



Agenda Report

2725 Judge Fran Jamieson
Way
Viera, FL 32940

Consent

F.6.

1/26/2021

Subject:

Approval, Re: Housing and Human Services Department Policy for Coronavirus (COVID-19) Burial Program (\$160,000)

Fiscal Impact:

FY 20-21: There is no impact to the General Fund. Up to \$160,000 has been identified from the Public Safety District 2 Allocation in Fund 0037, Cost Center 221031.

FY21-22: There will be no impact to the General Fund.

Dept/Office:

Housing and Human Services

Requested Action:

It is requested that the Board of County Commissioners review, approve, and authorize the Chair to sign the Housing and Human Services Department Policy for the Coronavirus (COVID-19) Burial Program.

Summary Explanation and Background:

On December 22, 2020 the Board of County Commissioners approved the allocation of \$160,000 for a burial program to assist income eligible families who have a member die as a direct or indirect result of Coronavirus (COVID-19). During the 12/22/2020 meeting, staff indicated that a Policy relating to the Program would be brought back for approval. The complete Policy is attached and highlights of the Eligibility Criteria and Assistance Limits are below:

Eligibility

- Must be a resident of Brevard County
- Income not to exceed 150% of the current Federal Poverty Guidelines (\$39,300 for a family of four)
- Must disclose all household income (for example, unemployment, social security, wages, etc.)
- A Death Certificate which indicates cause is directly or indirectly related to Coronavirus (COVID-19)

Assistance Limits

- Maximum assistance up to \$5,500 (\$8,250 for a Veteran)

Additional Program Restrictions

- At no time will an applicant receive assistance above the true cost of the requested service
- At no time will funds be provided directly to an applicant / household

- Funds will be provided in the form of a grant to income eligible clients on a first qualified (application complete with all required information), first served basis, contingent on the availability of funds

Clerk to the Board Instructions:

Please have the Chair sign, the Clerk Attest, and then return the executed Policy to the Housing and Human Services Department.

**BREVARD COUNTY
BOARD OF COUNTY COMMISSIONERS**

CONTRACT REVIEW AND APPROVAL FORM

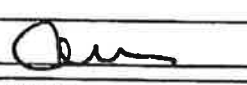
SECTION I - GENERAL INFORMATION

1. Contractor:		2. Amount:	
3. Fund/Account #:		4. Department Name: Housing & Human Serv.	
5. Contract Description: Housing and Human Services Coronavirus (COVID-19) Burial Program			
6. Contract Monitor: Ian Golden		8. Contract Type:	
7. Dept/Office Director: Ian Golden, Housing & Human Services		SERVICES	
9. Type of Procurement: Other			

SECTION II - REVIEW AND APPROVAL TO ADVERTISE

COUNTY OFFICE	APPROVAL		SIGNATURE
	YES	NO	
User Agency	<input type="checkbox"/>	<input type="checkbox"/>	
Purchasing	<input type="checkbox"/>	<input type="checkbox"/>	
Risk Management	<input type="checkbox"/>	<input type="checkbox"/>	
County Attorney	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION III - REVIEW AND APPROVAL TO EXECUTE

COUNTY OFFICE	APPROVAL		SIGNATURE
	YES	NO	
User Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Golden, Ian <small>Digitally signed by Golden, Ian Date: 2021.01.04 11:35:31 -0500</small>
Purchasing	<input type="checkbox"/>	<input type="checkbox"/>	
Risk Management	<input type="checkbox"/>	<input type="checkbox"/>	
County Attorney	<input checked="" type="checkbox"/>	<input type="checkbox"/>	 1/5/2021

SECTION IV - CONTRACTS MANAGEMENT DATABASE CHECKLIST

CM DATABASE REQUIRED FIELDS	Complete <input checked="" type="checkbox"/>
Department Information	<input type="checkbox"/>
Department	<input type="checkbox"/>
Program	<input type="checkbox"/>
Contact Name	<input type="checkbox"/>
Cost Center, Fund, and G/L Account	<input type="checkbox"/>
Vendor Information (SAP Vendor #)	<input type="checkbox"/>
Contract Status, Title, Type, and Amount	<input type="checkbox"/>
Storage Location (SAP)	<input type="checkbox"/>
Contract Approval Date, Effective Date, and Expiration Date	<input type="checkbox"/>
Contract Absolute End Date (No Additional Renewals/Extensions)	<input type="checkbox"/>
Material Group	<input type="checkbox"/>
Contract Documents Uploaded in CM database (Contract Form with County Attorney/ Risk Management/ Purchasing Approval; Signed/Executed Contract)	<input type="checkbox"/>
"Right To Audit" Clause Included in Contract	<input type="checkbox"/>
Monitored Items: Uploaded to database (Insurance, Bonds, etc.)	<input type="checkbox"/>

