Memorandum

MIAMI-DADE COUNTY

Date: June 3, 2010

Agenda Item No. 8(F)(1)(B)

To: Honorable Chairman Dennis C. Moss
and Members, Board of County Commissioners

From: George M. Burgess
County Manager

Subject: Homeowner/Tenant Water Main Break Grant Assistance Program

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RECOMMENDATION

It is recommended that the Board authorize the Mayor or the Mayor's designee to create a grant assistance program to be known as "Homeowner/Tenant Water Main Break Grant Assistance Program" ("Grant Program") to benefit the homeowners and tenants impacted by a Miami-Dade County Water Main Break of March 2, 2010; authorize Mayor or Mayor's designee to transfer $200,000 from the Miami-Dade Water and Sewer Department's (WASD) General Reserve Fund to fund the Homeowner/Tenant Water Main Break Grant Assistance Program

Scope
The proposed grant program would be made available to homeowners and renters impacted by the March 2, 2010 water main break in Commission District 13, in the area of West Fourth Avenue from West 37 Street to West 44 Place.

Fiscal Impact/Funding Source
The fiscal impact of the Grant program to the County is estimated to be up to $200,000 to be paid from the Miami-Dade Water and Sewer Department's General Reserve Fund.

Track Record/Monitor
Marsha Pascual of General Services Administration's Risk Management Division will administer this grant program and monitor the disbursements.

BACKGROUND

On Tuesday March 2, 2010, a water main break occurred at approximately 1 a.m. near West Fourth Avenue and 40 Place in the City of Hialeah, causing extensive flooding and forcing dozens of families to evacuate their homes in the middle of the night.

The water main break created a 10-foot deep sinkhole measuring roughly 40 feet in diameter. The area of West Fourth Avenue, from West 37 Street to West 44 Place, was overwhelmed with water that damaged cars and homes. The estimated number of homes affected by the water main break is approximately 50-60, however this number could increase. Damage estimates per home are currently not available. The County learned through the City of Hialeah that recently (September 2009) the area was deemed a flood zone. Miami-Dade County is proposing to undertake a Homeowner/Tenant Water Main Break Grant Program to benefit the affected homes.

An application package for the Grant Program has been developed and is attached to this item. The County's financial assistance to be provided through this program will assist those individuals who did not carry applicable insurance such as flood, renters or automobile insurance on the affected property, and those who had deductibles applied to their reimbursement through their insurance carrier.

The program highlights of the Grant Program are described below:

1. Homes, personal property, and vehicles must have suffered damages caused by the March 2, 2010 water main break.
2. County Grant funds will be made available for those homeowners or their tenants who did not carry applicable insurance policies such as flood, renters, or automobile insurance.
3. County Grant funds will be made available to reimburse deductibles for homeowners or their tenants who made claims on applicable insurance policies.
4. County Grant funds are to be used for the repair or replacement of damaged personal property or reimbursement of deductibles.
5. The purpose of this program is to return the homeowner to their pre-flood state.
6. Maximum compensation of $10,000 per household for repair or replacement of damaged personal property or reimbursement of deductibles.
7. Each grant recipient will be required to sign a general release of all claims.
8. Each grant recipient will be required to complete a W-9 form.
9. Each grant recipient must certify that he or she is not engaging in any fraudulent conduct as well as provide information deemed necessary by Miami Dade County.
10. "Compensation" means an award, grant or insurance deductible reimbursement of up to $10,000 per household for losses other than health or safety-related damages suffered by an applicant as a result of the March 2, 2010 Water Main Break located at the area of West Fourth Avenue, from West 37 Street to West 44 Place in Hialeah, Florida.
11. "Health or safety-related damages" means those matters where failure to address may pose a health or safety concern to the occupants including but not limited to water extraction, replacement of drywall, mold removal or compromised structural or electrical systems. Funds to compensate for health or safety-related damages are not subject to Grant Program limits and will be paid in accordance with established County procedures.
12. "Tenant" means a person that rents and occupies the affected property.
13. The County will appraise and adjust all damages related to the water main break.
14. Applications for grants must be filed with the County within one year of the establishment of the Grant Program.

Director, General Services Administration

MEMORANDUM

(Revised)

TO: Honorable Chairman Dennis C. Moss and Members, Board of County Commissioners

DATE: June 3, 2010

FROM: R. A. Cuevas, Jr. County Attorney

SUBJECT: Agenda Item No. 8(F)(1)(B)

Please note any items checked.

