





12/13-011



**LEE COUNTY**  
**SOUTHWEST FLORIDA**  
**Board of County Commissioners**  
**DEPARTMENT OF HUMAN SERVICES**

**U.S. Department of Housing and Urban Development**  
**Community Development Block Grant**

**Sub-recipient Contract**

**with**

**City of Sanibel**

**October 1, 2012 – September 30, 2013**

CSFA # \_\_\_\_\_  
CFDA # 14.218  
Contract No. \_\_\_\_\_  
Funding Source: U.S. Dept of  
Housing and Urban Dev  
CDBG Program

**STANDARD NONPROFIT/GOVERNMENT CONTRACT**

**SUBRECIPIENT CONTRACT BETWEEN  
THE LEE COUNTY BOARD OF COUNTY COMMISSIONERS  
And  
CITY OF SANIBEL**

**THIS CONTRACT** between Lee County, a political subdivision and Charter county of the State of Florida, hereinafter referred to as "**COUNTY**" and **City of Sanibel** a Municipality registered under the laws of Florida Chapter 74-606, operating under the laws of the State of Florida and, hereinafter referred to as "**PROVIDER**" will become effective upon the date approved by the BOCC.

**WHEREAS, COUNTY** believes it to be in the public interest to provide certain activities to the Lee County residents through the **PROVIDER** according to this Contract, the agency's intent as stated in the proposal and attachments and/or exhibits, and all other terms and conditions as specified.

**NOW THEREFORE**, in consideration of the mutual covenants, promises, and representations contained herein **COUNTY** and the **PROVIDER** agree as follows:

**ARTICLE I           SCOPE OF SERVICES**

The Pond Apple Park Trail ADA Enhancement Project will remove architectural barriers and provide full access to the Pond Apple Park Trail. In its current state, the 1.62 mile loop trail floods during Sanibel's rainy season (July – October) and portions of the trail restrict mobility and access to the elderly and handicapped persons. This project consists of construction of approximately 130 linear feet of ADA compliant boardwalks over the portions of the trail which restrict access and mobility. When improvements are completed, the trail will be accessible and allow unrestricted movement to all users including the elderly and handicapped persons.

The project is located within an eagle's nest buffer zone. Construction activity located within 660 feet of the nest will start no sooner than May 16, 2013, and all construction activity will comply with Florida Fish and Wildlife Commission's Bald Eagle Management Plan.

Program(s) must be implemented to serve residents of Lee County in accordance with the approved RFP, Guidelines, proposal(s)/application, exhibits/attachments.

For federally funded projects, all requirements and conditions as described in Attachment A, Program Guidelines must also be followed.

All activities funded with CDBG funds must meet the income eligibility requirement of benefit to very low-, low- and moderate- income persons. **PROVIDER** certifies that the activity carried out under this Agreement will meet the CDBG income eligibility requirements. The CDBG defined objective is Create Suitable Living Environment and the CDBG outcome is Availability/Accessibility.

**ARTICLE II TERM OF CONTRACT**

This Contract shall begin **October 1, 2012** and end **September 30, 2013** unless terminated as specified in Article VIII, Suspension/Termination.

For unit rate contracts, programs must be operational within 45 days of contract begin date (Identified above).

**ARTICLE III COMPENSATION AND REPORTS**

**A. Contract Payment**

The **COUNTY** will make payments on a reimbursement basis to the **PROVIDER** and the **PROVIDER** agrees to accept as full compensation the total amount not to exceed **\$20,861.00**. Payments will be authorized only for work completed and/or services delivered during the term of the contract as stated in ARTICLE II: TERM OF CONTRACT, and prior to the payment request date. Documentation of eligible expenses will be provided as stated in Article III C. Contract Deliverables. Payment is subject to the provisions of Article III B Deferred Payment/Return of Funds and Article IX, Suspension/Termination. Funding is contingent upon the availability of funds.

The **COUNTY** has agreed to purchase the service(s) listed in Article I. For unit rate contracts, this contract is for the payment of a fixed number of units of service at the fixed unit rate. For line item contracts, this contract is for payment of line item amounts as identified in the approved budget.

<b>Program</b>	<del>Unit Rate Contracts</del> <b>Unit Description</b>  <b>Line Item Contracts - Approved Budget Category</b>	<del>Unit Rate Contracts</del> <b>Units purchased by County</b>  <b>Line Item Contracts - Annual Budget Amount</b>	<del>Unit Rate Contracts</del> <b>Unit-rate reimbursed by County</b>  <b>Line Item Contracts - N/A</b>	<b>Total</b>
Accessibility Project	Public Facilities	\$20,861.00	N/A	\$20,861.00

For Partnering for Results contracts, Lee County will fund no more than 25% of cash expense budget. Agency must be able to substantiate receipt of at least 75% of revenue from other sources or amount of contract may be reduced.

**B. Deferred Payment/Return of Funds**

The **COUNTY** may defer payment to the **PROVIDER** for noncompliance with contract deliverables or program requirements.

