication of Benefits (DOB) is to ensure that Lee County is not providing federal funds to pay for particular costs where there is another source of federal financial assistance that has paid for that same cost. Further, this document will identify specific processes that will assist in preventing the DOB.

## **Applicability**

This policy pertains specifically to all federal, state, and local funds provided because of Hurricane Ian. This policy applies to All of the County’s processes related to the acceptance, prioritization, and spending of these funds.

This policy also pertains specifically to Community Development Block Grant Disaster Recovery (CDBG-DR) grants, which are one of multiple Federal sources which assist disaster recovery. These sources of Federal assistance often can be used for the same purposes by grantees and disaster survivors.

*“For this reason, the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5121-5207) (Stafford Act) and CDBG-DR appropriations acts require HUD and its grantees to coordinate with other Federal agencies that provide disaster assistance to prevent the duplication of benefits (DOB). The Stafford Act's prohibition on DOB aims to ensure that federal assistance serves only to “supplement insurance and other forms of disaster assistance.” (42 U.S.C. 5170).”*

## **Policy Statement**

It shall be the policy of Lee County to take affirmative steps to ensure that a duplication of benefit does not occur in the administration of its CDBG-DR, HHRP, SHIP and other funding. Subrecipients and partners responsible for implementing projects and activities funded under Lee County’s CDBG-DR, HHRP and other grants shall be required to adhere to the policy and procedures outlined in this document and must ensure that DOB prevention is specifically addressed in their policies and procedures.

A duplication of benefits occurs when a person, household, business, government, or other entity receives financial assistance from multiple sources for the same purpose, and the total assistance received for that purpose is more than the total need for assistance.

## **Ensuring Compliance**

This section outlines Lee County’s procedures for ensuring no DOB occurs. Lee County Human and Veteran Services (HVS) or Lee County’s Department of Community Development (DCD) will be responsible for ensuring compliance by subcontractors, subrecipients and other partners. In addition to the procedures below, all grant agreements must contain language indicating that any duplication of benefit received post-award will require repayment.

## **Proposal Review – Non-Profit Applicants**

All proposals/applications that are being considered for funds provided by the CDBG- DR, HHRP, SHIP, or other Funds shall be assessed by how they address a community need and to what extent the prevent, prepare for and/or respond to the disaster. Additionally, proposals shall be evaluated alongside other available resources to meet the same need.

No proposals that duplicate a benefit at the time of funding will be recommended for approval. An analysis of funding available and current unmet need will be conducted prior to finalizing agreements using Appendix A: DOB Calculation Worksheet – Non-Profit Applicants. HVS or DCD staff will consult with community members, professional partners, and other agencies when reviewing proposals to ensure there are not alternative funding sources available.

Prior to award, HVS or DCD shall identify total need and determine whether all costs are reasonable and necessary. HVS or DCD shall require applicants to identify all sources of funding received and reasonably anticipated and provide supporting documentation of such sources (for example, bank statements showing the receipt and expenditure of Insurance settlements, small business administration funds, etc.). HVS or DCD shall require the applicant (individual or entity) to certify that all assistance is reported. Whenever possible, HVS or DCD shall attempt to obtain third party verification for all sources of assistance.

To assist in determining the unmet need, all expenses for which the applicant requests reimbursement shall be entered into Appendix A: DOB Worksheet – Non-Profit Applicants. All payments received or anticipated for the expenses shall also be entered. The difference between the total expenses and total payments received or anticipated shall be the maximum amount of CDBG-DR, HHRP, SHIP or other federal, state or local funding assistance.

## **Application Review – Individual Applicants**

All applications that are received from Lee County residents in need of assistance from CDBG- DR, HHRP, SHIP, or other funds shall be assessed to confirm financial need and eligibility. Additionally, applications shall be evaluated for any potential duplication of benefit.

No application that duplicates a benefit at the time of funding will be approved. An analysis of funding available and current unmet need will be conducted prior to finalizing agreements using Appendix B: DOB Calculation Worksheet – Individual Applicants. HVS or DCD staff will consult with the applicant when reviewing the worksheet to ensure there are not alternative funding sources available (i.e., insurance, FEMA, SBA, etc).

Prior to the execution of an agreement, HVS or DCD shall identify total need and determine whether all costs are reasonable and necessary. HVS or DCD shall require applicants to identify all sources of funding received and reasonably anticipated and provide supporting documentation of such sources (for example, bank statements showing the receipt and expenditure of insurance settlements, FEMA assistance, small business administration funds, etc.). HVS or DCD shall require the applicant to certify that all assistance is reported. Whenever possible, HVS or DCD shall attempt to obtain third party verification for all sources of assistance. Individual applicants will sign the release of information form to allow for HVS or DCD staff to confirm FEMA and State assistance received.

To assist in determining the unmet need, all expenses for which the applicant requests

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reimbursement shall be entered into Appendix B: DOB Worksheet – Individual Applicants. All payments received or anticipated for the expenses shall also be entered. The difference between the total expenses and total payments received or anticipated shall be the maximum amount of CDBG-DR, HHRP, SHIP or other federal, state or local funding assistance.

### **Executing an Award/Agreement**

If HVS OR DCD determine that the CDBG-DR, HHRP, SHIP or other funds will not be a duplication of benefit, HVS OR DCD will execute grant/loan agreement with sub-recipient/beneficiary. The agreement for assistance must contain the following provisions:

- Any additional funds received will be reported to HVS or DCD within 15 calendar days of receipt. If the additional funds are determined to be duplicative, the award will be reduced and/or the sub-recipient/beneficiary will be required to repay any disbursed duplicative benefit.
- If it is found that a duplication of benefits occurs after the award of funds (CDBG-DR, HHRP, SHIP, or other funds were used to pay expenses covered by other federal coronavirus relief programs and the total paid exceeds the demonstrated and documented need), the sub-recipient/beneficiary must repay the CDBG-DR, HHRP, SHIP or other funds.