**BREVARD COUNTY
BOARD OF COUNTY COMMISSIONERS**

CONTRACT REVIEW AND APPROVAL FORM

SECTION I - GENERAL INFORMATION

1. Contractor:		2. Amount:	
3. Fund/Account #:		4. Department Name: Housing & Human Serv.	
5. Contract Description: Housing and Human Services Coronavirus (COVID-19) Burial Program			
6. Contract Monitor: Ian Golden		8. Contract Type:	
7. Dept/Office Director: Ian Golden, Housing & Human Services		SERVICES	
9. Type of Procurement: Other			

SECTION II - REVIEW AND APPROVAL TO ADVERTISE

APPROVAL

<u>COUNTY OFFICE</u>	<u>YES</u>	<u>NO</u>	<u>SIGNATURE</u>
User Agency	<input type="checkbox"/>	<input type="checkbox"/>	
Purchasing	<input type="checkbox"/>	<input type="checkbox"/>	
Risk Management	<input type="checkbox"/>	<input type="checkbox"/>	
County Attorney	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION III - REVIEW AND APPROVAL TO EXECUTE

APPROVAL

<u>COUNTY OFFICE</u>	<u>YES</u>	<u>NO</u>	<u>SIGNATURE</u>
User Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Golden, Ian <small>Digitally signed by Golden, Ian Date: 2021.01.04 11:35:31 -05'00'</small>
Purchasing	<input type="checkbox"/>	<input type="checkbox"/>	
Risk Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lairsey, Matt <small>Digitally signed by Lairsey, Matt Date: 2021.01.04 15:10:06 -05'00'</small>
County Attorney	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION IV - CONTRACTS MANAGEMENT DATABASE CHECKLIST

CM DATABASE REQUIRED FIELDS	Complete ✓
Department Information	<input type="checkbox"/>
Department	<input type="checkbox"/>
Program	<input type="checkbox"/>
Contact Name	<input type="checkbox"/>
Cost Center, Fund, and G/L Account	<input type="checkbox"/>
Vendor Information (SAP Vendor #)	<input type="checkbox"/>
Contract Status, Title, Type, and Amount	<input type="checkbox"/>
Storage Location (SAP)	<input type="checkbox"/>
Contract Approval Date, Effective Date, and Expiration Date	<input type="checkbox"/>
Contract Absolute End Date (No Additional Renewals/Extensions)	<input type="checkbox"/>
Material Group	<input type="checkbox"/>
Contract Documents Uploaded in CM database (Contract Form with County Attorney/ Risk Management/ Purchasing Approval; Signed/Executed Contract)	<input type="checkbox"/>
"Right To Audit" Clause Included in Contract	<input type="checkbox"/>
Monitored items: Uploaded to database (Insurance, Bonds, etc.)	<input type="checkbox"/>



January 27, 2021

M E M O R A N D U M

TO: Frank Abbate, County Manager

RE: Item F.6., Approval, RE: Housing and Human Services Department Policy for Coronavirus (COVID-19) Burial Program (\$160,000)

The Board of County Commissioners, in regular session on January 26, 2021 approved and authorized the Chair to sign the Housing and Human Services Department Policy for the Coronavirus (COVID-19) Burial Program. Enclosed is the fully-executed Policy.

Your continued cooperation is always appreciated.

Sincerely,

BOARD OF COUNTY COMMISSIONERS
RACHEL M. SADOFF, CLERK

Kimberly Powell
Kimberly Powell, Deputy Clerk

/cld

Encl. (1)

cc: Housing and Human Services
Budget
Finance



BOARD OF COUNTY COMMISSIONERS

HOUSING AND HUMAN SERVICES DEPARTMENT POLICY

TITLE: **Coronavirus (COVID-19) Burial Program**
NUMBER: **HHS-32**
CANCELS: **NEW**
APPROVED:
ORIGINATOR: **Housing and Human Services Department**
EXPIRES: **12/31/2021**

I. OBJECTIVE

To establish policy for the Coronavirus (COVID-19) Burial Program as approved utilizing Public Safety District 2 Allocation Funds and managed by the Brevard County Housing and Human Services Department.

