

BOARD OF COUNTY COMMISSIONERS
CLINTON COUNTY, OHIO

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August 8, 2016

The Board of County Commissioners met in a regular session on the 8th of August, 2016 and the following members were present: Mike Curry and Kerry R. Steed. Not present: Patrick Haley.

President of the Board, Mike Curry, welcomed everyone to the session and led all in the Pledge of Allegiance to our flag.

RESOLUTION MOVED AND ADOPTED AND OTHER ACTION ON THIS DATE AS FOLLOWS:

With no prior discussion on this date, the following action was taken:

IN THE MATTER
APPROVAL OF MINUTES

RESOLUTION #16-698
BY: Steed and Curry

Mr. Steed moved the adoption of the following Resolution:

BE IT RESOLVED, by this Board of County Commissioners to hereby approve the minutes of August 3, 2016 as read by the Clerk of the Board.

Mr. Curry seconded the Resolution and roll call resulted as follows:

Mr. Curry: YEA

Mr. Steed: YEA

Mr. Haley: NP

RESOLUTION #16-698

ADOPTED

as of August 8, 2016

BOARD OF COUNTY COMMISSIONERS
CLINTON COUNTY, OHIO

August 8, 2016

With no prior discussion on this date, the following action was taken:

IN THE MATTER
EXECUTE DRAWDOWN #142
CHIP-CDBG FY 14 PROJECTS

RESOLUTION #16-699
BY: Steed and Curry

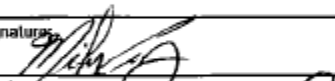
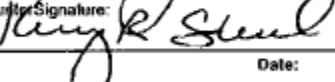
Mr. Steed moved the adoption of the following Resolution:

BE IT RESOLVED, by this Board of County Commissioners to hereby execute the following Drawdown #142 for CHIP-CDBG FY 14 B-C-14-1AN-1 projects in the amount of \$69,007.00:

State of Ohio
Office of Community Development
Request for Payment and Status of Funds request

Submit To: Development Services Agency Office of Community Development P.O.Box 1001 Columbus, Ohio 43216-1001	Name and Address of Grantee: Clinton County Commissioners 46 S South St Wilmington, OH	CDBG E.D.RLF Balance: \$ 0 CDBG Housing P.I. Balance: \$ 0 HOME Program Income Balance: \$ 26,801
Contact Person Information Name: Amy Schocken Phone Number: (614) 445-8373 Email: amy.schocken@sbcglobal.net	Grant Number: B-C-14-1AN-1 Draw Number: 142	State Use Only Date: Voucher #: Warrant #:

Project Nbr	Project Name	Activity Nbr	Activity Name	Housing Site Address (If Applicable)	Site Number	Amount Requested (\$)	Approved Activity/Site Budget (\$)	Balance of Activity/Site Budget** (\$)
5	Administration / Fair Housing	1	General Admin			4,800	40,000	5,000
2	Repair Assistance	1	Home / Building Repair	153 Lynchburg Road, Midland, 45148		9,450	9,450	129,731
2	Repair Assistance	1	Home / Building Repair	237 Main Street, Port William, 45164		10,995	10,995	129,731
2	Repair Assistance	1	Home / Building Repair	275 Kenyon Drive, Wilmington, 45177		8,550	8,550	129,731
2	Repair Assistance	1	Home / Building Repair	278 Circle Drive, New Vienna, 45159		9,500	9,500	129,731
2	Repair Assistance	1	Home / Building Repair	316 Supinger Street, Blanchester, 45107		8,700	8,700	129,731
2	Repair Assistance	1	Home / Building Repair	409 Darbyshire Drive, Wilmington, 45177		6,600	6,600	129,731
2	Repair Assistance	1	Home / Building Repair	853 Kathryn Drive, Wilmington, 45177		10,412	10,412	129,731

Total Amount of This Draw :	69,007	104,207	913,117
Certification of Itemization of Expenditures: Two Authorized Signature Are Required			
I Certify that this request for Payment was drawn in accordance with the terms and conditions of the Grant Agreement(s) cited and that the amount drawn is proper for payment to the drawer's depository. I also certify that the data reported above is correct and that the amount of the request for Payment is not in excess of current needs.			
Date: 8-8-2016	Signature: 	Title: PRESIDENT	
Date: 8-8-16	Counter Signature: 	Title: VICE PRESIDENT	
State Use Only:		Date:	
Approved:			

Mr. Curry seconded the Resolution and roll call resulted as follows:

Mr. Curry: YEA

Mr. Steed: YEA

Mr. Haley: NP

RESOLUTION #16-699

ADOPTED

as of August 8, 2016

BOARD OF COUNTY COMMISSIONERS
CLINTON COUNTY, OHIO

750

August 8, 2016

With no prior discussion on this date, the following action was taken:

IN THE MATTER
EXECUTE DRAWDOWN #143
CHIP-HOME FY 2014 PROJECTS

RESOLUTION #16-700
BY: Steed and Curry

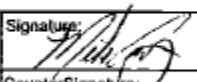
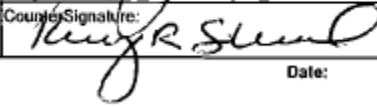
Mr. Steed moved the adoption of the following Resolution:

BE IT RESOLVED, by this Board of County Commissioners to hereby execute the following Drawdown #143 for CHIP-Home FY 2014 B-C-14-1AN-2 projects in the amount of \$118,236.00:

State of Ohio
Office of Community Development
Request for Payment and Status of Funds request

