

Board of County Commissioners Agenda Request

Date of Meeting: September 2, 2014

Date Submitted: August 8, 2014

To: Honorable Chairman and Members of the Board

From: Robert M. Presnell, County Administrator
Phyllis R. Moore, SHIP Administrator

Subject: Approval and Execution of the CDBG Disaster Recovery Grant #12DB-P5-02-30-01-K65 Closeout Documents

Statement of Issue:

This agenda item seeks Board approval and execution of the Disaster Recovery Grant closeout documentation.

Background:

The Community Development Block Grant disaster relief funding was made available to Florida by the United States Department of Housing and Urban Development, under Title IV of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5121 et. seq.) ([Federal Register - Docket No. F.R.-5256-N-01, Volume 74, Number 29](#) and [Federal Register - Docket No. F.R.-5256-N-01, Volume 74, Number 156](#)) for federally declared natural disasters that occurred during 2008.

- Florida received \$81,063,855 for affected communities
- Congress allocated the funding to assist in recovery from federally declared natural disasters that occurred during 2008 (Tropical Storm Fay, Hurricanes Gustav and Ike)
- Congress directed that the funds go "to areas facing the greatest need"

Gadsden County has been awarded \$109,418.80 by the Department of Community Affairs through the Community Development Block Grant Disaster Recovery Program; with the cooperation of all municipalities.

Analysis:

At the July 5, 2011, BOCC meeting, the Board authorized application submittal and authorization for the Chairman to execute. Also, on January 15, 2013, the Chairman executed an interlocal agreement between the County and the City of Gretna. Gadsden County received funding in the amount of \$106,683.33 for stabilization of damaged roadways and drainage problems along Canty Lane within the City limits of Gretna.

Fiscal Impact:

No County match was required.

Options:

Option 1 Approve and Authorize Chairperson to Execute the CDBG Disaster Recovery Grant #12DB-P5-02-30-01-K65 Closeout Documents

Option 2 Provide other direction

County Administrator's Recommendation:

Option 1

Attachment(s):

1. CDBG Disaster Recovery Closeout Documents (Canty Lane Project)

Community Development Block Grant Closeout Small Cities CDBG and Disaster Recovery Programs

(Revised 2/2012)

Instructions

Closeout forms must be submitted to the Department of Economic Opportunity (DEO), Florida Small Cities CDBG or Disaster Recovery Program, within 45 days after the contract termination or expiration date. Please note the following important instructions:

- Closeouts can only be submitted after all amendments have been executed and all requests for funds submitted. The Department will not process a request for funds or amendment that is submitted with a closeout. A contract cannot be amended if it has expired or terminated.
 - Any amendment that is necessary for final reconciliation of the grant funds must be executed prior to the submission of the closeout.
 - A final request for funds must be submitted prior to submission of the closeout since funds not requested will be deobligated at closeout.
- All grant recipients must complete Section I.
- Commercial Revitalization, Disaster Recovery (if infrastructure or public facility projects were carried out) or Neighborhood Revitalization grant recipients must complete Section II.
- Recipients of Commercial Revitalization or Economic Development grants must complete Section III.
- Housing and Disaster Recovery (if housing activities were carried out) grant recipients must complete Section IV.
- All grant recipients must complete the Beneficiary Data form and the Status of Accomplishments and Expenditures form.
- The Closeout Approval form must be signed by the Chief Elected Official or another individual authorized by resolution to sign CDBG documents. Enter the information requested or circle the response.

Please complete and return only the sections that are applicable to your contract. Contact your grant manager if you have questions.