If, as a result of monitoring or audit, units of service provided are not documented a payment may be deferred. If units are found to be unallowable, no future payments will be made until the full amount of overpayment is remitted to Lee County or a repayment agreement is accepted by Lee County. If the monitoring or audit occurs after the term of this contract, the **PROVIDER** will be required to remit funds to the **COUNTY** in accordance with the repayment conditions below.

The **PROVIDER** agrees to return to the **COUNTY** any overpayments due to funds disallowed pursuant to the terms of this Contract and/or Federal requirements. For contracts funded under the Partnering For Results (local general fund) process, repayment will be required if the amount paid exceeds 25% of program expenses. Such funds shall be considered **COUNTY** funds and must be refunded to the **COUNTY** within thirty (30) days of receiving notice from the **COUNTY** in writing regarding the overpayment. Should repayment not be made in a timely manner, the **COUNTY** will charge interest of one (1) percent per month compounded on the outstanding balance after forty (40) calendar days after the date of notification or discovery. The **PROVIDER** will be required to reimburse the **COUNTY** for any acts of non-compliance resulting in disallowed costs or fines.

**C. Contract Deliverables**

**1. Required Reports (checked boxes are applicable)**

- EXHIBIT 1- Payment Request - Due: Monthly by the 20<sup>th</sup> of the following month.** All payments will be **reimbursement** for expenses/services rendered during the contract term and paid prior to final payment request due date as indicated in the Contract Closeout Section (Article III 2 D). Copies of supporting documentation is required as part of the Payment Request for review of grant compliance and before payment will be made by Human Services. **Reimbursement** for eligible expenses will be made after review and authorization of a correct and complete Exhibit 1 and all required back up documentation. Eligible expenses are defined as uncompensated expenses incurred during the term of the contract and paid prior to final payment request due date as indicated in the Contract Closeout Section (Article III 2 D). **Lee County must be payor of last resort meaning that if services are eligible to be billed to any other entity including but not limited to Medicaid, 3<sup>rd</sup> party insurance or any other entity, than Lee County will not pay for that services**

Appropriate back-up/supporting documentation may include: cancelled checks, vendor invoices, authorized purchase orders, attendance/service logs, other funder invoices, expenditure spreadsheets or other original documentation, as well as a copy of the PROVIDER'S check issued with authorized signature. **Two-sided copies of back-up documentation are preferred.** For Construction Contracts, inspection reports from qualified officials should be submitted with the appropriate monthly payment request.

The Exhibit 1 (Payment Request) must be submitted with an **original, authorized** signature. An email or fax submission of Exhibit 1 is acceptable **ONLY** when there is no reimbursement requested. Cancelled checks, bank statements and/or other documentation from vendor that expense has been paid or service provided will be verified during monitoring.

Processing of payment requests is also subject to requirements and conditions as outlined in Attachment A, Program Guidelines.

- EXHIBIT 2- Program/Demographics/Beneficiary Report - Due: As indicated on Exhibit 2.**
- EXHIBIT 3 - Performance Outcomes Report - Due: As indicated on Exhibit 3.**

- EXHIBIT 4 - Quarterly Unit Rate & Revenue Analysis Report – **Due: 30 days following the end of each quarter. (Jan 31; April 30; July 31; Oct 31). Documentation to support expenditures and revenue MUST be attached i.e. Quickbooks; Profit/Loss Statement.**
- EXHIBIT 5- Annual Progress Report or Closeout Report- **APR due 45 days after each 12 month period of service delivery (operating year). Closeout report due 120 days after final draw or as indicated on Exhibit 5.**
- EXHIBIT 6 - Certificate of Insurance - **Insert in contract.**
- EXHIBIT 7 – Statement of Work – **Insert in contract.**
- EXHIBIT 8 - Equipment/Fixed Assets Inventory Form- **Due: 30 days from purchase of equipment or fixed assets, and annually on October 1.**
- EXHIBIT 9 - Annual Certification of Continued Operation (ESG) - **Due: As indicated on Exhibit 9.**

For all reports except the Exhibit 1 (Payment Request) and Annual Progress Reports, either an email or hard copy of reports is acceptable. The Exhibit 1 (Payment Request) and Annual Progress Reports must have original signatures. Other reports requiring signatures can have an electronic signature or a scanned copy of the report with signature.

## 2. **Required Documents**

- Audited Financial Statement and Management Letter for fiscal year(s) in which contract funds are expended – **Due Date: Non profits - 180 days following the end of PROVIDER'S fiscal year(s); Governments/municipalities - 270 days following the end of fiscal year(s).**
- Copy of latest Form 990 - **Due Date: Non profits – 180 days following the end of PROVIDER'S fiscal year(s)**
- Monitoring Reports – A copy of monitoring reports issued from other sources that fund any program covered under this contract and copies of **PROVIDER'S** response to the funding agency are due to the **COUNTY** no later than **30 days** after receipt by the **PROVIDER**.