### **Ongoing Compliance**

During sub-recipient/beneficiary monitoring, HVS or DCD shall require all sub-recipients/beneficiary to report and certify whether additional funds were received for disaster related expenses, the amount, and when funds were received. If additional funds were received that are determined to be duplicative, repayment shall be required in accordance with the sub-recipient/beneficiary agreement. With each drawdown, sub-recipients shall submit an updated copy of the DOB Calculation Worksheet (Appendix A) to ensure continued prevention of DOB. Prior to the final draw down for individual applicant type projects, beneficiaries shall submit an updated copy of the DOB Calculation Worksheet (Appendix B) to ensure continued prevention of DOB.

### **Recapture**

It is the policy of HVS or DCD to recapture any funds that are determined to be a duplication of benefits with other federal assistance.

### **Administration**

Lee County HVS or DCD is responsible for ensuring that duplication policies and procedures are available for all CDBG-DR, HHRP, SHIP or other funded programs and all subrecipients are monitored for compliance with this policy.

Subrecipients shall be required to update their policies and procedures to ensure that DOB prevention is specifically addressed. Subrecipients directly serving beneficiaries are responsible for ensuring that DOB procedures are followed, and DOB calculations and certifications are available on file for all beneficiaries. All subgrantees and subrecipients must include language in all agreements with program beneficiaries that requires the repayment of funds determined to be duplication of benefit.

### **Amendments**

Lee County may revise this policy as needed or as determined by HUD and will distribute revisions to subrecipients as necessary.

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## **Appendix A: DOB Calculation Worksheet – Non-Profit Applicants**



## DOB Calculation Worksheet – Non-Profit Applicants

Applicant Name: _____	
Time frame to expend funds: _____	
<b>1. Total funding needed for project:</b>	
<b>2. Total CDBG-DR, HRRP, SHIP, or other County funds beings requested for this project:</b>	
<b>3. Identify other funding received and/or requested for this project:</b>	
Disaster Relief fund - Governor's Fund	\$
FEMA - Disaster Relief Fund	\$
FEMA - Emergency Food and Shelter Program	\$
FEMA - Public Assistance Program	\$
FEMA - Assistance to Firefighters Program Supplemental	\$
USDA - Commodity Assistance Program	\$
USDA - WIC	\$
USDA - Child Nutrition Program	\$
USDA - Summer Food Service Program	\$
USDA - SNAP	\$
USDA - Disaster Household Distribution	\$
USDA - Emergency Food Assistance Program	\$
USDA - Pandemic EBT	\$
HHS - Community Living	\$
DOL - Dislocated Worker Grants	\$
EDA - Supplemental Economic Adjustment Assistance	\$
IHFA - Housing Preservation Program	\$
SBA - Economic Injury Disaster Loans	\$
SBA - Paycheck Protection Program	\$
SBA - Express Bridge Loans	\$
SBA - Debt Relief Fund	\$
Other Grants - list program	\$
Other Grants - list program	\$
Other Grants - list program	\$
Individual Contributions	\$
<b>4. Describe, in detail, the project components that will be paid for using the funds listed in item 2. above.</b>	





## DOB Calculation Worksheet – Non-Profit Applicants

**4. Describe, in detail, the project components that will be paid for using the funds listed in item 3. above.**

If a duplication of benefits is found, I understand that my organization will be required to pay back the assistance received.

By signing this document, I am stating that the information above is true and accurate, to the best of my knowledge, and that I have sufficient documentation to support the information provided.

Authorized Organization Representative Signature: \_\_\_\_\_

Authorized Organization Representative Printed Name: \_\_\_\_\_

Authorized Organization Representative Title: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Staff Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Appendix B: DOB Calculation Worksheet – Individual Applicants**

Lee County  
Duplication of Benefits Individual Applicant Worksheet  
for Federal, State, or Local Funded Assistance

**I am declaring that I have received funding from the following sources for Disaster Relief Assistance for the Home Repairs I am requesting:**

Federal Emergency Management Agency	Amount: \$ _____
Homeowners Insurance Policy	Amount: \$ _____
Other (specify): _____	Amount: \$ _____
_____	Amount: \$ _____

Damages Covered :

\_\_\_\_\_

\_\_\_\_\_

**If your household has NOT received any financial assistance from additional sources for the months requested, check the box below:**

Duplication of Benefits:

I am stating that I have received **no** financial assistance from any additional sources *for the repairs I am requesting be done*. Sources of assistance include, but are not limited to federal, state or local government programs, non-profits, family assistance, faith based institutions, etc.

If a duplication of benefits is found, **I will be required to pay back the assistance received.**

By signing this document, I am stating that the damages are due to Hurricane(DR-4673\_FL) related claim, with sufficient documentation provided.

Client Signature: \_\_\_\_\_ Date \_\_\_\_\_

Case Manager: \_\_\_\_\_ Date \_\_\_\_\_

**AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION**

I, the undersigned, authorize the Federal Emergency Management Agency (FEMA), the State of Florida, and appropriate agencies of the State of Florida responsible for providing disaster assistance to release information relating to my eligibility for monetary or other forms of assistance arising from the major disasters declared: Hurricane Ian **FEMA-4673-DR** (dated September 29, 2022) to those agencies that provide disaster-related assistance. This authorization permits the release of information that is deemed confidential under Federal and State Privacy Acts.

This authorization is given to obtain and/or provide assistance I need as a result of the prior referenced federal disaster(s) to insure that benefits are not duplicated. It includes the sharing of information about my application in FEMA’s possession or under FEMA’s control.

This authorization includes only information necessary to allow the appropriate agency or organizations to determine if I am eligible for assistance from that agency or organization. This information is not to be used for any other purpose.

I also understand and acknowledge that signing this does not guarantee that I will get assistance from Voluntary Agencies and/or appropriate Federal and State agencies. However, without my permission, my information cannot be shared with other agencies or organizations for consideration. I understand that I will still receive all FEMA assistance for which I am eligible.

This Authorization is submitted pursuant to 28 U.S.C. & 1746 under penalty of perjury.