Section I. Contract Information

Contract Number: 12DB-P5-02-30-01-K65		Beginning Date: 2-17-2012	Ending Date: 8-16-2014	Local Government's DUNS Number: 06-023-7690	
Recipient: Gadsden County Board of County Commissioners		Local Contact: Phyllis Moore		Phone Number: (850)875-8659	
1. Indicate how the project was carried out (administration and construction):		Grantee Employees <input type="checkbox"/>		Contractors <input type="checkbox"/>	Both <input checked="" type="checkbox"/>
2. Indicate how beneficiary data was collected:				Census <input type="checkbox"/>	Survey <input checked="" type="checkbox"/>
3. Enter the Census Tract(s) and/or Block Group(s) N/A) for service area(s):		Census Tract(s)		Block Group(s)	
4. If location of activities has changed since the initial award was made, and a revised map was not previously submitted, is a map included?		Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>	
5. Is a Property Management Register included?		Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>	
6. If an infrastructure project, is an engineering certification included?		Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>	
7. Is the project located in a Historic District?		Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>	
8. Is the project located in a Presidentially Declared Disaster Area?		Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>	
9. Is the project a Brownfield Activity?		Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>	
10. Did the local government provide the assistance (to the beneficiaries) in the form of a loan or a grant?		Grant <input type="checkbox"/>	Loan <input type="checkbox"/>	Deferred, forgivable loan <input type="checkbox"/>	
11. If a loan, indicate:	Interest Rate %	Monthly Loan Amount \$	Amortization Period in Months N/A		
12. List all other funds, along with the source, used to support the activities funded with this grant:					
	Source			Amount	
Local Funds (i.e., General Revenue)				\$ N/A	
Grant(s)				\$ N/A	
Private Funds (i.e., Participating Party, etc.)				\$ N/A	
Loan(s)				\$ N/A	
Other, including Program Income (Specify)				\$ N/A	
13. Will the project result in program income? <i>Program income earned as a result of Small Cities CDBG and Disaster Recovery grants, but not expended before closeout must be returned to DEO. Make check payable to the Department of Economic Opportunity – CDBG Program and include it with the Closeout.</i>		Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>	
• If program income has already resulted, indicate amount:				\$ N/A	
• Indicate amount of program income that has been expended to date:				\$ N/A	
15. Does the local government have CDBG Funds on hand? If yes, you cannot close the contract.		If yes: \$		No <input checked="" type="checkbox"/>	
16. Has a final Request for Funds been submitted? If not, you cannot close the contract.		Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>	

Section II. Public Services, Public Facility and Infrastructure

(To be completed by Commercial Revitalization, Disaster Recovery and Neighborhood Revitalization grant recipients. If water/sewer hookups were provided, please complete Section IV.)

1. Service (Housing Counseling, etc.)	
a. Number of persons with new access to this service or benefit	N/A
b. Number of persons with improved access to this service or benefit	N/A
c. Number of persons now receiving a service or benefit that is no longer substandard	N/A
2. Public Facility or Infrastructure Improvement (i.e., Water and Sewer Facilities, Drainage, Street Paving)	
a. Number of persons with new access to this type of public facility or infrastructure improvement	43
b. Number of persons with improved access to this type if public facility or infrastructure improvement	43
c. Number of persons served by public facility or infrastructure that is no longer substandard	43

Section III. Commercial Revitalization and Economic Development

***Recipients of Commercial Revitalization grants should only respond to items with an asterisk (*).**

*Number of businesses assisted with commercial facade treatment	N/A
*Number of businesses assisted that provide goods or services to meet the needs of a service area, a neighborhood, or a community	N/A
*Number of businesses assisted	N/A
Number of new businesses assisted	N/A
Number of existing businesses assisted	N/A
Number of existing businesses expanding	N/A
Number of existing businesses relocating	N/A
Number of full-time positions created	N/A
Number of full-time positions retained	N/A
Number of full-time low/mod positions created	N/A
Number of full-time low/mod positions retained	N/A
Number unemployed prior to taking jobs created by this activity	N/A
Number of retained jobs with employer-sponsored health care benefits	N/A
Number of jobs created with employer-sponsored health care benefits	N/A
Enter in the spaces below the number of jobs created by type:	
Officials and Managers	Sales
Professional	Technicians
Office and Clerical	Craft workers (skilled)
	Operatives (semi-skilled)
	(unskilled) Service workers
	Laborers
*For each business assisted, enter the business name and DUNS #:	
Business	DUNS #

Please note that Commercial Revitalization projects which consist of activities other than façade improvements (i.e., sidewalks, street paving, etc.) provide a benefit to businesses. Therefore, the number of business assisted must be reported. A DUNS number is required for each.

Section IV. Housing

(To be completed by Small Cities CDBG and Disaster Recovery Program grant recipients if housing activities were undertaken. If water/sewer hookups were provided, please complete all information requested in Section IV.)