## D. **Contract Closeout**

- Partnering for Results: Unit Rate Analysis Report -Due: 30 days after contract end.**
- Partnering for Results: Final Payment Request –Due: 4 days after contract end.**
- Partnering for Results: Close Out Report – Due 30 days after contract end.**
- State Mandated & Choose Life: Final Payment Request – Due: 4 days after contract end and Annual Report (applicable to Choose Life contracts only) – Due October 31.**
- HOME – Closeout package for each property –Due: 120 days after payment request.**
- Supportive Housing Program and Shelter Plus Care – Final Payment Request**

- and Annual Progress Report – **Due: 45 days from last day of operating year.**
- CDBG – Final Payment Request and Beneficiary Reports – Due: 7<sup>th</sup> of the month after term end.**
  - Challenge Grants & Homeless Housing Assistance Grants (HHAG) – Final Closeout Payment Request – Due: 10 days after the end of the contract term or project completion date.**

#### **ARTICLE IV**      **AUDITS, MONITORING, AND RECORDS**

##### **A.      Monitoring**

The **PROVIDER** agrees to permit persons duly authorized by the **COUNTY** and the Federal or State grantor agency (if applicable) or any representatives to inspect all records, papers, documents, facility's goods and services of the **PROVIDER** and/or interview any clients and employees of the **PROVIDER** to be assured of satisfactory performance of the terms and conditions of this contract to the extent permitted by the law after giving the **PROVIDER** reasonable notice. The monitoring is a limited scope review of the contract and agency management and does not relieve the **PROVIDER** of its obligation to manage the grant in accordance with applicable rules and sound management practices.

Following such monitoring the **COUNTY** will deliver to the **PROVIDER** a written report regarding the manner in which services are being provided. The **PROVIDER** will rectify all noted deficiencies within the specified period of time indicated in the monitoring report or provide the **COUNTY** with a reasonable and acceptable justification for not correcting the noted shortcomings. The **PROVIDER'S** failure to correct or justify the deficiencies within the time specified by the **COUNTY** may result in the withholding of payments, being deemed in breach or default, or termination of this Contract.

A copy of monitoring reports issued from other sources that fund any program covered under this contract and copies of **PROVIDER'S** response to the funding agency are due to the **COUNTY** no later than **30 days** after receipt by the **PROVIDER**.

##### **B.      Audits and Inspections**

The **PROVIDER** will make all records referenced in Article IV. C. and all items included on financial statements available for audit or inspection purposes at any time during normal business hours and as often as **COUNTY** deems necessary.

The Clerk of Courts Internal Audit Division, the Federal or State grantor agency (if applicable), Lee County employees, or any of their duly authorized representatives have the right of timely and unrestricted access to any books, documents, papers, or other records of **PROVIDER** or Certified Public Accountant (CPA) that are pertinent to the contract, in order to make audits, examinations, excerpts, transcripts and copies of such documents. If contract non-compliance or material weaknesses in the organization are noted, the **COUNTY** or other authorized representatives have the right to unlimited access to records during an audit or inspection. This includes timely and reasonable access to a **PROVIDER'S** personnel for the purpose of interview and discussion related to such documents.

### C. Records

The **PROVIDER** shall retain all financial, client demographics, and programmatic records, supporting documentation, statistical records, and other records, which are necessary to document service provision, expenditures, income and assets of the **PROVIDER** by funding source, program, and functional expenses category during the term of this contract and a minimum of five (5) years from the date of contract expiration. The retention period may be longer depending on the funding source. If any litigation, claim, negotiation, audit, or other action involving the records has been initiated before the expiration of the retention period, the records shall be retained for one (1) year after the final resolution of the action and final resolution of all issues that arise from such action.

### D. Independent Audit

A complete independent financial audit of the agency's financial statements in accordance with Generally Accepted Accounting Principals (GAAP) and/or current Generally Accepted Government Auditing Standards (GAGAS) as applicable is required and must include the following:

- auditor's opinion
- requisite reports on internal control and compliance, if required
- management letter addressing internal controls (Note: If there were no items to be addressed, the letter must still be completed and state that no comments were noted.)
- management's response to such letter
- the programs that are funded by this Lee County contract either in the statement of functional expenses, revenues and expenditures, footnotes, schedule of Federal awards and State financial assistance or as supplemental data in the financial statements. The statement should be consistent with programs detailed in the corresponding proposal(s), exhibit(s), and attachment(s).

An original, bound or disk version from auditors must be submitted. The audit must be submitted to the **COUNTY** no later than one hundred eighty (180) days following the end of a non profit **PROVIDER'S** fiscal year and two hundred seventy (270) days following the end of a government/municipality **PROVIDER'S** fiscal year. If applicable, any corrective action plan must be submitted. Failure to submit the report within the required time frame can result in the withholding of payment, or termination of the contract by the **COUNTY**.

The audit must be conducted by an independent, licensed certified public accountant with an unmodified opinion on their current peer review and must be in accordance with the General Accounting Office (GAO) Yellow Book, Generally Accepted Government Auditing Standards, OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations" if applicable, the Florida Single Audit Act (F.S. 215.97) if applicable, and the Auditor General Rule 10.550 (Government) or 10.650 (Not For Profit) as applicable.

