

RESOLUTION 2021 - 302

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA, ACCEPTING GRANT FUNDS; AUTHORIZING THE COUNTY ADMINISTRATOR, OR DESIGNEE, TO EXECUTE AN AMENDMENT TO THE UNIFIED CONTRACT AGREEMENT WITH FLAGLER HOSPITAL, LEAD AGENCY OF THE ST. JOHNS COUNTY CONTINUUM OF CARE, FUNDED BY THE FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES, ON BEHALF OF THE COUNTY; AND APPROPRIATING SUPPLEMENTAL GRANT FUNDS TO ADDRESS THE PUBLIC HEALTH AND ECONOMIC CRISIS CAUSED BY CORONAVIRUS WITHIN THE SOCIAL SERVICES DEPARTMENT'S BUDGET FOR FISCAL YEAR 2021.

WHEREAS, the Coronavirus Aid, Relief, and Economic Security Act of 2020 (CARES Act) provided for a supplemental appropriation of Homeless Assistance Grants under the Emergency Solutions Grant (ESG) Program to provide for homeless assistance funds to prevent, prepare for, and respond to coronavirus, among individuals and families who are homeless or receiving homeless assistance and to support additional homeless assistance and homelessness prevention activities to mitigate the impacts created by coronavirus; and

WHEREAS, an amendment was made to the Homelessness Unified Contract which includes documents for the Emergency Solutions Grant – CV (ESG-CV) to provide homeless assistance and rapid-rehousing activities to mitigate the impacts created by coronavirus; and

WHEREAS, Lead Agencies may allocate the grant funds to programs, services, or providers that support the implementation of the local homeless CoC plan; and

WHEREAS, Flagler Hospital, the lead agency for the St. Johns County CoC, has awarded to the County a total of \$132,491: \$27,600 to administer Challenge Grant funds; \$14,250 to administer ESG funds; \$15,641 to administer the TANF grant funds; and \$75,000 to administer ESG-CV; and

WHEREAS, such services to be provided include financial and case management assistance to secure and maintain stable housing in the form of rental or mortgage assistance, security deposits, utility deposits and application fees, each as required; and

WHEREAS, acceptance of the grant funds does not require a match by the County, and does require execution of a grant agreement (a copy of the agreement is attached hereto and incorporated herein); and

WHEREAS, when preparing the budget for Fiscal Year 2021, the County did not anticipate award of a Homeless Unified Grant or amendment; and

WHEREAS, the Board of County Commissioners (Board) has reviewed the terms, conditions and requirements of the grant agreement and determined that entering into the agreements serves the best interests of the citizens of St. Johns County.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA:

Section 1. The above recitals are hereby incorporated into the body of this resolution, and are adopted as findings of fact.

Section 2. The Board hereby recognizes the Homelessness Unified Grant award of \$57,491 is replaced by \$132,491, is unanticipated revenue, and authorizes the County Administrator, or designee, to allocate such funds to the Fiscal Year 2021 Social Services Department budget for use consistent with the grant requirements.

Section 3. The Board further authorizes the County Administrator, or designee, to execute a grant agreement in substantially the same form and format as attached hereto on behalf of the County.

Section 4. To the extent that there are typographical, administrative, or scrivener's errors that do not change the tone, tenor, or context of this resolution, then this resolution may be revised without further action by the Board of County Commissioners.

Section 5. This resolution shall be effective upon its adoption by the Board.

PASSED AND ADOPTED by the Board of County Commissioners of St. Johns County, State of Florida, this 20 day of July, 2021.

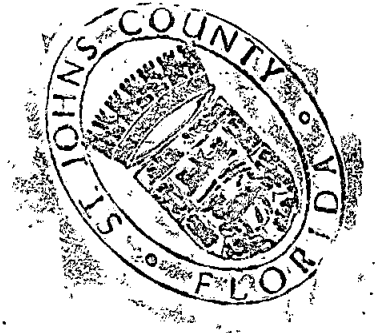
**BOARD OF COUNTY COMMISSIONERS
OF ST. JOHNS COUNTY, FLORIDA**

By: *Jeremiah R. Blocker*
Jeremiah R. Blocker, Chair

ATTEST: Brandon J. Patty, Clerk of the Circuit
Court and Comptroller

By: *Pam Halterman*
Deputy Clerk

RENDITION DATE 7/21/21



Effective July 1, 2021 this amends the above referenced **Contract as follows:**

1. In 1.1, the amount \$57,491 is replaced by \$132,491
2. B-1. is amended to add:

B-1.5. Emergency Solutions Grant - CV (ESG-CV) – Pursuant to 24 CFR Part 576, provide services and payment, as applicable and allowable, to prevent, prepare for, and respond to coronavirus, among individuals and families who are homeless or receiving homeless assistance and to support additional homeless assistance and homelessness prevention activities to mitigate the impacts created by coronavirus. ESG-CV has the same applicability throughout the contract as ESG unless otherwise stated within this Contract, or addressed through guidance from HUD or the State Office on Homelessness.

