

**SEMINOLE COUNTY GOVERNMENT
AGENDA MEMORANDUM****SUBJECT:** Emergency Food and Shelter Phase XXVII Grant Application**DEPARTMENT:** Community Services**DIVISION:** Community Assistance**AUTHORIZED BY:** Michele Saunders**CONTACT:** Jennifer Lawrence**EXT:** 2365**MOTION/RECOMMENDATION:**

Approve and accept an award to Seminole County of \$45,500.00 from the Heart of Florida United Way. The local Emergency Food and Shelter National Board Program (EFSP) will provide funds for rental, mortgage and utility assistance to eligible residents of Seminole County.

County-wide

Shirley Davis-Boyce

BACKGROUND:

The Emergency Food and Shelter National Board Program (EFSP) is a federal program administered by the U.S. Department of Homeland Security's Federal Emergency Management Agency (FEMA) and has been entrusted through the McKinney-Vento Homeless Assistance Act (PL100-77) to supplement and expand ongoing efforts to provide shelter, food and supportive services for the nation's hungry, homeless, and people in economic crisis.

Chaired by FEMA, a National Board with representatives from local non-profits governs the local EFSP Program. The National Board has selected Heart of Florida United Way to serve as their local Secretariat and Fiscal Agent.

The Department of Community Services Community Assistance Division provides the eligibility screening for Seminole County residents needing rental, mortgage and utility assistance during a hardship. Screening results are then forwarded to the Heart of Florida United Way. Once approved, the Heart of Florida United Way remits payment to the appropriate vendor for the eligible County resident.

STAFF RECOMMENDATION:

Staff recommends to approve Seminole County to accept an allocation of \$45,500.00 to be used by the Community Assistance Division from the Heart of Florida United Way. The local Emergency Food and Shelter Program (EFSP) is to provide rent, mortgage and utility assistance to eligible residents of Seminole County.

ATTACHMENTS:

1. Application
2. Award Letter

Additionally Reviewed By:

- County Attorney Review (Susan Dietrich)
- Budget Review (Betty Segal, Lisa Spriggs)
- Grant Review (Jennifer Bero, Lisa Spriggs)

**\$APPLICATION FOR FUNDING
PHASE XXVII AWARD FOR SEMINOLE COUNTY
EMERGENCY FOOD AND SHELTER NATIONAL PROGRAM**

****Return original Application and thirteen (13) copies by 4:30 p.m. on Monday, February 24, 2009 to:
Heart of Florida United Way
Dr. Nelson Ying Center
1940 Traylor Blvd.
Orlando, FL 32804**

APPLICATION WILL NOT BE ACCEPTED AFTER THE SUBMISSION DEADLINE
APPLICATION WILL NOT BE REVIEWED FOR FUNDING AND WILL BE RETURNED TO AGENCY IF:

- A. ANY PORTION OF THIS APPLICATION IS ALTERED OR INCOMPLETE
- B. ATTACHMENTS ARE NOT SUBMITTED
- C. DIRECTIONS ARE NOT FOLLOWED

Total from page 4: \$50,000.00 Date: February 18, 2009

Agency: Seminole County

Address: 534 W. Lake Mary Blvd., Sanford, FL 32773

County: Seminole Phone: (407) 665-2301

Email Address: msaunders@seminolecountyfl.gov Fax: (407) 665-2309

Chief Professional Officer: Michele Saunders Title: Director of Community Services

President/Board Chair: N/A

Contact Person: Shirley Davis-Boyce, Manager Phone: (407) 665-2363

Contact Person email address: Sboyce@seminolecountyfl.gov

Federal Taxpayer ID #: 59-6000856 Agency Fiscal Year Ends 2009

****Of the thirteen copies of the Application for Funding, eight (8) must include the following five (5) items and the Original Application for Funding must include ALL of the following (5) items:**

- Incorporated/recognized in the State of Florida as a nonprofit organization
- Tax Exempt Status under Internal Revenue Code 501(c)(3)
- List of Organization's Board Members
- Last Independent Annual Audit for the most recent fiscal period
- Management Letter or letter from CPA indicating no management letter was issued

LOCAL EFSP BOARD POLICY AND PROCEDURE
ORGANIZATION ELIGIBILITY
LOCAL EFSP BOARD

Eligibility

For an organization to be eligible for funding it must:

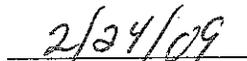
1. be a non-profit organization or an agency of the government;
2. practice non-discrimination with regard to client assistance;
3. have an accounting system and have an annual, independent audit;
4. provide a copy of the most recent annual audit and management letter, Board response to management letter or letter from CPA indicating no management letter was issued;
5. for voluntary organizations, have a voluntary Board of Directors who receives no remuneration for holding the position;
6. have been serving clients for a minimum of one (1) year;
7. provide services during specified hours on a regular basis, at an identifiable location. (A designated person should be present at the location during specified times of operation to provide assistance to those in need.)
8. as an employer, abides by the Federal Drug-Free Workplace Act of 1988;
9. provide case management to individuals seeking assistance;
10. A copy of an LRO's annual audit and Management Response or Corrective Action Plan (as appropriate) must be forwarded to the National Board if:
 - the LRO received \$500,000 or more in federal funds
 - the LRO has "findings" in their annual audit
 - the LRO received a "qualified" opinion
 - the LRO received "no opinion" or an "adverse opinion". **Additionally, the Local Board may no longer fund an LRO that received "no opinion" or an "adverse opinion". Once an agency has again achieved an "unqualified" or "qualified" opinion, they may be considered for funding.**
11. Agencies will be required to certify if they are debarred or suspended from receiving Federal funds.
12. Failure to comply with all Board Policies and Procedures will be subject to denial or removal of funds.

