

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS**

**AGENDA ITEM SUMMARY**

**Meeting Date:** November 21, 2006 ☒ **Consent** ☐ **Regular**  
☐ **Ordinance** ☐ **Public Hearing**

**Department**

Submitted By: Community Services

Submitted For: Head Start/Early Head Start & Children's Services

**I. EXECUTIVE BRIEF**

**Motion and Title:** Staff recommends motion to approve: Agreements with Children's Services Council of Palm Beach County, for the period of October 1, 2006 through September 30, 2007, in an amount of \$157,413 for Early Head Start services and \$297,551 for Head Start services as part of the local match fund for the Head Start and Early Head Start programs.

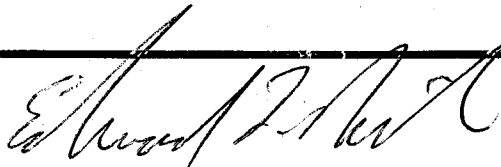
**Summary:** These Agreements will allow Children's Services Council to provide up to \$157,413 as part of the matching funding requirement to provide full day/full year comprehensive Early Head Start services to a total of 180 pregnant mothers, infants/toddlers, and up to \$297,551 as part of the matching funds requirement to provide full day/full year Head Start services to 1,871 three to five year old children and their families. Services include comprehensive health, education, parental involvement, nutritional, social and other services. No County funding is required. (Head Start) Countywide (TKF)

**Background and Justification:** The Head Start/Early Head Start program receives 80% funding from the Administration for Children, Youth, and Families (ACYF) U.S. Department of Health and Human Services with a requirement that the remaining 20% funding come from local sources. The Children's Services Council of Palm Beach County has agreed to provide up to \$157,413 for the Early Head Start program and up to \$297,551 for the Head Start program not to exceed more than 1/3 of the local match requirement. Any remaining local match funds are provided by the County.

**Attachments:**

1. Children's Services Council 2006-2007 Agreement - Head Start
2. Children's Services Council 2006-2007 Agreement - Early Head Start

**Recommended by:**

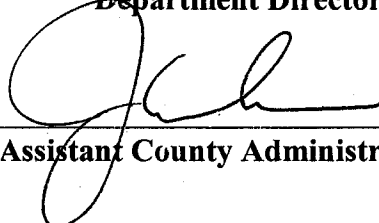


**Department Director**

11-3-2006

**Date**

**Approved By:**



**Assistant County Administrator**

11-13-06

**Date**

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2007	2008	2009	2010	2011
Capital Expenditures					
Operating Costs	454,964				
External Revenue	454,964				
Program Income (County)					
In-Kind Match (County)					
NET FISCAL IMPACT	0				

# ADDITIONAL FTE

POSITIONS (Cumulative)

Is Item Included In Current Budget? Yes X No

Budget Account No.: Fund 1002 Dept. 147 Unit 1451/1457 Object Various

Program Code HD 04 & EH 04

Revenue 1002-147-1451/1457-3769

B. Recommended Sources of Funds/Summary of Fiscal Impact:

~~No Fiscal Impact.~~ Funding from Children Services Council to provide match of \$454,964

C. Departmental Fiscal Review:

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

[Signature] 11-9-06  
OFMB  
mm 11/8/06  
BM 11-8-06

[Signature] 11/9/06  
Contract Development & Control  
B. Jones 11/9/06

B. Legal Sufficiency:

[Signature] 11/13/06  
Assistant County Attorney

This Contract complies with our contract review requirements.

The effective date is retroactive.

C. Other Department Review:

Department Director

This summary is not to be used as a basis for payment.

**CHILDREN'S SERVICES COUNCIL OF PALM BEACH COUNTY**

**STANDARD CONTRACT**

Contract #: 06-371

**PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS**

**Head Start Match**

This Agreement, entered into as of this 1st day of October, 2006 by and between the CHILDREN'S SERVICES COUNCIL OF PALM BEACH COUNTY, a political subdivision of the State of Florida (hereinafter referred to as "Council") and **Palm Beach County Board of County Commissioners/Head Start Match Funds** hereinafter referred to as "Provider"), effective October 1, 2006 ("Effective Date") to September 30, 2007.

