



**BOARD OF COUNTY COMMISSIONERS**

**DATE:** August 20, 2013

**AGENDA ITEM NO.** 9

**Consent Agenda** ☒

**Regular Agenda** ☐

**Public Hearing** ☐

**County Administrator's Signature** 

**Subject:**

Boley Centers, Inc., Grant Funding Agreement

**Department:**

Health and Community Services

**Staff Member Responsible:**

Gwendolyn Warren, Executive Director -  
Department of Health and Human Services

**Recommended Action:**

I RECOMMEND THAT THE BOARD OF COUNTY COMMISSIONERS (BOARD) APPROVE AND EXECUTE THE BOLEY CENTERS, INC. GRANT FUNDING AGREEMENT.

I FURTHER RECOMMEND THAT UPON APPROVAL, THE CHAIR BE AUTHORIZED TO SIGN AND THE CLERK TO ATTEST.

**Summary Explanation/Background:**

This grant agreement will provide funding to assist Boley Centers, Inc. (Boley) in maintenance of its housing projects which provide assistance to the mentally ill and chronically homeless population in Pinellas County. Additionally, this funding serves as a required local match, as the Agency is currently funded primarily through a United States Department of Housing and Urban Development (HUD) grant.

Boley Centers, Inc. provides housing and access to client support services such as medical care, vocational training and job placement, as well as linkages to other community support services for their clients. Additionally, Boley provides on-site case management and supportive services at the agency's residential treatment facilities, Intensive Case Management Services and Property Related Tenant Services for supportive Housing Projects.

This agreement will take effect October 1, 2013 and continue for a period of twelve (12) months. This agreement may be renewed for one (1) additional twelve (12) month period upon expiration of the initial term.

**Fiscal Impact/Cost/Revenue Summary:**

The total amount of funding for this agreement is an amount not to exceed \$317,480.00 during the term of this agreement (October 1, 2013 through September 30, 2014). Funding for this agreement will come from the Department of Health and Human Services anticipated appropriations for fiscal years 2013-2014 and 2014-2015.

**Exhibits/Attachments Attached:**

1. Contract Review Transmittal Slip
2. Funding Agreement
3. Attachment 1.- Budget
4. Attachment 2.- Modification Form
5. Attachment 3.- Insurance Requirements



**NON-PURCHASING CONTRACT REVIEW TRANSMITTAL SLIP**

<b>PROJECT: Boley Centers, Inc. Grant Funding Agreement</b>	
<b>CONTRACT NO.: N/A</b>	<b>ESTIMATED EXPENDITURE / REVENUE: \$317,480.00</b> (Circle or underline appropriate choice above.)

In accordance with Contract Administration and its Review Process, the attached documents are submitted for your review and comment. Please complete this Non-Purchasing Contract Review Transmittal Slip below with your assessment, and **forward to the next Review Authority on the list, skipping any authority marked "N/A."** Indicate suggested changes by noting those in "Comments" column, or by revising, in RED, the appropriate section(s) of the document(s) to reflect the exact wording of the desired change(s).

<b>OTHER SPECIFICS RELATING TO THE CONTRACT:</b>

REVIEW SEQUENCE	DATE	INITIAL/ SIGNATURE	COMMENTS (IF ANY)	COMMENTS REVIEWED & ADDRESSED OR INCORPORATED
<b>Originator:</b> Gwendolyn Warren	7/30/13	lh		
<b>Risk Mgmt:</b> Virginia Holscher 6/27/13	8/1/13	vtH	See Attachment 3 for Insurance Requirements	KJP 8/5/13
<b>Finance:**</b> Cassandra Williams	8/2/13	CBW		
<b>OMB:**</b> Eric Naughton-	N/A			
<b>Legal:</b> Carl Brody	8/5/13	CB		
<b>Executive Director:</b> Gwendolyn Warren	8/6/13	CBW for GW		

Please return to Katherine Baird Adams By: ASAP.

All inquiries should be made to Katherine Baird Adams ext.4-8438.

\*\* See Contract Review Process

BOLEY CENTERS, INC. GRANT FUNDING AGREEMENT

THIS GRANT FUNDING AGREEMENT entered into by and between PINELLAS COUNTY, a political subdivision of the State of Florida, (hereinafter called "County"), and BOLEY CENTERS, INC., (hereinafter called "Agency").

WITNESSETH:

WHEREAS, the Agency provides assistance to the mentally impaired and chronically homeless population by providing them with housing and access to support services such as medical care, substance abuse treatment services, vocational training and job placement as well as linkage to other community services; and

WHEREAS, the Agency maintains a multidisciplinary staff to provide integrated treatment to the individuals that it assists; and

WHEREAS, the Agency is currently funded primarily through a United States Department of Housing and Urban Development, (hereinafter called HUD), grant.

WHEREAS, the Agency is in need of local match funds in order to maintain these programs for the mentally impaired and chronically homeless; and

WHEREAS, the County desires to provide an optional HUD match to assist in supporting the Agency's programs; and

WHEREAS, the County recognizes that the Agency is providing an essential service within the community; and

WHEREAS, the Agencies programs are consistent with the "Housing First Strategies" as outlined in "Opening Doors of Opportunity", a Ten Year Plan to End Homelessness in Pinellas County".

NOW, THEREFORE, the parties hereto do mutually agree as follows:

1. Grant Offer to the Agency

The County hereby agrees to provide the local match for federal funding in order to assist the Agency in maintenance of its housing projects which provides assistance to the mentally ill and chronically homeless population in Pinellas County.

2. Scope of Services

The Agency shall provide housing, access to client support services such as medical care, vocational training, job placement, as well as linkage to other community support services and to maintain staffing and case management services, and supportive services on-site at the Agency's residential treatment facilities that provide housing services to the mentally ill and chronically homeless individuals that it assists, consistent with the attached budgets.

Additionally, the Agency shall provide Supported Housing Services and Property Management Services for Supportive Housing Projects. These projects will provide affordable, housing linked to appropriate services for Pinellas County Citizens who are homeless, who have a chronic illness or physical disability, provide a signed authorization to participate and qualify for this program.

The Agency's Supportive Housing Projects may use a variety of community-based housing options that are dedicated to serving homeless individuals and/or families and their various needs.

The Agency shall provide services to all the tenants who have signed an authorization to participate in the specific Supportive Housing Project. Frequency and intensity of services should be tailored to the need of each tenant which will change over time depending on the tenant's needs. The Agency's services should include but not be limited to the following:

- Ongoing outreach and engagement to the tenant population, including at in-patient settings and other locations to obtain their authorization to participate prior to tenancy
- Assistance with mental health and life skills services and referrals
- Establishment of a service/treatment plan based on their authorization including but not limited to establishing future goals, improvement of behaviors associated with drug use, reduction in frequency and quantity of drug and alcohol use, coping with mental health disorders, coping with chronic medical problems, improvement of interpersonal relationships
- Assistance with substance use disorder services and referrals with a focus on harm reduction
- Assistance with domestic violence and safety planning services and referrals
- Housing location services including assisting clients with locating affordable permanent housing, establishing relationships with landlords/agencies willing to provide affordable permanent housing to clients, and providing assistance with negotiating rental agreements
- Assistance with monitoring any legal issues and making appropriate referrals while addressing any barriers to accessing and maintaining housing and services (e.g., credit history, criminal records, pending warrants, etc.)

The Agency agrees to ensure the following Effectiveness Objectives and Targets are met sustained and reported on monthly using the Agency's Program Outcomes Report.

- Clients will be hospital free at least 95% of the days during the month
- At least 95% of individuals will remain in the program or move to an equally independent level of living

- At least 30% of all residents will be employed at paid positions in the community
- At least 85% of all residents will be engaged in meaningful productive activity i.e. school, day services, employment and volunteer work
- At least 72% of individuals in Homeless Support Housing will have remained in the program for more than 7 months upon exit
- At least 19% of persons in Homeless Supported Housing will be employed when they leave

3. Effective Date

This agreement will take effect October 01, 2013 and continue for a period of twelve (12) months. This agreement may be renewed for one (1) additional twelve month period upon expiration of the initial term by mutual agreement of the parties. This option may be exercised only if all terms and conditions remain the same and approval is granted by the Board of County Commissioners.