II. DEFINITIONS AND REFERENCES

- A. Sections 406.49 – 406.61 Florida Statutes, Disposition of Human Remains and Sections 497.001 - 497.607 Florida Statutes, Funeral, Cemetery, and Consumer Services.
- B. Burial – the action or practice of interring a decedent's body.
- C. Casket – a rigid container that is designed for the encasement of human remains and that is usually constructed of wood or metal, ornamented, and lined with fabric..
- D. Death Certificate – an official statement, signed by a physician (including the Medical Examiner), of the cause, date, and place of a person's death.
- E. Decedent – a person who has died.
- F. Low Income Person – a person whose family income does not exceed 150 percent of the current federal poverty guidelines prescribed for the family's household size by the United States Department of Health and Human Services (HHS) (Attachment A – 2020 Poverty Guidelines (updated annually)).
- G. Internment – final disposition wherein a decedent is placed into the ground.
- H. Legally Authorized Person – in the priority listed:

- 1) The decedent, when written inter vivos authorizations and directions are provided by the decedent;
 - 2) The person designated by the decedent as authorized to direct disposition pursuant to Pub. L. No. 109-163, s. 564 as listed on the decedent's United States Department of Defense Record of Emergency Data, DD Form 93, or its successor form, if the decedent died while serving military service as described in 10 U.S.C. s. 1481(a)(1)-(8) in any branch of the United States Armed Forces, United States Reserve Forces, or National Guard;
 - 3) The surviving spouse, unless the spouse has been arrested for committing an act of domestic violence against the deceased, as defined in Florida Statute 741.28 that resulted in or contributed to the death of the deceased;
 - 4) A son or daughter who is 18 years of age or older;
 - 5) A parent;
 - 6) A brother or sister who is 18 years of age or older;
 - 7) A grandchild who is 18 years of age or older;
 - 8) A grandparent; or
 - 9) Any person in the next degree of kinship.
 - 10) In addition, the term may include, if no family member exists or is available, the guardian of the dead person at the time of death; the personal representative of the deceased; the attorney in fact of the dead person at the time of death; the health surrogate of the dead person at the time of death; a public health officer; the medical examiner, county commission or administrator acting under part II of chapter 406 of the Florida Statute or other public administrator; a representative of a nursing home or other health care institution in charge of final disposition; or a friend or other person not listed in this subsection who is willing to assume the responsibility as the legally authorized person. Where there is a person in any priority class listed in this subsection, the funeral establishment shall rely upon the authorization of any one legally authorized person of that class if that person represents that she or he is not aware of any objection to the cremation of the deceased's human remains by others in the same class of the person making the representation or of any person in a higher priority class.
- I. Unclaimed Remains – human remains that are not claimed by a legally authorized person, other than a medical examiner or the board of county commissioners, for final disposition at the person's expense.

III. DIRECTIVES

A. Program Administration

- 1) The Brevard County Housing and Human Services Department shall be responsible for the administration of the Coronavirus (COVID-19) Burial Program.
- 2) The Housing and Human Services Department will utilize up to 12.5% of the funds available under the Coronavirus (COVID-19) Burial Program for costs related to the administration of the program.

B. Eligibility

Any Brevard County resident who dies as a direct or indirect result of Coronavirus (COVID-19) and meets income guidelines is potentially eligible.

