

**BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY**

Meeting Date: 11-14-07

Division: Community Services

Bulk Item: Yes X No

Department: Community Support Services

Staff Contact Person/Phone #: Deb Barsell, 4510

AGENDA ITEM WORDING: Approval of an INCREASE IN FUNDING for the Low Income Home Energy Assistance Program Federally Funded Subgrant Agreement Number 07EA-6J-11-54-01-019 between Monroe County Board of County Commissioners and the State of Florida, Department of Community Affairs for the provision of funds to pay electric bills for low income clients.

ITEM BACKGROUND: This is a reoccurring agreement and the language in the contract is the same as the previous contract (2006-2007) as well as the current contract (2007-2008). There is no match required by Monroe County. This is a cost reimbursement agreement. This modification to the current agreement is due to an increase of grant funds in the amount of \$5,524.

PREVIOUS RELEVANT BOCC ACTION: On February 21, 2007, the BOCC granted approval and authorized execution of LIHEAP Contract Number 07EA-6J-11-54-01-019. On September 19, 2007, the BOCC granted approval for Mod #2 which granted an increase in funding.

CONTRACT/AGREEMENT CHANGES: Increase of \$5,524 in grant funds.

STAFF RECOMMENDATIONS: Approval

TOTAL COST: \$118,764.

BUDGETED: Yes X No

COST TO COUNTY: -0-

SOURCE OF FUNDS: Grant Funds

REVENUE PRODUCING: Yes N/A No N/A **AMOUNT PER MONTH** N/A **Year** N/A

APPROVED BY: County Atty Purchasing Risk Management

DOCUMENTATION: Included X Not Required

DISPOSITION:

AGENDA ITEM #

MONROE COUNTY BOARD OF COUNTY COMMISSIONERS

CONTRACT SUMMARY

Contract with: LIHEAP (DCA) Contract #07EA 6J-11-54-01-019
 Effective Date: 11-14-07
 Expiration Date: 03-31-08

Contract Purpose/Description:
Approval to modify DCA Low Income Home Energy Assistance Program
Agreement Number 07EA-6J-11-54-01-019 by increasing the amount of funds
received by the Monroe County Board of County Commissioners. LIHEAP allows for
the provision of funds to pay electric bills for low income Monroe County residents.

Contract Manager: Sheryl Graham 4592 Social Services #1
 (Name) (Ext.) (Department/Stop #)

for BOCC meeting on 11/14/07 Agenda Deadline: 10/30/07

CONTRACT COSTS

Total Dollar Value of Contract: \$ 118,764. Current Year Portion: \$ _____
 Budgeted? Yes No Account Codes: 125-6153507-FY07 - - - -
 Grant: \$ 118,764 3/1/07 to-3/31/08- - - -
 County Match: \$ -0- _____

ADDITIONAL COSTS

Estimated Ongoing Costs: \$ _____/yr For: _____
 (Not included in dollar value above) (eg. maintenance, utilities, janitorial, salaries, etc.)

CONTRACT REVIEW

	Date In	Changes Needed	Reviewer	Date Out
Division Director	<u>10/30/07</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<u>[Signature]</u>	<u>10/30/07</u>
Risk Management	<u>10/30/07</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<u>[Signature]</u>	<u>10-30-07</u>
O.M.B./Purchasing	<u>10/30/07</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<u>[Signature]</u>	<u>10/30/07</u>
County Attorney	<u>10/29/07</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<u>[Signature]</u>	<u>10/29/07</u>

Comments: _____

MODIFICATION OF AGREEMENT
BETWEEN
FLORIDA DEPARTMENT OF COMMUNITY AFFAIRS
AND
Monroe County Board of County Commissioners

This Modification is made and entered into by and between the State of Florida, Department of Community Affairs, ("Department"), and Monroe County Board of County Commissioners, the ("Recipient") to modify DCA Contract Number 07EA-6J-11-54-01-019 ("Agreement").