4. Compensation

(a) The County agrees to pay the Agency in twelve (12) monthly payments beginning October 01, 2013, in an amount not to exceed Three Hundred Seventeen Thousand Four hundred Eighty and NO/00 Dollars (\$317,480.00) per county fiscal year during each of the twelve (12) month terms of this agreement, distributed as follows:

- 1) Grove Park - \$50,000 per County Fiscal Year.
- 2) Safe Haven - \$119,683.00 per County Fiscal Year.
- 3) Broadwater - II \$26,609.00 per County Fiscal Year.
- 4) Twin II - \$25,250.00 per County Fiscal Year.

- 5) Twin III - \$25,250.00 per County Fiscal Year.
- 6) Oaks - \$34,973.00 per County Fiscal Year.
- 7) Marconi - \$6,441.00 per County Fiscal Year.
- 8) Butterfly-Grove - \$23,455.00 per County Fiscal Year.
- 9) Kenwood-Parkside - \$5,819.00 per County Fiscal Year.

A copy of the Agency's Program Budget has been included with this contract and labeled Attachment 1.

(b) The Agency shall request reimbursement from the County on a monthly pro-rated basis for salaries, support services, and related operating expenses incurred pursuant to services described in Section 2. Scope of Services during the term of this Agreement. All requests for reimbursement payments must be accompanied by documentation including invoices, receipts or cancelled checks, client data reports in accordance with Federal UDS guidelines, which verify expenditures and copies of time slips or pay stubs which verify that the service for which reimbursement is sought have been rendered.

(c) The County shall reimburse to the Agency in accordance with the Florida Prompt Payment Act upon receipt of the documentation required in Section 4(b) above. When the required documentation and/or monthly reports are incomplete or untimely, the County may withhold payment until such time as the County accepts the remedied documentation and/or report.

(d) The County reserves the right to withhold the funds of the Agency in the event the Department of Housing and Urban Development eliminates its funding to the Agency.

(e) In the event that sufficient budgeted funds are not available for a new fiscal period, the County shall notify the Agency of such occurrence and the contract shall terminate on the last day of the current fiscal period without penalty or expense to the County.

(f) Any funds expended in violation of this Agreement or in violation of appropriate Federal, State, and County requirements shall be refunded in full to the County. If this Agreement is still in force, future payments shall be withheld by the County.

5. Payment During Disaster Recovery

The County agrees to support previously approved funded programs unable to provide normal services for a period of at least sixty (60) days after a disaster has been declared, provided the program agrees to comply with requests of the Pinellas County Department of Health and Community Services and the Disaster Recovery Leadership Network. This period may be extended at the discretion of the Pinellas County Board of County Commissioners upon recommendation of the Executive Director of the Department of Health and Community Services.

6. Monthly Reports

The Agency shall collect and retain statistical information to be reported monthly to the Pinellas County Department of Health and Community Services, using the report format agreed upon by the Pinellas County Department of Health and Community Services. These reports shall accompany the monthly reimbursement documentation and must be submitted within twenty (20) working days of the end of the reporting period.

7. Additional Reporting

The Agency shall maintain and provide the following Articles of Incorporation documents within three (3) business days of request by the County.

- (a) Articles of Incorporation
- (b) Agency By-Laws
- (c) Past 12 months of financial statements and receipts



- (d) Membership list of governing board
  - (e) All legally required licenses
  - (f) Latest agency financial audit and management letter
  - (g) Biographical data on agency chief executive and program director
  - (h) Equal Employment Opportunity Program
  - (i) Inventory system – (equipment records)
  - (j) IRS Status Certification/501 (c) (3)
  - (k) Current job descriptions for staff positions
  - (l) Match documentation
  - (m) Continuity of Operation Plan
8. 2-1-1/Tampa Bay Information Network (TBIN)
- As a condition of receipt of a funding award from Pinellas County, the Agency agrees to be an active participant (as applicable) in compliance with the TBIN administered by 2-1-1 Tampa Bay Cares, Inc. (2-1-1) in agreement with the Homeless Leadership Network and the Pinellas County Homeless Leadership Board, Inc. TBIN is a community shared client information data system for health and human service agencies designed to measure system-wide effectiveness of client services. The Agency's active participation in compliance with data entry into TBIN is required under this contract.

The Agency agrees to maintain accurate and up-to-date agency and program data with 2-1-1 for the County funded program(s). Additionally, this Agency will provide 2-1-1 information on new or changed program(s) data and/or advise of programs no longer in operation within thirty (30) calendar days of the date that the program is changed or added. The Agency can update their information on-line through the 2-1-1 Tampa Bay Cares, Inc. On-line Database

([www.211connects.org](http://www.211connects.org)) or by contacting 2-1-1 by phone at (727-210-4239) or by email ([update@211tampabay.org](mailto:update@211tampabay.org)). The Agency will review and update their information/data as necessary, but at least once annually, or upon request by 2-1-1 Tampa Bay Cares, Inc. Further, in times of disaster, the Agency will respond to update inquiries by 2-1-1 Tampa Bay Cares staff before, during, or after a disaster.

The Agency will be considered an active participating TBIN member agency upon completion of the following and commencement of data entry into TBIN. This process includes:

- Initial Site Visit by TBIN Staff for new participating agencies/programs.
- TBIN Memorandum of Understanding signed and on file at 2-1-1 Tampa Bay Cares, Inc.
- Agency Administrator Designation Form is on file at 2-1-1 TBC.
- All necessary staff has completed at least skill Level 1 Training & Homework.
- Data has been entered into the system in real-time.

The Agency will not be considered an active participating member agency and will be considered a "pending participant" until such time that all of the above steps/documentation have been completed.

Compliance - TBIN Compliance is measured after the Agency is in full participation. Compliance focuses on the quality of the data entered into the system and the capacity at which the Agency's services are being used. To measure compliance and monitor progress towards this contract, the Agency will submit the TBIN Client Served Report to the contract manager no later than the 10th of each month.

The Agency's client performance towards reaching compliance will be reported to the contract manager along with other providers in the homeless system of care, monthly and

annually. These reports will come directly from the TBIN staff from data entered into the TBIN system. These reports will measure the Agency's progress towards being in compliance in the following areas:

Real-Time Data Entry - Client data should be entered into TBIN in real-time, but no less than 24 hours after the client has received services or was entered into a program. The timeliness of the data entered into TBIN will be measured and reported.

Completeness of Data Entry/Null Value Rate - Client data entered should be 95% or greater in completeness for any given reporting period. Missing or null values (fields left blank or marked don't know or refused) should be no greater than 5% in any given reporting period. The TBIN Report Card will be used to measure and report completeness and the null value rate.

Bed Utilization Rates (Housing Providers Only) - Bed usage rates will be publicly available for view in real-time on-line at [www.211connects.org](http://www.211connects.org) under the Get Help link. The usage of beds in TBIN will be measured and reported monthly as well as in the Annual Homeless Assessment Report (AHAR) and will include the Agency's usage rates and will measure the average for the entire homeless system. This report is available in the spring of each year. The Agency should make every effort to be an active participant in and full compliance with TBIN. For more information about TBIN compliance, please contact the TBIN staff over the phone (727-210-4239) or by email ([tbina@211tampabay.org](mailto:tbina@211tampabay.org)).

Domestic Violence Agencies - Pursuant to Section 39.908, Florida Statutes, Domestic Violence Agency's are required to submit aggregate client data and are exempt from submitting individual client data.

Confidentiality - The Agency will ensure that all clients sign a Client Consent form and/or Client Release form prior to entering client information into TBIN. The Agency shall not use or disclose any information which specifically identifies a recipient of services under this Agreement and shall adopt appropriate procedures for employees' handling of confidential information pursuant to applicable federal, state or local law and related regulations.

In the event of improper disclosure of client information, whether from TBIN or any other measure, the Agency will inform the contract manager about the improper disclosure and extent thereof within 48 hours of becoming aware of said disclosure. The Agency will take all necessary steps to correct and remedy any damage caused by the improper disclosure to prevent future occurrences. If the disclosure involved TBIN, the Agency will additionally inform the TBIN staff about the disclosure within 48 hours of becoming aware of the disclosure. The Agency will follow all required TBIN staff recommendations to ensure that such incidents of disclosure are not repeated.