Funds are to be used on an ongoing basis to supplement and extend food and shelter services, not as a substitute for other program funds or to start new programs.

By signing below, I certify that my agency meets the above eligibility requirements.



Chief Professional Officer



Date

BRIEF STATEMENT OF ORGANIZATION'S PURPOSE AND SERVICES:

The Division of Community Assistance is one of five divisions that make up the Department of Community Services within Seminole County Government. The other four divisions are Prosecution Alternatives for Youth, County Probation, Extension Services and Veterans' Services.

The Division of Community Assistance seeks to provide a "hand-up" during a time of crisis to eligible residents to prevent greater financial distress, promote a sense of hope by restoring individual self-sufficiency, and strengthen the overall quality of life for the entire community.

The Division of Community Assistance provides a variety of programs for eligible residents of the County (such as Rental, Mortgage, Utility, Medical, Dental, Childcare, Veteran Services (affairs and benefits), SHIP Down Payment Assistance for Homeownership, Foreclosure Prevention, and Hurricane Housing Repair Program (HHRP)).

SERVICES PROVIDED:

A summary of services and programs is provided as Attachment "A" (See Attachment).

EFSP FUNDS ARE INTENDED TO SUPPLEMENT EXISTING SERVICES. FOR PRIOR FISCAL YEAR, PLEASE PROVIDE THE INFORMATION REQUESTED BELOW FOR ALL SERVICE CATEGORIES REQUESTED IN THIS APPLICATION (PAGE 5.) (IF NO ADDITIONAL FUNDING SOURCES ARE IDENTIFIED, APPLICATION WILL NOT BE CONSIDERED.)

<u>SERVICE CATEGORY</u>	<u>TOTAL # OF CLIENTS</u>	<u>TOTAL PROGRAM BUDGET</u>
<u>SHELTER/RENT/MORTGAGE</u>	400	\$234,016.00
<u>UTILITIES/ENERGY</u>	175	53,500.00
<u>OTHER FOOD</u>		
<u>MASS SHELTER</u>		
<u>SERVED MEALS</u>		
<u>EQUIPMENT/SUPPLIES</u>		

ASSISTANCE TO INDIVIDUALS/ FAMILIES:

SHELTER/RENT/MORTGAGE

DOLLARS REQUESTED: \$45,000.00

*ESTIMATED NUMBER OF BILLS TO BE PAID: \$50 (\$900.00 AVG)

UTILITIES

DOLLARS REQUESTED: \$5,000.00

*ESTIMATED NUMBER OF BILLS TO BE PAID: 20 (250.00 AVG)

*COUNT ONE BILL FOR EACH FAMILY OR SINGLE INDIVIDUAL TO BE SERVED

OTHER FOOD (Pantry/Vouchers)

DOLLARS REQUESTED: N/A

ESTIMATED NUMBER OF MEALS TO BE PROVIDED: _____
(\$2.00 PER PERSON, PER MEAL)

TOTAL DOLLARS REQUESTED FOR INDIVIDUALS/FAMILIES: _____

MASS SHELTER AND SERVED MEALS:

MASS SHELTER

DOLLARS REQUESTED: N/A
(\$12.50 PER PERSON, PER NIGHT)

NUMBER OF BEDS: _____

SERVED MEALS

DOLLARS REQUESTED: N/A
(\$2.00 PER PERSON, PER MEAL)

NUMBER OF MEALS: _____

TOTAL DOLLARS REQUESTED FOR MASS SHELTER AND SERVED MEALS: _____

EQUIPMENT/SUPPLIES

DOLLARS REQUESTED: N/A

TOTAL OVERALL FUNDING REQUEST: \$50,000.00

STATEMENT OF YOUR CAPABILITY AND CAPACITY TO PROVIDE THESE EMERGENCY PROGRAMS, SUCH AS THE SCREENING AND EVALUATION OF APPLICANTS, IN ACCORDANCE WITH THE NATIONAL EMERGENCY FOOD AND SHELTER GUIDELINES. ALSO, EXPLAIN HOW PROGRAM SERVICES FIT WITHIN THE AGENCY'S PURPOSE:

The Division of Community Assistance has provided services to the residents of Seminole County for several decades. The current staff of the division has an excess of 100 years combined experience in eligibility determination, social work, case management and grant coordinating. Procedures and services are reviewed annually by both county staff and state officials. The division currently determines eligibility for residents in housing, (rent/mortgage and utility), medical, (general medical/dental/eye care/ prescriptions) limited childcare, down payment assistance, foreclosure prevention, home repair, shelter plus care, demolition assistance and veteran services. Policies and procedures are in accordance with the National Emergency Food and Shelter Board Guidelines, Community Development, Department of Community Affairs and HUD are currently in place. During the past year, this division assisted 12 Emergency Food and Shelter customers with rental, mortgage or utility assistance. Seminole County customers, overall, received various types of assistance through this division. In addition, collaboration continues with other community service providers which have enabled us to partner with other agencies to put together a comprehensive plan to better assist our customers.

LIST GEOGRAPHIC LOCATIONS (STREET ADDRESS, CITY, ZIP) WHERE EFSP FUNDED SERVICES WILL BE DISTRIBUTED

534 W. Lake Mary Boulevard , Sanford, FL 32773

PLEASE LIST THE TITLES OF STAFF WHO WILL BE CONDUCTING THIS SCREENING AND EVALUATION:

All caseworkers must attend the yearly mandatory training. The Designated Trainer will train all caseworkers hired after the mandatory training date.