**WITNESSETH:**

IN CONSIDERATION of mutual agreements hereinafter contained, the parties intending to be legally bound hereby agree as follows:

1. The Council agrees to reimburse Provider for **Head Start Match Funds** up to an amount not to exceed **\$454,964** and according to the terms and conditions outlined in the attached **Exhibit "A"** (Budget).
2. Transfers from the Council to Provider will be made in accordance with the following procedures:
  - a) A written request for funds submitted to the Council by the Provider specifying the amount requested based upon 1/12 of the funding allocation outlined in the attached **Exhibit "A"** (Budget). Provider will provide reconciliation of Council and federal funding received on April 30, 2007 and October 30, 2007 to ensure that CSC funding does not exceed 10% of the federal match.
  - b) Provider shall submit an invoice to the Council by the 10th day of each month following the month in which the services were provided. The invoice will include documentation reflecting all expenditures made by the Provider under this Agreement, in whatever form reasonably required by Council. Subject to the availability of funds, the Council will provide reimbursement to the Provider within 45 days after receipt of the invoice.
  - c) Provider agrees to refund any the Council's money advanced but not expended by September 30, 2007 within 30 days.

- d) Provider shall submit a final invoice to the Council no later than October 31, 2007 (with documentation deemed appropriate by the Council). The Council will not reimburse Provider for any expenditure made by Provider under this Agreement that is submitted after October 31, 2007.

3. The Provider agrees to retain all financial records, supporting documents, statistical records and any other documents pertinent to this Agreement for a period of five (5) years following termination of this Agreement or, if an audit has been initiated and audit findings have not been resolved at the end of the five year period, the records shall be retained until resolution of all audit findings. Provider further agrees that all records, papers, letters, or other documents made or received in conjunction with this Agreement and the provision of services hereunder shall be subject to public access pursuant to the provisions of Chapter 119, Florida Statutes. The provisions of this paragraph shall survive termination of this Agreement.

4. The Provider shall submit to the Council reports of effectiveness and include statistics and data on the number of persons served. Said reports shall be made on the Progress Report Form (**Exhibit "B"**) from the effective date of this Agreement on a semi-annual basis, April 30, 2007 and October 30, 2007.

5. The Council reserves the right to monitor, from a programmatic standpoint, any Provider sites receiving funding hereunder.

6. Notwithstanding any other provision of this Agreement, the Council may terminate this Agreement for any breach by the Provider. If the Council intends to terminate this Agreement, notice shall be provided in writing to the Provider no less than twenty-four (24) hours prior to the effective date of the termination. The Council's failure to terminate or suspend a Provider for past breaches of this Agreement shall not be construed as a waiver of its right to demand strict compliance with the terms of the Agreement or to terminate for said breaches or similar breaches, and shall not be construed to be a modification of the terms of the Agreement.

7. This Agreement contains all the terms and conditions agreed upon by the parties. No other agreements, oral or otherwise, regarding the subject matter of this Agreement shall be deemed to exist or binding on the parties hereto. This Agreement shall not be modified unless in writing, signed by both parties hereto.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed by their undersigned duly authorized representatives.

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

BY: \_\_\_\_\_

DATE: \_\_\_\_\_

Addie L. Greene

Print Name

Chairperson

Print Title

CHILDREN'S SERVICES COUNCIL OF PALM BEACH COUNTY

BY: \_\_\_\_\_

DATE: \_\_\_\_\_

Gaetana D. Ebbole, Chief Executive Officer

APPROVED AS TO TERMS  
AND CONDITIONS

BY: \_\_\_\_\_

DEPARTMENT HEAD

**EXHIBIT 'A'**

**Budget**

Children's Services Council of Palm Beach County  
**2006/2007 BASE APPLICATION REQUEST**  
 For Period Ending: 09 / 30 / 2007

