

ST. JOHNS COUNTY RESOLUTION NO. 87-20

RESOLUTION AUTHORIZING THE NORTHEAST
FLORIDA COMMUNITY ACTION AGENCY TO
SUBMIT AN APPLICATION FOR ST. JOHNS
COUNTY'S ALLOCATION OF THE COMMUNITY
SERVICES BLOCK GRANT FOR 1986-87

WHEREAS, the Northeast Florida Community Action Agency, Inc. has provided services and assistance to the low-income residents of St. Johns County since 1980, and will continue to do so in the coming year; and,

WHEREAS, the State of Florida, Department of Community Affairs will make available an as yet undetermined amount of funds as the St. Johns County allocation of the 1986-87 Community Services Block Grant; and,

WHEREAS, the St. Johns County CSBG is to be used to provide services and assistance to low-income residents of St. Johns County, improving the quality of life and easing emergency situations. The exact nature of the services will be determined after citizen input is gathered and taken into consideration.

NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of St. Johns County, Florida, that St. Johns County supports and gives approval for the Northeast Florida Community Action Agency, Inc. to submit an application for St. Johns County's allocation of the Community Services Block Grant for 1986-87.

ADOPTED this 27 day of January, 1987.

BOARD OF COUNTY COMMISSIONERS
OF ST. JOHNS COUNTY, FLORIDA

By: Phyllis L. Lydon
Its Chairman

ATTEST: CARL "BUD" MARKEL, CLERK

By: Cheryl Kest
Deputy Clerk

ST. JOHNS COUNTY
SMALL COUNTIES GRANT APPLICATION
COMMUNITY SERVICES BLOCK GRANT
4/1/87 - 9/30/87

Submitted to:
State of Florida
Department of Community Affairs

Date Submitted:
January 30, 1987

Submitted by:
Northeast Florida Community Action Agency, Inc.
Jacksonville, Florida 32201

ATTACHMENT A

COMMUNITY SERVICES BLOCK GRANT APPLICATION

FLORIDA DEPARTMENT OF COMMUNITY AFFAIRS

FEDERAL FISCAL YEAR 1987

APPLICATION SUBMISSION FORM

SUBMITTED BY: Northeast Florida Community Action Agency, Inc.
(APPLICANT)

Application is hereby made for funding through the Community Services Block Grant under the Community Services Block Grant Act of 1981 (PL 97-35), as amended, and the Community Services Block Grant Program Administration Rule 9B-22, Florida Administrative Code, effective March 1984.

THE APPLICANT CERTIFIES THAT THE DATA IN THIS APPLICATION AND IT VARIOUS SECTIONS, INCLUDING BUDGET DATA, ARE TRUE AND CORRECT TO THE BEST OF HIS OR HER KNOWLEDGE AND THAT THE FILING OF THIS APPLICATION HAS BEEN DULY AUTHORIZED AND UNDERSTANDS THAT IT WILL BECOME PART OF THE AGREEMENT BETWEEN THE DEPARTMENT AND THE APPLICANT.

Dr. Russell O. Alderman
Name (typed)

Signature

President of the Board of Directors
Title:

ATTESTED BY: Samuel Norris
Name (typed)

Signature

Executive Director
Title

APPLICATIONS MUST BE POSTMARKED BY THE DUE DATE, FEBRUARY 1, 1987, AND RECEIVED WITHIN FIVE DAYS AFTER THAT DATE TO BE CONSIDERED FOR FUNDING.

CSBG WORK PLAN

APPLICANT: Northeast Florida Community Action Agency, Inc.

PROGRAM STAFF PERSON: Tri-County/Delegate Programs Manager

PROGRAM AREA: EMERGENCY ASSISTANCE
(See CSBG Work Plan Instruction a)