Copy of the latest Form 990 must also be submitted no later than one hundred eighty (180) days following the end of a non profit **PROVIDER'S** fiscal year.

## ARTICLE V            **AMENDMENTS**

**PROVIDER** must submit in writing a request for a contract amendment which details the nature of and justification for the requested change and the desired effective date of the change(s). The **COUNTY** reserves the right to approve or deny all contract amendments. An

approved amendment shall be documented on the contract amendment form and signed by both parties.

The Department Director may approve amendments, which do not substantially change the original contracted scope of service and statement of work. The Board of County Commissioners must approve amendments which increase or decrease contract funds; significantly change program design including target population or major changes in outcomes; change or add to the standard provider contract language which is not for the purpose of correcting original omissions or clarifying original contract intent.

For federally funded projects, HUD must approve (24 CFR 583.405), in writing, any **significant** changes to an approved Homeless Continuum of Care program prior to initiating a contract amendment. Amendments to CDBG, HOME, or ESG which involve new or alteration of existing activities that will significantly change the scope, location, or objectives of the approved activities or beneficiaries must receive prior HUD approval.

## **ARTICLE VI            CONTRACTOR STATUS**

### **A.     Independent Contractor**

It is the Parties' intention that the **PROVIDER** will be an independent contractor and not the County's employee for all purposes, including, but not limited to, the application of the Fair Labor Standards Act minimum wage and overtime payments, Federal Insurance Contribution Act, the Social Security Act, the Federal Unemployment Tax Act, the provisions of the Internal Revenue Code, Florida revenue and taxation law, Florida Worker's Compensation law and Florida Unemployment Insurance Law. The **PROVIDER** will retain sole and absolute discretion in the judgment of the manner and means of carrying out the **PROVIDER'S** activities and responsibilities hereunder. The **PROVIDER** agrees that it is a separate and independent enterprise from the public employer, that it has made its own investment in its business, and that it will utilize a high level of skill necessary to perform the work. This agreement shall not be construed as creating any joint employment relationship between the **PROVIDER** and **COUNTY**, and **COUNTY** will not be liable for any obligation incurred by the **PROVIDER**, including, but not limited to, unpaid minimum wages and/or overtime premiums.

### **B.     Subcontracts**

Primary roles and responsibilities of **PROVIDER** cannot be subcontracted. It is mutually agreed that any program component that is subcontracted by **PROVIDER** must have a written contract upon execution of this contract. Procurement and/or bidding of non primary roles and responsibilities must be awarded on a fair and non collusive basis and must be in compliance with all applicable Lee County, State of Florida and Federal standards. The **PROVIDER** must ensure each subcontractor conforms to the terms and conditions of this contract and if applicable Attachment A, Program Guidelines and must be subject to indemnification as stated in Article VIII.

## **ARTICLE VII            CONFLICT OF INTEREST**

The **PROVIDER** agrees that it presently has no interest and shall acquire no interest, either direct or indirect, which would conflict in any manner with the performance of services required in this contract. The **PROVIDER** further agrees that no person having any such interest shall be employed or engaged for said performance. The **PROVIDER** agrees that no employee, officer, agent of the provider or its sub recipients shall participate in the selection, award or administration of a contract or construction bid if a conflict-of-interest, either real or implied, would be involved. The **PROVIDER**

or sub recipient employees, officers and agents should refrain from accepting gratuities, favors or anything of monetary value from contractors or potential contractors based on the understanding that the receipt of such an item of value would influence any action or judgment of the **PROVIDER**.

For federally funded contracts, conflict-of-interest provisions described in 24 CFR 85.36 and 84.42 and all other established, applicable HUD regulations must be followed.

## **ARTICLE VIII RISK MANAGEMENT**

### **A. Hold Harmless and Indemnity Clause**

To the fullest extent permitted by applicable law, **PROVIDER** shall protect, defend, indemnify, save and hold the County, the Board of County Commissioners, its agents, officials, and employees harmless from and against any and all claims, demands, fines, loss or destruction of property, liabilities, damages, for claims based on the negligence, misconduct, or omissions of the **PROVIDER** resulting from the **PROVIDER'S** work as further described in this contract, which may arise in favor of any person or persons resulting from the **PROVIDER'S** performance or non-performance of its obligations under this contract except any damages arising out of personal injury or property claims from third parties caused solely by the negligence, omission(s) or willful misconduct of the County, its officials, commissions, employees or agents, subject to the limitations as set out in Florida general law, Section 768.28, Florida Statutes, as amended. Further, **PROVIDER** hereby agrees to indemnify the County for all reasonable expenses and attorney's fees incurred by or imposed upon the County in connection therewith for any loss, damage, injury or other casualty. **PROVIDER** additionally agrees that the County may employ an attorney of the County's own selection to appear and defend any such action, on behalf of the County, at the expense of the **PROVIDER**. The **PROVIDER** further agrees to pay all reasonable expenses and attorney's fees incurred by the County in establishing the right to indemnity.

