

SUPPLEMENTAL CONSENT AGENDA

October 12, 2010

1. Agreement – Agency for Health Care Administration (Medicaid
FY 2010-2011) 1-5
2. BCC Correspondence – Gulf County Health Department (Letter of
Support * Application for Competing Federally
Qualified Health Center Grant) 6
3. Direct Purchase Requisition – Highland View Fire Department (Couch
Ready Mix * \$17,370.00). 7
4. Funding Request – District 4 (St. Joseph Bay Humane Society *
\$5,000.00 * Port St. Joe High School Girls
Basketball Team * \$4,000.00 * Gulf County
A.R.C. * \$5,000.00 * Senior Citizens * \$5,000.00
* Davida Byrd Scholarship Foundation * \$1,000.00
* Library * \$2,000.00 * to be paid from timber sales) 8
5. Gulf County C.D.C. (Annual Reports Certification for 2009-2010) 9-29
6. Invoice – Opportunity Florida (Membership Dues for 2010-2011 * \$1,455.90) 30
7. Travel – Commissioner District 5 (Accelerated County Commissioner
Program through F.A.C. * Gainesville * October, 2010,
January, 2011, and April, 2011) 31-34

Letter of Agreement

THIS LETTER OF AGREEMENT made and entered into in duplicate on the _____ day of _____ 2010, by and between Gulf (St. Joseph Care of Florida) (the County), and the State of Florida, through its Agency for Health Care Administration (the Agency),

1. Per House Bill 5001, the General Appropriations Act of State Fiscal Year 2010-2011, passed by the 2010 Florida Legislature, County and the Agency, agree that County will remit to the State an amount not to exceed a grand total of \$19,242.

a) The County and the Agency have agreed that these funds will only be used to increase the provision of health services for the Medicaid, uninsured, and underinsured people of the County and the State of Florida at large.

b) The increased provision of Medicaid, uninsured, and underinsured funded health services will be accomplished through the following Medicaid programs:

- i. The Disproportionate Share Hospital (DSH) program.
- ii. The removal of inpatient and outpatient reimbursement ceilings for teaching, specialty and community hospital education program hospitals.
- iii. The removal of inpatient and outpatient reimbursement ceilings for hospitals whose charity care and Medicaid days as a percentage of total adjusted hospital days equals or exceeds 11 percent.
- iv. The removal of inpatient and outpatient reimbursement ceilings for hospitals whose Medicaid days, as a percentage of total hospital days, exceed 7.3 percent, and are trauma centers.
- v. Increase the annual cap on outpatient services for adults from \$500 to \$1,500.
- vi. Medicaid Low Income Pool (LIP) payments to rural hospitals, trauma centers, specialty pediatric hospitals, primary care services and other Medicaid participating safety-net hospitals.
- vii. Medicaid LIP payments to hospitals in the approved appropriations categories.
- viii. Medicaid LIP payments to Federally Qualified Health Centers.
- ix. Medicaid LIP payments to Provider Access Systems (PAS) for Medicaid and the uninsured in rural areas.
- x. Medicaid LIP payments for the expansion of primary care services to low income, uninsured individuals.

2. The County will pay the State an amount not to exceed the grand total amount of \$19,242. The County will transfer payments to the State in the following manner:
 - a) The first quarterly payment of \$4,812 for the months of July, August, and September is due upon notification by the Agency.
 - b) Each successive payment of \$4,810 is due as follows, November 1, 2010, March 31, 2011 and June 15, 2011.
 - c) The State will bill the County each quarter payments are due.
3. The enhanced FMAP is in effect for the first six months of SFY 2010-11. Any payments made by the Agency on or after January 1, 2011, will not be eligible for the enhanced FMAP. Therefore, the County will be responsible for funding the State share required as a result of the reduced FMAP. If funding is not adequate due to the FMAP change, the State will reduce the rate to the level of funded by the County.
4. Timelines: This agreement must be signed and submitted to the Agency no later than May 31, 2011, to be effective for SFY 2011.
5. Attached are the DSH and LIP schedules reflecting the anticipated annual distributions for State Fiscal Year 2010-2011.
6. The County and the State agree that the State will maintain necessary records and supporting documentation applicable to Medicaid, uninsured, and underinsured health services covered by this Letter of Agreement. Further, the County and State agree that the County shall have access to these records and the supporting documentation by requesting the same from the State.
7. The County and the State agree that any modifications to this Letter of Agreement shall be in the same form, namely the exchange of signed copies of a revised Letter of Agreement.
8. The County confirms that there are no pre-arranged agreements (contractual or otherwise) between the respective counties, taxing districts, and/or the providers to re-direct any portion of these aforementioned Medicaid supplemental payments in order to satisfy non-Medicaid, non-uninsured, and non-underinsured activities.
9. The County agrees the following provision shall be included in any agreements between the County and local providers where funding is provided for the Medicaid program. Funding provided in this agreement shall be prioritized so that designated funding shall first be used to fund the Medicaid program (including LIP) and used secondarily for other purposes.
10. This Letter of Agreement covers the period of July 1, 2010 through June 30, 2011.

WITNESSETH:

IN WITNESS WHEREOF the parties have duly executed this Letter of Agreement on the day and year above first written.

Gulf (St. Joseph Care of Florida)

State of Florida

Signature

Phil E. Williams
Assistant Deputy Secretary for Medicaid Finance,
Agency for Health Care Administration

Name

Title

Local Government Intergovernmental Transfers	
Program / Amount	State Fiscal Year 2010-2011
DSH	
LIP, Exemptions & SWI	19,242
Nursing Home SMP	
Total Funding	\$19,242

Lynn Lanier

From: Perry, Bill [Bill.Perry@ahca.myflorida.com]
Sent: Tuesday, October 05, 2010 9:25 AM
To: Lynn Lanier
Cc: Darla Lyle (dlyle@gulfclerk.com); Behenna, Lecia
Subject: 11 M FQHC LOA Gulf County
Attachments: image001.png; GulfCounty St. Joseph FQHC 11M 1011.docx

Ms. Lanier,
 Attached is a copy of the new 11 M FQHC LOA which will replace the previous copy sent. This has been revised to reflect the New State Share due to changes is FMAP and SMAP.