This section is Applicable.

This section is Not Applicable.

3. In Sections C3-1.1.1. and C3-1.2.1., the sentence “**ESG-CV allocated funds are not subject to this spending cap.**” is added.
4. D-2.3. is amended to add:

D-2.3.5. ESG-CV Emergency Shelter Activities – The ESG-CV Emergency Shelter Projects will serve a minimum of N/A individuals each month through January 31, 2022.

Fiscal Year	FY21-22
Total Individuals served per month	N/A

D-2.3.6. ESG-CV Street Outreach Activities – The ESG-CV Street Outreach Projects will serve a minimum of N/A individuals each month.

Fiscal Year	FY21-22
Total Individuals served per month	N/A

D-2.3.7. ESG-CV Homelessness Prevention Activities – The ESG-CV Homelessness Prevention Projects will serve a minimum of N/A individuals each month.

Fiscal Year	FY21-22
Total Individuals served per month	N/A

D-2.3.8. ESG-CV Rapid Re-Housing Activities – The ESG-CV Rapid Re-Housing Projects will serve a minimum of 1 individuals each month.

Fiscal Year	FY21-22
Total Individuals served per month	1

5. D-3.3. is amended to add:

D-3.3.5. ESG-CV Emergency Shelter Activities – The ESG-CV Emergency Shelter Projects will serve, at a minimum, the following number of individuals each fiscal year through January 31, 2022.

Fiscal Year	FY21- 22
Total Individuals served per fiscal year	N/A

D-3.3.6. ESG-CV Street Outreach Activities – The ESG-CV Street Outreach Projects will serve, at a minimum, the following number of individuals each fiscal year.

Fiscal Year	FY21- 22
Total Individuals served per fiscal year	N/A

D-3.3.7. ESG-CV Homelessness Prevention Activities – The ESG-CV Homelessness Prevention Projects will serve, at a minimum, the following number of individuals each fiscal year.

Fiscal Year	FY21- 22
Total Individuals served per fiscal year	N/A

D-3.3.8. ESG-CV Rapid Re-Housing Activities – The ESG-CV Rapid Re-housing Projects will serve, at a minimum, the following number of individuals each fiscal year.

Fiscal Year	FY21- 22
Total Individuals served per fiscal year	12

6. The attached **ATTACHMENT D5 – EMERGENCY SOLUTIONS GRANT-CV MONTHLY STATUS REPORT** is added.

7. The table below amends Section F-2.

FISCAL YEAR	TOTAL ANNUAL FUNDING
2021-2022	\$132,491
Total	\$132,491

8. F-2.1. is amended to add:

F-2.1.6. Emergency Solutions Grant - CV (ESG-CV) – The Department agrees to reimburse for allowable costs OR pay for the service units at the prices and limits listed below for ESG-CV Activities:

FISCAL YEAR	UNIT OF SERVICE	FISCAL YEAR TOTAL
2021-2022	One Year of Eligible ESG-CV Activities	\$75,000
Total		\$75,000

9. F-2.1 is amended to add:

AMENDMENT #0001

Contract #NP006 FY21-22

- F-2.1.7 To ensure ESG-CV funds are spent quickly on eligible activities to address the public health and economic crises caused by coronavirus, the Department may recapture up to:
 - F-2.1.7.1 20% of the Provider's total award, including first and second allocation amounts, if the Provider has not expended at least 20% of that award by July 31, 2021.
 - F-2.1.7.2 40% of the Provider's total award, including first and second allocation amounts, if the Provider has not expended at least 40% of that award by September 30, 2021.
 - F-2.1.7.3 60% of the Provider's total award, including first and second allocation amounts, if the Provider has not expended at least 60% of that award by November 30, 2021.
 - F-2.1.7.4 80% of the Provider's total award, including first and second allocation amounts, if the Provider has not expended at least 80% of that award by March 31, 2022.
 - F-2.1.7.5 Prior to recapturing funds as described above, the Department will provide the Provider with an opportunity to provide a spending plan demonstrating to the Department's satisfaction that all of the Provider's ESG-CV funds from the first and second allocations will be expended by June 30, 2022.

