

## Grant Award Agreement

June 2019

Grantor: Office of the Attorney General

Grantee: Lee County Board of County Commissioners-Human and Veteran Services

Contact: Roger Mercado/Department Director

Employer ID # 59-6000702

Grant award amount: \$20,470.00

Area to be served by this grant award is described in Attachment A.

Details of services and activities to be provided by this grant award are described in Attachment A.

You acknowledge that a Grant of \$20,470.00 was approved for the purposes described in your grant proposal.

It is important to remember that the grant award cannot be used for any other purpose, including your office space purchases or rentals, your building renovations, your consultants, and your professional organization dues or severance payments. If, for any reason, you feel you will be unable to fulfill any part of your grant proposal or comply with this Grant Award Agreement, you must notify the Office of the Attorney General in writing.

Any grant award funds not used for the purposes of your grant proposal will be returned to Office of the Attorney General. The Office of the Attorney General may audit your records pertaining to the grant award. If the Office of the Attorney General determines you are not meeting the grant's goals, it may demand the return of some or all of the grant award.

If your organization changes its legal status while it is using the grant award, you will immediately submit written notification to the Office of the Attorney General.

It is understood that the grant award will be used within a 24-month period following the receipt of funds, unless a longer period of time is specified in this Agreement. You will also submit annual progress reports to the Office of the Attorney General one year from the date of receipt of funds (and annually thereafter if the grant award is for a period in excess of one year). For example: First Annual Report – January 1, 2019; Second Annual Report – January 1, 2020.

ACCEPTED AND AGREED:

By: Brian Hamman

Print Name: Brian Hamman

Title: Vice Chair

Date: 6/18/2019

Return to:  
Tallahassee, FL 32399-1050  
Laura K. Daugherty  
Economist Supervisor  
Office of the Attorney General  
Antitrust Division  
PL-01, The Capitol  
Tallahassee, FL 32399-1050

Approved as to Form for the  
Reliance of Lee County Only  
Chandra S. ...  
Office of the County Attorney

# ATTACHMENT A – GRANT APPLICATION

**Name of Agency:** Enter the name as it should appear on a contract.

Lee County Board of County Commissioners-Human and Veteran Services

Federal Employee Identification Number (FEIN): 596000702

**Agency Director:**

Prefix (Mr., Ms., Dr., etc.) Mr. Title: Department Director

Name: Roger Mercado

Telephone #: 239-533-7920

Fax #: 239-533-7976

Mailing Address: 2440 Thompson Street  
(Street, P.O. Box, etc.)

City: Fort Myers

State: FL

9-Digit Zip Code: 33901

E-Mail Address: RMercado@leegov.com

**Performance Report Contact:**

Prefix (Mr., Ms., Dr., etc.) Ms. Title: Program Manager

Name: Kim Hustad

Telephone #: 239-533-7916

Fax #: 239-533-7976

Mailing Address: 2440 Thompson Street  
(Street, P.O. Box, etc.)

City: Fort Myers

State: FL

9-Digit Zip Code: 33901

E-Mail Address: khustad@leegov.com

**Financial Contact:**

Prefix (Mr., Ms., Dr., etc.) Ms. Title: Fiscal Manager

Name: Barbara Hollis

Telephone #: 239-533-7923

Fax #: 239-533-7904

Mailing Address: 2440 Thompson Street  
(Street, P.O. Box, etc.)

City: Fort Myers

State: FL

9-Digit Zip Code: 33901

E-Mail Address: bhollis@leegov.com

**Signature of Agency Director:** \_\_\_\_\_

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

**ART 1: AGENCY INFORMATION**

List counties to be served: (indicate each county served or STATEWIDE for service to all counties)

*All of Lee County*

**ART 2: PROJECT DESCRIPTION**

The project description should clearly outline what will be done and by whom.

1. Describe the scope of work the activities and/or services will be provided. (Responses below are limited to 1000 characters) Attach additional pages as needed.

*The Grant will allow one on one individual financial counseling for households accessing financial emergency assistance that are over the Community Services Block Grant 125% federal poverty level but still struggling to meet household expenses. Financial Counseling will work with individuals on personal financial matters such as budget planning, debt reduction and credit management. Clients will be provided with opportunities to learn basic financial literacy terminology and positive financial behaviors and habits. The goal is to prevent future financial crises that jeopardize housing stabilization. Counseling sessions will be weekly to bi-weekly depending on the client's schedule. Many of the tools used with clients are from "Your Money, Your Goals" curriculum from the Consumer Financial Protection Bureau (CFPB).*

2. Describe the deliverables for the project in quantifiable terms, including a minimum level of service. For example, indicate the total number of individuals that will be served and the total services provided, and detail monthly or quarterly expectations. Each deliverable must be related to the scope of work described in #1. (Responses below are limited to 1000 characters) Attach additional pages as needed.