Thank you,
 Bill Perry

William D. Perry III.
 Senior Human Services Program Specialist
 Medicaid Program Analysis - DSH/LIP
 2727 Mahan Dr MS #21
 Tallahassee, FL 32308-5407
 850.412-4131 Work#
 850.922-0461 Fax#
Bill.Perry@ahca.myflorida.com

2010 OCT -7 AM 11:18
 RECEIVED
 COMMUNICATIONS SECTION
 STATE OF FLORIDA
 DEPARTMENT OF
 CHILDREN AND FAMILIES

REPORT MEDICAID FRAUD
Online or 866-966-7226
REPORTAR FRAUDE

Consumer Privacy Statement: This e-mail, including any attachments, may include confidential and/or proprietary information, and may be used only by the person or entity to which it is addressed. If the reader of this e-mail is not the intended recipient or his or her authorized agent, the reader is hereby notified that any dissemination, distribution or copying of this e-mail is prohibited. If you have received this e-mail in error, please reply to the sender and delete/shred it immediately.

CONSENT
 DATE: 10/12/10 **5**

BOARD OF COUNTY COMMISSIONERS GULF COUNTY, FLORIDA

6

1000 CECIL G. COSTIN, SR. BLVD., ROOM 302, PORT ST. JOE, FLORIDA 32456
PHONE: (850) 229-6106/639-6700 • FAX: (850) 229-9252 • EMAIL: boccc@gulfcountry-fl.gov
WEBSITE: www.gulfcountry-fl.gov

DATE AND TIME OF MEETINGS: SECOND AND FOURTH TUESDAYS AT 6:00 P.M., E.T.

October 12, 2010

Ms. Clarissa J. Herndon, Operations & Management Consultant II, CEO
Gulf County Health Department
2475 Garrison Avenue
Port St. Joe, FL 32456

RE: Application for Competing Federally Qualified Health Center (FQHC) Grant

Dear Ms. Herndon:

It is the pleasure of the Gulf County Board of County Commissioners to support your application for the above referenced Federally Qualified Health Center Grant. Gulf County remains in the midst of a years-long trend in downsizing and closing of local employers, resulting in loss of healthcare benefits as well as income. As the number of local physicians has significantly decreased over the years (due to some retiring and others cutting office hours drastically), none have moved it to take their place.

Now, more than ever, accessible primary, dental and behavioral health for the indigent, underinsured and uninsured are essential to ensure a healthy lifestyle for the community. Although a new Sacred Heart on the Gulf Coast Hospital opened in 2010, there is still a huge disparity in care for preventative and non-emergency primary care services.

The Gulf County Health Department has provided a medical home to thousands of residents in this area since its inception in 2002. We are proud to partner with you to ensure that our residents continue to receive the high-quality, affordable health care you currently make available to them.

If you have any questions regarding this matter, please do not hesitate to call me.

Sincerely
GULF COUNTY BOARD OF COUNTY COMMISSIONERS

Carmen L. McLemore
Chairman

2010 OCT -7 PM 11:19

CONSENT
DATE: 10/12/10

6

CARMEN L. McLEMORE
District 1

BILLY E. TRAYLOR
District 2

BILL WILLIAMS
District 3

NATHAN PETERS, JR.
District 4

WARREN YEAGER
District 5

BOARD OF COUNTY COMMISSIONERS GULF COUNTY, FLORIDA

8

1000 CECIL G. COSTIN, SR. BLVD., ROOM 302, PORT ST. JOE, FLORIDA 32456
PHONE: (850) 229-6106/639-6700 • FAX: (850) 229-9252 • EMAIL: bocc@gulfcountry-fl.gov
WEBSITE: www.gulfcountry-fl.gov

DATE AND TIME OF MEETINGS: SECOND AND FOURTH TUESDAYS AT 6:00 P.M., E.T.

MEMORANDUM

TO: GULF COUNTY BOARD OF COUNTY COMMISSIONERS
FROM: COMMISSIONER NATHAN PETERS, JR., DISTRICT 4
DATE: OCTOBER 4, 2010
RE: BUDGET REQUESTS

It is my recommendation to appropriate to the following projects from funds allocated from the timber sales:

St. Joseph Bay Humane Society	\$5,000
Port St. Joe High School Girls Basketball Team	\$4,000
Gulf County A.R.C.	\$5,000
Senior Citizens	\$5,000
Davida Bird's Scholarship Foundation	\$1,000
Library	\$2,000

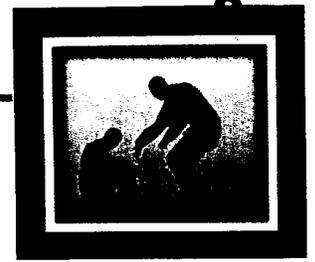
Thank you.

BCC APPROVED

DATE _____ D.C. _____

2010 OCT -7 AM 11:15

Gulf County Community Development Corporation



401 Peters Street, Port St. Joe, FL 32456

Phone: (850) 229-1477 Fax: (850) 227-3392 Email: gulfcdc@yahoo.com

September 27, 2010

The Honorable Carmen McLemore, Chairman
Gulf County Board of County Commissioners
1000 Cecil G. Costin Sr. Blvd.
Port St. Joe, FL 32456

Mr. Chairman,

Attached are the Annual Reports for fiscal years 2007/2008, 2008/2009, 2009/2010. These annual reports have been completed with the guidance of Michael Chaney of Florida Housing Coalition. The Gulf County CDC certifies that the attached annual reports are accurate and we request that the BOCC sign the attached certifications for fiscal year 2009/2010. Once signed please send the signed documents in pdf format to Terry Auringer of Florida Housing Finance Corporation at terry.auringer@floridahousing.org.