Sanctions for Non-compliance - In order to for the Agency to continue receiving funding under this Agreement, the Agency must remain in full compliance with all stated terms and conditions. All reasonable attempts will be made to work with the Agency to ensure active participation and compliance.

Funds may be withheld at any time during the term of this agreement if the Agency fails to participate in TBIN and reach stated TBIN compliance goals. Future funding may be jeopardized for failure to comply with the TBIN program participation requirements described above.

9. Audit

The Agency shall utilize reasonable financial procedures, including adequate supporting documents, to account for the use of matching funds provided by the County. The Agency shall retain all records relating to this Agreement for three (3) years after final payment is made. All Agency records relating to this grant shall be subject to audit by the County pursuant to Pinellas County Ordinance No. 94-51.

10. Cancellation

The County reserves the right to cancel this Agreement without cause by giving thirty (30) days prior notice to the Agency in writing of the intention to cancel, or with cause if at any time the Agency fails to fulfill or abide by any of the terms or conditions specified. Failure of the Agency to comply with any of the provisions of this Agreement shall be considered a material breach of the Agreement and shall be cause for immediate termination of the Agreement at the discretion of the County. Further, if the Agency shall use any funds provided by this Agreement for any purpose or program other than authorized under this Agreement, the Agency shall repay such amount and be deemed to have waived the privilege of receiving additional funds under this Agreement.

11. Assignment/Subcontracting

This Agreement shall not be assigned by the Agency without prior written approval of the County, which approval shall be attached to this Agreement and subject to such conditions and provisions as the County may deem necessary. The Agency's subcontract shall in no way release the Agency of any liability under this Agreement.

12. Amendment/Modification

The County or Agency may, from time to time, request changes in the provisions of this Agreement. Such changes, which are mutually agreed upon by and between the County and the Agency, shall be incorporated as written amendments to the Agreement.

Modifications to the approved Agreement including, but not limited to, budget changes, reallocation of funds between existing funded programs and/or changes in contract language must be requested using the Agreement Modification Request Form. At the time of the request, the Agency shall submit three (3) original copies of the Agreement Modification Request Form to the County. A blank copy of the Amendment Modification Form has been included with this contract and labeled Attachment 2.

Modifications must be requested ninety (90) days prior to the end of the Agreement term and will not be allowed for services which were not included in the approved award. The County reserves the right to deny requests on a case-by-case basis.

13. Indemnification

The Agency shall indemnify, pay the cost of defense including attorney's fees, and hold harmless the County from all suits, actions, or claims of any character brought on account of any injuries or damages received or sustained by any person, persons, or property by or through the Agency; or by or in consequence of any neglect in safeguarding the work; or on account of any act or omission, neglect, or misconduct of the said Agency; or by, or on account of, any claim or amounts recovered under the "Workers' Compensation Law", or of any other laws, by-laws, ordinance, order, or decree, except only such injury or damage as shall have been occasioned by the sole negligence of the County.

14. Insurance

The Agency shall maintain professional and general liability insurance covering all aspects of its operation and provide a Certificate of Insurance, in which the general liability coverage names the Pinellas County Board of County Commissioners as an additional insured, to the Pinellas County Department of Health and Community Services, upon execution of this Agreement. A detailed description of the required insurance requirements has been attached to this contract and labeled Attachment 3.

15. Federal, State, and County Regulations

The Agency agrees:

(a) To comply with all applicable provisions of the Federal and State statutes, Administrative Rules and Regulations, and County ordinances.

(b) To comply with all applicable State licensing, accrediting and any other standards, rules regulations, instructions, and guidelines established by the State of Florida. 13.

16. HIPAA Compliance

Under the Health Insurance and Portability Act (HIPAA) of 1996, and the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009, Agency is expected to adhere to the same standards as the County or other HIPAA covered entities regarding the protection and non authorized disclosure of Protected Health Information (PHI). Failure to comply shall be good cause for termination.

17. Governing Law

The laws of the State of Florida shall govern this Agreement.

18. Severability

If any provision, or any portion thereof, contained in this Agreement is held

unconstitutional, invalid, or unenforceable, the remainder of this Agreement, or portion thereof, shall be deemed severable shall remain in full force and effect.

19. Agreement Management

The County designates the following person as liaison for the County:

Bryan O. Sullivan, Sr., Contract Manager  
Pinellas County Department of Health and Community Services  
2189 Cleveland Street, Suite 266  
Clearwater, Florida 33765  
(727) 464-8523

Boley Centers designates the following person as liaison to the County:

Jeri Flanagan, Director, Development  
Boley Centers, Inc.  
445 31<sup>st</sup> Street N.  
St. Petersburg, Florida 33713  
(727) 821-4819

**[SIGNATORY PAGE FOLLOWS]**



IN WITNESS WHEREOF, the parties hereto have caused this instrument to be executed on the day and year first above written.

ATTEST:

**KEN BURKE**

Clerk of Circuit Court

**PINELLAS COUNTY, FLORIDA**, acting by and through its Board of County Commissioners

By: \_\_\_\_\_  
Deputy Clerk

By: \_\_\_\_\_  
Chairman

Dated: \_\_\_\_\_, 2013

ATTEST:

**BOLEY CENTERS, INC.**

By: \_\_\_\_\_  
Witness

By: \_\_\_\_\_  
President / CEO  
Title

Dated: 8/7, 2013

APPROVED AS TO FORM  
OFFICE OF COUNTY ATTORNEY

By: \_\_\_\_\_  
Attorney

CountyMatch Funding of HUD COC										
Program	HUD Funding	Units/Beds	10-11/11-12			13-14/14-15			Inc/Dec.	% Cut
			Operations	Support	Total	Operations	Support	Total		
Oaks	\$253,778	26	\$-	\$48,841	\$48,841	\$21,801	\$13,172	\$34,973	(\$13,868)	
Butterfly/Grove	\$77,362	16		\$18,962	\$18,962	\$-	\$23,455	\$23,455	\$4,493	
Marconi	\$82,554	8	\$-	\$10,900	\$10,900	\$-	\$6,441	\$6,441	(\$4,459)	
Kenwood/Parkside	\$133,908	12	\$-	\$12,561	\$12,561	\$-	\$5,819	\$5,819	(\$6,742)	
Pinleas County Safe Haven	\$581,560	25	\$-	\$90,597	\$90,597	\$50,356	\$69,327	\$119,683	\$29,086	
Grove Park/Burlington	\$142,560	27	\$-	\$50,000	\$50,000	\$-	\$50,000	\$50,000	\$0	
Broadwater II	\$147,459	20	\$-	\$22,500	\$22,500	\$-	\$26,609	\$26,609	\$4,109	
Twin II	\$70,949	12	\$-	\$22,500	\$22,500	\$-	\$25,250	\$25,250	\$2,750	
Twin III	\$145,478	16	\$-	\$40,619	\$40,619	\$-	\$25,250	\$25,250	(\$15,369)	
Total	\$1,635,608	162	\$-	\$317,480	\$317,480	\$72,157	\$245,323	\$317,480	\$0	0.00%
							\$317,480			
Additional HUD COC-Non County Matched										
Mid-County Safe Haven	\$356,438	20								
Shelter + Care	\$741,313	78								
Total HUD Homeless Funding	\$2,733,359	240								
Total County Match	\$245,323									
% of County Match	8.98%									
Match includes 10% administration. HUD only pays 7% Actual costs are higher										