*About 15-20 individuals will be served with this grant amount. Each client will complete a budget spreadsheet to document their current household income versus expenses. This will lay the foundation for financial decision-making. Each client will establish financial goals to increase their income or decrease their household expenses. Each client will review established financial vocabulary verified by testing. Each client will complete an emergency savings plan. The workplan is to serve 4 households per quarter.*

Agency Name: Lee County Board of County Commissioners-Human and Veteran Services

**ART 3: PERSONNEL BUDGET**

Complete the table below for each position to be funded from grant proceeds. In the explanation section indicate if the salary/benefit expenses listed include costs that are anticipated during the grant period. For example, raises and increases in benefit costs.

Position	Total Actual Cost	
Financial Literacy Coach	\$	19,879
Subtotal	\$	19,879

Explanation (if applicable):  
 The projected hourly salary and benefits of \$34.43 includes an anticipated 3% cost of living increase.

Agency Name: \_\_\_\_\_ 0 \_\_\_\_\_

**PART 4: CONTRACTUAL BUDGET**

For each contractual service listed, include a description of the service to be provided, the business name of the contractor, the cost per unit of service, and the estimated units of service to be used. Indicate in the narrative section how the number of services requested was determined. Also, give a description of a unit of service, e.g., a 60 minute unit of legal services, a 60 minute individual financial counseling session, a 90 minute training session. Attach additional page(s) if needed.

EXAMPLE - Budget Narrative:  
 Budgeting Inc., will provide budgeting classes to students enrolled in afterschool program. It is anticipated that this service will be used approximately 5 times during the year.

**Contractual Services - Contracts for specialized services:**

Contractor	Service		
			\$
			\$
			\$
			\$
			\$
			\$
Contractual	...	...	\$

**Budget Narrative:**


Agency Name: \_\_\_\_\_ 0 \_\_\_\_\_

**PART 5: EQUIPMENT BUDGET**

Items included in this section must be furniture and/or equipment costing \$1,000 or more. If awarded funds in this category, approval is required before purchasing items. Provide a justification for the equipment purchase requests. Attach additional page(s) if needed.

EXAMPLE - Narrative Response:  
 The computer will increase the clients ability to acquire skills necessary to achieve financial literacy and independence. The cost listed above is for a complete computer package which includes the computer, monitor, software and printer.

**ALL EQUIPMENT PURCHASES MUST BE PRE-APPROVED PRIOR TO THE ACTUAL PURCHASE**

**Equipment:**

Description	Number	Cost Per Item	Total
			\$
			\$
			\$
			\$

Equipment Subtotal	...	...	\$
--------------------	-----	-----	----

**Budget Narrative:**


Agency Name: \_\_\_\_\_ 0 \_\_\_\_\_

**PART 6: OTHER BUDGET ITEMS**

Please include any budget items or anticipated expenditure of grant fund not included in previous schedules.

**Other Items:**

Description	Number	Cost Per Item	Total
Money Management Calendars	450	\$ 0.98	\$ 441
Payday Board Game	2	\$ 19.79	\$ 40
Money Habitudes	2	\$ 54.95	\$ 110
			\$ -
			\$ -
			\$ -
Other Items Subtotal	...	...	\$ 591

**Budget Narrative:**

--




Agency Name: 0 \_\_\_\_\_

**PART 7: BUDGET SUMMARY**

<b>Budget Summary By Category - Provide the subtotal for each budget category. Amounts must be rounded to the nearest whole dollar.</b>	<b>TOTAL BUDGET</b>
Personnel	\$ 19,879
Contractual Services	
Equipment	
Other	\$ 591
TOTAL	\$ 20,470

**Agency**

**Name:** Lee County Board of County Commissioners

- 1 board of directors, the agency's principal officers, the agency's employees, and any independent contractors?

**YES/NO**

No

If yes, describe any and all family relationships that exist.

- 2 Are you aware of any interests, direct or indirect, that exist with the current board of directors,

**YES/NO**

- (a) Sale, purchase, exchange, or leasing of property?  
(b) Receiving or furnishing of goods, services, or facilities?  
(c) Transfer or receipt of compensation, fringe benefits, or income or  
(d) Maintenance of bank balances as compensating balances for the

No

If yes to any above, describe any and all interests that you are aware of at this time.

- 3 Are any current board of directors, current agency's principal officers, current agency's employees, or any current independent contractors indebted to the agency?

**YES/NO**

No

If yes, describe the nature of the debt.

- 4 Have any current board of directors, current agency principal officers, current agency employees, or any current independent contractors misappropriated assets or committed other forms of fraud against the agency?

**YES/NO**

No

If yes, describe the nature of the misappropriation.

By signing this form, I hereby certify that the information contained in this questionnaire is

\_\_\_\_\_  
Signature  
Roger Mercado  
\_\_\_\_\_  
Print Name

5/31/2019  
\_\_\_\_\_  
Date  
Director  
\_\_\_\_\_  
Title