_____ **"3-Day Rule" for committees applicable if raised**

_____ **6 weeks required between first reading and public hearing**

_____ **4 weeks notification to municipal officials required prior to public hearing**

_____ **Decreases revenues or increases expenditures without balancing budget**

_____ **Budget required**

_____ **Statement of fiscal impact required**

_____ **Ordinance creating a new board requires detailed County Manager's report for public hearing**

_____ **No committee review**

_____ **Applicable legislation requires more than a majority vote (i.e., 2/3's ____, 3/5's ____, unanimous _____) to approve**

_____ **Current information regarding funding source, index code and available balance, and available capacity (if debt is contemplated) required**

Approved _____ Mayor
Veto _____
Override _____

Agenda Item No. 8(F)(1)(B)
6-3-10

RESOLUTION NO. _____

RESOLUTION AUTHORIZING THE MAYOR OR THE MAYOR'S DESIGNEE TO ESTABLISH A GRANT ASSISTANCE PROGRAM TO BE KNOWN AS "HOMEOWNER/TENANT WATER MAIN BREAK GRANT ASSISTANCE PROGRAM" TO ASSIST PERSONS IMPACTED BY THE MARCH 2, 2010 WATER MAIN BREAK IN HIALEAH; AUTHORIZING THE MAYOR OR MAYOR'S DESIGNEE TO ALLOCATE TO THE GRANT PROGRAM AN AMOUNT NOT TO EXCEED $200,000 FROM MIAMI-DADE WATER AND SEWER DEPARTMENT'S GENERAL RESERVE FUND; AND AUTHORIZING THE MAYOR OR THE MAYOR'S DESIGNEE TO NEGOTIATE, EXECUTE, AMEND, AND EXTEND ANY AGREEMENTS REQUIRED BY THE GRANT PROGRAM

WHEREAS, this Board desires to accomplish the purposes outlined in the accompanying memorandum, a copy of which is incorporated herein by reference,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that:

Section 1. This Board authorizes the Mayor or the Mayor's designee to establish a grant assistance program to be known as "Homeowner/Tenant Water Main Break Grant Assistance Program" ("Grant Program") to assist persons impacted by the March 2, 2010 Water Main Break in Hialeah, Florida.

Section 2. This Board authorizes the Mayor or the Mayor's designee to allocate to the Grant Program $200,000 from the Miami-Dade Water and Sewer Department's General Reserve Fund.

Section 3. This Board further authorizes the Mayor or the Mayor's designee to negotiate, execute, amend, and extend any agreements required by the Grant Program following approval by the County Attorney's Office.

The foregoing resolution was offered by Commissioner , who moved its adoption. The motion was seconded by Commissioner and upon being put to a vote, the vote was as follows:

Dennis C. Moss, Chairman
Jose "Pepe" Diaz, Vice-Chairman

Bruno A. Barreiro	Audrey M. Edmonson
Carlos A. Gimenez	Sally A. Heyman
Barbara J. Jordan	Joe A. Martinez
Dorrin D. Rolle	Natacha Seijas
Katy Sorenson	Rebeca Sosa
Sen. Javier D. Souto	

The Chairperson thereupon declared the resolution duly passed and adopted this 3rd day of June, 2010. This resolution shall become effective ten (10) days after the date of its adoption unless vetoed by the Mayor, and if vetoed, shall become effective only upon an override by this Board.

MIAMI-DADE COUNTY, FLORIDA
BY ITS BOARD OF
COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

By:_____
Deputy Clerk

Approved by County Attorney as
to form and legal sufficiency.

Henry N. Gillman

MIAMI-DADE COUNTY

MIAMI-DADE WATER & SEWER DEPARTMENT
WATER MAIN BREAK GRANT APPLICATION

APPLICANT INFORMATION

Full Name: _____ Deadline to submit Application: ____/____/____

Last *First* *M.I.*

Address _____ _____

Street Address *Apartment/Unit #*

_____ _____ _____

City *State* *Zip Code*

Property: ☐ Single Home ☐ Town Home ☐ Duplex ☐ Other _____

Property Folio Number: _____

Phone: ☐ Home _____ ☐ Work _____ ☐ Cell _____

Language(s) Spoken: ☐ English ☐ Spanish ☐ Creole ☐ Other _____

I am applying as: ☐ Owner of the property ☐ Tenant ☐ Other Please describe: _____

_____

_____

Do you have Insurance which covers your loss? (flood, renters, or auto) ☐ Yes ☐ No

If yes, have you filed a claim for this loss? ☐ Yes ☐ No

If yes, has the claim been paid? ☐ Yes ☐ No

If yes, how much was paid? $ _____

Company Name: _____ Phone No.: _____

Fax No.: _____

Policy Number: _____ Claim No.: _____

You must include with this application one of the following documents to establish your residency in the affected areas:

1. Proof of ownership: Deed or tax notice
2. Proof of residence: Driver's License or utility bill or lease reflecting property address.