WHEREAS, the Department and the Recipient have entered into the Agreement, pursuant to which the Department has provided a grant to the Recipient under the Low-Income Home Energy Assistance Program (LIHEAP) of \$113,240 and

WHEREAS, the Department and the Recipient desire to modify the Agreement.

NOW, THEREFORE, in consideration of the mutual promises of the parties contained herein, the parties agree as follows:

1. Paragraph (17)(a) Funding/Consideration is hereby modified to read as follows:

This is a cost-reimbursement Agreement. The Recipient shall be reimbursed for costs incurred in the satisfactory performance of work hereunder in an amount not to exceed \$ 118,764 subject to the availability of funds and appropriate budget authority. This revised contract amount includes:

1. \$ 113,240 Current FY 2007-2008 LIHEAP contract allocation
2. +\$ 5,524 Contingency Funds
3. +\$ 0 Increase in FY 2006 Leveraging Funds

2. Attachment I, Recipient Information, is hereby deleted in its entirety and replaced with Amended Attachment I.
3. Attachment J, Budget Summary and Workplan, is hereby deleted in its entirety and replaced with Amended Attachment J.
4. Attachment K, Budget Detail, is hereby deleted in its entirety and replaced with Amended Attachment K.
5. Attachment L, Multi-County Fund Distribution, is hereby deleted in its entirety and replaced with Amended Attachment L.

- 6. All provisions of the Agreement being modified and any attachments thereto in conflict with this Modification shall be and are hereby changed to conform with this Modification, effective as of the date of the last execution of this Modification by both parties.
- 7. All provisions not in conflict with this Modification remain in full force and effect, and are to be performed at the level specified in the Agreement.

IN WITNESS WHEREOF, the parties hereto have executed this document as of the dates set out herein.

RECIPIENT

STATE OF FLORIDA
DEPARTMENT OF COMMUNITY AFFAIRS

BY: _____

BY: _____

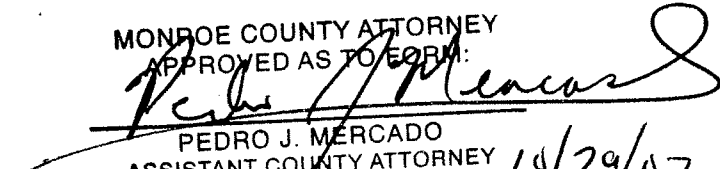
(Type Name and Title)

Janice Browning, Director
Division of Housing and Community
Development

Date: _____

Date: _____

Federal Identification Number

MONROE COUNTY ATTORNEY
APPROVED AS TO FORM:

PEDRO J. MERCADO
ASSISTANT COUNTY ATTORNEY
Date 10/29/07

LIHEAP
ATTACHMENT I - RECIPIENT INFORMATION

FEDERAL YEAR: 07 CONTRACT PERIOD: Date of Signing to March 31, 2008

FOR DCA USE ONLY

DATE RECEIVED: _____ REVISION(S) RECEIVED: _____ / _____ / _____

DCA CONSULTANT: _____

I. **RECIPIENT CATEGORY:** { } Non-Profit { X } Local Government { } State Agency

II. **COUNTIES TO BE SERVED WITH THESE FUNDS:** _____

III. **GENERAL ADMINISTRATIVE INFORMATION**

a. Recipient: Monroe County Board of County Commissioners

b. Executive Director or Chief Administrator: Deb Barsell

c. Recipient Address: 1100 Simonton Street
City: Key West, FL Zip Code: 33040
Telephone: (305) 292-4510 Fax: (305) 292-4417
County: Monroe E-mail Address: barsell-debbie@monroecounty-fl.gov

d. Mailing Address (if different from above): _____
_____, FL Zip Code: _____

e. Chief Elected Official (Local Governments) or President/Chairman (for corporations):
Name: Mario Di Gennaro
Title: Mayor
Home or business address and telephone number other than Recipient's address:
490 63rd Street
Marathon, FL Zip Code: 33050 Telephone () _____