Sincerely,

Erika White
SHIP Program Manager

BCC APPROVED

DATE _____ D.C. _____

CONSENT
DATE: DB 9-28-10

CERTIFICATION
For Implementation of
Regulatory Reform Activities
Required by S.H.I.P.

On behalf of Gulf County, I hereby certify that the following
Name of Local Government
information is true and accurate as of the date of submission.

- 1) Permits as defined in s.163.3164(7) and (8)* for affordable housing projects are expedited to a greater degree than other projects; and
- 2) There is an ongoing process for review of local policies, ordinances, regulations, and plan provisions that increase the cost of housing prior to their adoption.
- 3) The cumulative cost per newly constructed housing per housing unit, from these actions for **FY 09/10 is estimated to be \$ 0.
- 4) The cumulative cost per rehabilitated housing per housing unit, from these actions for **FY 09/10 is estimated to be \$ 0.

Date
Witness

Date
Chief Elected Official

Print Name and Title

Date
Witness

Date
City/County Administrator

Print Name and Title

OR

Date
Attest (Seal)

Note: This form will be utilized beginning with **FY 2003/2004.

*162.3164(7), Florida Statutes: "Development order" means any order granting, denying, or granting with conditions an application for a development permit. 163.3164(8), Florida Statutes: "Development permit" includes any building permit, zoning permit, subdivision approval, rezoning, certification, special exception, variance, or any other official action of local government having the effect of permitting the development of land.

CERTIFICATION

On behalf of Gulf County, I hereby certify that the information presented
(NAME OF LOCAL GOVERNMENT)
herein is true and accurate as of the date of submission.

Date _____ Date _____
Witness Chief Elected Official or Designee

Date _____ Date _____
Witness (Type) Name and Title

or

Date _____
Attest (Seal)

GENERAL INFORMATION

Name of Person to call regarding the **Annual Report Form**:
Erika White

Telephone Number: (850) 229-5399

SHIP AR/02-1 ~~99-1~~

Title: SHIP Annual Report

Report Status: Submitted

Gulf County FY 2007/2008

Form 1

SHIP Distribution Summary

Homeownership

Code	Strategy	Expended Amount	Units	Encumbered Amount	Units	Unencumbered Amount	Units
3	Rehabilitation	\$124,800.00	12				
2	Purchase Assistance	\$162,500.00	9				

Homeownership Totals: \$287,300.00 21

Rentals

Code	Strategy	Expended Amount	Units	Encumbered Amount	Units	Unencumbered Amount	Units
21	Rental Strategy			\$95,871.65	2		
20	Land Acquisition			\$16,500.00	2		

Rental Totals: \$112,371.65 4

Subtotals: \$287,300.00 21 \$112,371.65 4

Additional Use of Funds

Use	Expended	Encumbered	Unencumbered
Administrative	\$35,000.00		
Homeownership Counseling	\$1,620.00		
Admin From Program Income	\$9,664.74		
Admin From Disaster Funds			

Totals: \$333,584.74 21 \$112,371.65 4 \$0.00

Total Revenue (Actual and/or Anticipated) for Local SHIP Trust Fund

Source of Funds	Amount
State Annual Distribution	\$350,000.00
Program Income (Interest)	\$12,000.00
Program Income (Payments)	\$84,647.46
Recaptured Funds	
Disaster Funds	
Other Funds	
Carryover funds from previous year	-\$691.07
Total:	\$445,956.39

* Carry Forward to Next Year: \$0.00

NOTE: This carry forward amount will only be accurate when all revenue amounts and all expended, encumbered and unencumbered amounts have been added to Form 1

Form 2

Rental Unit Information

Description	Eff.	1 Bed	2 Bed	3 Bed	4 Bed
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Recap of Funding Sources for Units Produced

Source of Funds Produced through June 30th for Units	Amount of Funds Expended to Date	% of Total Value
SHIP Funds Expended	\$287,300.00	100.00%
Public Moneys Expended	\$.00	.00%
Private Funds Expended	\$.00	.00%
Owner Contribution	\$.00	.00%
Total Value of All Units	\$287,300.00	100.00%

SHIP Program Compliance Summary - Home Ownership/Construction/Rehab

Compliance Category	SHIP Funds	Trust Funds	% of Trust Fund	FL Statute Minimum %
Homeownership	\$287,300.00	\$350,000.00	82.09%	65%
Construction / Rehabilitation	\$399,671.65	\$350,000.00	114.19%	75%

Program Compliance - Income Set-Asides

Income Category	SHIP Funds Expended	SHIP Funds Encumbered	SHIP Funds Unencumbered	Total of SHIP Funds	Total Available Funds % *
Extremely Low	\$.00			\$.00	.00%
Very Low	\$125,800.00	\$16,500.00		\$142,300.00	31.91%
Low	\$85,000.00	\$95,871.65		\$180,871.65	40.56%
Moderate	\$76,500.00			\$76,500.00	17.15%
Totals:	\$287,300.00	\$112,371.65	\$.00	\$399,671.65	89.62%

Special Target Groups for Funds Expended (i.e. teachers, nurses, law enforcement, fire fighters, etc.) Set Aside

Description	Special Target Group	Expended Funds	Total # of Expended Units
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Project Funding for Expended Funds Only

Income Category	Total Funds Mortgages, Loans & DPL's	Mortgages, Loans & DPL Unit #s	Total Funds SHIP Grants	SHIP Grant Unit #s	Total SHIP Funds Expended	Total # Units
Extremely Low					\$.00	0
Very Low	\$125,800.00	8			\$125,800.00	8
Low	\$85,000.00	8			\$85,000.00	8
Moderate	\$76,500.00	5			\$76,500.00	5
Totals:	\$287,300.00	21	\$.00	0	\$287,300.00	21

Form 3

Number of Households/Units Produced

Description	List Unincorporated and Each Municipality	ELI	VLI	Low	Mod	Total
Rehabilitation			7	4		11
Purchase Assistance			1	4	5	10
Totals:			8	8	5	21