C. Policy

- 1) All unclaimed decedents will be administered using the Indigent Cremation Program (Policy BCC-57).
- 2) For all other decedents, a Legally Authorized Person will complete a Coronavirus (COVID-19) Burial Program Application (Attachment B).
 - a. Coronavirus (COVID-19) Burial Program Applications will be available at:
 - i. The Community Action Agency Office, Dr. Joe Lee Smith Community Center, 415 Stone Street, Cocoa, Florida 32922
 - ii. The Housing and Human Services Department website
 - iii. An Online Application Portal
 - b. Each Coronavirus (COVID-19) Burial Program Application will be accompanied by:
 - i. Proof of Brevard County residency;
 - ii. Social Security Cards for all household members;
 - iii. Birth Certificates for all children listed on the application;
 - iv. Proof of all household members income for the past three months;
 - v. All bank statements for the past three months for all household members; and
 - vi. Copy of the Death Certificate which indicates cause is directly or indirectly related to Coronavirus (COVID-19).
 - c. Failure to submit a complete Coronavirus (COVID-19) Burial Program Application (including backup documentation) can result in denial.
 - i. The Legally Authorized Person will be given seven business days to correct an incomplete application (including providing missing backup documentation).

- ii. Failure to provide requested documentation within the seven-business day correction period will result in denial.
 - iii. A Legally Authorized Person can submit a new Coronavirus (COVID-19) Burial Program Application if they have been previously denied due to an incomplete application.
 - iv. A Legally Authorized Person cannot submit another Coronavirus (COVID-19) Burial Program Application for the same decedent if they have been denied for any other reason (for example, not a Brevard County resident, over income limit, etc.).
- 3) Each Coronavirus (COVID-19) Burial Program Applicant will have a separate case file which includes:
 - a. The completed Coronavirus (COVID-19) Burial Program Application;
 - b. All backup documentation;
 - c. All correspondence (written or electronic);
 - d. All associated case notes (if applicable);
 - e. Copies of payment information (for example: W9s, invoices, Purchase Orders, etc.); and
 - f. Each Coronavirus (COVID-19) Burial Program case file will be scanned (if necessary) and stored in the Community Action Agency's electronic file storage system.
- 4) In order to receive reimbursement from the County a funeral home will:
 - a. Submit a completed W9;
 - b. Become an authorized Vendor;
 - c. Comply with all County requirements (for example, E-Verify); and
 - d. Receive authorization from the County prior to any reimbursable activity.

D. Fees

- 1) Brevard County will not provide reimbursement directly to a Legally Authorized Person.
- 2) Brevard County will reimburse the funeral home only for actual costs (minus insurance proceeds) up to the allowable maximum as described below:
 - a. Applications will be vetted through the Indigent Cremation Program (Policy BCC-57)
 - b. Burials – The County agrees to reimburse up to \$5,500.00 to a funeral home for burial of a decedent. This cost is inclusive of transport of the decedent, preparation of the decedent, a casket, a

plot, internment, and any other fees or expenses as approved by the Housing and Human Services Department.

- c. Veteran – Any funeral home seeking reimbursement for the burial of a Veteran of the United States Military (verified through the Brevard County Veterans Service Office) will receive \$8,250.00 towards burial (including at a Department of Veterans Affairs approved National Cemetery) minus any available military benefits.
- d. All other costs (including funeral rites or services, exhumation, etc.) will be at the expense of the Legally Authorized Person.

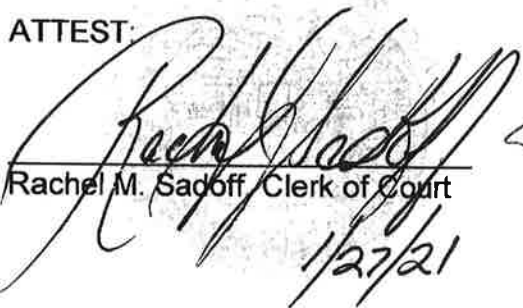
E. WAIVER

- 1) The Housing and Human Services Department Director shall have the authority to waive portions of this or any related Policy impacting this program based upon extraordinary circumstances.
 - a. All requests for waiver will be accompanied by detailed documentation and justification.


F. RESERVATION OF AUTHORITY

The authority to issue or revise this policy is reserved to the Chair, Brevard County Board of County Commissioners.

ATTEST:


Rachel M. Sadoff, Clerk of Court
1/27/21

BREVARD COUNTY BOARD OF COUNTY COMMISSIONERS


Rita Pritchett, Chair

Approved by the Board on January 12, 2021.