GEOGRAPHIC AREAS TO BE SERVED: St. Johns County

SUBGRANTEE: _____ PROGRAM BUDGET: \$ 4,160 + \$ 832 = \$ 4,992

CSBG Match Total

OBJECTIVE/IMPACT ON POVERTY 1. Objective: Describe units of tangible services and number of unduplicated clients to be served. 2. Impact Statement: When the objective is accomplished, what impact will it have on poverty?	ACTIVITIES Describe the sequential steps to be taken to accomplish the objective.	START DATE	END DATE	NONDUPLICATION STATEMENT Indicate any other program in your agency or other agencies in the community which provides similar services. Explain how you will avoid duplication of services.
<p><u>EMERGENCY ASSISTANCE</u></p> <p>1. To provide direct emergency assistance to 50 unduplicated CSBG-eligible persons with 50 units of service in St. Johns County by September 30, 1987.</p>	<p>1.1 Identify and execute service contracts with providers of services.</p> <p>1.2 Certify applicants as CSBG-eligible to receive emergency assistance.</p> <p>1.3 Provide direct emergency assistance to certified eligible clients in St. Johns County via vouchers payable to vendors for emergency shelter, at an average of \$50 per client per year.</p> <p>1.4 Provide emergency outpatient dental care at an average of \$200 per eligible client per year, and emergency outpatient medical care and/or prescription drugs at an average of \$100 per eligible client per year.</p> <p>1.5 Maintain records and prepare reports on eligible CSBG clients and services delivered.</p> <p>1.6 Provide referral form, as necessary, for applicants to be served by other appropriate community agency or service.</p> <p>1.7 Provide follow-up, monitoring and evaluation to ensure that clients are receiving services and to ensure that program goals and objectives are being met.</p>	<p>4-1-87</p> <p>4-1-87</p> <p>4-1-87</p> <p>4-1-87</p> <p>4-1-87</p> <p>4-1-87</p> <p>4-1-87</p>	<p>9-30-87</p> <p>9-30-87</p> <p>9-30-87</p> <p>9-30-87</p> <p>9-30-87</p> <p>9-30-87</p> <p>9-30-87</p>	<p>The Salvation Army in St. Johns County has extremely limited resources for payments to shelter facilities for client's emergency shelter needs. A network with other provider agencies, Salvation Army, HRS and the three participating shelter facilities prohibits duplication of client services.</p> <p>There are no other providers of emergency medical and dental care in St. Johns County.</p>
<p><u>IMPACT:</u> By providing emergency shelter and emergency outpatient medical and dental care, to preserve meager client incomes, life threatening situations can be averted and health maintained, benefiting in excess of 125 CSBG-eligible persons.</p>				

APPLICANT: Norfolk Foodbank Community Action PROGRAM STAFF PERSON: Tri-County/Delegate PROGRAM AREA: PREVENTION OF STARVATION/MALNUTRITION
 SUBGRANTER: CSBG GEOGRAPHIC AREAS TO BE SERVED: St. Johns County PROGRAM BUDGET: \$ 2,232 (See CSBG Work Plan Instruction 5)
 + \$ 447 Match Total \$ 2,679

OBJECTIVE/IMPACT ON POVERTY	ACTIVITIES	START DATE	END DATE	CONDUCTING AGENCY
1. Objective: Describe units of tangible services and number of underserved clients to be served. Impact Statement: When the objective is accomplished, what impact will it have on poverty?	Describe the sequential steps to be taken to accomplish the objective.			Indicate any other program in your agency or other agencies in the community which provide similar services. Explain how you will avoid duplication of services.

PREVENTION OF STARVATION/MALNUTRITION	2.1.1. Recruit and certify applicants as CSBG-eligible for receiving services.	4-1-87	9-30-87	NECFAA is the sole provider of this service for CSBG-eligible clients in St. Johns County.
2. To provide emergency food supplies, vouchers and/or food certificates to 50 CSBG-eligible persons in St. Johns County, providing approximately 300 units of service, by September 30, 1987.	2.2 Provide emergency food supplies, vouchers and/or certificates to eligible applicants in St. Johns County, up to a maximum per year:	4-1-87	9-30-87	
	No. Persons in Household		Maximum Assistance Amount	
	1		\$25.00	
	2		\$40.00	
	3		\$50.00	
	4		\$60.00	
	5		\$70.00	
	6		\$80.00	
	7		\$90.00	
	8		\$100.00	
	2.3 Using agency vehicles, regularly re-stock pantries from vendors and donors, and assist with food distribution when necessary.	4-1-87	9-30-87	

IMPACT: The emergency food supplied will maintain the health of CSBG-eligible persons served until more permanent resources such as employment or Food Stamps can be received. This program will benefit approximately 150 CSBG-eligible family members.