JOB TITLE	QUALIFICATION	% OF TIME INTENDED FOR THIS SERVICE
Jennifer Lawrence	Case Manager Supervisor	25 + Years
Marie Desire-Homere	Case Manager	4 Months
Sara Purcell	Case Manager	4 Months
Javier Madera	Case Manager	5 Years
Carrie Longworth	Case Manager	5 Years

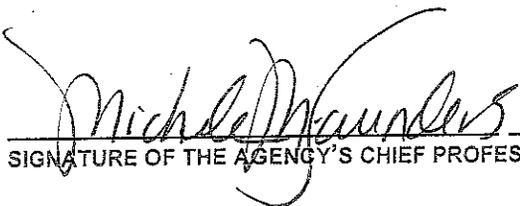
PLEASE IDENTIFY THE TITLE OF THE DESIGNATED TRAINER WHO WILL TRAIN ALL CASEWORKERS HIRED AFTER THE MANDATORY TRAINING DATE AND BE RESPONSIBLE FOR ENSURING ACCURACY OF PAPERWORK SUBMITTED TO THE FISCAL AGENT. DESIGNATED TRAINERS ARE ENCOURAGED TO ATTEND THE EMERGENCY FUNDS NETWORK (EFN) MEETING IF RENT/MORTGAGE/UTILITY FUNDS ARE AWARDED.

**JENNIFER LAWRENCE, CASE MANAGER SUPERVISOR,
534 W. LAKE MARY BOULEVARD, SANFORD, FL 32773**

IN ACCEPTING EMERGENCY FOOD & SHELTER NATIONAL PROGRAM FUNDS, THE AGENCY ALSO CERTIFIES THAT IT WILL PRACTICE NON-DISCRIMINATION WITH REGARD TO CLIENT ASSISTANCE.

ACCEPTANCE OF EMERGENCY FOOD AND SHELTER PROGRAM FUNDS CONSTITUTES ACCEPTANCE TO COMPLY WITH ALL CRITERIA, POLICIES AND PROCEDURES OF THE NATIONAL AND LOCAL BOARDS.

SUBMITTED BY: MICHELE SAUNDERS, DIRECTOR OF COMMUNITY SERVICES
PRINTED NAME OF THE AGENCY'S CHIEF PROFESSIONAL OFFICER


SIGNATURE OF THE AGENCY'S CHIEF PROFESSIONAL OFFICER

2/24/09
DATE

(ATTACHMENT A)

BCC	Service	Type	Budget	-	Limit
		Mort	\$5,000.00	-	\$600.00
		Rent	\$221,300.00	-	\$600.00
		Utility	\$63,191.00	-	\$600.00
	Childcare		\$66,554.00		
	Medicare		\$20,069.00		
	*(Both of these services are included in Total)				
			*Sum Of Budget:	\$376,114.00	
CDBG					
		Childcare	\$67,456.00		\$3,000 to \$5,000.00
		Dental	\$65,000.00		\$700.00
		Medical	\$6,810.00		\$700.00
		Rx	\$7,000.00		\$400.00
			*Sum Of Budget:	\$273,183.00	
	Utility		\$25,413.00		
	Rent		\$101,504.00		
	*(Both of these services are included in Total)				
CSBG					
		Rent(SS) & Mortgage	\$122,378.00		\$6,000.00
			Sum Of Budget:	\$122,378.00	
Elderly					
		Utility	\$3,000.00		\$175.00
			Sum Of Budget:	\$3,000.00	
EFSP					
		Rent/Mortgage	\$45,000.00		One month
		Utility	\$5,000.00		One month
			Sum Of Budget:	\$50,000.00	
ESGP					
		Rent/Mortgage	\$30,000.00		\$600.00
		Utility	\$1,957.00		\$600.00
			Sum Of Budget:	\$31,957.00	
Goodneighbor					
		Utility	\$20,000.00		\$500.00
			Sum Of Budget:	\$20,000.00	
MANDATED					
		Burial	\$16,000.00		
		HCRA	\$155,750.00		
		Indigent	\$75,412.00		
		Medicaid	\$2,450,000.00		
			Sum Of Budget:	\$2,697,162.00	
Ship					
		Purchase/Down payment	\$403,500.00		
		Rehabilitation	\$1,200,000.00		
		New Construction	\$700,000.00		
		Acquisition & Rehab	\$644,000.00		
		Foreclosure Prevention	\$60,000.00		

Reconstruction	\$200,000.00	
Sum Of Budget:		*\$3,387,702.00

***Utility/Rent Deposit**
\$180,202.00 (This service is
included in total).

Hurricane Housing Repair
(hhrr)