The **PROVIDER** further agrees that it is responsible for any and all claims arising from the hiring of individuals relating to activities provided under the Contract. All individuals hired are employees of the **PROVIDER** and not of the **COUNTY**.

### **B. Insurance – Non Profit Providers**

The **PROVIDER** agrees to secure and maintain the insurance coverage outlined below during the term of this Contract. The **PROVIDER** agrees that this insurance requirement shall not relieve or limit **PROVIDER'S** liability and that the **COUNTY** does not in any way represent that the insurance required is sufficient or adequate to protect the **PROVIDER'S** interests or liabilities, but are merely minimums. It is the responsibility of the **PROVIDER** to insure that all subcontractors comply with the insurance requirements.

Certificate(s) of Insurance  *naming Lee County Board of County Commissioners as Certificate Holder and additional insured*  will be attached to this contract as an exhibit. Name and address for Certificate Holder should be: Lee County Board of County Commissioners, P.O. Box 398, Fort Myers, FL 33902. Certificate(s) must be provided for the following:

1. **Workers' Compensation**– Statutory benefits as defined by Florida Statute 440 encompassing all operations contemplated by this contract or agreement to apply to all owners, officers, and employees. Employers' liability will have

minimum limits of:  
\$100,000 per accident  
\$500,000 disease limit  
\$100,000 disease limit per employee

2. **Commercial General Liability** – Coverage shall apply to premises and/or operations, products and/or completed operations, independent contractors, contractual liability, and broad form property damage exposures with minimum limits of:  
\$100,000 bodily injury per person (BI)  
\$300,000 bodily injury per occurrence (BI)  
\$100,000 property damage (PD) or  
\$300,000 combined single limit (CSL) of BI and PD

The General Liability Policy Certificate shall name "**Lee County, a political subdivision and Charter County of the State of Florida, its agents, employees, and public officials**" as "**Additional Insured**". The **PROVIDER** agrees that the coverage granted to the Additional Insured applies on a primary basis, with the Additional Insured's coverage being excess.

3. **Business Auto Liability** – The following Automobile Liability will be required and coverage shall apply to all owned, hired, and non-owned vehicles used with minimum limits of:  
\$100,000 bodily injury per person (BI)  
\$300,000 bodily injury per occurrence (BI)  
\$100,000 property damage (PD) or  
\$300,000 combined single limit (CSL) of BI and PD
4. **Directors & Officers Liability** – Entity coverage to cover claims against the organization directly for wrongful acts with limits not less than \$100,000.
5. **Fidelity Bonding** – Covering all employees who handle the agency's funds. The bond amount must be equivalent to the highest daily cash balance or a minimum amount of \$50,000.

#### **Insurance – Government/Municipality**

Documentation of the above coverage requirements are not applicable to government/municipalities that are self insured.

#### **C. Notice of cancellation or modification**

The **COUNTY** will be given thirty (30) days notice prior to cancellation or modification of any stipulated insurance. Such notification will be in writing by registered mail, return receipt requested and addressed to the Lee County Risk Manager, P. O. Box 398, Ft. Myers, FL 33902.

### **ARTICLE IX      SUSPENSION/TERMINATION**

#### **A. Suspension**

The **COUNTY** reserves the right to suspend funding for failure to comply with the requirements of this contract. Agencies that fail to submit required documents by the due date can be suspended, and payment will be withheld until all requirements are satisfied.

In the event **PROVIDER** ceases operation for any reason or files for protection from creditors under bankruptcy law, any remaining unpaid portion of this Contract, less funds for expenditures already incurred, shall be retained by the **COUNTY** and the **COUNTY** shall have no further funding obligation to the **PROVIDER** with regard to those unpaid funds.

**B. Termination by COUNTY**

The **COUNTY** may at any time and for any reason cancel this Contract by giving twenty-four (24) hours written notice to the **PROVIDER** by Certified Mail following a determination by the Board of County Commissioners, at its sole discretion, that such cancellation is in the best interest of the people of the county. From the date of cancellation, neither party shall have any further obligation unless specified in the termination notice.

If the financing for this project is contingent upon funding sources other than Lee County as identified on page one of the contract and such funds become unavailable the obligations of each party hereunder may be terminated upon no less than twenty-four (24) hours written notice.

For unit rate contracts, if program is not operational within 45 days from contract start date, funds for said program will be withdrawn and contract will be amended or terminated.

**C. Termination by PROVIDER**

The **PROVIDER** may at any time and for any reason cancel this Contract by giving seventy-two (72) hours prior written notice to the **COUNTY** by Certified Mail of such and specifying the effective date.

**COUNTY'S** obligation to make any payments under any provision of this Contract shall cease on the effective date of termination.

**ARTICLE X            ASSURANCE, CERTIFICATIONS, AND COMPLIANCE**

The **PROVIDER** agrees that compliance with these assurances and certifications constitutes a condition of continued receipt of or benefit from funds provided through this Contract, and that it is binding upon the **PROVIDER**, its successors, transferees, and assignees for the period during which services are provided.