Household Size: (Including yourself, list every household member living in the home)

Name:	**Birth date:** (DD/MM/YEAR)	**Relationship:**
	___/___/___	
	___/___/___	
	___/___/___	
	___/___/___	
	___/___/___	

Damaged Property/Estimated Value. If available, please attach receipt(s) and photographs of damage property:

Property Damaged:	**Value:**	**Date Purchased:**

If more space is needed, please attach additional sheet(s)

NOTE:

- ALL APPLICANTS WILL BE REQUIRED TO SIGN A SWORN AFFIDAVIT CONFIRMING WHETHER THEY CARRIED APPLICABLE INSURANCE SUCH AS FLOOD, RENTERS OR AUTO INSURANCE AT THE TIME OF THE LOSS.
- THE APPLICANT'S NAME MUST MATCH ALL DOCUMENTATION SUPPORTING PROOF OF HOMEOWNERSHIP OR RENTAL.
- APPLICATIONS WITHOUT SUPPORTING DOCUMENTATION OF LOSSES WILL NOT BE CONSIDERED FOR THIS GRANT.
- PROPERTIES WITH PAST DUE/OUTSTANDING PROPERTY TAXES ARE NOT ELIGIBLE TO RECEIVE THIS GRANT.
- GRANT FUNDS FOR APPLICANTS WITH APPLICABLE INSURANCE COVERAGE WILL BE LIMITED TO POLICY DEDUCTIBLES.
- EACH GRANT RECIPIENT WILL BE REQUIRED TO SIGN A RELEASE OF ALL CLAIMS.
- GRANT RECIPIENT SHALL ONLY USE FUNDS FOR THE REPAIR OF REPLACEMENT OF PROPERTY CAUSED BY THE MARCH 2, 2010 WATER MAIN BREAK.

WARNING:

Florida Statute 817 provides that willful false statements or misrepresentations concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under § 775.082 or § 775.83. Any person, company, partnership, or corporation that violates Fla. Statute Chapter shall also be liable for civil treble damages plus attorney's fees and costs pursuant to Florida Statute Section 772.11(1). Additionally, such person or entity shall be liable for civil damages including treble damages, attorney's fees, and costs. Additionally, such person or entity shall be liable for treble damages, attorney's fees and costs, pursuant to the False Claims Ordinance, Section 21-262(3)(a) and (3)(b) or the Miami-Dade County Code. Under the Section 21-262(3) (c) of the Miami-Dade County Code, such person or entity shall forfeit any claim.

Owner Participation Consent and Agreement: I have read or had read to me and understand this application. I understand and agree that if I am selected to participate in this program, I will be responsible for protecting my home from further damages. I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that false statements of any kind or omission of facts and information provided on this application are grounds for prosecution. I further understand that false or misleading information may be grounds for rejection of my application and termination from the program. I understand that submittal of this application does not automatically grant participation in the program.

Homeowner/Applicant Name: _____
Please Print

Homeowner/Applicant Signature: _____ Date: ____ / ____ / ____

Re: Claim Number: _____

AFFIDAVIT OF _____

BEFORE ME the undersigned authority, personally appeared, _____, who after being duly sworn, deposes and states that under penalties of perjury, that:

1. I am of full age, competent and under no legal disability.

2. I have personal knowledge of the facts contained within this affidavit.

3. I own or I am a tenant at _____, in Hialeah, Florida.

4. I understand that all representations contained within this affidavit are under criminal and civil penalties including perjury.

5. Criminal penalties for any misrepresentation or any matter which is not true or a false statement and contained within this affidavit would include but not be limited to perjury and fraud. Also, criminal penalties would include restitution to Miami-Dade County as the victim of said fraud.

6. Civil penalties for any matter which is not true and contained within this affidavit would include but not be limited to those penalties of violations of the false claims ordinance and statutory and common law civil theft and fraud. Damages resulting from any untruth or false statement contained within this affidavit would include compensatory damages, punitive damages, threefold damages, attorney's fees and costs for any matter which is not true contained within this affidavit. Said damages shall be paid forthwith to Miami-Dade County.

7. I hereby attest to the fact that I have no applicable insurance coverage for the referenced loss.

8. My property was damaged as a result of the March 02, 2010 water main break located at the area of West fourth Avenue from West 37th Street to West 44th Place in Hialeah, Florida.

FURTHER AFFIANT SAYETH NAUGHT.

_____

STATE OF FLORIDA)
) ss
COUNTY OF MIAMI-DADE)

The foregoing instrument was acknowledged before me this _____ day of _____, 200__, by _____, who is (personally known to me) (or who has/have produced) _____ as identification.

_____
NOTARY PUBLIC, STATE OF FLORIDA

My Commission Expires:

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