Agency: Palm Beach Board of County Commissioners

06-371

Program: Head Start Match

Description	Total Program	Expenses for the Period <u>  </u> / <u>  </u> / <u>  </u> to <u>  </u> / <u>  </u> / <u>  </u>	Total Expenses to Date
Personnel			
Salaries	8,317,315		
Fringe Benefits	3,515,574		
Travel	13,000		
Equipment	144,714		
Supplies	133,590		
Contractual Services	6,524,632		
Other Costs			
(I) Other Operating Costs	1,959,922		
(II)			
(III)			
<b>Total</b>	<b>20,608,747</b>		
Amount paid by other sources	20,311,196		
CSC amount	297,551		
CSC%	1.44%		

Advance Funds Received \_\_\_\_\_  
 Prior Advance Repayment \_\_\_\_\_  
 Advance Balance \_\_\_\_\_  
 Advance Payment This Period \_\_\_\_\_  
 Net CSC Funds Requested \_\_\_\_\_

**CERTIFICATION**

The undersigned certify that the information contained in this report is a true and accurate

Prepared by: *Andrea J. Marano, Fin Analyst I* 6/7/06  
 NAME/TITLE DATE  
 Approved by: *Wesley L. Haddad* 6/7/06  
 NAME/TITLE DATE  
for Carmen Nicholas

# BUDGET SUMMARY FORM

## 2006-2007

**Agency Name:** Palm Beach Board of County Commissioners
**Agency Funded by CSC Since:** 2000

**Program Name:** Head Start Match
**Program Funded by CSC Since:** 2000

**Total Clients (Program)**  
**Select 1**      **Capacity** \_\_\_\_\_ **Children** 1,871 **Families:** \_\_\_\_\_

**Employees Funded by CSC (FTE)** Various

### FISCAL INFORMATION

	2005-2006 BUDGET	2006-2007 BUDGET	\$ CHANGE
<b>PROGRAM</b>			
CSC Funds	\$ 297,551.00	\$ 297,551.00	\$ - 0.0%
Total Program Budget	\$ 20,263,222.00	\$ 20,608,747.00	\$ 345,525 1.7%
CSC % of Program Budget	1.5%	1.4%	
<b>AGENCY</b>			
Total Agency Budget	\$ 22,776,921.00	\$ 23,122,035.00	\$ 345,114 1.5%
Total CSC Funds (Agency)	\$ 454,964.00	\$ 454,964.00	\$ - 0.0%
CSC % of Agency Budget	2.0%	2.0%	

### FOR CSC USE ONLY

**CSC Cost per Client**      \$ 159.03  
 (Capacity, Children, Family)

#### Instructions

- 1 Complete agency and program name and indicate date when CSC first funded each.
- 2 Give number of clients to be served by the CSC funded program by selecting only one of either capacity or children or families.
- 3 Complete FTE's funded by CSC by adding percent of funded positions (whole or part) as noted in column 8 of Form A-1. Note 100% = 1 FTE.
- 4 Complete other fiscal information for your program and agency giving comparison with previous year, dollar change and percentage change.
- 5 Leave section "For CSC Use Only" blank



Agency Name: Palm Beach Board of County Commissioners

Program Name: Head Start Match

### Disclosure of Other Agency Funders

Instructions: List all sources of agency revenue. Include all programs funded by: Government (i.e. CSC, local, county, state, federal), Grants, Medicaid Reimbursement Estimates, and Foundation Grants or Contracts

Total Agency Budget: \$23,122,035.00 FY: 2006-07

Granting Entity	Funded Program	Amount	Contract Person at Funder	Telephone Number	Fax Number
Government: Department of Health and Human Services	Head Start & Early Head Start	14,112,642	Gail Howard	(404) 562-2851	(404) 562-2983
Childrens Services Council	Head Start & Early Head Start	454,964	Martha Lynch David Hepford	(561) 655-1010 (561) 655-1010	(561) 835-1956 (561) 835-1956
Foundations/Grants:					
Other: (fundraising, fees, etc.)					