**IMMIGRATION LAWS:**

The **COUNTY** will not intentionally award contracts to any provider/contractor/vendor who knowingly employs unauthorized alien workers, constituting a violation of the employment provisions contained in 8 U.S.C. Section 1324 a(e) Section 274A(e) of the Immigration and Nationality Act (INA).

The **COUNTY** shall consider the employment by any **PROVIDER** of unauthorized aliens a violation of Section 274A(e) of the INA. Such violation by the recipient of the employment provisions contained in Section 274A(e) of the INA shall be grounds for unilateral cancellation of the contract by The **COUNTY**.

**OTHER REQUIREMENTS:**

The **PROVIDER** further assures that all contractors, subcontractors, or others with

whom it arranges to provide services or benefits to participants or employees in connection with any of its programs and activities are not discriminating against those participants or employees in violation of statutes, regulations, guidelines and standards. By acceptance of this funding, the **PROVIDER** assures and certifies the following:

- A. That they will comply with all applicable laws, ordinances, and regulations of the United States, the State of Florida, the **COUNTY**, and the municipalities as said laws, ordinances, and regulations exist and are amended from time to time. In entering into this contract, the **COUNTY** does not waive the requirements of any **COUNTY** or local ordinance or the requirements of obtaining any permits or licenses that are normally required to conduct business or activity contemplated by the **PROVIDER**.
- B. That they will comply with all applicable Federal, State and local anti-discrimination laws.
- C. That they will administer their programs under procedures, supervision, safeguards, and such other methods as may be necessary to prevent fraud and abuse, and that it will target its services to those who most need them.
- D. That if clients are to be transported under this contract, the **PROVIDER** will comply with the provisions of Chapter 427, Florida Statutes, which requires the coordination of transportation for the disadvantaged.
- E. That any products or materials purchased with contract funds shall be procured in accordance with the provisions of Chapter 403.7065, Florida Statutes, which refers to the procurement of products or materials with recycled content.
- F. That they will comply with Chapter 39.201, Florida Statutes, that any person who knows, or has reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child's welfare, as defined in this chapter, shall report such knowledge or suspicion to the Florida Abuse Hotline (1-800-962-2873).
- G. That they will comply with Chapter 415.1034, Florida Statutes, that any person who knows or has reasonable cause to suspect that a vulnerable and or disabled adult has been abused, neglected, or exploited, shall immediately report such knowledge or suspicion to the Florida Abuse Hotline (1-800-962-2873).
- H. That if personnel in programs under this contract work directly with children or youths and vulnerable or disabled adults, the **PROVIDER** will comply with the provisions of Chapters 435.03 and 435.04, Florida Statutes, which requires employment screening.
- I. That they will comply with Chapter 216.347, Florida Statutes, which prohibits the expenditure of contract funds for the purpose of lobbying the legislature, State or county agencies.
- J. That they will notify the **COUNTY** immediately of any funding source changes and/or additions from other sources that are different from that shown in the **PROVIDER'S** application/proposal. This notification must include a statement as to how this change in funding affects provision of service as well as the use of and continued need for **COUNTY** funds.

- K. That they will acknowledge support for activities funded wholly or in part by **COUNTY** funds. In publicizing, advertising, or describing the sponsorship of the program, state "Sponsored by Lee County Board of County Commissioners". If the sponsorship is in written material, the words "Lee County Board of County Commissioners" shall appear in the same size letters or type as the name of the organization.
- L. That they will notify the **COUNTY** of any SIGNIFICANT changes to the **PROVIDER** organization to include Board Membership (roster), Articles of Incorporation and Bylaws within ten (10) working days of the effective date.
- M. For federally funded programs, that they will comply with applicable uniform administrative requirements as described in 24 CFR part 84 and 85 and HUD requirements as described in 24 CFR part 5.
- N. The provider shall comply with requirements as defined in section 504 of the Rehabilitation Act of 1973 (<http://www.section508.gov/index.cfm?FuseAction=Content&ID=15>) and the American Disability Act (ADA) (<http://www.ada.gov/>) as implemented by 28 CFR Part 35 ([http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=/ecfrbrowse/Title28/28cfr35\\_main\\_02.tpl](http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=/ecfrbrowse/Title28/28cfr35_main_02.tpl)). A Single-Point-of-Contact shall be required if the agency employs 15 or more employees. The single-Point-of-Contact will ensure effective communication with deaf or hard-of-hearing customers or companions in accordance with Section 504 and the ADA and coordinate activities and reports with the provider's Single-Point-of-Contact.
- O. The provider shall ensure that Lee County funds are restricted to people legally able to reside in the US.
- P. The provider will input applicable goal updates into 10 Year Plan to End Homelessness Database.
- Q. Lee County is invested in making our community more sustainable. Businesses can realize great savings by making even simple changes to their facilities and in the way they do business. To support energy efficiency and reduce operating costs and greenhouse gas emissions, agencies awarded General Fund/Partnering for Results funding are required to perform three (3) tasks to improve their energy efficiency.