OPTIONAL – I chose to exclude the following agencies from access to this information:

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**I understand that it is my choice to sign this Release:**

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Name (Printed)

Date

---

Signature

Pre-Disaster Address: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone or Message#: \_\_\_\_\_ FEMA Registration#: \_\_\_\_\_

(Updated 11/02/2022)

Lee County  
Duplication of Benefits Individual Applicant Worksheet  
for Federal, State, or Local Funded Assistance

**I am declaring that I have received funding from the following sources for Disaster Relief Assistance for the Home Repairs I am requesting:**

Federal Emergency Management Agency	Amount: \$ _____
Homeowners Insurance Policy	Amount: \$ _____
Other (specify): _____	Amount: \$ _____
_____	Amount: \$ _____

Damages Covered :

\_\_\_\_\_

\_\_\_\_\_

**If your household has NOT received any financial assistance from additional sources for the months requested, check the box below:**

Duplication of Benefits:

I am stating that I have received **no** financial assistance from any additional sources *for the repairs I am requesting be done*. Sources of assistance include, but are not limited to federal, state or local government programs, non-profits, family assistance, faith based institutions, etc.

If a duplication of benefits is found, **I will be required to pay back the assistance received.**

By signing this document, I am stating that the damages are due to Hurricane(DR-4673\_FL) related claim, with sufficient documentation provided.

Client Signature: \_\_\_\_\_ Date \_\_\_\_\_

Case Manager: \_\_\_\_\_ Date \_\_\_\_\_



**Request for Applications #02-2023-ESG-RUSH**

Lee County Human and Veterans Services  
2440 Thompson St. Fort Myers, FL 33901

**Appendix 4 – Sample Contract**

CSFA # \_\_\_\_\_  
CFDA # \_\_\_\_\_  
Contract No. \_\_\_\_\_  
Funding Source: \_\_\_\_\_

**STANDARD NONPROFIT/GOVERNMENT CONTRACT**

**SUBRECIPIENT CONTRACT BETWEEN  
THE LEE BOARD OF COUNTY COMMISSIONERS  
And**

**THIS CONTRACT** between Lee County, a political subdivision and Charter county of the State of Florida, hereinafter referred to as “**COUNTY**” and \_\_\_\_\_ a Nonprofit Corporation/Government/Municipality registered under the laws of Florida Chapter 617, operating under the laws of the State of Florida and, hereinafter referred to as “**PROVIDER**” will become effective upon the date approved by the Board of County Commissioners (BOCC).

**WHEREAS, COUNTY** believes it to be in the public interest to provide certain activities to the Lee County residents through the **PROVIDER** according to this Contract, the agency's intent as stated in the proposal and attachments and/or exhibits, and all other terms and conditions as specified.

**NOW THEREFORE**, in consideration of the mutual covenants, promises, and representations contained herein **COUNTY** and the **PROVIDER** agree as follows:

**ARTICLE I: SCOPE OF SERVICES**

Any proposal/application submitted which resulted in this funding award are binding and incorporated herein as a part of this contract including all conditions and projected levels of service.

For federally funded projects, all requirements and conditions as described in Attachment A, Program Guidelines must also be followed.

All projects funded by Department of Housing and Urban Development (HUD) Homeless Assistance Grants must actively participate in the Centralized Intake/Coordinated Assessment process and input data into the Homeless Management Information System (HMIS).

All activities funded with CDBG/HOME funds must benefit persons of income levels at or below 80% of the area median income and as defined in the pertinent program requirements. Sub recipient certifies that the activity carried out under this Agreement will meet the CDBG/HOME income eligibility requirements.

**ARTICLE II: TERM OF CONTRACT**

This Contract shall begin \_\_\_\_\_ and end, \_\_\_\_\_ unless terminated as specified in Article IX, Suspension/Termination.

For unit rate contracts, programs must be operational within 45 days of contract begin date (identified above).

**ARTICLE III: COMPENSATION AND REPORTS**

**A. Contract Payment**

The **COUNTY** will make payments on a reimbursement basis to the **PROVIDER** and the **PROVIDER** agrees to accept as full compensation the total amount not to exceed \$. Payments will be authorized only for work completed and/or services delivered during the term of the contract as stated in ARTICLE II: TERM OF CONTRACT and prior to the payment request date. Documentation of eligible expenses will be provided as stated in ARTICLE III C. Contract Deliverables. Payment is subject to the provisions of ARTICLE III B. Deferred Payment/Return of Funds and ARTICLE IX: SUSPENSION/TERMINATION. Funding is contingent upon the availability of funds.

The **COUNTY** has agreed to purchase the service(s) listed in Article I. For unit rate contracts, this contract is for the payment of a fixed number of units of service at the fixed unit rate. For line item contracts, this contract is for payment of line item amounts as identified in the approved budget.

<b>Program</b>	<b><u>Unit Rate:</u></b> <b>Unit Description</b>	<b><u>Unit Rate:</u></b> <b>Units purchased by County</b>	<b><u>Unit Rate:</u></b> <b>Unit rate reimbursed by County</b>	<b>Total</b>
	<b><u>Line Item:</u></b> <b>Approved Budget Category</b>	<b><u>Line Item:</u></b> <b>Annual Budget Amount</b>	<b><u>Line Item:</u></b> N/A	

For Partnering for Results (PFR) contracts, Lee County will fund no more than 40% of the program’s actual cash expenses. The agency must be able to substantiate receipt of at least 60% of revenue from other sources or the amount of contract may be reduced. Documentation of expenses may be required at any time during the contract term if the ratio of county funding to program expenses exceeds or is close to exceeding the 40/60% requirement. In addition, Lee County may not fund program if revenues significantly exceed expenses.

Once funding is approved and a contract issued by Human and Veteran Services (HVS) it must be returned by the agency for execution within 30 days. In addition, funds must begin to be drawn within 60 days of contract execution unless Contract Specialist authorizes additional time. Failure to return signed contract or begin spending funds within allocated time frame may result in reduction or forfeiture of funds.

**B. Deferred Payment/Return of Funds**

The **COUNTY** may defer payment to the **PROVIDER** for noncompliance with contract deliverables or program requirements.

If, as a result of monitoring or audit, units of service provided are not documented a payment may be deferred. If units are found to be unallowable, no future payments will be made until the full amount of overpayment is remitted to the COUNTY or a repayment agreement is accepted by COUNTY. If the monitoring or audit occurs after the term of this contract, the **PROVIDER** will be required to remit funds to the **COUNTY** in accordance with the repayment conditions below.