Submit To: Development Services Agency Office of Community Development P.O.Box 1001 Columbus, Ohio 43216-1001	Name and Address of Grantee: Clinton County Commissioners 46 S South St Wilmington, OH	CDBG E.D.RLF Balance: \$ 0 CDBG Housing P.J.Balance:\$ 0 HOME Program Income Balance: \$ 26,801
Contact Person Information Name: Amy Schocken Phone Number: (614) 445-8373 Email: amy.schocken@abcglobal.net	Grant Number: B-C-14-1AN-2 Draw Number: 143	State Use Only Date: Voucher #: Warrant #:

Project Nbr	Project Name	Activity Nbr	Activity Name	Housing Site Address(if Applicable)	Site Number	Amount Requested (\$)	Approved Activity/Site Budget(\$)	Balance of Activity/Site Budget** (\$)
5	Administration / Fair Housing	1	General Admin			4,750	28,000	2,750
4	Tenant-Based Rental Assistance	1	Rental / Housing Assistance			27,700	55,000	16,300
1	Rehabilitation Assistance	1	Private Rehabilitation	1128 Gumley Rd, Blanchester, 45107		39,142	41,176	85,342
1	Rehabilitation Assistance	1	Private Rehabilitation	144 S. Wood Street , Wilmington, 45177		5,598	41,358	85,342
1	Rehabilitation Assistance	1	Private Rehabilitation	414 Gallimore Rd, Port William, 45164		41,046	41,046	85,342

Total Amount of This Draw :	118,236	206,680	275,076
Certification of Itemization of Expenditures: Two Authorized Signature Are Required			
I Certify that this request for Payment was drawn in accordance with the terms and conditions of the Grant Agreement(s) cited and that the amount drawn is proper for payment to the drawer's depository. I also certify that the data reported above is correct and that the amount of the request for Payment is not in excess of current needs.			
Date: 8-8-2016	Signature: 	Title: PRESIDENT	
Date: 8-8-16	County Signature: 	Title: VICE PRESIDENT	
State Use Only:		Date:	
Approved:			

Mr. Curry seconded the Resolution and roll call resulted as follows:

Mr. Curry: YEA

Mr. Steed: YEA

Mr. Haley: NP

RESOLUTION #16-700

ADOPTED

as of August 8, 2016

BOARD OF COUNTY COMMISSIONERS
CLINTON COUNTY, OHIO

August 8, 2016


With no prior discussion on this date, the following action was taken:

**IN THE MATTER
AUTHORIZE PRESIDENT TO
EXECUTE HOUSING SEMI-ANNUAL
PROGRAM INCOME REPORT**

**RESOLUTION #16-701
BY: Steed and Curry**

Mr. Steed moved the adoption of the following Resolution:

BE IT RESOLVED, by this Board of County Commissioners to hereby authorize the President of the Board to execute the following Housing Semi-Annual Program Income Report:

Date Printed: 7/13/2016		Org. Nbr: 1AN	
Housing Semi-Annual Program Income Report			
1. Housing Program Income Status:		Receipts/Disbursements (Since Report)	
<u>CDBG Funds</u>	<u>HOME Funds</u>		
= \$ 0.00	26,801.24	Balance as of	7/31/2015
		(Beginning of Reporting Period)	
+ \$ 0.00	0.00	Program Income Received	
+ \$ 0.00	0.00	Bank Interest Received	
- \$ 0.00	0.00	Program Costs (Must Match Total in Section 2)	
- \$ 0.00	0.00	Administrative Costs	
- \$ 0.00	0.00	Balance Reserved for CHIP Prog.	
= \$ 0.00	26,801.24	Available Cash Balance as of	6/30/2016
2. Detailed Activity Information for Housing Program Income:			
<u>Program Activity</u>	<u>CDBG Funds</u>	<u>Outcomes *</u>	<u>HOME Funds</u> <u>Outcomes *</u>
Downpayment Assistance (DPA)	\$ 0.00	0	\$ 0.00 0
DPA / Private Rehabilitation	\$ 0.00	0	\$ 0.00 0
Private Rehabilitation	\$ 0.00	0	\$ 0.00 0
Home Repair	\$ 0.00	0	\$ 0.00 0
Private Rental Rehab	\$ 0.00	0	\$ 0.00 0
New Construction	\$ 0.00	0	\$ 0.00 0
Tenant Based Rental Assist	\$ 0.00	0	\$ 0.00 0
Other Program Costs	\$ 0.00	0	\$ 0.00 0
(Other costs description)			
Total Program Costs	\$ 0.00		\$ 0.00
On an additional sheet, identify any issues or concerns with the above listed program costs and outcomes. Include all costs but only list as an outcome if the unit/project has been completed and reviewed by local program staff.			
* Outcomes should be Reported in Total Units Completed in this Reporting Period.			
I certify that to the best of my knowledge the data in this report has been verified to be true and correct as of the date of this report.			
CEO: 		Title: President	
	Mike Curry		
Date Signed: 8-8-2016		Community: CLINTON CNTY	

Mr. Curry seconded the Resolution and roll call resulted as follows:

Mr. Curry: YEA

Mr. Steed: YEA

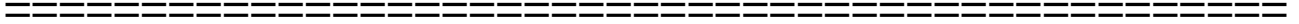
Mr. Haley: NP

RESOLUTION #16-701

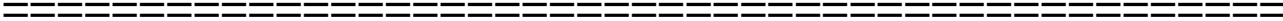
ADOPTED

as of August 8, 2016

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