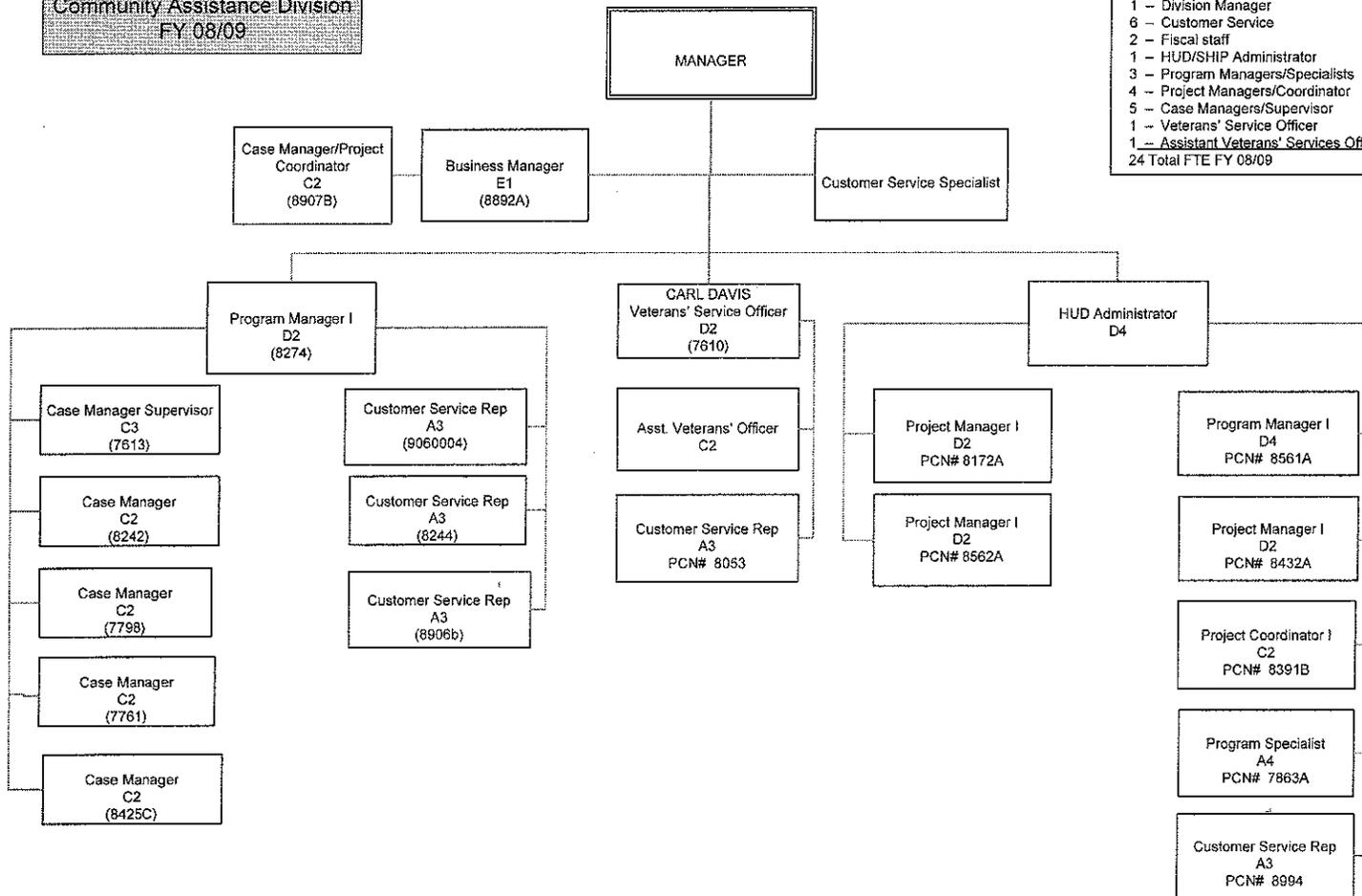
HHRP Repair	0.00	
Sum Of Budget:		\$0.00

Budget Grand		
Total Sum:		6,961,496.00

Community Services Department
 Community Assistance Division
 FY 08/09

COMMUNITY ASSISTANCE
 DIVISION

- 1 - Division Manager
- 6 - Customer Service
- 2 - Fiscal staff
- 1 - HUD/SHIP Administrator
- 3 - Program Managers/Specialists
- 4 - Project Managers/Coordinator
- 5 - Case Managers/Supervisor
- 1 - Veterans' Service Officer
- 1 - Assistant Veterans' Services Office
- 24 Total FTE FY 08/09



EMERGENCY FINANCIAL ASSISTANCE: GENERAL ELIGIBILITY GUIDELINES

FOUR ELIGIBILITY Criteria: Four criteria are used to determine an applicant's eligibility for service from Seminole County: (1) Age, (2) Seminole County Residency, (3) Loss of Income, and (4) Family Income level (based on Federal poverty guidelines).

1. Age

In order to receive assistance a client must be at least 18 years of age or an emancipated minor (documentation required).

2. Seminole County Residency

Assistance may be provided only to individuals or families who are residents of Seminole County. Residence exists when the stay is for the purpose of living and making a home within Seminole County. Seminole County Community Assistance requires a customer to provide documentation of established residency within the county to qualify for services.

3. Loss of Income

Assistance provided through this division is limited/emergency based. The *Need for Service* is dependent upon a sudden (unexpected) and temporary loss of income which is the immediate and direct cause of the applicant's inability to meet their obligations.

4. Family Income Level

All services provided through the *Division of Community Assistance* are available only to those residents who meet income criteria as established by Federal Poverty guidelines. In order to properly determine eligibility, all income must be considered.

- All applicants must provide Social Security cards for all members of the household to verify family size.

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- All applicants must provide Social Security cards for all members of the household to verify family size.

A. EMERGENCY FINANCIAL ASSISTANCE: RESIDENCY GUIDELINES

PRINCIPLE: The services provided by the Division of Community Assistance are intended for the benefit of residents of Seminole County. Residency exists when the stay is for the purpose of living and making a home within Seminole County. The following guidelines shall be used to satisfy residency requirements.

1. Applicants must be able to document established residency in Seminole County preceding the date of application for assistance.
2. Applicants must have a signed rental/lease/mortgage agreement dated prior to application for services.
3. Residency must be established in single family home or apartment complex. Excluded from consideration are motels, weekly rental units, or private rooms in single family homes.
4. Rental/lease/mortgage agreement must be in name of applicant or spouse.

An applicant is required to provide:

I. **Two forms of documentation of residency in Seminole County.** *The following may be considered as acceptable proof:*

1. Copy of Lease on rental unit with a Seminole County address; or,
2. Warranty deed, mortgage on home in Seminole County;

And, at least one of the following:

3. Current utility bill in name of applicant with Seminole County address;
4. Declaration of Domicile recorded with the Clerk of the Court in Seminole County;
5. Homestead exemption documentation.