Characteristics/Age (Head of Household)

Description	List Unincorporated and Each Municipality	0 - 25	26 - 40	41 - 61	62+	Total
Rehabilitation			1	5	5	11
Purchase Assistance		3	2	3	2	10
Totals:		3	3	8	7	21

Family Size

Description	List Unincorporated and Each Municipality	1 Person	2-4 People	5+ People	Total
Rehabilitation		6	4	1	11
Purchase Assistance		3	6	1	10
Totals:		9	10	2	21

Race (Head of Household)

Description	List Unincorporated and Each Municipality	White	Black	Hispanic	Asian	Amer-Indian	Other	Total
Rehabilitation		5	6					11
Purchase Assistance		8	2					10
Totals:		13	8					21

Special Needs (Any Member of Household)

Description	List Unincorporated and Each Municipality	Farm Worker	Devel. Disabled	Homeless	Elderly	Special Needs	Special Needs	Total
Rehabilitation								0
Purchase Assistance								0
Totals:								0

Form 4

Status of Incentive Strategies

Incentive Strategy:

Expedited Permitting
 Ongoing Review

Adopting Ordinance or Resolution Number or identify local policy:

In current local housing assistance plan

Implementation Schedule (Date):

These incentive strategies have been ongoing for many years

Has the plan or strategy been implemented? If no, describe the steps that will be taken to implement the plan:

These incentive strategies have been ongoing for many years

Status of Strategy - (is the strategy functioning as intended, i.e. are the time frames being met, etc.):

Functioning as intended

Support Services

Homebuyer counseling is provided to potential homebuyers

Other Accomplishments

N/A

Availability for Public Inspection and Comments

The Gulf County CDC will advertise the completed annual report on the community bulletin board, which may be viewed at the CDC office.

Default and Foreclosure

Mortgage Foreclosures

- A. Very low income households in foreclosure: 0
- B. Low income households in foreclosure: 0
- C. Moderate households in foreclosure: 0

Mortgage Defaults

- A. Very low income households in default: 0
- B. Low income households in default: 0
- C. Moderate households in default: 0

Welfare to Work Programs

N/A

Strategies and Production Costs

Strategy	Average Cost
Rehabilitation	\$8,433.33
Purchase Assistance	\$18,357.14
Land Acquisition	\$8,250.00

Expended Funds

Total Unit Count: 21

Total Expended Amount: \$287,300.00

Strategy	Full Name	Address	City	Zip Code	Expended Funds	Unit Counted
Rehabilitation	Elease Adkins	1303 Highway 71	Wewahitchka	32465	\$5,500.00	<input type="checkbox"/>
Rehabilitation	Deborah Van Zant	650 Madison Street	Port St. Joe	32456	\$5,500.00	<input type="checkbox"/>
Rehabilitation	Mary Alice Williams	260 Avenue F	Port St. Joe	32456	\$14,300.00	<input type="checkbox"/>
Rehabilitation	Orbie Franklin	311 Avenue A	Port St. Joe	32456	\$5,500.00	<input type="checkbox"/>
Rehabilitation	Felisha Quinn	290 Avenue B	Port St. Joe	32456	\$18,000.00	<input type="checkbox"/>
Rehabilitation	Margie Henderson	111 Monica Drive	Port St. Joe	32456	\$5,500.00	<input type="checkbox"/>
Rehabilitation	Catherin Kennedy	2591 Oak Grove Avenue	Port St. Joe	32456	\$5,500.00	<input type="checkbox"/>
Rehabilitation	Versa McCloud	112 Liberty Street	Port St. Joe	32456	\$18,000.00	<input type="checkbox"/>
Rehabilitation	Charles Rhames	155 Glenwood	Wewahitchka	32465	\$18,000.00	<input type="checkbox"/>
Rehabilitation	Carbert & Valene Williams	532 South Williamsburg Street	Wewahitchka	32465	\$18,000.00	<input type="checkbox"/>
Rehabilitation	Sedra Barnes	210 Battle Street	Port St. Joe	32456	\$5,500.00	<input type="checkbox"/>
Rehabilitation	Alma Thomas	179 Avenue B	Port St. Joe	32456	\$5,500.00	<input type="checkbox"/>
Purchase Assistance	Angela Padgett	126 Ernie	Wewahitchka	32465	\$17,500.00	<input type="checkbox"/>
Purchase Assistance	Linda Taylor	450 Santa Anna Street	Port St. Joe	32456	\$17,500.00	<input type="checkbox"/>
Purchase Assistance	Karen Collingsworth	447 Ponderosa Pines Drive	Port St. Joe	32456	\$17,000.00	<input type="checkbox"/>
Purchase Assistance	Haley Skiles	107 Mary Drive	Wewahitchka	32465	\$17,000.00	<input type="checkbox"/>
Purchase Assistance	Zachery Franks	Four J Road	Port St. Joe	32456	\$17,000.00	<input type="checkbox"/>
Purchase Assistance	Donna Pippen	Old Dairy Farm Road	Wewahitchka	32456	\$25,000.00	<input type="checkbox"/>
Purchase Assistance	Walter Refour	102 Ernie Drive	Wewahitchka	32456	\$17,500.00	<input type="checkbox"/>
Purchase Assistance	Gwendolyn Banks	122 Harbour Street	Port St. Joe	32456	\$17,000.00	<input type="checkbox"/>
Purchase Assistance	Pamela Madrid	129 Pridgen Lane	Wewahitchka	32465	\$17,000.00	<input type="checkbox"/>

Administrative Expenditures

30,000 expended by the Gulf County CDC for fully implementing the SHIP program.
 5,000 expended for County audits.