The **PROVIDER** agrees to return to the **COUNTY** any overpayments due to funds



disallowed pursuant to the terms of this Contract and/or Federal requirements. For contracts funded under the Partnering for Results (local general fund) process, repayment will be required if the amount paid exceeds 40% of program expenses. Such funds shall be considered COUNTY funds and must be refunded to the COUNTY within thirty (30) days of receiving notice from the COUNTY in writing regarding the overpayment. Should repayment not be made in a timely manner, the COUNTY will charge interest of one (1) percent per month compounded on the outstanding balance after forty (40) calendar days after the date of notification or discovery. The PROVIDER will be required to reimburse the COUNTY for any acts of non-compliance resulting in disallowed costs or fines.

**C. Contract Deliverables**

**1. Required Reports (checked boxes are applicable)**

**EXHIBIT 1- Payment Request - Due: Monthly by the 20<sup>th</sup> of the following month.** All payments will be **reimbursement** for eligible expenses/services defined as uncompensated expenses rendered during the contract term and paid prior to final payment request due date as indicated in the Contract Closeout Section (Article III 2 D). Copies of supporting documentation is required as part of the Payment Request for review of grant compliance and before payment will be authorized by Human and Veterans Services. **Reimbursement** for eligible expenses will be made after review and authorization of a correct and complete Exhibit 1 and all required back up documentation. Lee County must be payor of last resort, meaning that if services are eligible to be billed to any other entity including but not limited to: Medicaid, third party insurance or any other entity, Lee County will not pay for that service.

Appropriate back-up/supporting documentation may include: cancelled checks, vendor invoices, authorized purchase orders, attendance/service logs, other funder invoices, expenditure spreadsheets or other original documentation, as well as a copy of the PROVIDER'S check issued with authorized signature. Two-sided copies of back-up documentation are preferred. For Construction Contracts, inspection reports from qualified officials should be submitted with the appropriate monthly payment request. For PFR contracts, documentation of expenses may be required as back-up/supporting documentation if the ratio of county funding to program expenses exceeds or is close to exceeding the 40/60% requirement.

The Exhibit 1 (Payment Request) must be submitted with an **authorized** signature. Cancelled checks, bank statements and/or other documentation from vendor that expense has been paid or service provided may be verified during monitoring.

If applicable, processing of payment requests is also subject to requirements and conditions as outlined in Attachment A, Program Guidelines.

**EXHIBIT 2- Program/Demographics/Beneficiary Report –Due: As indicated on Exhibit 2.**

**EXHIBIT 3 – Performance Outcomes Report – Due: As indicated on Exhibit 3.**

**EXHIBIT 4 - Quarterly Unit Rate & Revenue Analysis Report – Due: 30 days following the end of each quarter. (Jan 31; April 30; July 31; Oct 31).**  
**Documentation to support expenditures and revenue MUST be attached i.e.**

**QuickBooks; Profit/Loss Statement.**

- EXHIBIT 5- Annual Progress Report or Closeout Report- **Due as indicated on Exhibit 5 and/or in Section D.**
- EXHIBIT 6 - Certificate of Insurance - **Insert in contract.**
- EXHIBIT 7 – Statement of Work – **Insert in contract.**
- EXHIBIT 8 - Equipment/Fixed Assets Inventory Form- **Due: 30 days from purchase of equipment or fixed assets, and annually on October 1.**
- EXHIBIT 9 - Annual Certification of Continued Operation - **Due: As indicated on Exhibit 9.**
- EXHIBIT 10- Current Board of Directors Roster

All exhibits/reports should be submitted electronically (email or uploaded into database if applicable). An electronic signature or a scanned copy of the report with signature is acceptable for all reports/exhibits including the Exhibit 1 (Payment Request) for which signatures are required.

**2. Required Documents**

- Audited Financial Statement and Management Letter for fiscal year(s) in which contract funds are expended – **Due Date: Non profits - 180 days following the end of PROVIDER’S fiscal year(s); Governments/municipalities - 270 days following the end of fiscal year(s).**
- Monitoring Reports – A copy of monitoring reports issued from other sources that fund any program covered under this contract and copies of PROVIDER’S response to the funding agency are due to the COUNTY no later than **30 days** after receipt by the PROVIDER.

**D. Contract Closeout**

- Partnering for Results: Unit Rate Analysis Report -**Due: 30 days after contract end.**
- Partnering for Results: Final Payment Request –**Due: 4 business days after contract end.**
- Partnering for Results: Close-Out Report – **Due 30 days after contract end.**
- State Mandated: Final Payment Request – **Due: 4 business days after contract end**
- HOME – Close-out package for each property –**Due: 120 days after payment request.**
- Supportive Housing Program and Rental Assistance (COC) – Final Payment Request and Annual Progress Report – **Due: 45 days end date of operating year.**
- CDBG – Final Payment Request and Beneficiary Reports – **Due: 20<sup>th</sup> of the month after term end.**
- Other Funding Source – \_\_\_\_\_  
Final Closeout Payment Request – **Due:** \_\_\_\_\_

**ARTICLE IV:        AUDITS, MONITORING, AND RECORDS**

**A. Monitoring**

The **PROVIDER** agrees to permit persons duly authorized by the **COUNTY** and the Federal or State grantor agency (if applicable) or any representatives to inspect all records, papers, documents, facility's goods and services of the **PROVIDER** and/or interview any clients and employees of the **PROVIDER** to be assured of satisfactory performance of the terms and conditions of this contract to the extent permitted by the law after giving the **PROVIDER** reasonable notice. The monitoring is a limited scope review of the contract and agency management and does not relieve the **PROVIDER** of its obligation to manage the grant in accordance with applicable rules and sound management practices.

Following such monitoring, the **COUNTY** will deliver to the **PROVIDER** a written report regarding the manner in which services are being provided. The **PROVIDER** will rectify all noted deficiencies within the specified period of time indicated in the monitoring report or provide the **COUNTY** with a reasonable and acceptable justification for not correcting the noted shortcomings. The **PROVIDER'S** failure to correct or justify the deficiencies within the time specified by the **COUNTY** may result in the withholding of payments, being deemed in breach or default, or termination of this Contract.

**B. Audits and Inspections**

The **PROVIDER** will make all records referenced in ARTICLE IV C. and all items included on financial statements available for audit or inspection purposes at any time during normal business hours and as often as **COUNTY** deems necessary.

