

**Lee County Board Of County Commissioners
Agenda Item Summary**

Blue Sheet No. 20030746

REQUESTED MOTION:

ACTION REQUESTED:

Adopt a Resolution to amend the Administrative Code to establish a policy and procedure for spending Municipal Services Benefit Unit restricted funds on a hardship deferral, matching grant and construction program.

WHY ACTION IS NECESSARY:

Requires approval by Board of County Commissioners.

WHAT ACTION ACCOMPLISHES:

Provides funding source and policy to assist property owners of established Municipal Services Benefit Unit with project cash.

2. DEPARTMENTAL CATEGORY:

COMMISSION DISTRICT #:

A6A

3. MEETING DATE:

08-05-2003

4. AGENDA:

- CONSENT
- ADMINISTRATIVE
- APPEALS
- PUBLIC
- WALK ON
- TIME REQUIRED:

5. REQUIREMENT/PURPOSE:

(Specify)

- STATUTE
- ORDINANCE *97-23*
- ADMIN. CODE
- OTHER

6. REQUESTOR OF INFORMATION:

- A. COMMISSIONER
- B. DEPARTMENT *MSTBU Services*
- C. DIVISION *Public Resources*
- BY: *Libby Walker*

7. BACKGROUND:

In December 2002, the BOCC directed County Staff to prepare a policy and procedure in which the County could financially assist property owners with the cost of capital project in their community.

The assistance would be offered in three ways: a hardship deferral program, a matching grant program, and a direct contribution to a project. The funding source for all three programs will be the MSBU restricted fund, as available. The MSBU funds are residual dollars from refinancing of bonds and early redemption, payments, as well as the collection of penalties.

The program would benefit all property owners who voluntarily create a unit for Capital improvements.

8. MANAGEMENT RECOMMENDATIONS:

9. RECOMMENDED APPROVAL:

A Department Director	B Purchasing or Contracts	C Human Resources	D Other	E County Attorney	F Budget Services <i>Admin 6/26/03</i>				G County Manager
					OA	OM	Risk	GC	
<i>[Signature]</i> <i>6-24-03</i>				<i>S. Brown</i> <i>6/23/03</i>	<i>CA</i> <i>6/23/03</i>	<i>Admin</i> <i>6/23/03</i>	<i>[Signature]</i> <i>6/23/03</i>	<i>AS</i> <i>6-23-03</i>	<i>AS</i> <i>6-26-03</i>

10. COMMISSION ACTION:

- APPROVED
- DENIED
- DEFERRED
- OTHER

Rec. by Coltty
Date: *6/23/03*
Time: *9:05 AM*
Forwarded To:
City Admin.
6-24-03 945

RECEIVED BY
COUNTY ADMIN. CA
6/23
10 AM
[Signature]
6/20
5 PM

LEE COUNTY RESOLUTION NO. _____

A RESOLUTION OF THE LEE COUNTY BOARD OF COUNTY COMMISSIONERS RELATING TO AMENDMENTS TO THE LEE COUNTY ADMINISTRATIVE CODE AS ADOPTED BY LEE COUNTY ORDINANCE NO. 97-23; PROVIDING FOR APPROVAL OF CERTAIN AMENDMENTS TO THE LEE COUNTY ADMINISTRATIVE CODE; ESTABLISHING AND CREATING THE POLICY AND PROCEDURES FOR THE MSBU HARDSHIP/GRANT CONTRIBUTION PROGRAM; PROVIDING FOR SEVERABILITY; PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, the Board of County Commissioners is the governing body in and for Lee County, a political subdivision of the State of Florida; and,

WHEREAS, the Board of County Commissioners has previously enacted Lee County Ordinance No. 96-01, creating a charter form of government for Lee County pursuant to Section 125.80 and ff., Florida Statutes, and which was approved and ratified by the Electorate of Lee County on November 5, 1996; and,

WHEREAS, the Board of County Commissioners has previously enacted Lee County Ordinance No. 97-23, which adopted the Lee County Administrative Code pursuant to Section 2.2.E. of Ordinance No. 96-01, the Lee County Charter; and,

WHEREAS, Lee County Ordinance No. 97-23 at Section III allows and provides for amendments to the Lee County Administrative Code to be made by Resolution of the Board of County Commissioners at a regularly scheduled Board of County Commissioners' meeting; and,

WHEREAS, certain amendments to the Lee County Administrative Code are now being proposed, and the Board of County Commissioners finds that such proposed amendments are

acceptable, serve a public purpose and are consistent with the terms and conditions of Lee County Ordinance No. 96-01, the Lee County Charter.

NOW THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS THAT:

1. The above preamble is hereby accepted and approved as being true and accurate, and is adopted and incorporated herein as if set out further at length.
2. The proposed amendment(s) to the Lee County Administrative Code creating the Policy and Procedures for the MSBU Hardship/Grant Contribution Program (attached hereto as Exhibit A), is approved, and are hereby directed to be incorporated into the Lee County Administrative Code as indicated in the amendment(s).
3. The provisions of this Resolution are severable, and it is the intention to confer to the whole or any part of this Resolution, the powers herein provided for. If any court of competent jurisdiction shall hold any of the provisions of this Resolution unconstitutional, the decision of such court shall not affect or impair any of the other remaining provisions of this Resolution. It is hereby declared to be the Board's legislative intent that this Resolution would have been adopted had such an unconstitutional provision not been included herein.
4. This Resolution shall become effective immediately upon its adoption by the Board of County Commissioners.