Sub Recipients and Consultants

Name	Business Type	Strategy Covered	Responsibility
Gulf County Community Development Corporation (CDC)	Non-Profit Organization	All	Fully implements the SHIP program

Program Income

Program Income Funds	
Loan Repayment:	\$84,647.46
Refinance:	
Foreclosure:	
Sale of Property:	
Interest Earned:	\$12,000.00
Other ():	
Total:	\$96,647.46

Explanation of Recaptured funds

Description	Amount
Total:	\$0.00

Gulf County 2007 Closeout

Title: SHIP Annual Report
 Gulf County FY 2008/2009

Report Status: Submitted

Form 1

SHIP Distribution Summary

Homeownership

Code	Strategy	Expended Amount	Units	Encumbered Amount	Units	Unencumbered Amount	Units
2	Purchase Assistance	\$102,500.00	5				
3	Rehabilitation	\$126,000.00	7				
3	Volunteer Based Rehabilitation	\$82,500.00	15				
9	Land Acquisition			\$30,000.00	2		
7	Foreclosure Prevention	\$1,460.42	1				
Homeownership Totals:		\$312,460.42	28	\$30,000.00	2		

Rentals

Code	Strategy	Expended Amount	Units	Encumbered Amount	Units	Unencumbered Amount	Units
13	Tenant Assistance	\$1,033.00	1				
21	Rental			\$6,918.80	2		
Rental Totals:		\$1,033.00	1	\$6,918.80	2		
Subtotals:		\$313,493.42	29	\$36,918.80	4		

Additional Use of Funds

Use	Expended	Encumbered	Unencumbered
Administrative	\$35,000.00		
Homeownership Counseling			
Admin From Program Income	\$3,934.69		
Admin From Disaster Funds			

Totals: **\$352,428.11** **29** **\$36,918.80** **4** **\$0.00**

Total Revenue (Actual and/or Anticipated) for Local SHIP Trust Fund

Source of Funds	Amount
State Annual Distribution	\$350,000.00
Program Income (Interest)	\$20,000.00
Program Income (Payments)	\$19,346.91
Recaptured Funds	
Disaster Funds	
Other Funds	

Carryover funds from previous year	\$.00
Total:	\$389,346.91

* Carry Forward to Next Year: \$.00

NOTE: This carry forward amount will only be accurate when all revenue amounts and all expended, encumbered and unencumbered amounts have been added to Form 1

Form 2

Rental Unit Information

Description	Eff.	1 Bed	2 Bed	3 Bed	4 Bed
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Recap of Funding Sources for Units Produced

Source of Funds Produced through June 30th for Units	Amount of Funds Expended to Date	% of Total Value
SHIP Funds Expended	\$313,493.42	100.00%
Public Moneys Expended		.00%
Private Funds Expended		.00%
Owner Contribution		.00%
Total Value of All Units	\$313,493.42	100.00%

SHIP Program Compliance Summary - Home Ownership/Construction/Rehab

Compliance Category	SHIP Funds	Trust Funds	% of Trust Fund	FL Statute Minimum %
Homeownership	\$312,460.42	\$350,000.00	89.27%	65%
Construction / Rehabilitation	\$349,379.22	\$350,000.00	99.82%	75%

Program Compliance - Income Set-Asides

Income Category	SHIP Funds Expended	SHIP Funds Encumbered	SHIP Funds Unencumbered	Total of SHIP Funds	Total Available Funds % *
Extremely Low				\$.00	.00%
Very Low	\$131,033.00			\$131,033.00	33.65%
Low	\$139,460.42	\$6,918.80		\$146,379.22	37.60%
Moderate	\$43,000.00	\$30,000.00		\$73,000.00	18.75%
Totals:	\$313,493.42	\$36,918.80	\$.00	\$350,412.22	90.00%

Special Target Groups for Funds Expended (i.e. teachers, nurses, law enforcement, fire fighters, etc.) Set Aside

Description	Special Target Group	Expended Funds	Total # of Expended Units
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Project Funding for Expended Funds Only

Income Category	Total Funds Mortgages, Loans & DPL's	Mortgages, Loans & DPL Unit #s	Total Funds SHIP Grants	SHIP Grant Unit #s	Total SHIP Funds Expended	Total # Units
Extremely Low					\$.00	0
Very Low	\$131,033.00	10			\$131,033.00	10
Low	\$139,460.42	17			\$139,460.42	17
Moderate	\$43,000.00	2			\$43,000.00	2
Totals:	\$313,493.42	29	\$.00	0	\$313,493.42	29

Form 3

Number of Households/Units Produced

Description	List Unincorporated and Each Municipality	ELI	VLI	Low	Mod	Total
Purchase Assistance			3		2	5
Rehabilitation			3	4		7
Volunteer Based Housing			3	12		15
Foreclosure Prevention				1		1
Rental Assistance			1			1
Land Acquisition						0
Totals:			10	17	2	29

Characteristics/Age (Head of Household)

Description	List Unincorporated and Each Municipality	0 - 25	26 - 40	41 - 61	62+	Total
Purchase Assistance		1	3		1	5
Rehabilitation			2	3	2	7
Volunteer Based Housing			1	5	9	15
Foreclosure Prevention			1			1
Rental Assistance			1			1
Land Acquisition						0
Totals:		1	8	8	12	29

Family Size

Description	List Unincorporated and Each Municipality	1 Person	2-4 People	5+ People	Total
Purchase Assistance		1	3	1	5
Rehabilitation		2	5		7

Volunteer Based Housing		7	8		15
Foreclosure Prevention			1		1
Rental Assistance			1		1
Land Acquisition					0
Totals:		10	18	1	29

Race (Head of Household)

Description	List Unincorporated and Each Municipality	White	Black	Hispanic	Asian	Amer-Indian	Other	Total
Purchase Assistance		4	1					5
Rehabilitation		1	6					7
Volunteer Based Housing		7	8					15
Foreclosure Prevention		1						1
Rental Assistance		1						1
Land Acquisition								0
Totals:		14	15					29

Special Needs (Any Member of Household)

Description	List Unincorporated and Each Municipality	Farm Worker	Devel. Disabled	Home-less	Elderly	Special Needs	Special Needs	Total
Purchase Assistance								0
Rehabilitation								0
Volunteer Based Housing								0
Foreclosure Prevention								0
Rental Assistance								0
Land Acquisition								0
Totals:								0

