

**Charlotte County Board Of County Commissioners
Agenda Item Summary**

Item Number: N - 1

1 DEPARTMENT MAKING REQUEST

Human Services

2 MEETING DATE

5/13/2014 9:00:00 AM

3 REQUESTED MOTION/ACTION

- a) Approve an Agreement between the Florida Alliance of Information and Referral Services (FLAIRS) and Charlotte 211 and,
- b) Approve Budget Amendment #BA14-26 accepting grant funds in the amount of \$1,832.00

4 AGENDA

Consent

5 IS THIS ITEM BUDGETED (IF APPLICABLE) - No

Budget Action

Approve Budget Amendment #BA14-26 in the amount of \$1,832 for the Human Services-211 FY 2014 budget as a result of receiving these grant funds. No county match is required.

Financial Impact Summary Statement

Funding for this expenditure comes from the Human Services-211 FY 14 budget (0001.684210). No county match is required.

Detailed Analysis Attached - Yes

Budget Officer-

6 BACKGROUND (Why is this Action Necessary, and What Action will be accomplished)

This is the second year that the County has received Florida Department of Health grant funds through FLAIRS to provide assistance in answering 211 calls about evidence-based programs for people with heart disease, diabetes or pre-diabetes and arthritis. There is no County match requirement. Grant funds will be used to offset 211 operating expenses.

ATTACHMENTS:

Name:	Description:	Type:
<input type="checkbox"/> 4-Charlotte Co 211 FLAIRS DOH MOA 040114.doc	Memorandum of Agreement	Cover Memo
<input type="checkbox"/> Grants-Checklist-FLAIRS MOU FOR @211 Form.docx	Grant Checklist	Cover Memo
<input type="checkbox"/> 211 Budget Amendment FLAIRS Grant 2014.xls.xlsx	Budget Amendment #ba14-26	Cover Memo

Memorandum of Agreement
Between
Florida Alliance of Information and Referral Services, Inc. (FLAIRS)
And
Charlotte County Board of County Commissioners/ Charlotte 2-1-1

Section 1: Nature of Agreement:

This document represents a letter of agreement between Florida Alliance of Information and Referral Services (FLAIRS), and **Charlotte County Board of County Commissioners/ Charlotte 2-1-1** (AGENCY). It outlines the terms and conditions that apply to the use of grant funds from Florida Department of Health (DOH) to provide assistance with answering calls and inquiries about the evidence-based programs for people with heart disease, diabetes or pre-diabetes and arthritis. FLAIRS has contracted with 2-1-1 Big Bend, Inc. (**Project Manager**) to manage this project and serve as its agent for this purpose (see **Attachment A**). All current 2-1-1 providers are participating in this project (see **Attachment B**).

This agreement is similar to the FLAIRS project with the Florida Department of Health conducted between the Fall 2012 and Spring 2013. After the project renewal in early March 2014, DOH provided a list of current evidence based resources. The list was divided by 2-1-1 Center and service area and sent to each provider. The tasks for this project are to update these resources and add newly identified resources (based on the resource lists provided by DOH), include data elements that indicate program costs or provisions they have for serving uninsured people with no or low income, promote these 2-1-1 referral services to the local Federally Qualified Community Health Centers and county medical societies/associations in each area, answer and document consumer calls related to this project.

Section 2: Scope of Work, Deliverables and Report Dates:

A grant will be awarded to AGENCY for delivery of the following tasks:

- a) By April 18, 2014, submit Deliverable 1 to Project Manager that includes: 1) an **Excel list** of resource records related to this project that has been updated; and 2) a **statement** verifying that the updated information has been added to AGENCY database. Use the Excel template form sent to AGENCY in March 2014.
- b) By April 30, 2014, submit Deliverable 2 to Project Manager. This deliverable is a **statement of verification that local health centers and medical societies/associations in AGENCY service area have been contacted** and

encouraged to have their staff and clients call 2-1-1 for information on diabetes self-management education programs and CDC (Centers for Disease Control) recognized lifestyle change programs.

- c) By July 7, 2014, submit report that indicates the **number of calls** to AGENCY 2-1-1 during the months of May and June 2014 that had information requests or referrals for programs related to diabetes self-management education programs and CDC recognized lifestyle change programs. Submit the **number of referrals offered to each program** related to this project (from the list provided by the Project Manager), the **number of referrals for each county** where the referrals were made, and the **number of calls that were from health care providers** (including callers that may have indicated that their health care provider referred them to 2-1-1).

Section 3: Compensation

During the period of this agreement, AGENCY must continue its participation in the FLAIRS FLOW 2-1-1 cell phone routing system and pay its portion of monthly FLOW expenses. AGENCY must complete the project deliverables and submit related reports to Project Manager within the stated timeframes.

Contingent upon receipt of funding from the Florida Department of Health, FLAIRS will disburse **\$1,832** in grant funds to AGENCY for the satisfactory execution of tasks and deliverables in this Agreement.