ATTACHMENT A
2020 POVERTY GUIDELINES

Persons in Household	48 Contiguous States and D.C. Poverty Guidelines (Annual)							
	100%	133%	138%	150%	200%	250%	300%	400%
1	\$12,760	\$16,971	\$17,609	\$19,140	\$25,520	\$31,900	\$38,280	\$51,040
2	\$17,240	\$22,929	\$23,791	\$25,860	\$34,480	\$43,100	\$51,720	\$68,960
3	\$21,720	\$28,888	\$29,974	\$32,580	\$43,440	\$54,300	\$65,160	\$86,880
4	\$26,200	\$34,846	\$36,156	\$39,300	\$52,400	\$65,500	\$78,600	\$104,800
5	\$30,680	\$40,804	\$42,338	\$46,020	\$61,360	\$76,700	\$92,040	\$122,720
6	\$35,160	\$46,763	\$48,521	\$52,740	\$70,320	\$87,900	\$105,480	\$140,640
7	\$39,640	\$52,721	\$54,703	\$59,460	\$79,280	\$99,100	\$118,920	\$158,560
8	\$44,120	\$58,680	\$60,886	\$66,180	\$88,240	\$110,300	\$132,360	\$176,480

Note: Add \$4,480 for each person over 8.

ATTACHMENT B
CORONAVIRUS (COVID-19) BURIAL PROGRAM APPLICATION

BREVARD COUNTY CORONAVIRUS (COVID-19) BURIAL PROGRAM APPLICATION

DECEDENT:

Last Name

First Name

Maiden Name

Date of Birth

Date of Death

COVID-19 Related: ☐ Yes
☐ No

LEGALLY AUTHORIZED PERSON:

Last Name

First Name

Maiden Name

Street Address

City

Zip Code

Social Security Number

Phone Number

Cell Phone Number

RELATIONSHIP TO DECEDENT:

☐ Spouse

☐ Child

☐ Parent

☐ Sibling

☐ Executor/
Personal Representative

☐ Other/Next of Kin

HOUSEHOLD MEMBERS:

Names	Date of Birth	Social Security Number	Sex	Race	Employed	Relationship to Decedent

HOUSEHOLD MONTHLY INCOME:

Employment: _____

Social Security: _____

AFDC/TANF: _____

Veteran Affairs: _____

Retirement: _____

Unemp. Comp: _____

Worker's Comp: _____

Child Support: _____

Rentals: _____

Support: _____

HOUSEHOLD LIQUID RESOURCES:

Savings: _____

Checking: _____

Total: _____

TOTAL RESOURCES (INCOME + LIQUID) FOR THE MONTH: _____

Have you or the decedent ever served in the Military?☐ Yes☐ No

Branch: _____

Dates of Service: _____

MONTHLY PAYMENTS:

	MONTHLY PAYMENT	BALANCE DUE
Rent / Mortgage		
Electricity		
Water		
Gas		
Medical		
Medical Bills		
Insurance		
Child Care		
Child Support		
Car Payment		
Car Insurance		
Gasoline		
Transportation		
Health Insurance		
Furniture / Washer / Dryer		
Credit Cards		
Loans		
Food / Misc.		
Telephone		
Cable		
OTHER		

Are you a resident of Brevard County:

☐ Yes

☐ No

FRAUD STATEMENT:

I understand that the information I am providing is required to determine eligibility and in no way assures qualification for assistance. I also agree to provide any other requested documentation necessary to verify eligibility. I am aware that all non-exempt information is subject to Florida's Public Records Law.

The information above is, to the best of my knowledge, true and complete. I hereby authorize the investigation and verification of same with my employer, bank, or any other sources as deemed necessary by the County. I understand that intentionally providing false information to obtain financial assistance is grounds for denial. I further understand that anyone who knowingly, by false statement, misrepresentation, impersonation, or fraudulent means fails to disclose a material fact used in making determination as to such person's qualification to receive aid or benefits under any program aid or benefits which he/she is not entitled to or in an amount larger than that to which he/she is entitled, or who knowingly aid and abets another person in the commission of any such act is guilty of a crime, and shall be punished to the fullest extent as provided in United States Code Title 18, Section 1001 and Chapter 817, Section 837.06, Section 775.082 or Section 775.83, Florida Statutes, which could result in finest and/or imprisonment.

I understand that under no circumstances will reimbursement be made to myself, any relatives or friends of the decedent.

LEGALLY AUTHORIZED PERSON

DATE

ELIGIBILITY SPECIALIST

DATE

FOR OFFICE USE ONLY:

_____ Eligible

_____ Non-Eligible