Form 4

Incentive Strategy:

Adopting Ordinance or Resolution Number or identify local policy:

Implementation Schedule (Date):

Has the plan or strategy been implemented? If no, describe the steps that will be taken to implement the plan:

Status of Strategy - (is the strategy functioning as intended, i.e. are the time frames being met, etc.):

Expended Funds

\$313,493.00

Strategy	Full Name	Address	City	Zip Code	Expended Funds	Unit Counted
Purchase Assistance	Carl Book	120 Ernie Drive	Wewahitchka	32465	\$17,500.00	<input type="checkbox"/>
Purchase Assistance	Michael Emanuel & C Hall	373 Harden Circle	Wewahitchka	32465	\$17,500.00	<input type="checkbox"/>
Purchase Assistance	Lawrence & Dianne Kemp	2103 Juniper Avenue	Port St. Joe	32456	\$17,500.00	<input type="checkbox"/>
Purchase Assistance	Stephen Gathers	166 Avenue C	Port St. Joe	32456	\$25,000.00	<input type="checkbox"/>
Purchase Assistance	Brandi Jones	211 Hysmith Road	Wewahitchka	32456	\$25,000.00	<input type="checkbox"/>
Volunteer Based Rehabilitation	Edith Clark	317 Avenue D	Port St. Joe	32456	\$5,500.00	<input type="checkbox"/>
Volunteer Based Rehabilitation	George & Amy Derosier	224 Hysmith Drive	Port St. Joe	32456	\$5,500.00	<input type="checkbox"/>
Volunteer Based Rehabilitation	Deborah Everett	202 Marina Drive	Port St. Joe	32456	\$5,500.00	<input type="checkbox"/>
Volunteer Based Rehabilitation	Betty Fleming	364 Lister Drive	Wewahitchka	32465	\$5,500.00	<input type="checkbox"/>
Volunteer Based Rehabilitation	Betty Harris	245 Avenue E	Port St. Joe	32456	\$5,500.00	<input type="checkbox"/>
Volunteer Based Rehabilitation	Jimmy James	205 13th Street	Port St. Joe	32456	\$5,500.00	<input type="checkbox"/>
Volunteer Based Rehabilitation	Ann Lee	620 Duvall Street	Port St. Joe	32456	\$5,500.00	<input type="checkbox"/>
Volunteer Based Rehabilitation	Eara Buie	301 Avenue A	Port St. Joe	32456	\$5,500.00	<input type="checkbox"/>
Volunteer Based Rehabilitation	Sedra Barnes	201 Battle Street	Port St. Joe	32456	\$5,500.00	<input type="checkbox"/>
Volunteer Based Rehabilitation	Mary Baxley	1305 Long Avenue	Port St. Joe	32456	\$5,500.00	<input type="checkbox"/>
Volunteer Based Rehabilitation	William & Bertha Davis	480 Duval Street	Port St. Joe	32456	\$5,500.00	<input type="checkbox"/>
Volunteer Based Rehabilitation	Henry Dozier	253 Avenue E	Port St. Joe	32456	\$5,500.00	<input type="checkbox"/>
Volunteer Based Rehabilitation	Taylor & Sally Jenkins	251 Avenue E	Port St. Joe	32456	\$5,500.00	<input type="checkbox"/>
Volunteer Based Rehabilitation	Edith Thomas	316 Avenue D	Port St. Joe	32456	\$5,500.00	<input type="checkbox"/>
Volunteer Based Rehabilitation	Gwendolyn Woods	2254 Parker Avenue	Port St. Joe	32456	\$5,500.00	<input type="checkbox"/>
Rehabilitation	Eddie Fields	105 Battle Street	Port St. Joe	32456	\$18,000.00	<input type="checkbox"/>

Rehabilitation	Kimberly Franklin	905 20th Street	Port St. Joe	32456	\$18,000.00	<input type="checkbox"/>
Rehabilitation	Ernst & Gloria Gant	151 Avenue A	Port St. Joe	32456	\$18,000.00	<input type="checkbox"/>
Rehabilitation	Rita Hunter	181 Springtime Street	Wewahitchka	32465	\$18,000.00	<input type="checkbox"/>
Rehabilitation	Beverly Quinn	214 Avenue F	Port St. Joe	32456	\$18,000.00	<input type="checkbox"/>
Rehabilitation	Sheila Fisher	138 Springtime Street	Wewahitchka	32465	\$18,000.00	<input type="checkbox"/>
Rehabilitation	Pat & Early Lewis	105 Apollo Street	Port St. Joe	32456	\$18,000.00	<input type="checkbox"/>
Tenant Assistance	Tanya Ellis	215 Pridgeon Lane	Wewahitchka	32465	\$1,033.00	<input type="checkbox"/>
Foreclosure Prevention	Spencer & Aurora Meyers	119 Bridgeport Lane	Port St. Joe	32456	\$1,460.42	<input type="checkbox"/>

Gulf County 2008 Interim-1

Title: SHIP Annual Report

Gulf County FY 2009/2010

Report Status: Submitted

Form 1

SHIP Distribution Summary

Homeownership

Code	Strategy	Expended Amount	Units	Encumbered Amount	Units	Unencumbered Amount	Units
24	FLHOP	\$40,000.00	5				
3	Volunteer Based Rehabilitation	\$38,500.00	7			\$166,069.26	8
Homeownership Totals:		\$78,500.00	12			\$166,069.26	8

Rentals

Code	Strategy	Expended Amount	Units	Encumbered Amount	Units	Unencumbered Amount	Units
21	New Construction- Rental			\$97,209.55	2		
Rental Totals:				\$97,209.55	2		

Subtotals: \$78,500.00 12 \$97,209.55 2 \$166,069.26 8

Additional Use of Funds

Use	Expended	Encumbered	Unencumbered
Administrative	\$35,000.00		
Homeownership Counseling			
Admin From Program Income		\$2,975.00	
Admin From Disaster Funds			