- 10. Attachment E3 is replaced with the attached Attachment E3.
- 11. Section F-4.5.3. is amended to add: "A match is not required for funds received under ESG-CV."
- 12. The attached **ATTACHMENT F5 – EMERGENCY SOLUTIONS GRANT-CV INVOICE** is added.
- 13. The attached **ATTACHMENT F5.1 – EMERGENCY SOLUTIONS GRANT-CV ROLL-UP REPORT** is added.
- 14. All provisions in the Contract and any attachments thereto in conflict with this Amendment are changed to conform with this Amendment. All provisions not in conflict with this Amendment are still in effect and are to be performed at the level specified in the Contract. This Amendment and all its attachments are made a part of the Contract.

IN WITNESS THEREOF, the parties cause this amendment to be executed by their duly authorized officials.

PROVIDER:
**St. Johns County
 Health & Human
 Services**

LEAD AGENCY
Flagler Hospital, Inc.

SIGNED BY: _____

SIGNED BY: _____

NAME: _____

NAME: Jason Barrett

TITLE: _____

TITLE: President & CEO

DATE: _____

DATE: _____

ATTACHMENT E3 – EMERGENCY SOLUTIONS GRANT BACK-UP DOCUMENTATION REQUIREMENTS

The applicability of this section is identified in section B-1.3. of this Contract.

A complete and accurate Monthly Status Report and Invoice and Match Report (including Roll-up Report) are required for payment from the Department. Additional backup documentation required for payment is identified below and sorted by Monthly Deliverables identified in section D-2.3. of this Contract. Emergency Solutions Grant activities must provide a detailed expenditure report by subcontractor.

Emergency Solutions Grant Prevention Activities

- Prevention Rental Assistance
 - Past Due Notice
 - Copy of Lease Agreement (first page and signature page) or Landlord Agreement Form with signatures
 - Payment Statement/Invoice
 - Proof of Payment (cleared check, receipt, financial ledger, etc.)
- Prevention Utility Arrears Assistance
 - Past Due Notice
 - Proof of Address (see lease agreement above)
 - Payment Statement/Invoice
 - Proof of Payment (cleared check, receipt, financial ledger, etc.)
- Case Management
 - Time Card/Sheet documenting the Hours dedicated to the Case Management Services Provided
 - Pay Stub of Staff Member being paid

Emergency Solutions Grant Rapid Rehousing Activities

- Rapid Rehousing Rental Assistance (deposit and subsequent months rental assistance)
 - Copy of Lease Agreement (first page and signature page) or Landlord Agreement Form with signatures
 - Proof of Payment (cleared check, receipt, financial ledger, etc.)
- Rapid Rehousing Utility Assistance
 - Letter Stating Arrears from Utility Company
 - Deposit Requirements/Information from Utility Company
 - Proof of Payment (cleared check, receipt, financial ledger, etc.)
- Case Management
 - Time Card/Sheet documenting the Hours dedicated to the Case Management Services Provided
 - Pay Stub of Staff Member being paid

Emergency Solutions Grant Street Outreach Activities

- Case Management
 - Time Card/Sheet documenting the Hours dedicated to the Case Management Services Provided
 - Pay Stub of Staff Member being paid
- Engagement
 - Itemized Receipts for Eligible Purchases that address urgent needs such as meals, blankets, clothes, and/or toiletries
- Transportation
 - Travel Reimbursement for Staff Members
 - Mileage documentation requires use of the DCF Travel Form
 - Program Participants' Use of Public Transportation
 - Bus Passes – itemized distribution of bus passes by recipient

Emergency Solutions Grant Emergency Shelter Activities

- Essential Services
 - Case Management
 - Time Card/Sheet documenting the Hours dedicated to the Case Management Services Provided
 - Pay Stub of Staff Member being paid
- Shelter Operations
 - Itemized Receipts for Eligible Purchases (including but not limited to supplies, phone/utilities, and other operating expenses)

ATTACHMENT D5 – EMERGENCY SOLUTIONS GRANT-CV MONTHLY STATUS REPORT

St. Johns County Health & Human Svcs	Provider Name	Monthly Status Report	
NP006	Contract #	dropdown	Month of Services
<p>ATTESTATION: By completing this report, I certify to the best of my knowledge and belief that the report is true, complete and accurate and the expenditures, disbursements and cash receipts are for the purpose and objectives set forth in the terms and conditions of the Award. I am aware that any false, fictitious, or fraudulent information or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statement, false claims, or otherwise. Additionally, I certify that all invoices supporting this report have been submitted to the Department in accordance with this agreement.</p>			
Name & Title of Agency Official		Date	