f. Official to Receive State Warrant: Name: Danny Kolhage
Title: Clerk of Court
Mailing Address: 500 Whitehead Street
Key West, FL Zip Code: 33040

g. Recipient Contacts:
(1) Program: Name Sheryl Graham Title: **Compliance Manager**
Mailing Address: 1100 Simonton Street
Key West, FL Zip Code: 33040
Telephone: (305) 292-4592 Fax: (305) 305-295-4361
Cell: () _____ Mail Address: graham-sheryl@monroecounty-fl.gov
(2) Fiscal: Name Danny Kolhage Title Clerk of Court
Mailing Address: 500 Whitehead Street
Key West, FL Zip Code: 33040
Telephone: (305) 292-3560 Fax: (305) 295-3660
Cell: () _____ E-Mail Address: dkolhage@monroe-clerk.com

h. Person(s) authorized to sign reports: **Sheryl Graham; Deb Barsell; Valerena Candy**

IV. **AUDIT** Recipient Fiscal Year: October to September

Audit is due nine months from the end of the recipient's fiscal year: June

**LIHEAP
AMENDED ATTACHMENT J
BUDGET SUMMARY AND WORKPLAN**

RECIPIENT: Monroe County Board of County Commissioners

I. BUDGET SUMMARY

A. LIHEAP FUNDS ONLY	B. Last Approved Budget Amount	C. Adjustments to Approved Budget (Optional)	D. Contingency Funds	E. Column B+C+D	F. Increase in Leveraging Funds	G. TOTAL Modified Budget
1. TOTAL FUNDS (No Leveraging)	113,240.		5,524.	118,764.		118,764.
ADMINISTRATIVE EXPENSE (Cell 2G cannot exceed 8% of Cell 1G)						
2. Salaries including Fringe; Rent, Utilities, Travel, Other	9,059.	0	0	9,059.		9,059.00
OUTREACH EXPENSE (Cell 3G cannot exceed Cell 1E minus Cell 2E times .15)						
3. Salaries including Fringe; Rent, Utilities, Travel, Other	0	0	0	0		0
DIRECT CLIENT ASSISTANCE						
4. Home Energy Assistance (Cell 4G must be at least 25% of Cell 1G)	50,308.	0	3,000.	53,308.		53,308.
5. Crisis Payments	53,873.	0	2,524.	56,397.		56,397.
6. Weather Related/Supply Shortage (Cell 6G must be at least 2% of Cell 1G)	0	0	0	0		0
7. Subtotal Direct Client Assistance (Lines 4+5+6)	104,181.	0	5,524.	109,705.		109,705.
LEVERAGING FUNDS ONLY						
8. Home Energy Assistance					0	0
9. Crisis Assistance					0	0
10. TOTAL LEVERAGING (Lines 8+9)					0	0
11. GRAND TOTALS	113,240.	0	5,524.	118,764.	0	118,764.

II. DIRECT CLIENT ASSISTANCE WORKPLAN

Type of Assistance	Estimated # of Households		Estimated Cost Per Household	Estimated Expenditures ¹
	Previous	Amended		
LIHEAP (Direct Client Assistance)				
Home Energy	266.9533	355.59	150.00	53,308.
Crisis	176.78	161.13	350.00	56,397.
Weather Related/Supply Shortage	9.06	0	0	0
TOTAL	452.79			
Leveraging Funds				
Home Energy	0	0	0	0
Crisis	0	0	0	0
TOTAL	0	0	0	0

¹ Estimated Expenditures equals the Amended Estimated # of Households times Estimated Cost Per Household. Amount must agree with the corresponding line in Column G above.