II. And the following:

5. Picture I.D. (Drivers license will not be accepted as proof of residency, but may be used as proof of identify);

6. Social Security Cards for every member of the household. (**Note: Numbers are verified but cards are no longer copied for case files**)

Special Issues:

- Applicants must be able to document established residency within Seminole County (months of free or waived rent by apartment/landlord will not be acceptable satisfaction of this requirement). Applicants who are staying with a resident of Seminole County (either friend, family or others), regardless of the period of time, are considered to be visitors.
- Residents of group homes, residential treatment facilities, transitional housing, rehabilitation facilities, correctional facilities, abuse shelters, halfway houses, hospitals, nursing homes, or other similar programs or individuals being discharged from these facilities must provide documentation of residence in Seminole County prior to admission to the facility to be considered. *Funds from the Division of Community Assistance may not be used to supplant funds or pay for services provided by these care facilities.*
- Tourists, individuals passing through Seminole County, and out-of county students attending a Seminole County educational institution do not meet the residence requirement even if they remain in Seminole County for an extended time.

A. EMERGENCY FINANCIAL ASSISTANCE: INCOME GUIDELINES

PRINCIPLE: All services provided through the *Division of Community Assistance* are available only to those residents who meet income criteria as established by Federal Poverty guidelines. In order to properly determine eligibility, all income must be considered and shall be determined as follows:

1. **Household income:** All income entering the house where the applicant resides must be included when determining eligibility. This includes spouses, working children, parents, divorced couples still living together and all individuals listed on the rental agreement/lease or mortgage. Special consideration may be given for medical assistance requests upon evaluation by case worker and approval of Division management.
2. **Income sources:** In addition to regular salary and wages (before any deductions) the following income must be reported:

<i>Social Security</i>	<i>Railroad retirement</i>	<i>Strike benefits</i>
<i>Unemployment Comp.</i>	<i>Workers Compensation</i>	<i>Veteran's benefits</i>
<i>Training Stipends</i>	<i>Alimony</i>	<i>Child Support</i>
<i>Military allotments</i>	<i>Private Pensions</i>	<i>Employee pensions</i>
<i>Military retirement</i>	<i>Regular Insurance</i>	<i>Regular Annuity</i>
<i>Dividends</i>	<i>Interest</i>	<i>Rents</i>
<i>Royalties</i>	<i>Estates/Trusts</i>	<i>Gambling/Lottery</i>
<i>Income Tax refunds</i>	<i>Lump-sum inheritance</i>	<i>Savings Accounts</i>
<i>Income from sale of property</i>	<i>Injury Compensation</i>	
<i>College/University Scholarships, grants, fellowships</i>		

Public Assistance (Including AFDC, Supplemental Security Income, Non-federally funded General Assistance money or General relief payments).
3. **Documentation:** Applicant must provide documentation of income for the past thirteen (13) weeks through either pay stubs or statement from employer on company letterhead stating the total income for that period of time. Self-declaration is not acceptable.
4. **Animalization:** Income reported by the applicant will be annualized and compared to the Federal Poverty guidelines based on the number of individuals living in the household.
5. **Special Issues:**
 - **Self Employed:** Individuals claiming loss in personal business must be able to document previous income and provide copy of most recent quarterly report to the Federal government as required by law, as well as business license. (latest tax return will also be required)
 - **Cash Payment:** Individuals whose claimed income is the result of cash payments made for services rendered will not be eligible unless a clear and ongoing ledger has been maintained indicating the date, amount and payee (with contact number) since it is otherwise impossible to document actual income received.
 - Applicants applying for medical/dental/Rx assistance and who currently reside in a home with other family members shall be required to submit income information for entire family to be considered for assistance. (if the customer has separate income and pays a monthly rental payment to family member (must be homeowner), they can be considered a separate household if lease agreement is provided)
 - **Failure to declare** all income to staff during application/interview will be considered willful intent to provide false information and client will be disqualified from consideration.

A. EMERGENCY FINANCIAL ASSISTANCE: LOSS OF INCOME GUIDELINES

PRINCIPLE: TIMELINESS OF LOSS. The loss of income being claimed as a basis for consideration must be the reason behind the applicant's inability to meet the required payment. As a guide for determining the relationship between the stated loss of income and the applicant's request for service, the following shall apply:

1. **Loss must have occurred within the past three months.**
Reported losses beyond that time will not be considered as the cause of the current circumstance. An exception to this condition may be a loss of employment prior to that time with documentation that the applicant has been seeking employment regularly. Self declaration by applicant will not be sufficient documentation.
2. **Loss must have occurred prior to date of bill for current request.** For example, if lease payment is due on 1st of month, loss of employment or other loss cannot be after that date.
3. **Absence of Income must be for a period of at least three (3) weeks.**
4. **Loss of income must be unexpected.** Examples of loss that do not qualify include:
 - a) Employees who work under contract for a period less than 12 months (for example, school employees who sign a 9 months contract can reasonably expect the reduction of income and save/plan accordingly).
 - b) Employees whose hours normally and routinely fluctuate such as pool employees, temp or part-time personnel, commission sales personnel or home health care workers.
5. **Loss of income cannot be the result of repayment of loans, credit card expenditures or money borrowed from family/friends.**
6. **Loss of income may not be the result of actions for which the applicant is directly responsible.** Examples of loss attributed to the applicant are (but not limited to) the following:
 - a) Traffic tickets;
 - b) Incarceration;
 - c) Court appearances (except jury duty);
 - d) Misconduct at work;
 - e) Voluntary separation from employment;
 - f) Tardiness or failure to appear for work;
 - g) Repayment of over-paid benefits (such as SSI, Social Security, Insurance, etc.);
 - h) Sanctions from other government programs (local, state or federal).
7. **Loss of income by individuals not on the lease/mortgage will not be considered.**
8. **Loss of income not reported as earned income by the applicant will not be considered.**
9. **Loss of income from self-employment must be documented with appropriate business license and latest quarterly income tax report.**
10. **With exceptions as noted above, loss of income may be among the following:**
 - a) *Unexpected medical expenses of applicant or family member;*
 - b) *Reduction in hours by employer [except, loss of overtime not acceptable];*
 - c) *Job loss;*
 - d) *Loss of primary earner (death, separation, divorce, hospitalization);*
 - e) *Unexpected and non-routine auto or home repairs with documentation of payment (not made by credit card);*
 - f) *Separation from job due to unhealthy or unsafe working environment.*

NOTE: Loss attributed to theft may be considered only when accompanied by police report filed at the time of loss and prior to date of application and documentation that funds needed for payment were present at the time of theft.

