

RESOLUTION NO. 78- 7

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS, NASSAU COUNTY, FLORIDA, AUTHORIZING AND DIRECTING THE CHAIRMAN TO SIGN AN AGREEMENT WITH THE STATE OF FLORIDA DEPARTMENT OF COMMUNITY AFFAIRS UNDER THE FLORIDA FINANCIAL ASSISTANCE FOR COMMUNITY SERVICES ACT.

IT IS HEREBY RESOLVED BY THE COUNTY OF NASSAU, FLORIDA, AS FOLLOWS:

Section I. That the Chairman is hereby authorized and directed to sign in the name and on behalf of the Board of County Commissioners an Agreement between the Florida Department of Community Affairs and the County of Nassau under the Florida Financial Assistance for Community Services Act, as per copy attached hereto and made part hereof.

Section II. That all funds necessary to meet the contract obligations of the county with the Department have been appropriated and said funds are unexpended and unencumbered and are available for payment as prescribed in the contract. The County shall be responsible for the funds for the local share notwithstanding the fact that all or part of the local share is to be met or contributed by other source, i.e., contributions, other agencies or organization funds.

PASSED AND ADOPTED THIS 9th DAY OF March, 1978.

APPROVED:

Douglas Hodges
Chairman of Nassau County
Board of County Commissioners

Douglas Hodges

ATTEST:

D. O. Oxley
Ex-Officio Clerk

D. O. Oxley

Local Governmental Unit Applying: Nassau County
 (name of town, city, county, etc.)

Answer these questions for each program. (Attach additional sheets if necessary.)

6. Explain why this program is needed.

The population of Nassau County is 30,563 persons. Of this population, it is estimated that at least 30% are below the poverty level. The County cannot, by any measure, be considered wealthy. There is a need to give medical service to many more indigents than the County has in the past been able to afford. The majority of needy persons who ask assistance from the County are not qualified for either the Medicare or the Medicaid Programs. These citizens require medicine, hospitalization and medical attention above and beyond the assistance that this County can possibly provide.

7. Describe the financial status of persons to be served by this program. How many persons will be served? Duplicated? _____
 Unduplicated? 60

It is anticipated that the average cost per person receiving medical assistance would be \$500.00. The financial status of 100% of these persons would be below poverty level as determined by the State of Florida and the majority of these citizens would be neglected without help from the County. Nassau County does not have monies enough to care for the needs of all the impoverished citizens of the County to the extent that they require for their adequate health and welfare.

8. How will this program be integrated with other programs serving the same type of persons? What other social service agencies will be contacted?

In order to determine the persons who are in need of medical service, the Nassau County Department of Health would be used for screening of applicants for medicines, physicians and hospitalization. The citizens needing this service would also be referred to Nassau County by the Division of Family Services, Council on Aging (a local organization) and Hands & Hearts (an organization serving generally retarded persons of all ages in Nassau County).

9. Explain how recipients of public assistance will benefit from this program.

Any citizen receiving assistance from this grant would be of an impoverished category and would already be eligible for public assistance but at the same time could not qualify for Medicare or Medicaid. The hardest part of the job of being a member of the Board of County Commissioners - who hold the last hope for help for many of these indigents - is to have to deny medical aid to them. In actual practice, no deserving needy person is turned down but their medical assistance from the County means that the budget for other services for which the County is responsible must be cut in order to provide for the medical needs of these indigent citizens.

(Applications will not be processed unless
All questions are answered in detail)

Local Governmental Unit Applying: NASSAU COUNTY
(Town, County, or City)

10. WORK PROGRAM - Plan of Operation
(Use one sheet for each Program)

1. Program Title: Indigent Medical Care

Person Responsible: Ex-Officio Clerk to the (904) 261-6127
Board of County Commissioners (telephone)

2. Program Objectives	3. Major Activities and Substeps	4. Planned Results			
		Through 12/31/77	Through 3/31/78	Through 6/30/78	Through 9/30/78
1. Provide medical care for indigent population of Nassau County. Approximately 60 families will be served with medicine, medical attention by physicians, hospitalization, out-patient clinic treatment, radiation, maternity, and all other facets of medical care when necessary	1. Coordinate referral and screening through Nassau County Department of Health of indigents.	N/A	N/A	Complete	
	2. Establish referral network with Senior Citizens Organization, HRS Division of Family Services, Hands & Hearts (an organization for retarded persons of all ages in Nassau County) and others.			Complete	
	3. Refer indigents to private physicians, hospitals and drug stores as their needs require.			30	30
	4. Provide payment of services for indigents to the private sector.			30	30

Name of Applicant: Nassau County Board of County Commissioners

Fiscal Officer Responsible for Grant:

Name: D. O. Oxley, Ex-Officio Clerk to the Board of County Commissioners

Address: P. O. Box 456 - Fernandina Beach, Florida 32034

Telephone: 904-261-6127

11. TOTAL BUDGET
(Include figures from all programs operated)

1. REVENUE

1.	State Grant	\$15,000.00
2.	Cash Match (no federal funds, except revenue sharing, allowed)	15,000.00
3.	In-Kind Match	-0-
4.	<u>TOTAL REVENUE</u>	<u>\$30,000.00</u>