Oaks/Salt Creek Apts.- 2013-2014 Budget									
Property:	Type:	Units:							
Oaks	Individuals	10							
Salt Creek	Families	14							
		Applicant	Cash/leve	Total Project					
Summary Budget		Project Request	rage	Budget					
1. Acquisition	\$	-	\$	-	\$	-			
2. Rehabilitation	\$	-	\$	-	\$	-			
3. New construction	\$	-	\$	-	\$	-			
4. Subtotal(line 1-3)	\$	-	\$	-	\$	-			
5. Real Property Leasing	\$	-	\$	-	\$	-			
6. Supportive Services	\$	101,589	\$	54,702	\$	156,290			
7. Operations	\$	135,586	\$	52,728	\$	188,313			
8. HMIS	\$	-	\$	-	\$	-			
9. Project Request(line 4-8)	\$	237,174	\$	107,429	\$	344,603			
10. Admin. 7%	\$	16,602	\$	10,743	\$	27,345			
10. Total project request(total lines 9 & 10)	\$	253,776	\$	118,172	\$	371,948			
<b>Supportive Services Budget</b>									
				Oaks	Salt				
1. Service Activity: Supportive Housing Services	\$	67,268.50	\$	103,490	\$ 51,225	\$ 52,265	Salary/Benefits/local travel/training, etc.		
2. Service Activity: Client Support	\$	12,870.00	\$	19,800	\$ 7,200	\$ 12,600	Oaks 12cltsX\$50X12mos., Salt 14unitsx\$75X12mos.		
3. Service Activity: Medications	\$	7,020.00	\$	10,800	\$ 10,800		\$75/moX12mos.		
4. Service Activity: Psych. Time	\$	4,680.00	\$	7,200	\$ 7,200		\$50X15min. X12CltsX12Mos		
5. Service Activity: Transportation	\$	9,750.00	\$	15,000	\$ 15,000		Share of vehicle		
6. Service Activity:					\$ 91,425	\$ 64,865			
7. Service Activity:									
8. Service Activity:									
9. Project Request	\$	101,589	65%	\$ 156,290					
10. Match (line 11 minus line 9)	\$	54,702	35%						
11. Total Supportive Services Budget	\$	156,290							
				Per Unit Cost	\$ 6,512	\$ 7,619	\$ 5,405		
<b>Operational Budget</b>									
				Oaks	Salt				
1. Maintenance/Repair	\$	8,640.00	\$	12,000	\$ 4,000	\$ 8,000	Internal @ \$40/hourX300 hours		
2. Staff (staff, %time, Fringe/Salary)	\$	8,985.60	\$	12,480	\$ 5,760	\$ 6,720	\$40/unit/month		
3. Utilities	\$	44,712.00	\$	62,100	\$ 21,600	\$ 40,500	Oaks 12unitsX4150X12mos. Salt 14 UnitsX\$225X12mos		
4. Equipment(lease/buy)	\$	14,400.00	\$	20,000	\$ 6,000	\$ 14,000	Based on history		
5. Supplies	\$	6,912.00	\$	9,600	\$ 4,000	\$ 5,600	\$400/unit/year		
6. Insurance	\$	15,072.00	\$	20,933	\$ 6,000	\$ 14,933	based on actual		
7. Furnishings	\$	5,400.00	\$	7,500	\$ 2,500	\$ 5,000	Based on history		
8. Reserve for Replacement	\$	4,680.00	\$	6,500	\$ 3,000	\$ 3,500	RFR @ \$200/unit/year		
9. External Maintenance	\$	26,784.00	\$	37,200	\$ 12,000	\$ 25,200	Oaks 12Units X\$1,000/year, Salt 14 Units X\$1,800/year		
10. Other Operating Cost	\$	-	\$	-					
11. Project Request	\$	135,586	72%	\$ 188,313	\$ 64,860	\$ 123,453			
12. Project Match (Line 13-11)	\$	52,728	28%						
13. Total Operating Budget	\$	188,313							
				Per unit Operations	\$ 7,846	\$ 5,405	\$ 8,818		
<b>Match Analysis *</b>									
		City	County	Rents(Oaks)	Rents(Salt)	Medicaid	Total		
Support Services	\$	60,172	\$ 35,000	\$ 13,172		\$ 12,000	\$ 60,172		
Operations	\$	58,001	\$ 21,801	\$ 20,000	16200		\$ 58,001		
	\$	118,172					\$ 118,172		
*Match includes 10% administration. HUD only pays 7%. Actual costs are higher									

\*Match includes 10% administration. HUD only pays 7%. Actual costs are higher

# Butterfly/Grove Apts.- 2013-2014 Budget

Property: Type: Units:

Grove St. Individuals 8

Butterfly Individuals 8

Summary Budget	Project Request	ApplicantCash/ leverage	Total Project Budget
1. Acquisition	\$ -	\$ -	\$ -
2. Rehabilitation	\$ -	\$ -	\$ -
3. New construction	\$ -	\$ -	\$ -
4. Subtotal(line 1-3)	\$ -	\$ -	\$ -
5. Real Property Leasing	\$ -	\$ -	\$ -
6. Supportive Services	\$ 59,315	\$ 46,972	\$ 106,287
7. Operations	\$ 68,235	\$ 22,745	\$ 90,980
8. HMIS	\$ -	\$ -	\$ -
9. Project Request(line 4-8)	\$ 127,550	\$ 69,717	\$ 197,267
10. Admin. 7%	\$ 8,929	\$ 4,880	\$ 13,809
10. Total project request	\$ 136,479	\$ 74,597	\$ 211,076

## Supportive Services Budget

				Grove/Butter	
1. Service Activity: Supp	\$ 25,025		\$ 33,367	\$ 33,367	Salary/Benefits/local travel/training, etc.
2. Service Activity: Client	\$ 7,200		\$ 9,600	\$ 9,600	16cltsX\$50X12mos.,
3. Service Activity: Med	\$ 8,640		\$ 11,520	\$ 11,520	\$75/moX12mos.
4. Service Activity: Psych	\$ 7,200		\$ 9,600	\$ 9,600	\$50X15min. X12CitsX12Mos
5. Service Activity: Transportation	\$ 11,250		\$ 15,000	\$ 15,000	Share cost of one passenger van with Oaks/Salt Creek
6. Service Activity: Day Services			\$ 27,200	\$ 27,200	8unitsX \$8.50X 16clientsX25%X100days/year
7. Service Activity:					
8. Service Activity:					
9. Project Request	\$ 59,315	56%	\$ 106,287	\$ 106,287	
10. Match (line 11 minus)	\$ 46,972	44%			
11. Total Supportive Services	\$ 106,287				
		Per Unit Cost	\$ 4,429	\$ 2,267	\$ -

## Operational Budget

1. Maintenance/Repair	\$ 6,000.00		\$ 8,000		\$ 4,000	\$ 4,000	Internal @ \$40/hourX200 hours
2. Staff (staff, %time, Fr	\$ 5,760.00		\$ 7,680		\$ 3,840	\$ 3,840	\$40/unit/month
3. Utilities	\$ 21,600.00		\$ 28,800		\$ 14,400	\$ 14,400	Butterfly 8unitsX\$150X12mos. Grove 8 UnitsX\$150X12mos
4. Equipment(lease/buy	\$ 3,750.00		\$ 5,000		\$ 2,500	\$ 2,500	Based on history
5. Supplies	\$ 4,800.00		\$ 6,400		\$ 3,200	\$ 3,200	\$400/unit/year
6. Insurance	\$ 9,225.00		\$ 12,300		\$ 6,100	\$ 6,200	based on actual
7. Furnishings	\$ 3,750.00		\$ 5,000		\$ 2,500	\$ 2,500	Based on history
8. Reserve for Replacem	\$ 3,600.00		\$ 4,800		\$ 2,400	\$ 2,400	RFR @ \$300/unit/year
9. External Maintenance	\$ 9,750.00		\$ 13,000		\$ 6,500	\$ 6,500	Oaks 12Units X\$1,000/year, Salt 14 Units X\$1,800/year
10. Other Operating Cos	\$ -		\$ -				
11. Project Request	\$ 68,235	75%	\$ 90,980		\$ 45,440	\$ 45,540	
12. Project Match (Line	\$ 22,745	25%					
13. Total Operating Bud	\$ 90,980						
		Per unit Operat	\$ 3,791		\$ 1,893	\$ 1,898	

Match Analysis		City	County	Rents(Butt	Rents(Grove)	Medicaid	Total
Support Services	\$ 50,260	\$ -	\$ 23,455	\$ 21,305		\$ 5,500	\$ 50,260
Operations	\$ 24,337			\$ 14,135	\$ 10,202		\$ 24,337
	\$ 74,597						\$ 74,597