The foregoing Resolution was offered by Commissioner _____, who moved its adoption. The motion was seconded by Commissioner _____ and, being put to a vote, the vote was as follows:

ROBERT JANES	_____
DOUGLAS ST. CERNY	_____
RAY JUDAH	_____
ANDREW COY	_____
JOHN E. ALBION	_____

DULY PASSED AND ADOPTED this _____ day of _____, 20_____.

ATTEST:
CHARLIE GREEN, CLERK

**BOARD OF COUNTY COMMISSIONERS
OF LEE COUNTY, FLORIDA**

By: _____
Deputy Clerk

By: _____
Ray Judah, Chairman

APPROVED AS TO FORM:

By: _____
Office of the County Attorney

**ADMINISTRATIVE CODE
BOARD OF COUNTY COMMISSIONERS**

CATEGORY: Administration	CODE NUMBER: AC-
TITLE: <i>Policies and Procedure for application and Administration of MSBU Financial Support through a Matching Grant/Contribution and/or Hardship Programs</i>	ADOPTED:
	AMENDED:
	ORIGINATING DEPARTMENT: Public Resources

PURPOSE/SCOPE:

Establish a standard policy and procedure for the application and administration of three financial support programs offered for an identified and created Municipal Services Benefit Unit Capital Project.

POLICY/PROCEDURE:

A. Policy for Matching Grant Program

1. *Approval of the application will be by the County Manager or designee.*
2. Application for the Matching Grant will be for an individual property identified by a single strap number for a specific Municipal Services Capital Project in which a special assessment is being applied.
3. A sub fund utilizing residual MSTBU funds will be set up to provide for a 25:75% (County 25%, Property Owners 75%) match.
4. Applicant must apply for the matching grant prior to the Public Hearing for approval of Resolution of Final Assessment, for the identified MSBU project following the completion of the project.
5. The matching grant program is available for properties that are documented by the Property Appraisers Office as homesteaded, during the calendar year in which the project is completed.
6. Gross Income levels and assets will be considered when reviewing the application. Gross income should not exceed the annual HUD Home Program Low Income Limits. Exceptions will be considered based on extenuating circumstances related to extraordinary medical expenses, not covered by a medical plan.
7. *Documented income of all household members over the age of 18 must be provided for consideration.*
8. All income including but not limited to rental properties, businesses, and/or Trusts, as may be reported under separate IRS returns for the property owner(s) of record must also be submitted and considered as income when applying for a matching grant.

B. Policy for Applying MSBU Contribution

1. Contributions will be made for projects that are voluntary, with no requirements per development order or development of regional impact.
2. Contributions will be for projects in which the property owners are paying for a minimum of 80% of the project. Projects which are partially supported by federal, state and/or local grants, or any other County funding will be eligible only for that portion which would reduce the property owner's portion to 80%.
3. Contributions for an MSBU Capital Project will be made based on availability of funds in the MSBU residual fund, as determined by the County Manager or designee.
4. The MSBU Services Staff, when preparing an estimate for any MSBU capital project will estimate contributions to a project. The final calculation will be based on the actual costs calculated upon the completion of the project.
5. The contribution shall not exceed 20% of the project costs borne by the property owners, inclusive of cost for obtaining right of way, permits, testing, inspection, engineering, administrative, short-term interest, and construction expenses only. Direct costs to property owners for actual consideration paid for right of way and/or condemnation, mitigation, long-term finance and interest costs shall not be included in the calculation of the contribution.

C. Policy for Hardship Deferral Program

1. Approval of the application will be made by the County Manager or designee.
2. The Hardship Deferral program will initially be funded by the MSBU residual funds and will continue as a revolving loan fund.
3. Application for the hardship deferral will be for an individual property identified by a single strap number.
4. Applicants must apply for the deferral each year by June 15th for the following year's assessment.
5. The hardship program is available for properties that are documented by the Property Appraisers Office as homesteaded during the year in which the application is made.
6. Gross Income and assets for all adult members (over 18 years of age) of the identified household will be considered when determining eligibility for a Hardship Deferral. The annual HUD Home Program levels will be used to determine eligibility. Total gross incomes should not exceed the 60% income limits. Exceptions will be considered based on documented extraordinary non-reimbursed medical expenses.
7. All income including but not limited to rental properties, businesses, trusts and/or retirement programs as may be reported under separate IRS returns for the property owner(s) of record must also be submitted and considered as income when applying for the hardship deferral.
8. A deferral will not eliminate the responsibility of full payment of all accrued amounts including the principal, interest, penalties, or other related expenses accrued prior to approval of the deferral.
9. Payment of the full assessment is due at time of sale, transfer or refinancing of the property.
10. Neither interest nor penalty will accrue on the special assessment during any period in which a property is approved for the deferral.