Totals: \$113,500.00 12 \$100,184.55 2 \$166,069.26 8

Total Revenue (Actual and/or Anticipated) for Local SHIP Trust Fund

Source of Funds	Amount
State Annual Distribution	\$310,000.00
Program Income (Interest)	\$3,784.82
Program Income (Payments)	\$25,968.99
Recaptured Funds	
Disaster Funds	\$.00
FLHOP Disbursement	\$40,000.00
Other Funds	
Carryover funds from previous year	\$.00
Total:	\$379,753.81

* Carry Forward to Next Year: \$.00

NOTE: This carry forward amount will only be accurate when all revenue amounts and all expended, encumbered and unencumbered amounts have been added to Form 1

Form 2

Rental Unit Information

Description	Eff.	1 Bed	2 Bed	3 Bed	4 Bed
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Recap of Funding Sources for Units Produced

Source of Funds Produced through June 30th for Units	Amount of Funds Expended to Date	% of Total Value
SHIP Funds Expended	\$78,500.00	100.00%
Public Moneys Expended		.00%
Private Funds Expended		.00%
Owner Contribution		.00%
Total Value of All Units	\$78,500.00	100.00%

SHIP Program Compliance Summary - Home Ownership/Construction/Rehab

Compliance Category	SHIP Funds	Trust Funds	% of Trust Fund	FL Statute Minimum %
Homeownership	\$247,544.26	\$310,000.00	79.85%	65%
Construction / Rehabilitation	\$247,544.26	\$310,000.00	79.85%	75%

Program Compliance - Income Set-Asides

Income Category	SHIP Funds Expended	SHIP Funds Encumbered	SHIP Funds Unencumbered	Total of SHIP Funds	Total Available Funds % *
Extremely Low				\$0.00	.00%
Very Low	\$38,500.00		\$166,069.26	\$204,569.26	60.21%
Low	\$8,000.00	\$97,209.55		\$105,209.55	30.97%
Moderate				\$0.00	.00%
Over 120%-140%	\$8,000.00			\$8,000.00	2.35%
Over 140%	\$24,000.00			\$24,000.00	7.06%
Totals:	\$78,500.00	\$97,209.55	\$166,069.26	\$341,778.81	100.60%

Special Target Groups for Funds Expended (i.e. teachers, nurses, law enforcement, fire fighters, etc.) Set Aside

Description	Special Target Group	Expended Funds	Total # of Expended Units
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Project Funding for Expended Funds Only

Income Category	Total Funds Mortgages, Loans & DPL's	Mortgages, Loans & DPL Unit #s	Total Funds SHIP Grants	SHIP Grant Unit #s	Total SHIP Funds Expended	Total # Units
Extremely Low					\$.00	0
Very Low	\$38,500.00	7			\$38,500.00	7
Low	\$8,000.00	1			\$8,000.00	1
Moderate					\$.00	0
Over 120%-140%	\$8,000.00	1			\$8,000.00	1
Over 140%	\$24,000.00	3			\$24,000.00	3
Totals:	\$78,500.00	12	\$.00	0	\$78,500.00	12

Form 3

Number of Households/Units Produced

Description	List Unincorporated and Each Municipality	ELI	VLI	Low	Mod	Over 120%-140%	Over 140%	Total
FLHOP				1		1	3	5
Rehabilitation			7					7
Totals:			7	1		1	3	12

Characteristics/Age (Head of Household)

Description	List Unincorporated and Each Municipality	0 - 25	26 - 40	41 - 61	62+	Total
FLHOP		2	2	1		5
Rehabilitation				2	5	7
Totals:		2	2	3	5	12

Family Size

Description	List Unincorporated and Each Municipality	1 Person	2-4 People	5+ People	Total
FLHOP		1	4		5
Rehabilitation		5	2		7
Totals:		6	6		12

Race (Head of Household)

Description	List Unincorporated and Each Municipality	White	Black	Hispanic	Asian	Amer-Indian	Other	Total
FLHOP		5						5
Rehabilitation		2	5					7
Totals:		7	5					12

Special Needs (Any Member of Household)

Description	List Unincorporated and Each Municipality	Farm Worker	Devel. Disabled	Home-less	Elderly	Special Needs	Special Needs	Total
FLHOP								0
Rehabilitation								0
Totals:								0

Form 4

Incentive Strategy:

Adopting Ordinance or Resolution Number or identify local policy:

Implementation Schedule (Date):

Has the plan or strategy been implemented? If no, describe the steps that will be taken to implement the plan:

Status of Strategy - (is the strategy functioning as intended, i.e. are the time frames being met, etc.):

Expended Funds

\$78,500.00

Strategy	Full Name	Address	City	Zip Code	Expended Funds	Unit Counted
Volunteer Based Rehabilitation	Hattie Smith	221 Avenue F	Port St. Joe	32456	\$5,500.00	<input type="checkbox"/>
Volunteer Based Rehabilitation	Lillian Thompson	371 Avenue B	Port St. Joe	32456	\$5,500.00	<input type="checkbox"/>
Volunteer Based Rehabilitation	Bessie Lee Willis	321 Avenue A	Port St. Joe	32456	\$5,500.00	<input type="checkbox"/>
Volunteer Based Rehabilitation	Willie Bell Sylvester	155 Avenue F	Port St. Joe	32456	\$5,500.00	<input type="checkbox"/>
Volunteer Based Rehabilitation	Leonard Britt	120 Springtime Street	Wewahitchka	32465	\$5,500.00	<input type="checkbox"/>
Volunteer Based Rehabilitation	Melanie Johnson	157 West Avenue	Wewahitchka	32465	\$5,500.00	<input type="checkbox"/>
Volunteer Based Rehabilitation	Mary Parker	2434 McKinnon Street	Port St. Joe	32456	\$5,500.00	<input type="checkbox"/>
FLHOP	Joshua and Kayla Dailey	110 Sunset Circle	Port St. Joe	32456	\$8,000.00	<input type="checkbox"/>
FLHOP	John Ludlam	334 Hill Top Drive	Wewahitchka	32465	\$8,000.00	<input type="checkbox"/>
FLHOP	Dan and Ann Shefferly	142 Magellan Street	Port St. Joe	32456	\$8,000.00	<input type="checkbox"/>
FLHOP	Aaron and Marci Watson	909 20th Street	Port St. Joe	32456	\$8,000.00	<input type="checkbox"/>
FLHOP	David and Gia Barnes	106 Heritage Lane	Port St. Joe	32456	\$8,000.00	<input type="checkbox"/>