First, an energy evaluation must be conducted. This evaluation will provide valuable information about your facility and potential savings. A link to FPL and LCEC's Business Energy Evaluation is provided for your convenience.

[http://www.fpl.com/business/energy\\_saving/programs/energy\\_evaluation.shtml](http://www.fpl.com/business/energy_saving/programs/energy_evaluation.shtml)

<http://www.lcec.net/energysurvey/>

Second, the agency must then make two (2) energy saving changes that result from the energy evaluation and/or from the list of potential changes included below. Ideally, the agency would perform two of the items identified in the energy audit. However, the additional list of potential changes is included to ensure an excessive financial burden is not being placed on award recipients.

Agencies must provide deliverables to demonstrate compliance with this requirement. These include a copy of the energy evaluation and invoices, photographs, or other

documentation. The deliverables must demonstrate the changes were made within the award year. Energy evaluations completed by agencies within the last 2 years will be accepted with the demonstrated completion of one (1) additional energy savings measure.

#### Energy Saving Options

- Control building temperatures at 77 or higher during business hours and 85 outside of business hours with a programmable thermostat and humidistat (to control mold growth)
- Install automatic occupancy sensor lighting controls
- Establish and implement a policy requiring computers and other equipment are set in energy saving modes, eliminating the use of screen savers; require computers and other equipment to be turned off outside of business hours; and that lighting is turned off outside of business hours
- Assign an Energy Officer to help identify and monitor energy efficiency initiatives
- Establish and implement a policy to provide training to staff about energy savings opportunities
- Replace fluorescent lights with newer, more efficient models with electronic ballasts
- Replace incandescent light bulbs with compact fluorescent light bulbs
- Change out incandescent or fluorescent exit signs with LED exit signs
- Install low flow fixtures on toilets, showers and sinks. Add an auto shut off to sinks.
- Establish and implement a preventative maintenance program for heating, venting and air conditioning (HVAC) equipment
- Develop and implement an Energy Strategy
- Join Energy Star [http://www.energystar.gov/index.cfm?c=business.bus\\_commit](http://www.energystar.gov/index.cfm?c=business.bus_commit)
- Create a promotional campaign to promote your energy efficiency efforts

For more information we would encourage agencies to contact Tessa LeSage, Lee County's Sustainability Manager at (239) 533-2240 or search our Office of Sustainability website at: <http://www.leegov.com/gov/dept/sustainability/Pages/default.aspx>

### **ARTICLE XI HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)**

Lee County, pursuant to the Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a "covered entity" as the law defines that term. Any "personal health information" (PHI) as defined by the law that the **COUNTY** receives pursuant to this Agreement is subject to the disclosure and security requirements of HIPAA. Transfer of information to the **COUNTY** sufficiently "de-identified" to no longer be considered PHI is encouraged as being in the best interest of client PHI confidentiality to the extent that client services are unaffected. Particular methods to accomplish the highest levels of client service coupled with PHI confidentiality shall be an on-going task of the effected staffs of the **COUNTY** and **PROVIDER**.

### **ARTICLE XII CONTRACT DISPUTE RESOLUTION PROCEDURE**

Any dispute between the parties with respect to provisions contained in a Lee County Department of Human Service (DHS) contract or issues that arise pertinent to a contract shall be resolved as follows:

The parties may, by mutual agreement, attempt to resolve their dispute in the following manner within a thirty (30) day period. If both parties are in agreement, the thirty (30) day time period can be extended for an additional ten days.

- a. Duly authorized representatives shall meet as often as mutually agreeable to discuss in good faith the dispute and to negotiate a mutually agreeable resolution. Authorized representatives for DHS include Contract Specialist, and Program Manager.

- b. During the course of the dispute process requests made by one Party to the other for non-privileged information, reasonably related to the dispute shall be responded to in good faith.
- c. If the dispute is unable to be resolved between the authorized representatives within the specified time period, it will be forwarded to the Department Director for resolution. A decision by the Director will be issued within ten days.
- d. If the dispute remains unresolved after the Department Director's decision, the issue including all pertinent background information will be forwarded to the Board of County Commissioners for consideration.
- e. Either Party may at any time commence formal court proceedings, which shall be immediately communicated, and will end the process of Dispute Resolution as described in this section.

**ARTICLE XIII                      NOTICES**

Official notices concerning this Contract will be directed to the following authorized representatives:

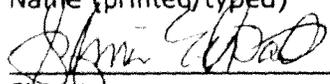
**PROVIDER:**

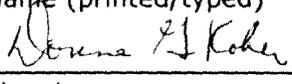
Name: Jim Isom  
 Title: Admin. Services Director  
 Agency: City of Sanibel  
 Address: 800 Dunlop Road  
           Sanibel, Florida 33957  
 Telephone: (239) 472-3700  
 Fax: (239) 472-3065  
 E-Mail: jim.isom@mysanibel.com

**COUNTY:**

Name: Attn: Debbie Paxton  
 Title: Contract Specialist  
 Agency: Department of Human Services  
 Address: 2440 Thompson Street  
           Fort Myers, Florida 33901  
 Telephone: (239) 533-7942  
 Fax: (239) 533-7960  
 E-Mail: dpaxton@leegov.com

The signatures of the **two** persons shown below are designated and authorized to sign all applicable reports:

Sylvia Edwards  
 Name (printed/typed)  
  
 Signature  
Finance Director  
 Title

OR Donna Kohor  
 Name (printed/typed)  
  
 Signature  
Accountant  
 Title

In the event that either party designates different representatives after execution of this contract, notice of the name and address of the new representative will be rendered in writing by authorized officer of **PROVIDER** to the **COUNTY**.