Emergency Solutions Grant-CV Deliverables (minimum monthly deliverable for activity)	Street Outreach #	Emergency Shelter #	Prevention #	Rapid Rehousing 5
Total Individuals Served by Activity (Monthly)				
Total Individuals Served by Activity (Year to Date)				

Emergency Solutions Grant-CV Output Measures	Street Outreach	Emergency Shelter	Prevention	Rapid Rehousing
New Individuals Served this Month				
Individuals with Increased Income (benefits)				
Individuals with Increased Income (employment)				
Individuals Connected to Housing Case Management				
Individuals Permanently Housed				
Average Financial Assistance Provided			\$ -	\$ -

Remaining Stably Housed	3 months	6 months	9 months	12 months
Total Individuals Housed by Emergency Solutions Grant-CV Funding				
Individuals Remaining Stably Housed by Emergency Solutions Grant-CV Funding				
Percentage Remaining Housed by Emergency Solutions Grant-CV Funding	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

ATTACHMENT F5 – EMERGENCY SOLUTIONS GRANT-CV INVOICE

EMERGENCY SOLUTIONS GRANT-CV				FEID #	59-6000825		
Contract #	NP006		Provider Name	St. John's County Health & Human Services			
Invoice #	Prepopulate		Address	200 San Sebastian View, Suite 2300 St. Augustine, FL 32084			
Invoice Period	Dropdown						
For Use by Provider							
Org Code	Description	Deliverable	Served this Month	Approved Budget	Payment Amount	Previous Payment(s) Total	Balance After This Payment
60303025209	Street Outreach	N/A		N/A	N/A	N/A	N/A
60303029209	Emergency Shelter	N/A		N/A	N/A	N/A	N/A
60303024209	Prevention	N/A		N/A	N/A	N/A	N/A
60303021209	Rapid Rehousing	1		\$75,000.00	\$	\$	\$75,000
60303023209	HMIS			N/A	N/A	N/A	N/A
60303022209	Admin			N/A	N/A	N/A	N/A
	Total			\$75,000.00	\$	\$	\$75,000
By signing this invoice, I certify to the best of my knowledge and belief that the invoice is true, complete and accurate and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal or State Award. I am aware that any false, fictitious, or fraudulent information or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims, or otherwise. Additionally, I certify that all reports supporting this invoice have been submitted to the Department in accordance with this agreement.							
Signature of Provider Official			Date	Title of Provider Official			
For Use by Contract Manager Only							
Deliverables Met (if no, see delayed payment per contract section F-5.2)		Amount of Delayed Payment (for Unmet Service Deliverables)		\$ -	Date of Invoice Received		
Yes / No		Recoupment of Delayed Payment (Previous Unmet Service Deliverables Achieved)		\$ -	Date Goods/Services Received		
Will a Financial Consequence be applied?		Amount of Financial Consequence (Admin)		\$ -	Date Goods Inspected and Approved		
Yes / No		Total Payment Amount		\$ -	Date Invoice Approved		
Org Code	see payment detail above			Contract Manager Name			
OCA	ESGCV	Object	780000	Contract Manager Signature			
EO	CV	Category	100550				

ATTACHMENT F5.1 – EMERGENCY SOLUTIONS GRANT-CV ROLL-UP REPORT

Provider Name St. Johns County Health & Human Services
Contract Number NP006
Month of Services dropdown

Street Outreach

Date Service Provided	HMIS Number (Client ID)	Service Provided	Vendor	Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
			Total	\$

Emergency Shelter

Date Service Provided	HMIS Number (Client ID)	Service Provided	Vendor	Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
			Total	\$

Homelessness Prevention

<i>Date Service Provided</i>	<i>HMIS Number (Client ID)</i>	<i>Service Provided</i>	<i>Vendor</i>	<i>Amount</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
Total				\$

Rapid Rehousing

<i>Date Service Provided</i>	<i>HMIS Number (Client ID)</i>	<i>Service Provided</i>	<i>Vendor</i>	<i>Amount</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
Total				\$

Homeless Management Information System

<i>Date Service Provided</i>		<i>Service Provided</i>	<i>Vendor</i>	<i>Amount</i>
1				

2

3

4

5

Total

\$

TOTAL AMOUNT SUBMITTED FOR PAYMENT

Total

\$