The Clerk of Courts Internal Audit Division, the Federal or State grantor agency (if applicable), Lee County employees, or any of their duly authorized representatives have the right of timely and unrestricted access to any books, documents, papers, or other records of **PROVIDER** or Certified Public Accountant (CPA) that are pertinent to the contract, in order to make audits, examinations, excerpts, transcripts and copies of such documents. If contract noncompliance or material weaknesses in the organization are noted, the **COUNTY** or other authorized representatives have the right to unlimited access to records during an audit or inspection. This includes timely and reasonable access to a **PROVIDER'S** personnel for the purpose of interview and discussion related to such documents.

**C. Records**

The **PROVIDER** shall retain all financial, client demographics, and programmatic records, supporting documentation, statistical records, and other records, which are necessary to document service provision, expenditures, income and assets of the **PROVIDER** by funding source, program, and functional expenses category during the term of this contract and a minimum of five (5) years from the date of contract expiration. The retention period may be longer depending on the funding source and it is the **PROVIDER'S** obligation to comply with all Federal and State of Florida retention schedules. If any litigation, claim, negotiation, audit, or other action involving the records has been initiated before the expiration of the retention period, the records shall be retained for one (1) year after the final resolution of the action and final resolution of all issues that arise from such action.

**PROVIDER** specifically acknowledges its obligations to comply with §119.0701, F.S., as amended from time to time, with regard to public records, and shall:

- 1) keep and maintain public records that ordinarily and necessarily would be required by the **COUNTY** in order to perform the services required under this Contract;
- 2) upon request from the County's custodian of public records, provide the **COUNTY** with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in Chapter 119 Florida Statutes or as otherwise provided by law;
- 3) ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed, except as authorized by law; and
- 4) meet all requirements for retaining public records and transfer, at no cost to the **COUNTY**, all public records in possession of **PROVIDER** upon termination of this Contract and destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. All records stored electronically must be provided to the **COUNTY** in a format that is compatible with the information technology system of the **COUNTY**.

**IF THE PROVIDER HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE PROVIDER'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THE CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT 239-533-2221, 2115 SECOND STREET, FORT MYERS, FL 33901, <http://www.leegov.com/publicrecords>.**

**D. Independent Audit**

A complete independent financial audit of the agency's financial statements in accordance with Generally Accepted Accounting Principles (GAAP) and/or current Generally Accepted Government Auditing Standards (GAGAS) as applicable is required and must include the following:

- auditor's opinion
- requisite reports on internal control and compliance, if required
- management letter addressing internal controls (Note: If there were no items to be addressed, the letter must still be completed and state that no comments were noted.)
- management's response to such letter
- the programs that are funded by this Lee County contract either in the statement of functional expenses, revenues and expenditures, footnotes, schedule of Federal awards and State financial assistance or as supplemental data in the financial statements. The statement should be consistent with programs detailed in the corresponding proposal(s), exhibit(s), and attachment(s).

The audit must be submitted electronically to the **COUNTY** no later than one hundred eighty (180) days following the end of a nonprofit **PROVIDER'S** fiscal year and two hundred seventy (270) days following the end of a government/municipality **PROVIDER'S** fiscal year. If applicable, any corrective action plan must be submitted. Failure to submit the report within the required time frame can result in the withholding of payment, or termination of the contract by the **COUNTY**.

The audit must be conducted by an independent, licensed certified public accountant with an unmodified opinion on their current peer review and must be in accordance with the General Accounting Office (GAO) Yellow Book, Generally Accepted Government Auditing Standards,

OMB Circular A-133 “Audits of States, Local Governments and Nonprofit Organizations” if applicable, the Florida Single Audit Act (F.S. 215.97) if applicable, and the Auditor General Rule 10.550 (Government) or 10.650 (Not For Profit) as applicable.

## **ARTICLE V:            **AMENDMENTS****

**PROVIDER** must submit a written request (email is acceptable) for a contract amendment which details the nature of and justification for the requested change and the desired effective date of the change(s). The **COUNTY** reserves the right to approve or deny all contract amendments. An approved amendment shall be documented on the contract amendment form and signed by both parties.

The Department Director may approve amendments to the contract, which do not substantially change the original contracted scope of service and statement of work, including extensions to the end date of the contract as identified in ARTICLE II. The Board of County Commissioners must approve amendments which increase or decrease contract funds; significantly change program design including target population or major changes in outcomes; change or add to the standard provider contract language, which is not for the purpose of correcting original omissions or clarifying original contract intent.

For federally funded projects, HUD must approve (24 CFR 583.405), in writing, any **significant** changes to an approved Homeless Continuum of Care program prior to initiating a contract amendment. Amendments to CDBG, HOME, or ESG which involve new or alteration of existing activities that will significantly change the scope, location, or objectives of the approved activities or beneficiaries must receive prior HUD approval.

## **ARTICLE VI:            **CONTRACTOR STATUS****

### **A.     Independent Contractor**

It is the Parties’ intention that the **PROVIDER** will be an independent contractor and not the **COUNTY**’s employee for all purposes, including, but not limited to, the application of the Fair Labor Standards Act minimum wage and overtime payments, Federal Insurance Contribution Act, the Social Security Act, the Federal Unemployment Tax Act, the provisions of the Internal Revenue Code, Florida revenue and taxation law, Florida Worker’s Compensation law and Florida Unemployment Insurance Law. The **PROVIDER** will retain sole and absolute discretion in the judgment of the manner and means of carrying out the **PROVIDER’S** activities and responsibilities hereunder. The **PROVIDER** agrees that it is a separate and independent enterprise from the public employer, that it has made its own investment in its business, and that it will utilize a high level of skill necessary to perform the work. This agreement shall not be construed as creating any joint employment relationship between the **PROVIDER** and **COUNTY**, and **COUNTY** will not be liable for any obligation incurred by the **PROVIDER**, including, but not limited to, unpaid minimum wages and/or overtime premiums.