GRANTEE ADMINISTRATIVE EXPENSE

5.	Salaries	
6.	Rental Space	
7.	Travel	
8.	Supplies	
9.	Other (specify on attachment)	
10.	<u>Total (lines 5 through 9)</u>	<u>None</u>

DELEGATE ADMINISTRATIVE EXPENSE

11.	Salaries	
12.	Rental Space	
13.	Travel	
14.	Supplies	
15.	Other (specify on attachment)	
16.	<u>Total (lines 11 through 16)</u>	
17.	<u>TOTAL ADMINISTRATIVE COSTS* (Line 10 and Line 16)</u>	<u>N/A</u>

GRANTEE PROGRAM EXPENSE

18.	Salaries	
19.	Rental Space	
20.	Travel	
21.	Equipment	
22.	Other (specify on attachment) <u>see attached</u>	<u>\$30,000.00 *</u>
23.	<u>Total (lines 18 through 22)</u>	<u>\$30,000.00</u>

DELEGATE PROGRAM EXPENSE

24.	Salaries	
25.	Rental Space	
26.	Travel	
27.	Equipment	
28.	Other (specify on attachment)	
29.	<u>Total (lines 24 through 28)</u>	<u>N/A</u>

30.	<u>TOTAL PROGRAM EXPENSES (Line 23 and line 29)</u>	<u>\$30,000.00</u>
31.	<u>TOTAL EXPENDITURES (Line 17 and line 30)</u>	<u>\$30,000.00</u>

NOTE: TOTAL REVENUE MUST EQUAL TOTAL EXPENDITURES

**May not exceed 15% of 2 times the state grant

EXAMPLE:	State Grant	10,000
	Cash Match	5,000
	In-Kind Match	10,000
	<u>TOTAL REVENUE</u>	<u>25,000</u>

Maximum Administrative Costs = 15% of 2 x \$10,000 (State Grant)
 = 15% of 20,000
 = \$3,000

- * 22. The \$30,000.00 requested in this application will be spent in its entirety for nothing but medicine, private physicians, and hospitalization for Nassau Countians who are below the poverty level as determined by the State of Florida criteria.

Local Governmental Unit Applying: Nassau County Board of County Commissioners
(Town, County, or City)

12. Cash and In-Kind Match

I. Cash Match

<u>Source</u>	<u>Amount</u>
1. <u>Nassau County General Revenue</u>	1. <u>\$15,000.00</u>
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____

(Continue On Separate Sheet if Necessary)

Total Cash Match \$15,000.00 *

*This figure must equal the figure specified on line 2, page 4.

II. In-Kind Match

A. Salaries and Benefits

<u>Position Title and Name of Person</u>	<u>Hourly Rate</u>	<u>Number of Hours To Be Worked</u>	<u>Amount (Hourly rate (X) number of hours to be worked)</u>
1. <u>None</u>	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____
4. _____	4. _____	4. _____	4. _____

(Continue On Separate Sheet if Necessary)

B. Other In-Kind

<u>Description</u>	<u>Source</u>	<u>Unit Costs (or cost per square feet)</u>	<u>Number of Units (or number of square feet)</u>	<u>Amount (Unit cost (X) number of units)</u>
1. <u>None</u>	1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____	3. _____
4. _____	4. _____	4. _____	4. _____	4. _____
5. _____	5. _____	5. _____	5. _____	5. _____
6. _____	6. _____	6. _____	6. _____	6. _____
7. _____	7. _____	7. _____	7. _____	7. _____

Total In-Kind Match -0-

TOTAL MATCH PROVIDED \$15,000.00

*This figure must equal the figure specified on line 3, page 4.

Local Governmental Unit Applying: Nassau County Board of County Commissioners
(town, county, or city)

13. CONTRACTUAL INFORMATION - Complete one for each Delegate Agency

General

Name of Delegate Agency: N/A

Address: _____

Contact Person: _____

Telephone: () _____

Tax Exempt Number: * _____
*If none, attach a copy of the certificate of incorporation

DELEGATE AGENCY BUDGET FOR THIS PROGRAM

ADMINISTRATIVE EXPENSES

- 1. Salaries _____
- 2. Rental Space _____
- 3. Travel _____
- 4. Supplies _____
- 5. Other (specify on attachment) _____
- 6. *TOTAL (lines 1 through 5) _____

PROGRAM EXPENSES

- 7. Salaries _____
- 8. Rental Space _____
- 9. Travel _____
- 10. Equipment _____
- 11. Other (specify on attachment) _____
- 12. TOTAL (lines 7 through 11) _____

13. TOTAL EXPENSES (line 6 and line 12) _____

*May not exceed 15% of line 13.