**PROCEDURE for
MSBU HARDSHIP DEFERRAL AND/OR MSBU GRANT**

PURPOSE:

Completion and submittal of the application will allow staff to make a decision for the approval or denial of the applicant's participation in the Hardship deferral and/or matching grant program.

FREQUENCY:

HARDSHIP DEFERRAL: Annually before June 15th.

MATCHING GRANT: One time application to be completed prior to the Final Assessment Public Hearing following the completion of the project.

RESPONSIBILITY:

The Owner of Record is responsible for completion of the application.

DISTRIBUTION:

The original application with supporting documentation should be delivered to the MSTBU Office located in the Division of Public Resources. The application will remain on file as a public record until the assessment is paid in full or as required by Florida Statute.

PREPARATION: (Please **print** all information on the attached application)

- A. Application For Hardship Deferral: Mark this line if the application is for a Hardship Deferral.
- B. New; or Renewal: Indicate by a check mark if the Hardship Deferral being applied for is a new deferral request or if it is a renewal from a previous year.
- C. Matching Grant: Indicate if this application is being made for a matching grant.
- D. Owner of Record: Print your full name.
- E. Address: Enter your legal address.
- F. Daytime Phone Number: Enter a phone number for which you can be reached at during the day.
- G. Strap Number: Enter the 17-digit strap number (ex: xx-xx-xx-xx-xxxxx-xxxx) for the parcel on which you are requesting the deferral or grant. This number can be found on the Property tax bill, or with the recorded assessment roll associated with the project.
- H. Project Name: Enter the name of the project for which the application is being submitted.

- I. Name, SS Number, Age, Gross Income, Source of Income: Enter the appropriate information for all members of the household (18 years or older).
- J. Current Mortgage Payment: Enter your monthly mortgage payment.
- K. Do you rent any portion of your primary residence: Indicate by marking Yes or No. If you receive any income from the rental of any portion of your residence enter the amount.
- L. Do you have any delinquent property taxes: Indicate by marking Yes or No. If you have any delinquent taxes due on your property, enter the amount outstanding.
- M. Do you have any other rental properties: Indicate by marking Yes or No. If you have any other properties for which you receive income enter the monthly gross income amount and the property address.
- N. Other Assets: List all other assets with current values and/or income. Provide supporting documentation showing values and monthly gross income if income generating.
- O. Notary Section: Have signature notarized prior to submittal of application.

APPLICATION REVIEW PROCESS AND NOTIFICATION:

The application will be reviewed and a decision made within 15 business days from receipt of the application. Additional information may be requested before a decision can be made.

You will be mailed a copy of this application with the approval or denial noted in the review section.

Do you have any other rental properties?

Yes

No

If yes, please complete

Address: (please print)

monthly gross amount \$ _____

Other Assets:

Please list any other assets such as trusts, pension plans, realty property, intangible property, or other. (Attach supporting documentation)

I authorize sources mentioned herein to disclose any financial information pertaining to me from their records. Further, I affirm that I am a full-time resident of Lee County, Florida living at the above stated address, which I own. I also affirm that this application is for a temporary deferment for which I am responsible to reimburse in full. I agree that in consideration of this deferment, the special assessment will need to be paid in full if and when the property is sold or transferred to another party.

I further affirm that I have disclosed all income and assets of the household members, including but not limited to wages, social security, trusts, pension plans, stocks/bonds, and/or gifts.

Print Name

Signature

Notary's signature

Dept. Signature

Date

Date

Date

This document is a Public Record, available for public inspection

DO NOT WRITE BELOW THIS LINE

Application Review:

Approved: _____

Denied: _____

Name: _____

Date: _____

Title: _____



BOARD OF COUNTY COMMISSIONERS
DIVISION OF PUBLIC RESOURCES
MSTBU SERVICES

P.O. Box 398
2115 Second Street
Fort Myers, FL 33902
(239) 335-2186

Application For:
Hardship Deferral _____ New _____ Renewal _____
(Due Date Annually: June 15th)

Matching Grant _____

Owner of Record: _____

Address: _____

Daytime Phone Number () _____

Strap Number: _____ ex: (xx-xx-xx-xx-xxxxx.xxxx)

Project Name: _____

List Name, Social Security Number, Age, Monthly Income, and source of income (employer, pension, social security, trusts, etc....) for all household members.

Table with 5 columns: Name, SS Number, Age, Gross Income, Source of Income. Multiple rows for household members.

What is your current monthly mortgage payment? \$ _____

Do you rent any portion of your primary residence? Yes _____ No _____

Do you have any unpaid or delinquent property taxes? Yes _____ No _____

if yes, amount \$ _____

Do you have any other rental properties?

Yes _____

No _____

If yes, please complete

Address: (please print)

monthly gross amount \$ _____

Other Assets:

Please list any other assets such as trusts, pension plans, realty property, intangible property, or other. (Attach supporting documentation)

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Print Name

Signature

Notary's signature

Dept. Signature

Date

Date

Date

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Application Review:

Approved: _____

Denied: _____

Name: _____

Date: _____

Title: _____