If AGENCY fails to complete its tasks as outlined in this Agreement, FLAIRS will immediately notify DOH and will diligently work to resolve any issues. A full or pro-rated reduction in reimbursement to AGENCY may be applied.

Accepted and agreed to by:

X _____	_____
Sheila Smith, President	Date
Florida Alliance of Information and Referral Services, Inc.	

X _____	_____
Authorized Signer: _____	Date
Title: <u>Chair</u> _____	

Charlotte County Board of County Commissioners/ Charlotte 2-1-1

ATTACHMENT A
Project Manager Contact Information

2-1-1 Big Bend, Inc.

P.O. Box 10950

Tallahassee, FL 32302

www.211bigbend.org

Contact for Questions about Project Agreement:

Randall Nicklaus, President

rsnicklaus@211bigbend.org

850-617-6317

Contact for Questions about Project Tasks and Deliverables:

Janet Bard Hanson, Director of Management and Information Programs

managementdir@211bigbend.org

850-617-6310

ATTACHMENT B

List of Florida 2-1-1 Providers and County Service Areas – March 1, 2014

1. **2-1-1 Big Bend, Inc.**
 - Franklin, Gadsden, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla
2. **2-1-1 Brevard, Inc.**
 - Brevard
3. **First Call for Help of Broward, Inc. (dba 2-1-1 Broward)**
 - Broward
4. **Charlotte County Board of County Commissioners/2-1-1 Charlotte**
 - Charlotte
5. **2-1-1 & Suicide Prevention/Crisis Center of Tampa Bay**
 - Hillsborough
6. **211 Palm Beach/Treasure Coast**
 - Indian River, Okeechobee, St. Lucie, Martin, Palm Beach
7. **2-1-1 Tampa Bay Cares, Inc.**
 - Pinellas, Hernando
8. **United Way of Volusia-Flagler Counties (dba 2-1-1 Volusia-Flagler)**
 - Flagler, Volusia
9. **Switchboard of Miami (dba 2-1-1/Switchboard)**
 - Miami-Dade, Collier, Monroe
10. **Heart of Florida United Way (dba United Way 2-1-1)**
 - Seminole, Orange, Osceola, Marion, Alachua, Bradford, Dixie, Gilchrist, Lafayette, Levy, Union, Lake, Sumter, Citrus, Pasco
11. **United Way of Lee County, Inc. (dba United Way 211)**
 - Lee, Glades, Hendry
12. **United Way 2-1-1 of Manasota, Inc.**
 - Manatee, Sarasota, DeSoto
13. **United Way of Northeast Florida (dba United Ways of Northeast Florida 2-1-1)**
 - Duval, Nassau, St. Johns, Clay, Putnam, Baker, Columbia, Hamilton, Suwanee
14. **United Way of Escambia County, Inc. (dba 2-1-1 Northwest Florida)**
 - Escambia, Holmes, Washington, Jackson, Calhoun, Gulf, Bay, Santa Rosa, Okaloosa
15. **United Way of Central Florida 2-1-1**
 - Polk, Highlands, Hardee
16. **COPE Center, Inc. (dba 211 Panhandle Helpline)**
 - Walton

Charlotte County Grants Checklist

Department: Charlotte County Human Services

Staff Completing Form: Faezeh Andrews

BCC Meeting Date: 5/13/14

Grant Name: FLAIRS MOU for 211

Instructions:

- For Departments to attach to Novus Agenda items pertaining to grant applications.
- Fill out one form for each grant.
- Contact your Fiscal Services Representative with any questions.

1. How much funding will the Department/County receive from the grant?

\$1,832

2. How many years have we been receiving this grant?

2 years

3. Is there a County match required? If yes, what type of match and amount?

No

4. What will the grant be used for?

Funds will help in providing assistance with answering inquiries about the evidence-based programs for people with heart disease, diabetes or pre-diabetes, and arthritis.

5. Is it for additional or new services/equipment/facilities?

No

6. Does it pay for something that the County already does?

Regardless of the funding Charlotte 211 provides this information to the public, however this is a collaborative effort for Florida 211's to share data and compile a health related needs assessment.

7. Does it pay for any positions? If yes, what happens to the position(s) if the grant goes away?

No

8. Is the County obligated to pay for anything after the grant goes away?

No

Budget Adjustment

Adjustment #: BA14-26	Dept.: Human Services-211	Fund / Org. # 0001 / 684210	Fund / Org. Name General Fund / 211-Human Services Information
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Revenues:

Project Title	Project Account Title	Project Account String	G/L Account Title	G/L Account String	Amount	Beginning Balance	Revised Amount
			State Grant-General Governement	0001.684210.334.101.0000	\$ 1,832	\$ -	\$ 1,832
					\$ -	\$ -	\$ -
					\$ -	\$ -	\$ -
					\$ -	\$ -	\$ -
					\$ -	\$ -	\$ -
Total All Revenues					\$ 1,832		