THE DELEGATE AGENCY HEREBY APPROVES THIS APPLICATION AND WILL COMPLY WITH ALL RULES, REGULATIONS AND CONTRACTS RELATING THERETO:

APPROVED BY: N/A
(Title)

N/A
(Signature)

ATTESTED BY: N/A
(Title)

N/A
(Signature)

Local Governmental Unit Applying: Nassau County Board of County Commissioners

14. THE APPLICANT CERTIFIES THAT THE DATA IN THIS APPLICATION AND ITS VARIOUS SECTIONS INCLUDING BUDGET DATA, ARE TRUE AND CORRECT TO THE BEST OF HIS OR HER KNOWLEDGE AND THAT THE FILING OF THIS APPLICATION HAS BEEN DULY AUTHORIZED AND UNDERSTANDS THAT IT WILL BECOME PART OF THE CONTRACT BETWEEN THE DEPARTMENT AND THE APPLICANT. THE BOARD OF COUNTY COMMISSIONERS (OR THE CITY COUNCIL) WILL PASS A RESOLUTION WHICH AUTHORIZES THE EXPENDITURE OF FUNDS FOR THE SPECIFIED PROGRAMS. IF FEES OR CONTRIBUTIONS ARE TO BE UTILIZED AS MATCHING FOR THIS GRANT, OR IF A DELEGATE AGENCY IS TO PROVIDE THE MATCHING SHARE, AND THESE FUNDS ARE NOT FORTHCOMING, THIS RESOLUTION ALSO SPECIFIES THAT THE CITY OR COUNTY WILL PROVIDE THE NECESSARY MATCH.

THE APPLICANT FURTHER CERTIFIES, DUE TO NEW LEGISLATIVE INTENT NOT TO DUPLICATE SERVICES AND THAT THESE PARTICULAR SERVICES ARE NOT BEING PROVIDED NOR ARE THEY AVAILABLE FROM ANY OTHER STATE AGENCY. ALTHOUGH SIMILAR SERVICES MAY BE AVAILABLE, THE APPLICANT CERTIFIES THAT NO OTHER RESOURCE EXISTS TO PROVIDE THESE PARTICULAR SERVICES TO THESE CLIENTS WITHOUT THE USE OF THIS MONEY.

Douglas Hodges
Name (typed)

Douglas Hodges
Signature Chairman, Board of
County Commissioners of
Nassau County

Chairman, Nassau County Board of County Commissioners
Title (Mayor or Chairman of Board of County Commissioners)

P. O. Box 456 Fernandina Beach, Florida 32034
Address

(904) 261-6127
Telephone

ATTESTED BY: D. O. Oxley
Name (typed)

D. O. Oxley
Signature Ex-Officio Clerk to the
Board of County Commissioners

STATE OF FLORIDA
COUNTY OF NASSAU

Sworn to and subscribed before me this 9th day of March, 1978.

Gloria H. Guest
Notary Public
Notary Public, State of Florida at Large
My commission expires Jan. 9, 1980

BOARD OF COUNTY COMMISSIONERS,
 A RESOLUTION OF THE ~~COUNCIL OF THE COUNTY OF~~
~~COUNTY~~ NASSAU COUNTY FLORIDA,
 AUTHORIZING AND DIRECTING THE ~~CHAIRMAN~~ CHAIRMAN
 OF THE BOARD)
 TO SIGN AN AGREEMENT WITH THE STATE OF FLORIDA
 DEPARTMENT OF COMMUNITY AFFAIRS UNDER THE FLORIDA
 FINANCIAL ASSISTANCE FOR COMMUNITY SERVICES ACT.

IT IS HEREBY RESOLVED BY THE ~~COUNCIL~~ COUNTY OF

Nassau ~~COUNTY~~

COUNTY, FLORIDA AS FOLLOWS:

Section I. That the ~~Mayor~~ Chairman is hereby author-
 ized and directed to sign in the name and on behalf of ~~the City~~
~~Commissioner~~ or the Board of County Commissioners an Agreement
 between the Florida Department of Community Affairs and the
County of Nassau under the Florida Financial Assistance
 (name of city or county)
 for Community Services Act, as per copy attached hereto and made
 part hereof.

Section II. That all funds necessary to meet the contract
 obligations of the ~~city~~ or county and its delegate agencies (if
 applicable) with the Department have been appropriated and said
 funds are unexpended and unencumbered and are available for pay-
 ment as prescribed in the contract. The ~~city~~ or county shall be
 responsible for the funds for the local share notwithstanding the
 fact that all or part of the local share is to be met or contri-
 buted by other source, i.e., contributions, other agencies or
 organization funds.

PASSED AND ADOPTED THIS 9th DAY OF March, 1978.

APPROVED:

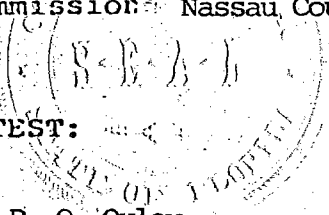
Douglas Hodges
~~Mayor~~ Chairman of County
 Commission Nassau County

Douglas Hodges

ATTEST:

D. O. Oxley
 Ex-Officio Clerk

D. Oxley



RESOLUTION NO. 78- 7

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Douglas Hodges
Chairman of Nassau County
Board of County Commissioners

Douglas Hodges

ATTEST:

D. O. Oxley
Ex-Officio Clerk

D. O. Oxley