\*Match includes 10% administration. HUD only pays 7%. Actual costs are higher

# Marconi Apts.- 2013-2014 Budget

Property: Marconi Type: Individuals Units: 8

Summary Budget	Project Request	ApplicantCash/I verage	Total Project Budget
1. Acquisition	\$ -	\$ -	\$ -
2. Rehabilitation	\$ -	\$ -	\$ -
3. New construction	\$ -	\$ -	\$ -
4. Subtotal(line 1-3)	\$ -	\$ -	\$ -
5. Real Property Leasing	\$ -	\$ -	\$ -
6. Supportive Services	\$ 34,860	\$ 11,620	\$ 46,480
7. Operations	\$ 38,819	\$ 12,940	\$ 51,758
8. HMIS	\$ -	\$ -	\$ -
9. Project Request(line 4-8)	\$ 73,679	\$ 24,560	\$ 98,238
10. Admin. 7%	\$ 5,157	\$ 1,719	\$ 6,877
10. Total project request(total line	\$ 78,836	\$ 26,279	\$ 105,115

HUD Conti \$ 78,836

## Supportive Services Budget

1. Service Activity: Supportive Hous	\$ 16,500.00	\$ 22,000	\$ 22,000	1-20 HrsSalary/Benefits/local travel/training, etc.
2. Service Activity: Client Support	\$ 3,600.00	\$ 4,800	\$ 4,800	8cltsX\$50X12mos.,
3. Service Activity: Medications	\$ 5,040.00	\$ 6,720	\$ 6,720	\$75/moX12mos.
4. Service Activity: Psych. Time	\$ 3,600.00	\$ 4,800	\$ 4,800	\$50X15min. X8CItsX12Mos
5. Service Activity: Transportation	\$ -	\$ -	\$ -	
6. Service Activity: Day Services	\$ 6,120.00	\$ 8,160	\$ 8,160	8unitsX \$8.50X 8clientsX30%X100days/year
7. Service Activity:				
8. Service Activity:				\$ 13,600
9. Project Request	\$ 34,860	75%	\$ 46,480	\$ 46,480
10. Match (line 11 minus line 9)	\$ 11,620	25%		
11. Total Supportive Services Budget	\$ 46,480			
	Per Unit Cost	\$ 1,937	\$ 680	\$ -

## Operational Budget

1. Maintenance/Repair	\$ 6,000.00	\$ 2,000	\$ 8,000	Internal @ \$40/hourX200 hours
2. Staff (staff, %time, Fringe/Salary)	\$ 2,880.00	\$ 960	\$ 3,840	\$40/8unit/month
3. Utilities	\$ 10,800.00	\$ 3,600	\$ 14,400	8unitsX4150X12mos.
4. Equipment(lease/buy)	\$ 1,993.50	\$ 665	\$ 2,658	Based on history
5. Supplies	\$ 2,400.00	\$ 800	\$ 3,200	\$400/unit/year
6. Insurance	\$ 5,070.00	\$ 1,690	\$ 6,760	based on actual
7. Furnishings	\$ 1,875.00	\$ 625	\$ 2,500	Based on history
8. Reserve for Replacement	\$ 1,800.00	\$ 600	\$ 2,400	RFR @ \$300/unit/year
9. External Maintenance	\$ 6,000.00	\$ 2,000	\$ 8,000	8Units X\$1,000/year
10. Other Operating Cost	\$ -	\$ -		
11. Project Request	\$ 38,819	75%	\$ 12,940	\$ 51,758 \$ -
12. Project Match (Line 13-11)	\$ 12,940	25%		
13. Total Operating Budget	\$ 51,758			
	Per unit Operational		\$ 6,470	\$ -

Match Analysis	City	County	Rents	Medicaid	Total
Support Services	\$ 12,433	\$ -	\$ 6,441	\$ 5,992	\$ 12,433
Operations	\$ 13,845		\$ 13,845		\$ 13,845
	\$ 26,279				\$ 26,279

\*Match includes 10% administration. HUD only pays 7%. Actual costs are higher

Property:	Type:	Units:				
Safe Haven	Individuals	25				
			ApplicantCash/ leverage	Total Project Budget		
<b>Summary Budget</b>	Project Request					
1. Acquisition	\$ -	\$ -	\$ -			
2. Rehabilitation	\$ -	\$ -	\$ -			
3. New construction	\$ -	\$ -	\$ -			
4. Subtotal(line 1-3)	\$ -	\$ -	\$ -			
5. Real Property Leasing	\$ -	\$ -	\$ -			
6. Supportive Services	\$ 324,075	\$ 108,025	\$ 432,100			
7. Operations	\$ 229,792	\$ 80,597	\$ 310,389			
8. HMIS	\$ -		\$ -			
9. Project Request(line 4-8)	\$ 553,867	\$ 188,622	\$ 742,489			
10. Admin. 7%	\$ 38,771	\$ 13,204	\$ 51,974			
10. Total project request(total lines 9 & 10)	\$ 592,637	\$ 201,826	\$ 794,463			
<b>Supportive Services Budget</b>				Safe haven		
1. Service Activity: Case Mgt. Services	\$ 29,250.00		\$ 39,000	\$ 39,000	1-40 HrsSalary/Benefits/local travel/training, etc.	
2. Service Activity: Client Support	\$ 5,625.00		\$ 7,500	\$ 7,500	25cltsX\$25X12mos.,	
3. Service Activity: Medications	\$ 11,250.00		\$ 15,000	\$ 15,000	25 CltsX\$50/moX12mos.	
4. Service Activity: Psych. Time	\$ 14,400.00		\$ 19,200	\$ 19,200	4HrsX 4B weeksX \$100/hr.	
5. Service Activity: Transportation	\$ 24,000.00		\$ 32,000	\$ 32,000	One Bus	
6. Service Activity: Health	\$ 45,000.00		\$ 60,000	\$ 60,000	1 FTE- Nurse & all personnel cost	
7. Service Activity: Life skills	\$ 117,000.00		\$ 156,000	\$ 156,000	5FTE's & all personnel costs	
8. Service Activity: SA Services	\$ 37,050.00		\$ 49,400	\$ 49,400	1 FTE- CAP Salary & all personnel costs	
9. Residential Staffing	\$ 40,500.00		\$ 54,000	\$ 54,000	1.25 FTE's Res. Sup, Mgr. , Director, Outreach coord.	
9. Project Request	\$ 324,075	75%	\$ 432,100	\$ 432,100		
10. Match (line 11 minus line 9)	\$ 108,025	25%				
11. Total Supportive Services Budget	\$ 432,100					
	Per Unit Cost		\$ 18,004	\$ 5,000	\$ -	
<b>Operational Budget</b>				safe haven		
1. Maintenance/Repair	\$ 9,000.00		\$ 7,000	\$ 16,000	Internal @ \$40/hourX200 hours	
2. Staff (staff, %time, Fringe/Salary)	\$ 101,961.75		\$ 33,987	\$ 135,949	Property Mgt. Fee \$40/20unit/month, plus 2.8 ORT, Food Sup.	
3. Utilities	\$ 30,000.00		\$ 10,000	\$ 40,000	Based on history	
4.Equipment(lease/buy)	\$ 4,830.00		\$ 1,610	\$ 6,440	Based on history	
5. Supplies	\$ 21,000.00		\$ 7,000	\$ 28,000	\$400/unit/year	
6. Insurance	\$ 7,875.00		\$ 2,625	\$ 10,500	based on actual	
7. Furnishings	\$ 7,500.00		\$ 2,500	\$ 10,000	Based on history	
8. Reserve for Replacement	\$ 5,625.00		\$ 1,875	\$ 7,500	RFR @ \$300/unit/year	
9. External Maintenance	\$ 6,000.00		\$ 2,000	\$ 8,000	Based on history	
10. Other Operating Cost	\$ -		\$ -			
10a. Food supplies	\$ 36,000.00		\$ 12,000	\$ 48,000		
10b.						
11. Project Request	\$ 229,792	74%	\$ 80,597	\$ 310,389	\$ -	
12. Project Match (Line 13-11)	\$ 80,597	26%				
13. Total Operating Budget	\$ 310,389					
	Per unit Operational			\$ 12,933	\$ -	
Match Analysis*		City	County	Rents	Boley Found.	Total
Support Services	\$ 115,587	\$ 45,000	\$ 69,327	\$ -		\$ 114,327
Operations	\$ 86,239		\$ 50,356	\$ 15,342	\$ 20,541	\$ 86,239
	\$ 201,826					\$ 200,566
*Match includes an additional 10% administration cost. HUD only pays 7%. Actual costs are higher						