**EXHIBIT 'B'**

**Progress Report Form**

Date Prepared by Provider: \_\_\_\_\_

**CHILDREN’S SERVICES COUNCIL OF PALM BEACH COUNTY**  
**PROGRESS REPORT FORM – Palm Beach County Board of County Commissioners – Head Start**

**REPORTING PERIOD:** \_\_\_\_\_

PROJECT OBJECTIVES	ACCOMPLISHMENTS: THIS REPORTING PERIOD	ACCOMPLISHMENTS TO DATE	CHALLENGES/ CORRECTIVE ACTIONS TAKEN
1.	•		
2.			
3.			

**\*NOTE:** This form is required for all Progress Reports/Final Reports. It is your responsibility to ensure that the required reports are provided 30 days prior to scheduled payments. Payments will not be released until the required Progress Report/Final Report has been received and approved by Children’s Services Council Fiscal Director.

**CHILDREN'S SERVICES COUNCIL OF PALM BEACH COUNTY**

**STANDARD CONTRACT**

Contract #: 06-543

**PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS**

**Early Head Start Match**

This Agreement, entered into as of this 1st day of October, 2006 by and between the CHILDREN'S SERVICES COUNCIL OF PALM BEACH COUNTY, a political subdivision of the State of Florida (hereinafter referred to as "Council") and **Palm Beach County Board of County Commissioners/Early Head Start Match Funds** hereinafter referred to as "Provider"), effective October 1, 2006 ("Effective Date") to September 30, 2007.

**WITNESSETH:**

IN CONSIDERATION of mutual agreements hereinafter contained, the parties intending to be legally bound hereby agree as follows:

1. The Council agrees to reimburse Provider for **Early Head Start Match Funds** up to an amount not to exceed **\$157,413** and according to the terms and conditions outlined in the attached **Exhibit "A"** (Budget).
2. Transfers from the Council to Provider will be made in accordance with the following procedures:
  - a) A written request for funds submitted to the Council by the Provider specifying the amount requested based upon 1/12 of the funding allocation outlined in the attached **Exhibit "A"** (Budget). Provider will provide reconciliation of Council and federal funding received on April 30, 2007 and October 30, 2007 to ensure that CSC funding does not exceed 10% of the federal match.
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  - d) Provider shall submit a final invoice to the Council no later than October 31, 2007 (with documentation deemed appropriate by the Council). The Council will not reimburse Provider for any expenditure made by Provider under this Agreement that is submitted after October 31, 2007.

3. The Provider agrees to retain all financial records, supporting documents, statistical records and any other documents pertinent to this Agreement for a period of five (5) years following termination of this Agreement or, if an audit has been initiated and audit findings have not been resolved at the end of the five year period, the records shall be retained until resolution of all audit findings. Provider further agrees that all records, papers, letters, or other documents made or received in conjunction with this Agreement and the provision of services hereunder shall be subject to public access pursuant to the provisions of Chapter 119, Florida Statutes. The provisions of this paragraph shall survive termination of this Agreement.

4. The Provider shall submit to the Council reports of effectiveness and include statistics and data on the number of persons served. Said reports shall be made on the Progress Report Form (**Exhibit "B"**) from the effective date of this Agreement on a semi-annual basis, April 30, 2007 and October 30, 2007.

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7. This Agreement contains all the terms and conditions agreed upon by the parties. No other agreements, oral or otherwise, regarding the subject matter of this Agreement shall be deemed to exist or binding on the parties hereto. This Agreement shall not be modified unless in writing, signed by both parties hereto.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed by their undersigned duly authorized representatives.

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

Addie L. Greene

\_\_\_\_\_  
Print Name

Chairperson

\_\_\_\_\_  
Print Title

CHILDREN'S SERVICES COUNCIL OF PALM BEACH COUNTY

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

Gaetana D. Ebbale, Chief Executive Officer

**APPROVED AS TO TERMS  
AND CONDITIONS**

BY: \_\_\_\_\_

  
**DEPARTMENT HEAD**

EXHIBIT 'A'

Budget

Children's Services Council of Palm Beach County  
**2006/2007 BASE APPLICATION REQUEST**  
 For Period Ending: 09 / 30 / 2007