A. EMERGENCY FINANCIAL ASSISTANCE: LIMITATIONS OF ASSISTANCE GUIDELINES

1. All services are contingent upon availability of funding at the moment an application is made;
2. All services are contingent upon vendor (landlord, physician, utility company, etc.) signing appropriate agreement letter stipulating their willingness to work with the client and this division in securing payment;
3. A household is eligible to receive rental and utility assistance (each) only once during a fiscal year (October-September) regardless of the number of individuals in the household;
4. A client may be able to receive rental/mortgage and/or utility assistance from more than one program during the course of a fiscal year based upon the nature of the presenting need, the availability of funds, and specific individual program guidelines;
5. Under no circumstances will clients be able to receive rental/mortgage or utility assistance in consecutive months, or more than once in any six month period;
6. A client (if approved) may receive up to the maximum amount allowed for each service during the course of any fiscal year as funds are available (October 1 – September 30);
7. If a client's household consist of two or more persons, the maximum amount for medical assistance for an individual shall apply to the household (for example: if \$600 is established as the maximum available for the dental assistance, this will apply to the household, not for each individual member);
8. Clients who are not eligible for services, or who have exhausted the assistance available from this division will be referred by staff to other appropriate community agencies;
9. Residents of group homes, residential treatment facilities, transitional housing, rehabilitation facilities, correctional facilities, abuse shelters, halfway houses, hospitals, nursing homes, or other similar programs or individuals being discharged from these facilities must provide documentation of residence in Seminole County for three months prior to admission to the facility to be considered (see Residency Guidelines). *Funds from the Division of Community Assistance may not be used to supplant funds or pay for services provided by these care facilities;*
10. Community Assistance funding will not be used for reimbursement of medical deductibles;
11. Assistance will be considered for trailer rentals, but not for lot rentals;
12. Assistance is not available in cases (medical/dental/eye care) where insurance claims have been filed (deductible coverage or portions of the medical bill not covered by the insurance plan are not eligible for county funding);
13. Assistance will not be approved for any late fees that may be associated with the request;
14. Assistance will not be approved for partial payment of rental/utility bills where non-related individuals share equally the cost of the rental unit/utility;
15. Funds approved by the Division of Community Assistance will be released to the approved vendor only after receiving documented verification of payment of all late fees and balances (money order, check, receipt from vendor indicating payment and balance not larger than the amount approved by the division).

A. EMERGENCY FINANCIAL ASSISTANCE: ELIGIBILITY PROCESS GUIDELINES

ELIGIBILITY PROCESS — The process for determining eligibility is the same for all programs and services and includes the following steps:

APPLICANT RESPONSIBILITIES

- 1) Completed and signed Application form;
- 2) Completed and signed *Client Agreement* form;
- 3) A personal interview with division eligibility staff and sign all required forms;
- 4) Provide all documentation as required
 - A. All income documentation;
 - B. Proof of Seminole County residency;
 - C. Photo I.D.;
 - D. Documentation of need (Demonstrated loss of income: Layoff, reduction of hours at job, unexpected medical expenses, or other event beyond the control of the client);
 - E. Proof of ongoing (future) management;
 - F. Social Security Card for all residents in the household; **(Note: Numbers are verified but no longer copied for case files)**
 - G. Current utility bill at residence;
 - H. As appropriate for service requested
 - i. Three-day notice (rental);
 - ii. Latest/current mortgage statement (mortgage);
 - iii. shutoff notice (utility);
 - iv. new prescription (RX) (no refills);
 - v. medical referral (medical, dental, eye care)

Assistance cannot be provided without the required documentation.

STAFF (CASE WORKER) RESPONSIBILITIES

- 1) Complete interview with client;
- 2) Ensure completion of all application information and client acknowledgments form;
- 3) Verify all documentation provided by client;
- 4) Enter all data into data tracking software;
- 5) Complete case notes as required (Interview, each follow-up, vendor contact, approval/denial, closure);
- 6) Secure appropriately signed forms from client, employer, vendor;
- 7) Provide written determination (approval or denial) to client within one (5) business days of receipt of all necessary documentation;
- 8) Complete case (close) within three (2) working days after determination;
- 9) Submit paperwork for preparation of voucher;
- 10) Coordinate access to other resources that might assist client's self-sufficiency;
- 11) Refer to other services providers when unable to approve application;
- 12) Follow-up as needed with client.

Case Status:

Approved — All information has been received and verified. Case worker has completed all paperwork and submitted for payment and informed client in writing.

Pending — All information has not been received or has not been verified. Case worker must inform client in writing of what is missing or not yet verified. Case must be approved or denied within 30 days or case note entered stating the reason for extension.

Denied — Client is determined not eligible and so notified in writing.