**ARTICLE XIV                      SPECIAL PROVISIONS**

If needed, **PROVIDER** may be called upon to assist the **COUNTY** during a natural disaster or emergency. This includes the use of the **PROVIDER'S** facility to assist with Emergency Food Stamp pre registration if facility is operational and computer terminals are available. **PROVIDER** will be responsible to notify United Way 211 immediately after a disaster declaration if the location is accessible and operational and of any **PROVIDER** staff who are available to assist with recovery efforts.

**ARTICLE XV ALL TERMS AND CONDITIONS INCLUDED**

This contract and its attachments, and any exhibits referenced in said attachments, together with any documents incorporated by reference, contain all the terms and conditions agreed upon by the parties. There are no provisions, terms, conditions, or obligations other than those contained herein, and this contract shall supersede all previous communications, representations, or agreements, either verbal or written between the parties. If any term or provision of this contract is legally determined unlawful or unenforceable, the remainder of the contract shall remain in full force and effect and such terms or provisions shall be stricken.

**IN WITNESS THEREOF, PROVIDER and COUNTY** have caused this 15-page contract and all Contract Exhibits and Attachments as indicated on next page to be executed by their undersigned officials as duly authorized.

**PROVIDER:**

By: Judith A. Zimomra  
Name (print)

[Signature]  
(Signature of authorized officer)

City Manager  
Title

12-4-12  
Date

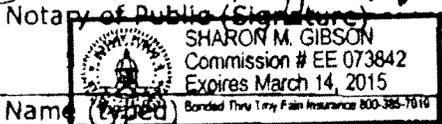
**STATE OF FLORIDA  
COUNTY OF LEE**

The foregoing instrument was acknowledged before me this 4th day of December, 2012,

by Judith A. Zimomra who is personally known to me or who has produced \_\_\_\_\_ as identification and who  did  did not take an oath.

**NOTARY:**

By: [Signature]



**APPROVED AS TO FORM:**

[Signature]  
**CITY ATTORNEY**  
APPROVED FOR THE COUNTY  
[Signature]  
S. A. Edwards, Finance Director

**COUNTY: LEE COUNTY**

By: \_\_\_\_\_  
Name (print)

\_\_\_\_\_  
(Signature of authorized officer)

Board of County Commissioners  
Title

\_\_\_\_\_  
Date

**ATTEST: CLERK OF CIRCUIT COURT**

By: \_\_\_\_\_

Title: \_\_\_\_\_

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

**APPROVED AS TO FORM:  
COUNTY ATTORNEY'S OFFICE**

By: \_\_\_\_\_

Title: \_\_\_\_\_

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

Lee County  
Department of Human Services

CONTRACT EXHIBITS & ATTACHMENTS

*Applicable items are checked. If item is not checked it does not apply to this contract.*

EXHIBITS (Required Reports/Documentation):

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Exhibit 1 | Payment Request                                   |
| <input type="checkbox"/> Exhibit 2            | Program/Demographics/Beneficiary Report           |
| <input type="checkbox"/> Exhibit 3            | Performance Outcomes Report                       |
| <input type="checkbox"/> Exhibit 4            | Unit Cost Analysis Report                         |
| <input type="checkbox"/> Exhibit 5            | Annual Progress Report or Closeout Report         |
| <input checked="" type="checkbox"/> Exhibit 6 | Certificates of Insurance                         |
| <input checked="" type="checkbox"/> Exhibit 7 | Statement of Work                                 |
| <input type="checkbox"/> Exhibit 8            | Equipment/Fixed Assets Inventory                  |
| <input type="checkbox"/> Exhibit 9            | Annual Certification of Continued Operation (ESG) |

ATTACHMENTS

- ATTACHMENT A Program Guidelines
-

EXHIBIT 6  
CERTIFICATES OF INSURANCE

Insert Certificates of Insurance naming  
***Lee County Board of County Commissioners***

as

**Certificate Holder**

Name and address for Certificate Holder should be:  
**Lee County Board of County Commissioners,  
P.O. Box 398, Fort Myers, FL 33902.**

as required in Article VIII of the Contract, for the following  
policies:

- Worker's Compensation
- General Liability
- Business Auto Liability
- Directors & Officers Liability
- Fidelity Bonding

The General Liability Policy Certificate must name

***"Lee County, a political subdivision and Charter  
County of the State of Florida, its agents, employees,  
and public officials"***

as

**"Additional Insured"**