CSBG WORK PLAN

APPLICANT: Northeast Florida Community Action PROGRAM STAFF PERSON: Tri-County/Delegate Program Manager PROGRAM AREA: PREVENTION OF STARVATION/MALNUTRITION
 Agency, Inc. GEOGRAPHIC AREAS TO BE SERVED: St. Johns County BUDGET: \$ _____ + \$ _____ = \$ _____
 (See CSBG Work Plan Instruction 8)

OBJECTIVE/IMPACT ON POVERTY 1. Objective: Describe units of tangible services and number of unduplicated clients to be served. 2. Impact Statement: When the objective is accomplished, what impact will it have on poverty?	ACTIVITIES Describe the sequential steps to be taken to accomplish the objective.	START DATE	END DATE	NONDUPLICATION STATEMENT Indicate any other program in your agency or other agencies in the community which provides similar services. Explain how you will avoid duplication of services.
<u>PREVENTION OF STARVATION/MALNUTRITION (cont.)</u>	2.4 Maintain records and prepare reports on eligible clients and services delivered.	4-1-87	9-30-87	
	2.5 Provide referral form for applicants to be served by other appropriate community agency or resource.	4-1-87	9-30-87	
	2.6 Provide follow-up, monitoring and evaluation to ensure that clients are receiving services and to ensure that program goals and objectives are being met.	4-1-87	9-30-87	

CSBG BUDGET SUMMARY

NAME OF APPLICANT: Northeast Florida Community Action Agency, Inc.

REVENUE SOURCE	PERCENT	MATCH	TOTAL AMOUNT
1. CSBG Fund.....			\$6,392
2. Cash Match.....	2 %	128	
3. In-Kind Match.....	18 %	1,151	
4. Total Match (lines 2+3)....	20 %		\$1,279
5. TOTAL (lines 1+4).....			\$7,671

CSBG FUNDED PROGRAM ONLY	(1) CSBG FUNDS	(2) CASH MATCH	(3) IN-KIND MATCH	(4) TOTAL
GRANTEE ADMINISTRATIVE EXPENSES				
6. Salaries including fringe..				
7. Rent and Utilities.....				
8. Travel.....				
9. Other.....				
10. SUBTOTAL (lines 6-9).....				
SUBGRANTEE ADMINISTRATIVE EXP				
11. Salaries including fringe..				
12. Rent and Utilities.....				
13. Travel.....				
14. Other.....				
15. SUBTOTAL (lines 11-14).....				
16. TOTAL ADMIN. EXP.(line 10+15)				
17. TOTAL CSBG ADMIN. EXP. % (not to exceed 15% of line 1)	%			
GRANTEE PROGRAM EXPENSE				
18. Salaries including fringe..	-0-	-0-	1,151	1,151
19. Rent and Utilities.....				
20. Travel.....				
21. Other.....	6,392	128	-0-	6,520
22. SUBTOTAL (lines 18-21).....	6,392	128	1,151	7,671
SUBGRANTEE PROGRAM EXPENSE				
23. Salaries including fringe..				
24. Rent and Utilities.....				
25. Travel.....				
26. Other.....				
27. SUBTOTAL (lines 23-26).....				
28. TOTAL PROGRAM EXPENSE..... (lines 22+27)	6,392	128	1,151	7,671
29. SECONDARY ADMIN. EXPENSE...				
GRAND TOTAL EXPENSE				
30. Line 16+28+29.....	6,392	128	1,151	7,671

***NOTE: Budget Detail must be attached--see instructions.

NORTHEAST FLORIDA COMMUNITY ACTION AGENCY, INC.

St. Johns FY'87 CSBG Local County Budget Detail

<u>Line Item</u>	<u>CSBG</u>	<u>Cash Match</u>	<u>Cash Match</u>	<u>Cash Match</u>
Grantee Administrative Expenses	-0-	-0-	-0-	-0-
Subgrantee(s) Administrative Expenses	-0-	-0-	-0-	-0-
Subgrantee(s) Program Expenses	-0-	-0-	-0-	-0-
Grantee Program Expenses	-0-	-0-	-0-	-0-
Salaries including fringe	-0-	-0-	1151	1151
Volunteer services assisting in the duties of the Program				
Assistant's position and valued at the entry rate therefore (171.28 hours x \$6.72/hr. = \$1151 In-Kind.)				
Other				
Emergency Assistance Vouchers for:				
Food	2232	128	-0-	2360
Shelter	1580	-0-	-0-	1580
Outpatient Medical Care and/or prescription drugs	1000	-0-	-0-	1000
Dentures	1580	-0-	-0-	1580
Subtotal "Other"	6392	128	-0-	6520
Grand Total	6392	128	1151	7671

St. Johns County
Matching Funds Documentation

I. Cash Match

<u>Line Item No.</u>	<u>Source</u>	<u>Amount</u>
21.	Donor(s)	\$128

II. In-Kind Match

<u>Line Item Number</u>	<u>Source</u>	<u>Type</u>	<u>Amount of Contribution</u>	<u>Value Per Unit</u>	<u>Total</u>
18.	Volunteer(s)	Vol. Services	171.28 hours	\$6.72	\$1,151