

RESOLUTION NO. 2023 - 442

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA, ACCEPTING GRANT FUNDS; AUTHORIZING THE COUNTY ADMINISTRATOR, OR DESIGNEE, TO EXECUTE AMENDMENT #0006 TO THE HOMELESSNESS UNIFIED CONTRACT PROVIDING HOMELESS AND HOMELESS PREVENTION FUNDS FOR THE CHALLENGE GRANT, THE EMERGENCY SOLUTIONS GRANT, THE TEMPORARY ASSISTANCE FOR NEEDY FAMILIES GRANT, THE ESG-CV GRANT, AND THE ESG-CV3 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; APPROPRIATING GRANT FUNDS WITHIN THE SOCIAL SERVICES DEPARTMENT'S BUDGET FOR FISCAL YEAR 2024.

WHEREAS, the Homelessness Unified Contract was established by the Florida Department of Children and Families to more effectively manage the homeless and homeless prevention grant funds through Continuum of Care (CoC) Lead Agencies; and

WHEREAS, the Homelessness Unified Contract includes incorporated documents for the Challenge Grant, the Emergency Solutions Grant (ESG), the Temporary Assistance for Needy Families (TANF) Grant, the ESG-CV Grant, and the ESG-CV3 Grant to provide homeless prevention and rapid re-housing services to individuals/families that are homeless or at risk of homelessness; and

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

WHEREAS, last addressed in Amendment #0005 to the Homelessness Unified Contract, the total contract dollar amount of \$383,064.00 is replaced by \$413,064.00 to include one year of eligible ESG-CV3 grant activities in the amount of \$30,000.00; and

WHEREAS, Flagler Hospital, the lead agency for the St. Johns County CoC, has awarded the County a total of \$413,064.00: \$110,400.00 to administer Challenge Grant funds; \$160,100.00 to administer ESG funds; \$62,564.00 to administer TANF grant funds; \$50,000.00 to administer ESG-CV funds; and \$30,000.00 to administer ESG-CV3 funds; and has renewed Challenge, ESG, and TANF for FY23-24 and FY24-25, through June 30, 2025; and includes one year of eligible ESG-CV3 grant activities for FY23-24, through June 30, 2024; and

WHEREAS, 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 requires a dollar-for-dollar match by the County, and execution of Amendment #0006 to the Unified Contract (a copy of Amendment #0006 is attached hereto and incorporated herein); and

WHEREAS, when preparing the budget for Fiscal Year 2024, the County did not anticipate the award of a Homeless Unified Grant; and

WHEREAS, the Board of County Commissioners has reviewed the terms, conditions and requirements of Amendment #0006 to the Homelessness Unified Contract and determined that entering into the Amendment 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 as follows:

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 of County Commissioners hereby approves the terms and conditions of the attached Amendment #0006 to the Homelessness Unified Contract and authorizes the County Administrator, or designee, to execute the Amendment on behalf of the County.

Section 3. The Board hereby recognizes the Homelessness Unified Grant award of \$30,000.00 as unanticipated revenue, and authorizes the County Administrator, or designee, to allocate such funds to the Fiscal Year 2024 Social Services Department budget for use consistent with the grant requirements.

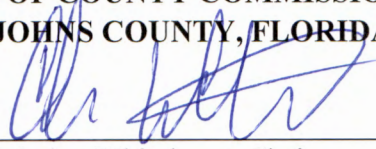
Section 4. To the extent that there are typographical, administrative, or scrivener's errors that do not change the tone, tenor, or context of this resolution, then this resolution may be revised without further action by the Board of County Commissioners.

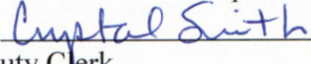
Section 5. This resolution shall be effective upon its adoption by the Board.

PASSED AND ADOPTED by the Board of County Commissioners of St. Johns County, State of Florida, this 7th day of November, 2023.

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

Rendition Date: NOV 08 2023

By: 
Christian Whitehurst, Chair

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



**CONTRACT NO. NP006
AMENDMENT NO. 0006**

Effective the latter of July 1, 2023, or the last date of the signatories, this amends the above referenced **Contract as follows:**

1. In **1.1**, last addressed in **Amendment #0005**, the total contract dollar amount of **\$383,064.00** is replaced by **\$413,064.00**.
2. The highlighted portion below amends **A-7.**, last addressed in the original contract. The non-highlighted portions are solely for context and unaffected by this amendment
A-7. OTHER TERMS - Attachment Updates - At its sole discretion, the Lead Agency reserves the right to make changes to **Attachments D1-D6, E1-E4, F1-F4, F6, F2.1, F3.1, F4.1, F6.1**, without a formal written amendment.
3. The highlighted portion below amends **B-1.5.**, last addressed in **Amendment #0001**. The non-highlighted portions are solely for context and unaffected by this amendment.

B-1.5. Emergency Solutions Grant - CV (ESG-CV and ESG-CV3) – 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 and ESG-CV3** have the same applicability throughout the contract as ESG unless otherwise stated within this Contract, or addressed either through guidance from HUD or the State Office on Homelessness.

This section is Applicable.

This section is Not

Applicable.

5. In **C-3-1.1.1** and **C-3-1.2.1.**, as last addressed in **Amendment #0001**, after the word “ESG-CV” insert the phrase “and ESG-CV3”.
6. **D-2.3.**, last addressed in **Amendment #0005**, is amended to add:

D-2.3.11. ESG-CV3 Homelessness Prevention Activities – The ESG-CV3 Homelessness Prevention Projects will serve, at a minimum, the following number of individuals each month.