\*Match includes an additional 10% administration cost. HUD only pays 7%. Actual costs are higher

# Grove Park/Burlington Apts.- 2013-2014 Budget

Property: Type: Units:  
 Grove Park Individuals 12  
 Burlington Individuals 15

Summary Budget	Project Request	ApplicantCash/levera ge	Total Project Budget
1. Acquisition	\$ -	\$ -	\$ -
2. Rehabilitation	\$ -	\$ -	\$ -
3. New construction	\$ -	\$ -	\$ -
4. Subtotal(line 1-3)	\$ -	\$ -	\$ -
5. Real Property Leasing	\$ -	\$ -	\$ -
6. Supportive Services	\$ -	\$ 56,480	\$ 56,480
7. Operaions	\$ 135,375	\$ 45,125	\$ 180,500
8. HMIS	\$ -	\$ -	\$ -
9. Project Request(line 4-	\$ 135,375	\$ 101,605	\$ 236,980
10. Admin. 7%	\$ 9,476	\$ 7,112	\$ 16,589
10. Tottal project request	\$ 144,851	\$ 108,717	\$ 253,569

## Supportive Services Budget

			Grove/Burlington	
1. Service Activity: Suppo	\$ -	\$ 50,000	\$ 50,000	Salary/Benefits/local travel/training, etc.
2. Serve Activity: Client Support		\$ 6,480	\$ 6,480	27cltsX\$20X12mos.,
3. Service Activity: Medications		\$ -	\$ -	
4. Serve Activity: Psych. Time		\$ -	\$ -	
5. Service Activity: Transp	\$ -	\$ -	\$ -	
6. Service Activity: Day Services		\$ -	\$ -	
7. Service Activity:				
8. Service Activity:				
9. Project Request	\$ -	0%	\$ 56,480	
10. Match (line 11 minus	\$ 56,480	100%		
11. Total Supportive Servi	\$ 56,480			
	Per Unit Cost	\$ 2,353	\$ -	\$ -

## Operational Budget

			Grove	Burlington	
1. Mainatenance/Repair	\$ 12,000.00	\$ 16,000	\$ 8,000	\$ 8,000	Internal @ \$40/hourX400 hours
2. Staff (staff, %time, Frin	\$ 9,720.00	\$ 12,960	\$ 5,760	\$ 7,200	\$40/unit/month
3. Utilities	\$ 36,450.00	\$ 48,600	\$ 21,600	\$ 27,000	Grove park 12unitsX\$150X12mos. Burlington 15 UnitsX\$150X12mos
4.Equipment(lease/buy)	\$ 11,550.00	\$ 15,400	\$ 6,600	\$ 8,800	Based on history
5. Supplies	\$ 10,631.25	\$ 14,175	\$ 6,300	\$ 7,875	\$500/unit/year
6. Insurance	\$ 9,948.75	\$ 13,265	\$ 7,678	\$ 5,587	based on actual
7. Furnishings	\$ 7,500.00	\$ 10,000	\$ 5,000	\$ 5,000	Based on history
8. Reserve for Replaceme	\$ 6,075.00	\$ 8,100	\$ 3,600	\$ 4,500	RFR @ \$300/unit/year
9. External Maintenance	\$ 31,500.00	\$ 42,000	\$ 18,000	\$ 24,000	Grove 12Unts X\$1,000/year, Burlington 15 Units X\$1,000/year
10. Other Operating Cost	\$ -	\$ -			
11. Project Request	\$ 135,375	75%	\$ 82,538	\$ 97,962	
12. Project Match (Line 1:	\$ 45,125	25%			
13. Total Operating Budge	\$ 180,500				
	Per unit Operational	\$ 6,685	\$ 6,878	\$ 6,531	

Match Analysis	City	County	Rents(Grove)	Rents(Burli	Medicaid	Total
Support Services	\$ 60,434	\$ -	\$ 50,000		\$ 6,480	\$ 56,480
Operations	\$ 48,284		\$ 23,437	\$ 28,800		\$ 52,237
	\$ 108,717					\$ 108,717

\*Match includes 10% administration. HUD only pays 7%. Actual costs are higher

**Broadwater II & III Apts.- 2013-2014 Budget**

Property:	Type:	Units:
Broadwater II Apts.-	Individuals	12
Broadwater III Apts.-	Individuals	8

Summary Budget	Project Request	ApplicantCash/lev erage	Total Project Budget
1. Acquisition	\$ -	\$ -	\$ -
2. Rehabilitation	\$ -	\$ -	\$ -
3. New construction	\$ -	\$ -	\$ -
4. Subtotal(line 1-3)	\$ -	\$ -	\$ -
5. Real Property Leasing	\$ -	\$ -	\$ -
6. Supportive Services	\$ 22,500	\$ 29,205	\$ 51,705
7. Operations	\$ 117,937	\$ 39,312	\$ 157,250
8. HMIS	\$ -	\$ -	\$ -
9. Project Request(line 4-8)	\$ 140,437	\$ 68,517	\$ 208,955
10. Admin. 7%	\$ 9,831	\$ 4,796	\$ 14,627
10. Total project request	\$ 150,268	\$ 73,314	\$ 223,581

**Supportive Services Budget**

				Broad I & III	
1. Service Activity: Supportive Services	\$ 22,500.00	\$ 22,500.00	\$ 48,226	\$ 48,226	Salary/Benefits/local travel/training, etc.
2. Service Activity: Client Support		\$ 3,479.00	\$ 3,479	\$ -	
3. Service Activity: Medications			\$ -	\$ -	
4. Service Activity: Psych. Time			\$ -	\$ -	
5. Service Activity: Transport	\$ -		\$ -	\$ -	
6. Service Activity: Day Services			\$ -	\$ -	
7. Service Activity:					
8. Service Activity:					
9. Project Request	\$ 22,500	44%	\$ 51,705	\$ 48,226	
10. Match (line 11 minus)	\$ 29,205	56%			
11. Total Supportive Services	\$ 51,705				
	Per Unit Cost		\$ 2,154	\$ -	\$ -

**Operational Budget**

1. Maintenance/Repair	\$ 15,000.00		\$ 20,000	\$ 10,000	\$ 10,000	Internal @ \$40/hourX500 hours
2. Staff (staff, %time, Frin	\$ 7,200.00		\$ 9,600	\$ 5,760	\$ 3,840	\$40/unit/month
3. Utilities	\$ 27,000.00		\$ 36,000	\$ 21,600	\$ 14,400	Broad II 12unitsX\$150X12mos. Broad III UnitsX8X\$150X12mos
4.Equipment(lease/buy)	\$ 7,500.00		\$ 10,000	\$ 5,000	\$ 5,000	Based on history
5. Supplies	\$ 6,000.00		\$ 8,000	\$ 4,800	\$ 3,200	\$400/unit/year
6. Insurance	\$ 7,936.25		\$ 10,582	\$ 6,349	\$ 4,233	based on actual
7. Furnishings	\$ 16,551.00		\$ 22,068	\$ 2,500	\$ 19,568	Based on history
8. Reserve for Replaceme	\$ 4,500.00		\$ 6,000	\$ 3,600	\$ 2,400	RFR @ \$300/unit/year
9. External Maintenance	\$ 15,000.00		\$ 20,000	\$ 12,000	\$ 8,000	Broad I-12Unts X\$1,000/year, Broad III- 8 Units X\$1,000/year
10. Other Operating Cost	\$ -		\$ -			
Transportation:	\$ 11,250.00		\$ 15,000	\$ 15,000		1/2 of van
11. Project Request	\$ 117,937	75%	\$ 157,250	\$ 86,609	\$ 70,641	
12. Project Match (Line 1	\$ 39,312	25%				
13. Total Operating Budg	\$ 157,250					
		Per unit Operations	\$ 6,552	\$ 7,217	\$ 8,830	