**LIHEAP
ATTACHMENT K**

III. ADMINISTRATIVE AND OUTREACH EXPENSE BUDGET DETAIL (Lines 2-3)

Line Item Number	EXPENDITURE DETAIL (Round up line items to dollars. Do not use cents and decimals in totals)	LIHEAP FUNDS
	Administrative Expenses:	
	Salary 2,000.00 (Consists of 5% of Grants Accountant position – salary, FICA, insurance)	
	Travel 300.00 (Director, Social Worker and Admin Assistant travel to and from LIHEAP related appointments/meetings)	
	Other:	
	1. Phone/Postage 523.00 (for LIHEAP mailings and LIHEAP related phone calls)	
	2. Rental/Copy 2,290.00 (LIHEAP related photo copies in 3 locations)	
	3. Maintenance Agreement 2,500.00 (Easy Trak computer software for maintaining LIHEAP records)	
	4. Printing and Binding 300.00 (LIHEAP brochures, mailers/inserts and forms)	
	5. Office Supplies 550.00 (LIHEAP supplies such as paper, folders, labels)	
	6. Operating Supplies 596.00 (Minor equipment/supplies needed to assist LIHEAP workers with their duties (i.e. shredder, small printer, adding machine, etc.))	
2.	Total Administrative Expenses 9,059.00	9,059.00
3.	Total Outreach Expenses -0-	-0-
4.	Home Energy Assistance	53,308.00
5.	Crisis Assistance	56,397.00
6.	Weather Related/Supply Shortage	-0-
7.	Total Direct Client Assistance	109,705.00
11.	Grand Total (Items 2+7)	118,764.00



STATE OF FLORIDA
DEPARTMENT OF COMMUNITY AFFAIRS
"Dedicated to making Florida a better place to call home"

CHARLIE CRIST
Governor

THOMAS G. PELHAM
Secretary

MEMORANDUM

TO: Low Income Home Energy Assistance Program Recipients

FROM: *PL* Paula Lemmo, Community Program Manager
Community Assistance Section

DATE: October 8, 2007

SUBJECT: Low Income Energy Assistance Program (LIHEAP) Modifications to Incorporate Contingency Funds and Additional Leveraging Funds

This memorandum addresses the modification of your current Low Income Home Energy Assistance Program agreement. The enclosed modification will incorporate your agency's share of the LIHEAP contingency funds and applicable additional leveraging funds.

Contingency Funds

These additional funds represent your agency's share of the LIHEAP contingency funds recently released by President Bush.

Leveraging

Since our first release of leveraging funds, we have received an additional allocation. **To utilize these funds fully they must be expended before the end of your contract. Leveraging funds can only be used for direct client assistance, and cannot be used for administrative or outreach costs. The total amount of "FFY 2006 Leveraging Funds" given on the Modification of Agreement page must be included on lines 8, 9 and 10 of the Amended Attachment J, Budget Summary and Workplan.** Separate tracking and reporting of these funds from the regular LIHEAP allocation is mandatory in order to meet federal reporting requirements.

2555 SHUMARD OAK BOULEVARD TALLAHASSEE, FL 32399-2100
Phone: 850-488-8466/SUNCOM 278-8466 Fax: 850-921-0781/SUNCOM 291-0781
Website: www.dca.state.fl.us

COMMUNITY PLANNING
Phone: 850-488-2356/SUNCOM 278-2356
Fax: 850-488-3309/SUNCOM 278-3309

AREAS OF CRITICAL STATE CONCERN FIELD OFFICE
Phone: 305-289-2402
Fax: 305-289-2442

HOUSING AND COMMUNITY DEVELOPMENT
Phone: 850-488-7958/SUNCOM 278-7956
Fax: 850-922-5623/SUNCOM 292-5623

Memorandum
October 8, 2007
Page Two

The modification must be submitted to the Department as soon as possible. In all cases, **three** modification packages with original signatures must be mailed to:

Ms. Hilda Frazier, Planning Manager
Department of Community Affairs
Division of Housing and Community Development
Community Assistance Section
2555 Shumard Oak Boulevard
Tallahassee, Florida 32399-2100

If you have any questions, please contact your financial specialist at (850) 488-7541.

PL/hc/sl

Enclosure