Gulf County 2009 Interim-2

Opportunity Florida Membership Dues Invoice 2010-2011 Membership Year

Gulf County Board of County Commissioners
1000 Cecil G Costin, Sr. Blvd
Port St Joe, FL 32456

Membership Category: County

Amount for Yearly Dues: [Ten Cents (\$.10) per capita based on U.S. Census Bureau, 2000]

\$1,455.90

Due upon receipt

If you need to make any changes to your membership information, please include a copy of this page with your check and make the appropriate changes below.

Please note any address changes here:

We wish to retain Ms. Towan Kopinsky as our official representative on the Opportunity Florida Board of Directors

_____ We wish to name _____ as our official representative on the Opportunity Florida Board of Directors.

THANK YOU

**Please remit payment to:
Opportunity Florida
4636 Hwy 90, Ste K
Marianna, FL 32446**

2010 OCT -7 AM 11:19

BCC APPROVED

DATE _____ D.C. _____

CONSENT
DATE: DB 9-27-10 **30**

BOARD OF COUNTY COMMISSIONERS GULF COUNTY, FLORIDA

31

1000 CECIL G. COSTIN, SR. BLVD., ROOM 302, PORT ST. JOE, FLORIDA 32456
PHONE: (850) 229-6106/639-6700 • FAX: (850) 229-9252 • EMAIL: bocc@gulfcounty-fl.gov
WEBSITE: www.gulfcounty-fl.gov

DATE AND TIME OF MEETINGS: SECOND AND FOURTH TUESDAYS AT 6:00 P.M., E.T.

MEMORANDUM

TO: GULF COUNTY BOARD OF COUNTY COMMISSIONERS
FROM: COMMISSIONER WARREN YEAGER, JR., DISTRICT 5
DATE: OCTOBER 6, 2010
RE: REQUEST FOR TRAVEL ALLOWANCE

It is my request for the BOCC to allow my travel expenses to Gainesville in October, 2010, January and April, 2011 so I can participate in the Accelerated County Commissioner Program through the Florida Counties Foundation. These are all two day trips and I have obtained free registration for this program through a scholarship for small counties.

Thank you.

BCC APPROVED

DATE _____ D.C. _____

2010 OCT -7 AM 11:19

CONSENT
DATE: 10/12/10 LL

Lynn Lanier

From: Florida Association of Counties [notifications@polaris.arcsolutionsinc.com]
Sent: Tuesday, August 24, 2010 3:26 PM
To: commissioner5@gulfcounty-fl.gov
Subject: Welcome to the 2010 - 2011 ACC Class!



All About Florida

Welcome to the
2010 - 2011 ACC Class
Registration Confirmation

Commissioner Warren Yeager - Congratulations on your acceptance to the 2010-2011 ACC Class!

Thank you for submitting an application to be a part of the 2010-2011 ACC Class. I am pleased to announce that you have been selected as a member of the 2010-11 ACC program!

The ACC program is organized as a series of three seminars. All sessions will be held at the Hilton University of Florida Conference Center in Alachua County. The session dates are October 28-29, 2010; January 6-7 and April 21-22, 2011.

Each ACC program will begin on Thursday around 1:00 p.m. and include a reception and organized group dinner ending by 8:00 p.m. On Friday, the program will start the next morning at 8:00 a.m. and end around 3:00 p.m.

A class roster and finalized agenda will be sent at least one week prior to each ACC class.

For hotel reservations, contact the Hilton University of Florida Conference Center directly at 352-371-3600 and ask for the FP1 room block (FP2 for the January and FP3 for the April room blocks). If you would prefer, you can go ahead and make your reservations today for all three classes. Rates do vary for each of the dates (October rates are \$139+ tax per night, January rates are \$119+ tax per

night, and April rates are \$139+ tax per night). Due to the way our schedule is structured, ~~most~~ **33** of you will only need to book one night (Thursday) at the hotel for each session.

We look forward to having you in this program. To date, there are only 76 ACC Graduates, and we are pleased that you will be joining this elite group of Commissioners.

To confirm your acceptance into the ACC Program, you must pay for your class by September 17th or your slot will be given to another applicant. You may pay online (include link) or send payment via check. The registration fee for the entire program is \$450, which includes 27 hours of high quality training, all materials and meals. We look forward to seeing you in Gainesville on October 28th!

We look forward to seeing you at the first class on October 28th!

Lynn Lanier

From: Florida Association of Counties [notifications@polaris.arcsolutionsinc.com]
Sent: Tuesday, August 24, 2010 3:26 PM
To: commissioner5@gulfcountry-fl.gov
Subject: FAC Receipt



Thank you for your purchase from the Florida Association of Counties. Your purchase allows FAC to advance our mission to help counties effectively serve and represent Floridians by strengthening and preserving county home rule through advocacy, education and collaboration.

Thank you for your support!

Order date: **8/24/2010 3:26:11 PM**
Yeager, Warren J.
Gulf County

Item(s):

Name	Quantity	Total Amount
2010-2011 ACC Class	1.00	450.00
Coupon: 2010Scholarship	1.00	-450.00

No payments available.
Total Amount Paid: **\$0.00**

Questions/Comments/Information

Florida Association of Counties
www.fl-counties.com
850-922-4300
P.O. Box 549
Tallahassee, FL 32302