Match Analysis	City	County	Rents(Broad I)	Rents(Broad III)	Medicaid	Total
Support Services	\$ 31,249	\$ -	\$ 26,609	\$ -	\$ 6,705	\$ 33,314
Operations	\$ 42,064		\$ 24,000	\$ 15,999		\$ 40,000
	\$ 73,314					\$ 73,314

\*Match includes 10% administration. HUD only pays 7%. Actual costs are higher



Twin II Apts.- 2013-2014 Budget						
Property:	Type:	Units:				
Twin II Apts.-	Individuals	12				
<b>Summary Budget</b>	Project Request	Applicant Cash/leverage	Total Project Budget			
1. Acquisition	\$ -	\$ -	\$ -			
2. Rehabilitation	\$ -	\$ -	\$ -			
3. New construction	\$ -	\$ -	\$ -			
4. Subtotal (line 1-3)	\$ -	\$ -	\$ -			
5. Real Property Lease	\$ -	\$ -	\$ -			
6. Supportive Services	\$ 25,000	\$ 25,000	\$ 50,000			
7. Operations	\$ 53,696	\$ 17,899	\$ 71,594			
8. HMIS	\$ -		\$ -			
9. Project Request (line 6-8)	\$ 78,696	\$ 42,899	\$ 121,594			
10. Admin. 7%	\$ 5,509	\$ 3,003	\$ 8,512			
10. Total project request	\$ 84,204	\$ 45,901	\$ 130,106			
<b>Supportive Services Budget</b>				Twin II		
1. Service Activity: Supportive Services	\$ 25,000		\$ 50,000	\$ 50,000	Salary/Benefits/local travel/training, etc.	
2. Service Activity: Client Support			\$ -	\$ -		
3. Service Activity: Medications			\$ -	\$ -		
4. Service Activity: Psych. Time			\$ -	\$ -		
5. Service Activity: Transportation	\$ -		\$ -	\$ -		
6. Service Activity: Day Services			\$ -	\$ -		
7. Service Activity:						
8. Service Activity:						
9. Project Request	\$ 25,000	50%	\$ 50,000	\$ 50,000		
10. Match (line 11 min)	\$ 25,000	50%				
11. Total Supportive Services	\$ 50,000					
		Per Unit Cost	\$ 2,083	\$ -	\$ -	
<b>Operational Budget</b>				Twin II	Twin II	
1. Maintenance/Repairs	\$ 7,350		\$ 9,800	\$ 9,800	Internal @ \$40/hour X 245 hours	
2. Staff (staff, %time, FTE)	\$ 4,320		\$ 5,760	\$ 5,760	\$40/unit/month	
3. Utilities	\$ 17,280		\$ 23,040	\$ 23,040	12 units X \$160 X 12 mos.	
4. Equipment (lease/buy)	\$ 2,621		\$ 3,494	\$ 3,494	Based on history	
5. Supplies	\$ 3,600		\$ 4,800	\$ 4,800	\$500/unit/year	
6. Insurance	\$ 4,950		\$ 6,600	\$ 6,600	based on actual	
7. Furnishings	\$ 1,875		\$ 2,500	\$ 2,500	Based on history	
8. Reserve for Replacement	\$ 2,700		\$ 3,600	\$ 3,600	RFR @ \$300/unit/year	
9. External Maintenance	\$ 9,000		\$ 12,000	\$ 12,000	Broad I-12 Units X \$1,000/year, Broad III- 8 Units X \$1,000/year	
10. Other Operating Costs	\$ -		\$ -			
11. Project Request	\$ 53,696	75%	\$ 71,594	\$ 71,594	\$ -	
12. Project Match (Line 11)	\$ 17,899	25%				
13. Total Operating Budget	\$ 71,594					
		Per unit Operating	\$ 5,966	\$ 5,966	\$ -	
<b>Match Analysis</b>	City	County	Rents	Medicaid	Total	
Support Services	\$ 26,750	\$ -	\$ 25,250	\$ -	\$ 1,500	\$ 26,750
Operations	\$ 19,151		\$ 19,151			\$ 19,151
	\$ 45,901					\$ 45,901
*Match includes 10% administration. HUD only pays 7%. Actual costs are higher						

## Twin III Apts.- 2013-2014 Budget

Property: Type: Units:  
Twin II Apts.- Individuals 16

Summary Budget	Project Request	ApplicantCash/I verage	Total Project Budget
1. Acquisition	\$ -	\$ -	\$ -
2. Rehabilitation	\$ -	\$ -	\$ -
3. New construction	\$ -	\$ -	\$ -
4. Subtotal(line 1-3)	\$ -	\$ -	\$ -
5. Real Property Leasing	\$ -	\$ -	\$ -
6. Supportive Services	\$ 25,000	\$ 25,000	\$ 50,000
7. Operations	\$ 72,412	\$ 24,137	\$ 96,549
8. HMIS	\$ -	\$ -	\$ -
9. Project Request(line 4	\$ 97,412	\$ 49,137	\$ 146,549
10. Admin. 7%	\$ 6,819	\$ 3,440	\$ 10,258
10. Tottal project reques	\$ 104,231	\$ 52,577	\$ 156,807

### Supportive Services Budget

1. Service Activity: Suppr	\$ 25,000.00	\$ 50,000	Twin II	\$ 50,000	Salary/Benefits/local travel/training, etc.
2. Service Activity: Client Support		\$ -			
3. Service Activity: Medications		\$ -			
4. Service Activity: Psych. Time		\$ -			
5. Service Activity: Trans	\$ -	\$ -	\$ -		
6. Service Activity: Day Services		\$ -	\$ -		
7. Service Activity:					
8. Service Activity:					
9. Project Request	\$ 25,000	50%	\$ 50,000	\$ 50,000	
10. Match (line 11 minus	\$ 25,000	50%			
11. Total Supportive Sen	\$ 50,000				
Per Unit Cost		\$ 2,083	\$ -	\$ -	

### Operational Budget

		Twin III	Twin III	
1. Maintenance/Repair	\$ 7,950	\$ 10,600	\$ 10,600	Internal @ \$40/hourX265 hours
2. Staff (staff, %time, Frii	\$ 5,760	\$ 7,680	\$ 7,680	\$40/unit/month
3. Utilities	\$ 23,040	\$ 30,720	\$ 30,720	16unitsX\$160X12mos.
4.Equipment(lease/buy)	\$ 3,375	\$ 4,500	\$ 4,500	Based on history
5. Supplies	\$ 6,000	\$ 8,000	\$ 8,000	\$500/unit/year
6. Insurance	\$ 6,937	\$ 9,249	\$ 9,249	based on actual
7. Furnishings	\$ 3,750	\$ 5,000	\$ 5,000	Based on history
8. Reserve for Replacem	\$ 3,600	\$ 4,800	\$ 4,800	RFR @ \$300/unit/year
9. External Maintenance	\$ 12,000	\$ 16,000	\$ 16,000	16Units X\$1,000/year
10. Other Operating Cost	\$ -	\$ -	\$ -	
11. Project Request	\$ 72,412	75%	\$ 96,549	\$ 96,549 \$ -
12. Project Match (Line 1	\$ 24,137	25%		
13. Total Operating Budg	\$ 96,549			
Per unit Operatic		\$ 6,034	\$ 6,034	\$ -

Match Analysis		City	County	Rents	Medicaid	Total
Support Services	\$ 26,750	\$ -	\$ 25,250	\$ -	\$ 1,500	\$ 26,750
Operations	\$ 25,827			\$ 25,827		\$ 25,827
	\$ 52,577					\$ 52,577

\*Match includes 10% administration. HUD only pays 7%. Actual costs are higher



PINELLAS COUNTY DEPARTMENT OF HEALTH & COMMUNITY SERVICES  
2189 CLEVELAND STREET, SUITE 266  
CLEARWATER, FL 33765  
ATTENTION: CONTRACT MANAGER

## AGREEMENT MODIFICATION REQUEST

*For budget allocation, or contract language changes.*

*Submit three (3) originals.*

Authorized Official: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_

Address: \_\_\_\_\_

Modification #: \_\_\_\_\_

Budget Change: Yes ☐ No ☐

Contract \_\_\_\_\_

### ATTACH APPROPRIATE JUSTIFICATION

**A. REQUESTED MODIFICATION** (reference appropriate agreement section) *Why is this change needed and what will be accomplished by the change? Be specific.*