EFSP, Phase 27 AWARD LETTER

March 13, 2009

Michele Saunders
Director of Community Services
Seminole County Community Assistance
534 W. Lake Mary Blvd
Sanford, FL 32773

Dear Mrs. Michele Saunders:

The Seminole County Emergency Food and Shelter Program (EFSP) local board is pleased to officially notify Seminole County Community Assistance of its funding award for Phase 27 Fiscal Year 2009. The level of funding was determined through the EFSP local board review process. The amount of your award is as follows:

EFSP Seminole-Shelter/Rent/Mortgage	\$ 40,500.00
EFSP Seminole-Utilities/Energy	\$ 5,000.00
Agency Total	\$ 45,500.00

Per EFSP National guidelines, no individual, family or household may be charged a fee for service or be required to attend religious/counseling services with relation to assistance received under EFSP.

Enclosed with this mailing are the Local Recipient Organization Certification Form and the Fiscal Agent/Fiscal Conduit Agency Relationship Certification Form. In order to receive EFSP funds, the certification forms must be completed, signed and returned to Heart of Florida United Way by Friday, March 13, 2009

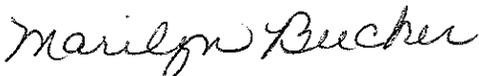
Please note that, pursuant to the County EFSP Board's Policies and Procedures, any agency that wishes to appeal its Phase 27 funding award must forward correspondence, in writing, detailing the basis for its appeal, within 10 working days from the date of this letter. Address the letter to c/o Larry Olness, Heart of Florida United Way, 1940 Traylor Blvd., Orlando, FL 32804. Within 5 working days from receipt of the appeal letter, the EFSP Grievance Committee will contact the agency to discuss the nature of their appeal.

Also, be advised that if an appeal is successful, your funding amount may be adjusted accordingly.

In addition, it is mandatory that all agencies receiving EFSP funds attend training on either March 12th or 13th, 2009. Details on the training sessions are attached.

We appreciate your efforts in meeting the emergency needs of the citizens in our community.

Sincerely,



Marilyn Beecher
Chair, Seminole County EFSP Local Board

Enclosures

LOCAL RECIPIENT ORGANIZATION CERTIFICATION FORM

(To be retained by Local Board)

As a recipient of Emergency Food and Shelter National Board Program funds made available for Phase 27 and as the duly authorized representative of Seminole County, I certify that my public or private organization: (NAME OF LRO)

- **Is not debarred or suspended from receiving Federal funds,**
- Has the capability to provide emergency food and/or shelter services,
- Will use funds to supplement and extend existing resources and not to substitute or reimburse ongoing programs and services,
- Is nonprofit or an agency of government,
- Has an accounting system, and will pay all vendors by LRO check, LRO vendor issued credit card or LRO debit card,
- Will conduct an independent annual review/audit if receiving \$25,000 or more in EFSP funds,
- Understands that cash payments (including petty cash) are not eligible under EFSP,
- Has a Federal Employer Identification Number (FEIN),
- Practices non-discrimination (LROs with a religious affiliation will not refuse service to an applicant based on religion, nor engage in religious proselytizing or religious counseling with Federal funds),
- Has a voluntary board if private, not-for-profit,
- Will comply with the Phase 27 Responsibilities & Requirements Manual, particularly the Eligible and Ineligible Costs section, and will inform appropriate staff or volunteers of EFSP requirements,
- Will provide all required reports to the Local Board in a timely manner; (e.g., Second Payment/Interim and Final Reports),
- Will expend monies only on eligible costs and keep complete documentation (copies of canceled LRO checks -- front and back, invoices, receipts, etc.) on all expenditures for a minimum of three years after end of program,
- Will spend all funds and close-out the program by my jurisdiction's selected end-of-program date and return any unused funds to the National Board (\$5.00 or more; make checks payable to United Way of America/Emergency Food and Shelter National Board Program),
- Will provide complete documentation of expenses to the Local Board, if requested, no later than one month following my jurisdiction's selected end-of-program date,
- Will comply with the Office of Management and Budget Circular A-133 if expending \$500,000 or more in Federal funds,
- Will comply with lobbying prohibition certification and disclosure of lobbying activities if receiving \$100,000 or more in EFSP funds, if applicable, and
- Has no known EFSP compliance exceptions in this or any other jurisdiction.

Please check Have read, understand and agree to abide by the EFSP Responsibilities and Requirements Manual.

Signature: _____

Print Name: Cynthia A. Coto

Title: County Manager

Date: March 13, 2009

LRO ID#: 1718-001

FEIN#: 59-6000-856

Address: 534 W. Lake Mary Blvd.

City/State/Zip: Sanford, FL 32773

FISCAL AGENT/FISCAL CONDUIT AGENCY RELATIONSHIP CERTIFICATION FORM

(To be retained by Local Board and Fiscal Agent/Fiscal Conduit)

As a recipient (through the fiscal agent/conduit noted below) of Emergency Food and Shelter National Board Program funds made available for Phase 27 and as the duly authorized representative of Seminole County, I certify that my public or private agency:

(NAME OF AGENCY)

- Is not debarred or suspended from receiving Federal funds/resources
- Has the capability to provide EFSP services,
- Will use funds to supplement and extend existing resources and not to substitute or reimburse ongoing programs and services,
- Is nonprofit or an agency of government,
- Has fiscal agent/fiscal conduit approved by the Local Board:
Heart of Florida United Way
(Name of Fiscal Agent/Fiscal Conduit),
- Practices non-discrimination (if an LRO with a religious affiliation, will not refuse service to an applicant based on religion, nor engage in religious proselytizing in any program receiving EFSP funds),
- Has a Federal Employer Identification Number (FEIN),
- Has a voluntary board if private, not-for-profit,
- Will comply with the Phase 27 Responsibilities & Requirements Manual, particularly the Eligible and Ineligible Costs section, and will inform appropriate staff or volunteers of EFSP requirements,
- Will provide all required information to the Fiscal Agent/Fiscal Conduit,
- Will incur expenses for eligible program costs and will submit complete documentation on all expenditures to the Fiscal Agent/Fiscal Conduit for payment to the vendors,
- Will spend all funds and close-out the program by the jurisdiction's selected end-of-program date, and
- Has no known EFSP compliance exceptions in this or any other jurisdiction.