Fiscal Year (FY)	FY 22-23	FY 23-24
Total Individuals Served Each Month	N/A	1

D-2.3.12. ESG-CV3 Rapid Re-Housing Activities – The ESG-CV3 Rapid Re-Housing Projects will serve, at a minimum, the following number of individuals each month.

Fiscal Year (FY)	FY 22-23	FY 23-24
Total Individuals Served Each Month	N/A	1

7. **D-2.** is amended to add **D-2.6:**

D-2.6 In the event that the Provider has met the Annual Service Targets identified in Section D-3 prior to the end of the state fiscal year, the monthly deliverables identified in section D-2 shall no longer apply for the remainder of the applicable fiscal year. For a fixed price invoices, the Provider shall be required to serve a minimum of 1 individual/household per month for each achieved service target, for the subsequent service months.

8. **D-3.3.**, Last addressed in **Amendment #0005**, is amended to read:

D-3.3.11. ESG-CV3 Homelessness Prevention Activities – The ESG-CV3 Homelessness Prevention Projects will serve, at a minimum, the following number of individuals per fiscal year.

Fiscal Year (FY)	FY 22-23	FY 23-24
Total Individuals Served Each Fiscal Year	N/A	12

D-3.3.12. ESG-CV3 Rapid Re-Housing Activities – The ESG-CV3 Rapid Re-Housing Projects will serve, at a minimum, the following number of individuals per fiscal year.

Fiscal Year (FY)	FY 22-23	FY 23-24
Total Individuals Served Fiscal Year	N/A	12

9. The highlighted portions below amends the table in **F-2.1.**, last addressed in **Amendment #0005**. The non-highlighted parts are for contextual purposes only and are unaffected by this Amendment.

F-2.1. This is a multi-year fixed price and/or 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 **\$413,064.00** subject to availability of funds. The total contract amount shall be allocated as follows:

FISCAL YEAR	ANNUAL FUNDING
2021-2022	\$76,453.10
2022-2023	\$130,128.90
2023-2024	\$118,241.00
2024-2025	\$88,241.00
Total	\$413,064.00

10. F-2., last addressed in **Amendment #0005**, is amended to add **F-2.1.8.** and **F-2.1.9.**:
F-2.1.8. Emergency Solutions Grant – CV3 (ESG-CV3) – The Department agrees to reimburse for allowable costs listed below for ESG-CV3 Activities.

FISCAL YEAR	UNIT OF SERVICE	UNITS	RATE	FISCAL YEAR TOTAL
2023-2024	One Year of Eligible ESG-CV3 Grant Activities	NA	NA	\$30,000.00
Total				\$30,000.00

11. **F-4.5.3.** last sentence, last addressed in **Amendment #0001**, is amended to read: “A match is not required for funds received under ESG-CV, ESG-CV3, or RUSH.”
12. The attached **ATTACHMENT D6 - Emergency Solutions Grant – CV3 Monthly Status Report** is added.
13. The attached **ATTACHMENT F6 - Emergency Solutions Grant – CV3 INVOICE** is added.
14. The attached **ATTACHMENT F6.1 - Emergency Solutions Grant – CV3 ROLL-UP REPORT** is added.
15. 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 and Human Services

Lead Agency: Flagler Hospital, Inc.

Signature: _____

Signature: _____

Name: _____

Name: Carlton DeVoght

Title: _____

Title: President & CEO

Date: _____

Date: _____

ATTACHMENT D6 – EMERGENCY SOLUTIONS GRANT-CV3 MONTHLY STATUS REPORT

dropdown	Provider Name	Monthly Status Report	
prepopulate	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-CV3 Deliverables (minimum monthly deliverable for activity)	Street Outreach #	Emergency Shelter #	Prevention #	Rapid Rehousing #
Total Individuals Served by Activity (Monthly)				
Total Individuals Served by Activity (Year to Date)				

Emergency Solutions Grant-CV3 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-CV3 Funding				
Individuals Remaining Stably Housed by Emergency Solutions Grant-CV3 Funding				
Percentage Remaining Housed by Emergency Solutions Grant-CV3 Funding	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

ATTACHMENT F6 – EMERGENCY SOLUTIONS GRANT-CV3 MONTHLY INVOICE

EMERGENCY SOLUTIONS GRANT- CV3				FEID #	prepopulate		
Contract #	prepopulate		Provider Name	dropdown			
Invoice #	prepopulate		Address	prepopulate			
Invoice Period	dropdown			prepopulate			
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	0		\$ -	\$ -	\$ -	\$ -
60303029209	Emergency Shelter	0		\$ -	\$ -	\$ -	\$ -
60303024209	Prevention	0		\$ -	\$ -	\$ -	\$ -
60303021209	Rapid Rehousing	0		\$ -	\$ -	\$ -	\$ -
60303023209	HMIS			\$ -	\$ -	\$ -	\$ -
60303022209	Admin			\$ -	\$ -	\$ -	\$ -
	Total			\$ -	\$ -	\$ -	\$ -
<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		Date Goods Inspected and Approved			
Yes / No		603030 24209		Date Invoice Approved			
		603030 21209					
Org See payment detail above	Recoupment (Previous Unmet Deliverable Achieved)	603030 25209		Contract Manager Name			
OCA		603030 29209		Contract Manager Signature			
EO		603030 24209					
Object		603030 21209					
Category	Total Payment Amount						

ATTACHMENT F6.1 – EMERGENCY SOLUTIONS - CV3 GRANT ROLL-UP REPORT

Provider Name	dropdown
Contract Number	prepopulate
Month of Services	dropdown

Street Outreach

<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	\$ -

Emergency Shelter

<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	\$ -

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	\$ -

Administrative Costs

1			
2			
3			
4			
5			
		Total (10%)	\$ -

TOTAL AMOUNT SUBMITTED FOR PAYMENT

Total \$ -