**B. BUDGET MODIFICATION:** *(Use chart if applicable, otherwise please attach a copy of the original budget page reflecting original award amount and proposed change(s) to budget)*

Program Budget Category	Original Contract Amount	Budget Amount Modification Increase / (Decrease)	New Budget Amount	Budget Amount Expended YTD	Modified Budget Balance
Contract Total:					\$

### PROVIDER AGENCY

Authorized Official: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

### PINELLAS COUNTY

Verified By: \_\_\_\_\_  
(Contract Manager) (Date)

Approved By: \_\_\_\_\_  
(County Attorney) (Date)

BCC Approval Required: Yes ☐ No ☐

BCC Approval Date: \_\_\_\_\_

Effective Date: \_\_\_\_\_

**ATTACHMENT 3 – INSURANCE REQUIREMENTS**

**Notice:** The Contractor/Vendor must provide a certificate of insurance and endorsement in accordance with the insurance requirements listed below (Section C) prior to recommendation for award. Failure to provide the required insurance within a ten (10) day period following the determination or recommendation of lowest responsive, responsible bidder may result in the County to vacate the original determination or recommendation and proceed with recommendation to the second lowest, responsive, responsible bidder.

The Contracted vendor shall obtain and maintain, and require any sub-contractors to obtain and maintain, at all times during its performance of the Agreement, insurance of the types and in the amounts set forth. For projects with a Completed Operations exposure, Contractor shall maintain coverage and provide evidence of insurance for two (2) years beyond final acceptance. All insurance policies shall be from responsible companies duly authorized to do business in the State of Florida and have an AM Best rating of A- VIII or better. Within ten (10) calendar days after contractor's receipt of notice of award, the Contractor shall provide the County with properly executed and approved Certificates of Insurance to evidence compliance with the insurance requirements of the agreement. The Certificate(s) of Insurance shall be signed by authorized representatives of the insurance companies shown on the Certificate(s). **A copy of the endorsement(s) referenced in paragraph four (4) for Additional Insured shall be attached to the certificate(s).**

No work shall commence at any project site unless and until the required Certificate(s) of Insurance are received and approved by the County. Approval by the County of any Certificate of Insurance does not constitute verification by the County that the insurance requirements have been satisfied or that the insurance policy shown on the Certificate of Insurance is in compliance with the requirements of the Agreement. County reserves the right to require a certified copy of the entire insurance policy, including endorsements, at any time during the RFP and/or contract period.

All policies providing liability coverage(s), other than professional liability and worker's compensation policies, obtained by the Contractor and any sub-contractors to meet the requirements of the Agreement shall be endorsed to include Pinellas County Board of County Commissioners as an Additional Insured.

If any insurance provided pursuant to the Agreement expires prior to the completion of the Work, renewal Certificates of Insurance and endorsements shall be furnished by the Contractor to the County at least thirty (30) days prior to the expiration date.

Contracted vendor shall also notify County within twenty-four (24) hours after receipt, of any notices of expiration, cancellation, nonrenewal or adverse material change in coverage received by said Contractor from its insurer. Notice shall be given by certified mail to: Pinellas County Purchasing Department, 400 S. Ft. Harrison Avenue, 6th Floor, Clearwater, Florida 33756; and nothing contained herein shall absolve Contractor of this requirement to provide notice.

Should the Contractor, at any time, not maintain the insurance coverages required herein, the County may terminate the Agreement, or at its sole discretion may purchase such coverages necessary for the protection of the County and charge the Contractor for such purchase. The County shall be under no obligation to purchase such insurance, nor shall it be responsible for the coverages purchased or the insurance company or companies used. The decision of the County to purchase such insurance shall in no way be construed to be a waiver of any of its rights under the Agreement.

Each insurance policy shall include the following terms and/or conditions in the policy:

- (1) The Named Insured on the Certificate of Insurance must match the entity's name that responded to the solicitation and/or is signing the agreement with the County.
- (2) Companies issuing the insurance policy, or policies, shall have no recourse against County for payment of premiums or assessments for any deductibles which all are at the sole responsibility and risk of Contractor.
- (3) The term "County" or "Pinellas County" shall include all Authorities, Boards, Bureaus, Commissions, Divisions, Departments and Constitutional offices of County and individual members, employees thereof in their official capacities, and/or while acting on behalf of Pinellas County.
- (4) The policy clause "Other Insurance" shall not apply to any insurance coverage currently held by County or any such future coverage, or to County's Self-Insured Retentions of whatever nature.
- (5) All policies shall be written on a primary, non-contributory basis.
- (6) Any certificate of insurance evidencing coverage provided by a leasing company for either workers compensation or commercial general liability shall have a list of covered employees certified by the leasing company attached to the certificate of insurance. The County shall have the right, but not the obligation to determine that the contractor is only using employees named on such list to perform work for the County. Should employees not named be utilized by contractor, the County, at its option may stop work without penalty to the County until proof of coverage or removal of the employee by the

<b>ATTACHMENT 3 – INSURANCE REQUIREMENTS</b>
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contractor occurs, or alternatively find the contractor to be in default and take such other protective measures as necessary.

- (7) Insurance policies, other than Professional Liability, shall include waivers of subrogation in favor of Pinellas County from both the Contractor and sub-contractor(s).

The insurance requirements for this Agreement, which shall remain in effect throughout its duration and for two (2) years beyond final acceptance for projects with a Completed Operations exposure, are as follows:

(A) Workers' Compensation Insurance

Limit	Florida Statutory
Employers' Liability Limits	
Per Employee	\$ 500,000
Per Employee Disease	\$ 500,000
Policy Limit Disease	\$ 500,000

- (B) Commercial General Liability Insurance including, but not limited to, Independent Contractor, Contractual Liability Premises/Operations, Products/Completed Operations and Personal Injury. Any exclusion for Sexual Misconduct or Physical Abuse shall be removed from the policy.

Limits	
Combined Single Limit Per Occurrence	\$ 1,000,000
Products/Completed Operations Aggregate	\$ 1,000,000
Personal Injury and Advertising Injury	\$ 1,000,000
General Aggregate	\$ 2,000,000

- (C) Business Automobile or Trucker's/Garage Liability Insurance covering owned, hired and non-owned vehicles. Coverage shall be on an "occurrence" basis, such insurance to include coverage for loading and unloading hazards, unless Contractor can show that this coverage exists under the Commercial General Liability policy.

Limit	
Combined Single Limit Per Accident	\$ 1,000,000

- (D) Excess or Umbrella Liability Insurance excess of the primary coverage required , in paragraphs (A), (B), and (C) above:

Limits	
Each Occurrence	\$ 1,000,000
General Aggregate	\$ 1,000,000

<b>ATTACHMENT 3 – INSURANCE REQUIREMENTS</b>
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- (E) Professional Liability (Medical Malpractice) Insurance with at least minimum limits as follows. If "claims made" coverage is provided, "tail coverage" extending three (3) years beyond completion and acceptance of the project with proof of "tail coverage" to be submitted with the invoice for final payment. In lieu of "tail coverage", Contractor may submit annually to the County, for a three (3) year period, a current certificate of insurance providing "claims made" insurance with prior acts coverage in force with a retroactive date no later than commencement date of this contract.

## Limits

Each Occurrence or Claim	\$ 1,000,000
General Aggregate	\$ 3,000,000

For acceptance of Professional Liability coverage included within another policy required herein, a statement notifying the certificate holder must be included on the certificate of insurance and the total amount of said coverage per occurrence must be greater than or equal to the amount of Professional Liability and other coverage combined.

- (F) Cyber Risk Liability (Network Security/Privacy Liability) Insurance for protection of private or confidential information whether electronic or non-electronic, network security and privacy; privacy against liability for system attacks, denial or loss of service, introduction, implantation or spread of malicious software code, security breach, unauthorized access and use; including regulatory action expenses; and notification and credit monitoring expenses with at least minimum limits as follows:

## Limits

Each Occurrence	\$ 1,000,000
General Aggregate	\$ 1,000,000

- (G) Property Insurance Contractor will be responsible for all damage to its own property, equipment and/or materials.