Please check Have read, understand, and agree to abide by the EFSP Responsibilities and Requirements.

Signature: _____



Print Name: Cynthia A. Coto

Title: County Manager

Date: March 13, 2009

LRO ID#: 1718-001

FEIN#: 59-6000-856

Address: 534 W. Lake Mary Blvd.

City/State/Zip Sanford, FL 32773



To: Emergency Funds Network/Emergency Food & Shelter National Program Agencies
 From: Jose Irizarry
 Date: March 3, 2009
 Re: Mandatory Training

All caseworkers that process Rent/Mortgage/ Utility Assistance Requests, Other Food/Mass Shelter and Mass Feeding transactions through Heart of Florida United Way's 2-1-1 Community Stewardship Department must attend mandatory training on either Thursday, March 12, 2009 or Friday, March 13, 2009. The training will be held at the Heart of Florida United Way, in the Edith Bush Room (upstairs) on both days. The sessions are outlined as follows:

Thursday, March 12, 2009 Morning Session

- 9:30 a.m. – 10:30 a.m. - Other Food/Mass Shelter/Mass Feeding Session
- 10:45 a.m. – 12:30 p.m. - Rent/Mortgage/ Utility Assistance Request Session

Friday, March 13, 2009 Afternoon Session

- 1:00 p.m. – 1:45 p.m. - Other Food/Mass Shelter/Mass Feeding Session
- 2:00 p.m. – 4:00 p.m. - Rent/Mortgage/ Utility Assistance Request Session

Friday, March 20, 2009 Morning Session Only

- 9:30 a.m. – 1:00 p.m. – New Agencies Training Only

All caseworkers listed in your agency's Emergency Food Shelter Program (EFSP) Phase 27 Application for Funding, and those hired after submission of the Application (that will process transactions with EFSP funds) **MUST** attend the training. If your agency was awarded funding in several categories, ensure that staff responsible for processing every category funded, is sent to training. Below, please indicate the name of your agency, the name(s) of caseworkers that will attend, and mark an X next to your preferred session. Please fax the information back to (407) 244-2808 by March 10, 2009. If you have any questions, please contact me at (407) 849-2368 or at jose.irizarry@hfuw.org

Agency Name	Caseworker Name	3/12 Session	3/13 Session	3/20 Session
Seminole County	Jennifer Lawrence		2:00-4:00	
Community Assistance	Carrie Longworth	10:45-12:30		
	Javier Madera		2:00-4:00	
	Marie Desire-Homere		2:00-4:00	
	Sarah Purcell		2:00-4:00	
	Annie Knight		2:00-4:00	

Designated Trainer & Authorized Signers

In order for your agency to process Emergency Assistance Request forms for Emergency Food and Shelter Program Funds, Authorized Signer(s) must be designated on this form. Please complete the name, title and signature of the Authorized Signer(s).

Also, per the Local Board, each agency must appoint a "Designated Trainer", who will be responsible for training caseworkers that are hired after the training session at the beginning of the phase, and responsible for ensuring accuracy of paperwork submitted to HFUW Community Stewardship. The Designated Trainer is also an Authorized Signer.

Designated Trainer (print): JENNIFER LAWRENCE
Title: Case Manager Sup
Signature: Jennifer Lawrence

1. Signature: [Signature]
Title: Case Manager
Printed Name: Carrie Longworth

2. Signature: [Signature]
Title: Case Manager
Printed Name: Javier Madera

3. Signature: [Signature]
Title: Case Manager
Printed Name: Sara Purcell

4. Signature: [Signature]
Title: Project Coordinator I
Printed Name: Annie M. Knight

Agency's Executive Director authorizes the above person(s) as Authorized Signers for Emergency Assistance Request forms for Emergency Food and Shelter Program funds processed through HFUW Community Stewardship:

Department [Signature]
Executive Director Signature: Michelle Saunders

Department [Signature]
Executive Director Name: Michelle Saunders

Agency Name and Date: Seminole County - Community Assistance 3/13/09

Designated Trainer & Authorized Signers

In order for your agency to process Emergency Assistance Request forms for Emergency Food and Shelter Program Funds, Authorized Signer(s) must be designated on this form. Please complete the name, title and signature of the Authorized Signer(s).

Also, per the Local Board, each agency must appoint a "Designated Trainer", who will be responsible for training caseworkers that are hired after the training session at the beginning of the phase, and responsible for ensuring accuracy of paperwork submitted to HFUW Community Stewardship. The Designated Trainer is also an Authorized Signer.

Designated Trainer (print): JENNIFER Lawrence
 Title: Case Manager Sup.
 Signature: Jennifer Lawrence

1. Signature: [Signature]
 Title: Case manager
 Printed Name: Carrie Longsworth

2. Signature: [Signature]
 Title: Case Manager
 Printed Name: Javier Madera

3. Signature: [Signature]
 Title: Case Manager
 Printed Name: Sara Purcell

4. Signature: [Signature]
 Title: CASE Manager
 Printed Name: Marie Desire-Humere

Agency's Executive Director authorizes the above person(s) as Authorized Signers for Emergency Assistance Request forms for Emergency Food and Shelter Program funds processed through HFUW Community Stewardship:

Department Executive Director Signature: [Signature]

Department Executive Director Name: Michele Saunders

Agency Name and Date: Seminole County Govt - Community Assistance, 3/13/09