### **B.     Subcontracts**

Primary roles and responsibilities of **PROVIDER** cannot be subcontracted. It is mutually agreed that any program component that is subcontracted by **PROVIDER** must have a written contract upon execution of this contract. Provider must provide written notice to the **COUNTY** of all subcontractors as well as provide copies of all contracts entered into with subcontractors upon the **COUNTY**’s request. Procurement and/or bidding of non primary roles and responsibilities must be awarded on a fair and non collusive basis and must be in compliance

with all applicable Lee County, State of Florida and Federal standards. The **PROVIDER** shall not enter into a transaction with a person or affiliate placed on the Florida Department of Management Services' Convicted Vendor List. For projects and services receiving federal funds, the **PROVIDER** shall also not enter into a transaction with debarred, suspended or ineligible contractors and participants included on the Federal Excluded Parties List. The **PROVIDER** must ensure each subcontractor conforms to the terms and conditions of this contract and if applicable Attachment A, Program Guidelines and must be subject to indemnification as stated in Article VIII.

## **ARTICLE VII: CONFLICT OF INTEREST**

The **PROVIDER** agrees that it presently has no interest and shall acquire no interest, either direct or indirect, which would conflict in any manner with the performance of services required in this contract. The **PROVIDER** further agrees that no person having any such interest shall be employed or engaged for said performance. The **PROVIDER** agrees that no employee, officer, agent of the provider or its sub-recipients shall participate in the selection, award or administration of a contract or construction bid if a conflict-of-interest, either real or implied, would be involved. The **PROVIDER** or sub-recipient employees, officers and agents should refrain from accepting gratuities, favors or anything of monetary value from contractors or potential contractors based on the understanding that the receipt of such an item of value would influence any action or judgment of the **PROVIDER**.

For federally-funded contracts, conflict of interest provisions described in 2 CFR 200.112 and all other HUD regulations currently in effect and as may be amended from time to time shall apply.

## **ARTICLE VIII: RISK MANAGEMENT**

### **A. Hold Harmless and Indemnity Clause**

To the fullest extent permitted by applicable law, **PROVIDER** shall protect, defend, indemnify, save and hold the **COUNTY**, the Board of County Commissioners, its agents, officials, and employees harmless from and against any and all claims, demands, fines, loss or destruction of property, liabilities, damages, for claims based on the negligence, misconduct, or omissions of the **PROVIDER** resulting from the **PROVIDER'S** work as further described in this contract and its attachments, which may arise in favor of any person or persons resulting from the **PROVIDER'S** performance or non-performance of its obligations under this contract except any damages arising out of personal injury or property claims from third parties caused solely by the negligence, omission(s) or willful misconduct of the **COUNTY**, its officials, commissioners, employees or agents, subject to the limitations as set out in Florida general law, Section 768.28, Florida Statutes, as amended from time to time. Further, **PROVIDER** hereby agrees to indemnify the **COUNTY** for all reasonable expenses and attorney's fees incurred by or imposed upon the **COUNTY** in connection therewith for any loss, damage, injury, liability or other casualty. **PROVIDER** additionally agrees that the **COUNTY** may employ an attorney of the **COUNTY'S** own selection to appear and defend any such action, on behalf of the **COUNTY**, at the expense of the **PROVIDER**. The **PROVIDER** further agrees to pay all reasonable expenses and attorney's fees incurred by the **COUNTY** in establishing the right to indemnity.

The **PROVIDER** further agrees that it is responsible for any and all claims arising from the hiring of individuals relating to activities provided under the Contract. All individuals hired are employees of the **PROVIDER** and not of the **COUNTY**.

### **B. Insurance Requirements**

### **Insurance – Nonprofit Providers**

The **PROVIDER** agrees to secure and maintain the insurance coverage outlined below during the term of this Contract. The **PROVIDER** agrees that this insurance requirement shall not relieve or limit **PROVIDER'S** liability and that the **COUNTY** does not in any way represent that the insurance required is sufficient or adequate to protect the **PROVIDER'S** interests or liabilities, but are merely minimums. It is the responsibility of the **PROVIDER** to insure that all subcontractors comply with the insurance requirements.

Certificate(s) of Insurance **naming Lee Board of County Commissioners as Certificate Holder and additional insured** will be attached to this contract as an exhibit. Name and address for Certificate Holder should be: Lee Board of County Commissioners, P.O. Box 398, Fort Myers, FL 33902. Certificate(s) must be provided for the following coverage's at the time of contract execution and upon policy renewal. Renewal certificates are due to Lee County on or before expiration date.

1. **Workers' Compensation**– Statutory benefits as defined by Florida Statute 440 encompassing all operations contemplated by this contract or agreement to apply to all owners, officers, and employees. Employers' liability will have minimum limits of:
  - \$100,000 per accident
  - \$500,000 disease limit
  - \$100,000 disease limit per employee
  
2. **Commercial General Liability** – Coverage shall apply to premises and/or operations, products and/or completed operations, independent contractors, contractual liability, and broad form property damage exposures with minimum limits of:
  - \$500,000 bodily injury per person (BI)
  - \$1,000,000 bodily injury per occurrence (BI)
  - \$500,000 property damage (PD) or
  - \$1,000,000 combined single limit (CSL) of BI and PD

The General Liability Policy Certificate shall name "**Lee County, a political subdivision and Charter County of the State of Florida, its agents, employees, and public officials**" as "**Additional Insured**". The **PROVIDER** agrees that the coverage granted to the Additional Insured applies on a primary basis, with the Additional Insured's coverage being excess.
  
3. **Business Auto Liability** – The following Automobile Liability will be required and coverage shall apply to all owned, hired, and non-owned vehicles used with minimum limits of:
  - \$100,000 bodily injury per person (BI)
  - \$300,000 bodily injury per occurrence (BI)
  - \$100,000 property damage (PD) or
  - \$300,000 combined single limit (CSL) of BI and PD
  
4. **Directors & Officers Liability** – Entity coverage to cover claims against the organization directly for wrongful acts with limits not less than \$100,000.
  
5. **Fidelity Bonding** – Covering all employees who handle the agency's funds. The bond amount must be equivalent to the highest daily cash balance or a minimum amount of \$50,000.

**Insurance – Government/Municipality**

Documentation of the above coverage requirements are not applicable to government/municipalities that are self-insured.

**C. Notice of cancellation or modification**

The COUNTY will be given thirty (30) days notice prior to cancellation or modification of any stipulated insurance. Such notification will be in writing by registered mail, return receipt requested and addressed to the Lee County Risk Manager, P. O. Box 398, Ft. Myers, FL 33902.