Number of single family houses rehabilitated	N/A	
Number of single family rental houses addressed	N/A	
Number of single family home-owner houses address	N/A	
Number of single family one-for-one replacements	N/A	
Number of multi-family properties addressed	N/A	
Number of units within the multi-family properties	N/A	
Number of permanent displacements/relocations	N/A	
Number of units occupied by the elderly	N/A	
Number of units with female head of household	N/A	
Number of units made handicapped accessible	N/A	
Number of units qualified as "energy star"	N/A	
Number of units brought into compliance with lead safety requirements	N/A	
If applicable, number of beds created in overnight shelter or emergency housing	N/A	
Did the activity involve rental housing?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Did the project include:		
• Installing security devices	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
• Installing smoke detectors	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
• Performing emergency housing repairs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
• Providing supplies and equipment for painting houses	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
• Operating a Tool Lending Library	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
• Mitigation to prevent future damages (strengthened roof, doors, windows, elevations, etc.)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

The form on the next page relates to housing units addressed, including those that were provided water/sewer hookups. **Please note that beneficiaries of housing units are measured in households (HH), not the number of people living with the household. Race and ethnicity also applies to the head of households (HH).**

N/A

Name of Owner Last name, first initial.	Name of Occupant Last name, first initial.	Street Address (street, city and zip) (If replacement, new address.)	Rental (R) or Owner Occupied	Race (Head of Household)	Hispanic Ethnicity (Y or N)	Indicate VLI or LMI	Female Head of Household (Y or N)	Elderly (Y or N)	Disabled (Y or N)	Total Cost of Rehab or Replacement	Total CDBG Funds Invested	Date Completed	Rehab or Replacement (RH or)	# Bedrooms
										\$	\$			
										\$	\$			
										\$	\$			
										\$	\$			
										\$	\$			
										\$	\$			
										\$	\$			
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										\$	\$			
										\$	\$			
										\$	\$			

W = White
 AA = African American
 A = Asian
 AI, AN = American Indian or Alaskan Native
 NHP = Native Hawaiian Pacific Islander
 AI, AN, W = American Indian or Alaskan Native and White
 A, W = Asian and White
 AA, W = African American and White
 AI, AN, AA = American Indian/Alaskan Native and African American
 O = Other Multi-racial

Section VI. BENEFICIARY DATA - Do not enter Administration or Engineering. Beneficiaries of housing units are measured in households (HH), not number of people living in household.

RACE	For Housing Grants Only- Enter Summary Information from Page 6		Activity # 03K		Activity #		Activity #		Activity #		Activity #	
	# Owner Occupied	# Renter Occupied	Total	# of Hispanic Ethnicity	Total	# of Hispanic Ethnicity	Total	# of Hispanic Ethnicity	Total	# of Hispanic Ethnicity	Total	# of Hispanic Ethnicity
Total Beneficiaries Proposed			43									
Total Beneficiaries Actual			43									
LMI Beneficiaries Proposed			43									
LMI Beneficiaries Actual			43									
VLI Beneficiaries Proposed			30									
VLI Beneficiaries Actual			30									
Female			7									
Disabled			3									
Female Head of HH			6									
Elderly			11									
White												
African American												
Asian												
American Indian or Alaskan Native												
Native Hawaiian Pacific Islander												
American Indian or Alaskan Native and White												
Asian and White												
African American and White												
American Indian/Alaskan Native and African American												
Other Multi-racial												

Section VII. PROPERTY MANAGEMENT REGISTER
ATTACHMENT A (IF REQUIRED)

N/A

	Contract End Date				
	1	2	3	4	5
Recipient					
Contract Number					
Description of Property or Type of Equipment					
Identification Number					
Date of Purchase or Acquisition					
Total Cost of Property	\$	\$	\$	\$	\$
CDBG Cost	\$	\$	\$	\$	\$
CDBG % of Total Cost					
Physical Location					
Condition (New or Used)					
Residual Value	\$	\$	\$	\$	\$
Disposition Date					
Disposition Amount	\$	\$	\$	\$	\$
Method of Disposition					

Section VIII. CLOSEOUT APPROVAL

I certify that, to the best of my knowledge, all activities undertaken by the local government with funds under this grant agreement have been carried out in accordance with the grant agreement, that proper provision has been made for the payment of all paid costs identified; that the State of Florida is under no obligation to make further payment to the local government under the grant agreement in excess of the amount identified on Line J of the STATUS OF ACCOMPLISHMENTS AND EXPENDITURES form submitted with this closeout report; that every statement and amount set forth in this instrument is true and correct as of this date; that all required audits as of this date have been submitted and approved; and I acknowledge that DEO reserves the right to recover any disallowed costs identified in an audit completed after this closeout.

Chief Elected Official or Authorized Designee

Signature

Name and Title

Date

For DEO use only:	
Approval of this Closeout Package authorizes the deobligation of unexpended CDBG contract funds in the amount of \$ _____.	
Division of Community Development	DEO Finance and Accounting Section
_____ Name and Title	_____ Name and Title
_____ Date	_____ Date