Expenditures:

Project Title	Project Account Title	Project Account String	G/L Account Title	G/L Account String	Amount	Beginning Balance	Revised Amount
			Regular Salaries and Wages	0001.684210.564.12.0001	\$ 1,832	\$ -	\$ 1,832
					\$ -	\$ -	\$ -
					\$ -	\$ -	\$ -
					\$ -	\$ -	\$ -
					\$ -	\$ -	\$ -
					\$ -	\$ -	\$ -
					\$ -	\$ -	\$ -
Total All Expenditures					\$ 1,832		

Justification:

To record revenue to be received from a Department of Health -FLAIRS Grant in the amount of \$1,832.00

Prepared by: Kelly Studenwalt, Financial Consultant

Approved by: _____

Note: If this is used for a CIP amendment, include a copy of the old CIP project sheet and the new CIP project sheet

Guidelines for Budget Adjustments

	<ul style="list-style-type: none"> ● If this adjustment is used for amending a CIP, include a copy of the old CIP project sheet and the amended/adjusted CIP project sheet.
	<ul style="list-style-type: none"> ● Make sure that the justification is written with the appropriate audience in mind. The general public and the Commissioners will be reading these and they do not always understand the accounting and budget terms that we use. The justification should include the who, the what, and the why.
	<ul style="list-style-type: none"> ● Board approval is required if this adjustment changes the bottom line of the fund or the overall budget.
	<ul style="list-style-type: none"> ● Board approval is required if this adjustment changes involves either Reserves or Beginning Balances.
	<ul style="list-style-type: none"> ● If the budget adjustment is moving budget between lines within a fund (except reserves, beginning balance, or interfund transfers) and it does not change the bottom line of the fund, the budget adjustment can be approved by a Fiscal Manager.
	<ul style="list-style-type: none"> ● Make sure the account and project strings are correct and set up in EDEN. If the account strings are not in EDEN, Maggie has to request the account strings from Finance and this sometimes will take up a lot of her time and she can't complete the adjustment in EDEN. Also, be sure the account line has not been closed by Finance.
	<ul style="list-style-type: none"> ● Make sure the entries add up.
	<ul style="list-style-type: none"> > Budget adjustments require a revenue and an expense side. The revenue and the expense side should equal.
	<ul style="list-style-type: none"> > The bottom line of the Budget transfer should equal zero.
	<ul style="list-style-type: none"> > Round the entries to the next highest dollar. This is a budget and the pennies just make it more difficult to enter into EDEN.
	<ul style="list-style-type: none"> > Make sure you do both sides of the interfund transfer. It is required that it is balanced.
	<ul style="list-style-type: none"> ● Be sure to put the correct account title with each account line. This is needed when preparing the posting document in EDEN. When they are missing, the input process has to be stopped so that the title can be looked up. EDEN will not accept the entry without the account title.
	<ul style="list-style-type: none"> ● If the adjustment involves more than one fund, put each fund on a separate adjustment form.
	<ul style="list-style-type: none"> ● Be sure the projects are set up in EDEN.
	<ul style="list-style-type: none"> ● Be sure the project strings are complete – the entire string is needed when posting an adjustment
	<ul style="list-style-type: none"> ● CIP adjustments require both sides of the adjustment. Both the funding and expense strings need to be included before the adjustment can be posted.
	<ul style="list-style-type: none"> ● Include a justification for each adjustment and transfer.
	<ul style="list-style-type: none"> > The justification will be in a complete sentence.
	<ul style="list-style-type: none"> > Make sure that the justification is written with the appropriate audience in mind. The general public and the Commissioners will be reading these and they do not always understand the accounting and budget terms that we use.
	<ul style="list-style-type: none"> ● All adjustments and transfers will come from the Fiscal Managers.

●	Maggie will assign the Budget Adjustment numbers. However, if she is not in, you can go into the spreadsheet and get the next number. Be sure to email Maggie, to let her know that you used the next Budget Adjustment number. She needs to know this in case Board minutes does not send the Budget Adjustment back and she has to track it down. Link to the Budget Adjustment Spreadsheet Folder: P:\EXCEL\MISC\TRANSFER\Amends14.xls
	Note: The spreadsheet has formulas in it to track the reserve changes and changes to the budget. Be careful not to change or delete these formulas.
●	A new numbering system will be used as of January 1, 2014. All Budget Adjustments will be numbered in the following manner: BA for Budget Adjustment, the year and the number. Example: BA14-15
●	Administrative Transfers, i.e. transfers that do not need to go to the board will be numbered in the following manner: AT for Administrative Transfer, the year and the number. Example: AT14-15.
	> Administrative transfers are transfers that do not need to go to the board.
	> Transfers between lines within the same fund that do not change the bottom line or touch the reserves can be done administratively.
	> Administrative Transfers will be signed and approved by the designated Manager.
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