**ARTICLE IX: SUSPENSION/TERMINATION**

**A. Suspension**

The COUNTY reserves the right to suspend funding for failure to comply with the requirements of this contract. Agencies that fail to submit required documents by the due date can be suspended, and payment will be withheld until all requirements are satisfied.

In the event PROVIDER ceases operation for any reason or files for protection from creditors under bankruptcy law, any remaining unpaid portion of this Contract, less funds for expenditures already incurred, shall be retained by the COUNTY and the COUNTY shall have no further funding obligation to the PROVIDER with regard to those unpaid funds.

For contracts funded under “Partnering for Results”: If anticipated Program revenue from other sources exceeds expenses by 40%, COUNTY reserves the right to suspend contract until final expenses/revenue is confirmed.

**B. Termination by COUNTY**

The COUNTY may at any time and for any reason cancel this Contract by giving twenty-four (24) hours written notice to the PROVIDER by Certified Mail, Process Server or Hand Delivery following a determination by the County Manager or designee, at its sole discretion, that such cancellation is in the best interest of the people of the county. From the date of cancellation, neither party shall have any further obligation unless specified in the termination notice.

If the financing for this project is contingent upon funding sources other than Lee County as identified in the proposal/application of the contract and such funds become unavailable the obligations of each party hereunder may be terminated upon no less than twenty-four (24) hours written notice.

For contracts funded under “Partnering for Results”: If confirmed Program revenue from other sources exceeds expenses by 40%, COUNTY reserves the right to terminate contract upon no less than twenty four (24) hours written notice.

For unit rate contracts, if program is not operational within 45 days from contract start date, funds for said program will be withdrawn and contract will be amended or terminated.

**C. Termination by PROVIDER**

The PROVIDER may at any time and for any reason cancel this Contract by giving seventy-



two (72) hours prior written notice to the **COUNTY** by Certified Mail or Process Server of such and specifying the effective date.

**COUNTY'S** obligation to make any payments under any provision of this Contract shall cease on the effective date of termination.

## **ARTICLE X:           ASSURANCE, CERTIFICATIONS, AND COMPLIANCE**

The **PROVIDER** agrees that compliance with these assurances and certifications constitutes a condition of continued receipt of or benefit from funds provided through this Contract, and that it is binding upon the **PROVIDER**, its successors, transferees, and assignees for the period during which services are provided.

### **IMMIGRATION LAWS:**

The **COUNTY** will not intentionally award contracts to any provider/contractor/vendor who knowingly employs unauthorized alien workers, constituting a violation of the employment provisions contained in 8 U.S.C. Section 1324 a(e) Section 274A(e) of the Immigration and Nationality Act (INA).

The **COUNTY** shall consider the employment by any **PROVIDER** of unauthorized aliens a violation of Section 274A(e) of the INA. Such violation by the recipient of the employment provisions contained in Section 274A(e) of the INA shall be grounds for unilateral cancellation of the contract by The **COUNTY**.

### **OTHER REQUIREMENTS:**

The **PROVIDER** further assures that all contractors, subcontractors, or others with whom it arranges to provide services or benefits to participants or employees in connection with any of its programs and activities are not discriminating against those participants or employees in violation of statutes, regulations, guidelines and standards. By acceptance of this funding, the **PROVIDER** assures and certifies the following:

- A. That they will comply with all applicable laws, ordinances, and regulations of the United States, the State of Florida, the **COUNTY**, and the municipalities as said laws, ordinances, and regulations exist and are amended from time to time. In entering into this contract, the **COUNTY** does not waive the requirements of any **COUNTY** or local ordinance or the requirements of obtaining any permits or licenses that are normally required to conduct business or activity contemplated by the **PROVIDER**.
- B. That they will comply with all applicable Federal, State and local anti-discrimination laws pertaining to nondiscrimination in programs receiving Federal financial assistance, including but not limited to:
  - **Title VI of the Civil Rights Act of 1964**, as amended, and its implementing regulations – including that recipients/grantees of federal financial assistance are required to take reasonable steps to ensure meaningful access to persons who are Limited English Proficiency (LEP), as per Executive Order 13166.
  - **Section 109 - Title I of the Housing & Community Development Act of 1974**
  - **Section 504 of the Rehabilitation Act of 1973** (29 U.S.C. 794)
  - **Age Discrimination Act of 1975** (42 U.S.C. 610 et. seq.)
  - **Fair Housing Act**

Additional information can be accessed at the following websites:  
[http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/fair\\_housing\\_equal\\_opp/FHLaws](http://portal.hud.gov/hudportal/HUD?src=/program_offices/fair_housing_equal_opp/FHLaws)  
[http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/fair\\_housing\\_equal\\_opp](http://portal.hud.gov/hudportal/HUD?src=/program_offices/fair_housing_equal_opp)  
[https://www.hud.gov/program\\_offices/fair\\_housing\\_equal\\_opp/promotingfh/lep-mfh-faq](https://www.hud.gov/program_offices/fair_housing_equal_opp/promotingfh/lep-mfh-faq)

These requirements are designed to prevent discrimination in the delivery of benefits and services because of race, color, religion (creed), sex, national origin, age, familial status or disability. Affirmative marketing plans and use of universal design features for construction and rehabilitative projects should be incorporated when possible.

All advertising of residential real estate for sale, rent, or financing should contain an equal housing opportunity logotype, statement, or slogan as a means of educating the home seeking public that the property is available to all persons regardless of race, color, religion, sex, handicap, familial status, or national origin. The choice of logotype, statement or slogan will depend on the type of media used (visual or auditory) and, in space advertising, on the size of the advertisement. Different styles/types/sizes of logos and information regarding brochures and can be located at the following website:  
<http://portal.hud.gov/hudportal/HUD?src=/library/bookshelf11/hudgraphics/fheologo>

