

RESOLUTION NO. 2022 - 223

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA, APPROVING THE TERMS, CONDITIONS, AND REQUIREMENTS OF AN AMENDMENT BETWEEN ST. JOHNS COUNTY BOARD OF COUNTY COMMISSIONERS AND FLAGLER HOSPITAL DECREASING 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.

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, 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 TANF grant funds; and \$75,000 to administer ESG-CV; and

WHEREAS, the purpose of this Amendment #0002 is to decrease ESG-CV funding from \$75,000 to \$40,000, amending the total annual funding amount from \$132,491 to \$97,491.

WHEREAS, the Board of County Commissioners (Board) has reviewed the terms, conditions and requirements of the grant agreement and determined that entering into the agreement 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 approves the terms, conditions, and requirements of the Amendment to the Agreement between the St. Johns County, Florida and Flagler Hospital and hereby authorizes the County Administrator, or designee, to execute the Agreement on behalf of St. Johns County.

Section 3. 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 4. 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 21 day of JUNE, 2022.

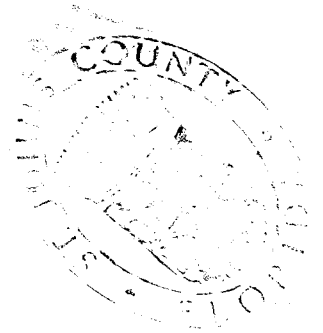
**BOARD OF COUNTY COMMISSIONERS
OF ST. JOHNS COUNTY, FLORIDA**

By: Henry Dean
Henry Dean, Chair

ATTEST: Brandon A. Patty, Clerk of the Circuit Court & Comptroller

By: Pam Halterman
Deputy Clerk

Rendition Date 6/23/22



Effective April 1, 2022 this amends the above referenced contract by and between **Lead Agency, Flagler Hospital, Inc.**, and **Provider, St. Johns County Health and Human Services**, dated August 4, 2021 as follows:

1. Last addressed in Amendment #0001, section 1.1, the amount **\$132,491.00** is replaced by **\$97,491.00**.
2. The highlighted portion below amends F-2. The non-highlighted portions are for contextual purposes only and are unaffected by this Amendment.

F-2.1 This is a one-year cost reimbursement contract for the provision of services to homeless persons. The Lead Agency shall pay the Provider for the delivery of service units provided in accordance with terms of this contract for a total dollar amount not to exceed \$ [REDACTED] subject to availability of funds. The total contract amount shall be allocated as follows:

FISCAL YEAR	TOTAL ANNUAL FUNDING
2021-2022	[REDACTED]
Total	[REDACTED]

The chart above was last referenced in Amendment #0001.

3. The highlighted portion below amends F-2.1.6. The non-highlighted portions are for contextual purposes only and are unaffected by this Amendment.

F-2.1.6. Emergency Solutions Grant – CV (ESG-CV) – The Lead Agency agrees to reimburse for allowable costs listed below for ESG Activities:

FISCAL YEAR	UNIT OF SERVICE	FISCAL YEAR TOTAL
2021-2022	One Year of Eligible ESG-CV Activities	[REDACTED]

4. **ATTACHMENT F5 – EMERGENCY SOLUTIONS GRANT-CV INVOICE** is replaced with the attached ATTACHMENT F5.
5. 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 THEROF, the parties cause this Amendment #0002 to be executed by their duly authorized officials.

PROVIDER: St. Johns County Health and Human Services

LEAD AGENCY: Flagler Hospital, Inc.

SIGNED BY: _____
 NAME: _____
 TITLE: _____
 DATE: _____

SIGNED BY: _____
 NAME: Carlton DeVooght
 TITLE: CEO and President
 DATE: _____

EMERGENCY SOLUTIONS GRANT - CV				FEID #	59-6000825		
Contract #	NP006	Provider Name		St. Johns County Health and Human Services			
Invoice #	prepopulate	Address		200 San Sebastian View			
Invoice Period	dropdown			St. Augustine, FL 32084			
For Use by Provider							
Org Code	Description	Deliver-able	Served this Month	Approved Budget	Payment Amount	Previous Payment(s) Total	Balance After This Payment
60303025209	Street Outreach						
60303029209	Emergency Shelter						
60303024209	Prevention						
60303021209	Rapid Rehousing	1		\$ 40,000.00			\$ 40,000.00
60303023209	HMIS						
60303022209	Admin						
	Total			\$ 40,000.00	\$ -	\$ -	\$ 40,000.00
<p>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.</p>							
Signature of Provider Official			Date	Name & Title of Provider Official			
For Use by Contract Manager Only							

Will a Financial Consequence be applied?		Fin. Conseq. (5% of Total Amount)	603030 22209		Date of Invoice Received
Yes / No		Delayed Payment (10% for each Unmet Deliverable)	603030 25209		Date Goods/Services Received
Deliverables Met (if no, see delayed payment section)			603030 29209		
Yes / No			603030 24209		Date Goods Inspected and Approved
Org See payment detail above			603030 21209		Date Invoice Approved
OCA	ESGCV	Recoupment (Previous Unmet Deliverable Achieved)	603030 25209		Contract Manager Name
EO	CV		603030 29209		Contract Manager Signature
Object	780000		603030 24209		
Category	105153	Total Payment Amount			