- C. That they will comply with the Americans with Disabilities Act of 1990 (“ADA”) (as codified at U.S.C 42.126 (sections 12101-12213) and 28CFR35, which gives civil rights protections to individuals with disabilities, guaranteeing equal opportunity for individuals with disabilities in employment, public accommodations, transportation, State and local government services, and telecommunications. A Single-Point-of-Contact shall be required if the agency employs 15 or more employees. The Single-Point-of-Contact will ensure effective communication with deaf or hard-of-hearing customers or companions in accordance with Section 504 and the ADA and coordinate activities and reports with the **PROVIDER**’s Single-Point-of-Contact.
- D. That they will administer their programs under procedures, supervision, safeguards, and such other methods as may be necessary to prevent fraud and abuse, and that it will target its services to those who most need them.
- E. That if clients are to be transported under this contract, the **PROVIDER** will comply with the provisions of Chapter 427, Florida Statutes, which requires the coordination of transportation for the disadvantaged.
- F. That any products or materials purchased with contract funds shall be procured in accordance with the provisions of Chapter 403.7065, Florida Statutes, which refers to the procurement of products or materials with recycled content.
- G. That they will comply with Chapter 39.201, Florida Statutes, that any person who knows, or has reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child’s welfare, as defined in this chapter, shall report such knowledge or suspicion to the Florida Abuse Hotline (1-800-962-2873).
- H. That they will comply with Chapter 415.1034, Florida Statutes, that any person who knows or has reasonable cause to suspect that a vulnerable and or disabled adult has been abused, neglected, or exploited, shall immediately report such knowledge or suspicion to the Florida Abuse Hotline (1-800-962-2873).

- I. That if personnel in programs under this contract work directly with children/youths and vulnerable or disabled adults, the **PROVIDER** will comply with applicable provisions under Florida Statutes 943.0542; 943.04351; 393.0655; 402, regarding employment screening.
- J. That they will comply with Chapter 216.347, Florida Statutes, which prohibits the expenditure of contract funds for the purpose of lobbying the legislature, State or county agencies.
- K. That they will notify the **COUNTY** immediately of any funding source changes and/or additions from other sources that are different from that shown in the **PROVIDER'S** application/proposal. This notification must include a statement as to how this change in funding affects provision of service as well as the use of and continued need for **COUNTY** funds.
- L. That they will acknowledge support for activities funded wholly or in part by **COUNTY** funds. In publicizing, advertising, or describing the program, state “Funding provided by Lee Board of County Commissioners”.
- M. That they will notify the **COUNTY** of any **SIGNIFICANT** changes to the **PROVIDER** organization to include Board Membership (roster), Articles of Incorporation and Bylaws within ten (10) working days of the effective date.
- N. For federally funded programs, that they will comply with applicable uniform administrative requirements as described in 2 CFR Part 200 and all other established, applicable HUD regulations as now in effect and as may be amended from time to time.
- O. The **PROVIDER** shall ensure that Lee County funds are restricted to people legally able to reside in the US.
- P. The **PROVIDER** is prohibited from using contracted funds for the following: political activities; lobbying; political patronage; nepotism activities; and inherently religious activities such as worship, religious instruction, or proselytization.
- Q. The **PROVIDER** must verify employment eligibility of all new employees hired during the contract term through the U.S. Department of Homeland Security’s E-Verify system.

**ARTICLE XI HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)**

Lee County, pursuant to the Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a “covered entity” as the law defines that term. Any “personal health information” (PHI) as defined by the law that the **COUNTY** receives pursuant to this Agreement is subject to the disclosure and security requirements of HIPAA. Transfer of information to the **COUNTY** sufficiently “de-identified” to no longer be considered PHI is encouraged as being in the best interest of client PHI confidentiality to the extent that client services are unaffected. Particular methods to accomplish the highest levels of client service coupled with PHI confidentiality shall be an ongoing task of the affected staffs of the **COUNTY** and **PROVIDER**.

**ARTICLE XII: CONTRACT DISPUTE RESOLUTION PROCEDURE**



\_\_\_\_\_

Title

\_\_\_\_\_

Title

In the event that Provider designates different representatives after execution of this contract, notice of the name and address of the new representative will be rendered in writing by authorized officer of **PROVIDER** to the **COUNTY**.

**ARTICLE XIV: SPECIAL PROVISIONS**

If needed, **PROVIDER** may be called upon to assist the **COUNTY** during a natural disaster or emergency. This includes the use of the **PROVIDER'S** facility to assist with Emergency Food Stamp preregistration if facility is operational and computer terminals are available. **PROVIDER** will be responsible to notify United Way 211 immediately after a disaster declaration if the location is accessible and operational and of any **PROVIDER** staff who are available to assist with recovery efforts.

**ARTICLE XV: ALL TERMS AND CONDITIONS INCLUDED**

This contract and its attachments, and any exhibits referenced in said attachments, together with any documents incorporated by reference, contain all the terms and conditions agreed upon by the parties. There are no provisions, terms, conditions, or obligations other than those contained herein, and this contract shall supersede all previous communications, representations, or agreements, either verbal or written between the parties. If any term or provision of this contract is legally determined unlawful or unenforceable, the remainder of the contract shall remain in full force and effect and such terms or provisions shall be stricken.

**IN WITNESS THEREOF**, **PROVIDER** and **COUNTY** have caused this 17-page contract and all Contract Exhibits and Attachments as indicated on next page to be executed by their undersigned officials as duly authorized.

**PROVIDER:**

By: \_\_\_\_\_  
Name (print)

\_\_\_\_\_  
(Signature of authorized officer)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**STATE OF FLORIDA**  
**COUNTY OF \_\_\_\_\_**

The foregoing instrument was acknowledged before me, by means of  physical presence or  online notarization, this \_\_\_\_ day of \_\_\_\_\_, \_\_ (year),

**COUNTY: LEE COUNTY**

By: \_\_\_\_\_  
Name (print)

\_\_\_\_\_  
(Signature of authorized officer)

Board of County Commissioners  
Title

\_\_\_\_\_  
Date

**ATTEST:**  
**CLERK OF CIRCUIT COURT**

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

by, \_\_\_\_\_  
who is personally known to me or who has  
produced \_\_\_\_\_ as identification  
and who  did ( did not) take an oath.

NOTARY:

By: \_\_\_\_\_  
Notary of Public (Signature)

\_\_\_\_\_  
Name (typed)

**APPROVED AS TO FORM FOR THE  
RELIANCE OF LEE COUNTY ONLY:**

By: \_\_\_\_\_

Date: \_\_\_\_\_  
**OFFICE of the COUNTY ATTORNEY**

SAMPLE