Agency: Palm Beach County, Board of County Commissioners

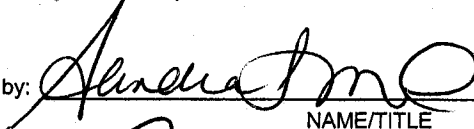

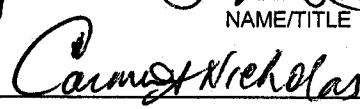
Program: Community Services - Early Head Start

Description	Total Program	Expenses for the Period ____/____/____ to ____/____/____	Total Expenses to Date
Personnel			
Salaries	904,991		
Fringe Benefits	383,299		
Equipment	14,000		
Supplies	5,425		
Contractual Services	915,726		
Other Costs			
(I) Other Operating Costs	83,751		
(II)			
(III)			
<b>Total</b>	<b>2,307,192</b>		
Amount paid by other sources	2,149,779		
CSC amount	157,413		
CSC%	6.82%		

Advance Funds Received \_\_\_\_\_  
 Prior Advance Repayment \_\_\_\_\_  
 Advance Balance \_\_\_\_\_  
 Advance Payment This Period \_\_\_\_\_  
 Net CSC Funds Requested \_\_\_\_\_

**CERTIFICATION**

The undersigned certify that the information contained in this report is a true and accurate

Prepared by:  Financial Analyst I 5/31/06  
 NAME/TITLE DATE  
 Approved by:  Carmichael 6/1/06  
 NAME/TITLE DATE



# BUDGET SUMMARY FORM

## 2006-2007 Base Application

<b>Agency Name:</b> <u>Palm Beach County, Board of County Commissioners</u>	<b>Agency Funded by CSC Since:</b> _____
<b>Program Name:</b> <u>Early Head Start</u>	<b>Program Funded by CSC Since:</b> _____
<b>Total Clients (Program)</b> <b>Select 1</b> <b>Capacity</b> _____ <b>Children</b> _____ <b>180 Families:</b> _____	
<b>Employees Funded by CSC (FTE)</b> _____	

### FISCAL INFORMATION

	2005-2006 BUDGET	2006-2007 BUDGET	\$ CHANGE	% CHANGE
<b>PROGRAM</b>				
CSC Funds	\$ 157,413.00	\$ 157,413.00	\$ -	0.0%
Total Program Budget	\$ 2,354,396.00	\$ 2,307,192.00	\$ (47,204.00)	-2.0%
CSC % of Program Budget	6.7%	6.8%		
<b>AGENCY</b>				
Total Agency Budget	\$ 22,776,921.00	\$ 23,122,035.00	\$ 345,114.00	1.5%
Total CSC Funds (Agency)	\$ 454,964.00	\$ 454,964.00	\$ -	0.0%
CSC % of Agency Budget	2.0%	2.0%		

### FOR CSC USE ONLY

**CSC Cost per Client** \_\_\_\_\_  
 (Capacity, Children, Family)

#### Instructions

- 1 Complete agency and program name and indicate date when CSC first funded each.
- 2 Give number of clients to be served by the CSC funded program by selecting only **one** of either capacity or children or families.
- 3 Complete FTE's funded by CSC by adding percent of funded positions (whole or part) as noted in column 8 of Form A-1. Note 100% = 1 FTE.
- 4 Complete other fiscal information for your program and agency giving comparison with previous year, dollar change and percentage change.
- 5 Leave section "For CSC Use Only" blank

Agency Name: Palm Beach County Board of Commisioners, Department of Community Services

Program Name: Head Start & Early Head Start

### Disclosure of Other Agency Funders

Instructions: List all sources of agency revenue. Include all programs funded by: Government (i.e. CSC, local, county, state, federal), Grants, Medicaid Reimbursement Estimates, and Foundation Grants or Contracts

Total Agency Budget: \$ 23,122,035.00 FY: 2006-07

Granting Entity	Funded Program	Amount	Contract Person at Funder	Telephone Number	Fax Number
Government: Department of Health and Human Services	Head Start & Early Head Start	\$ 14,112,642.00	Gail Howard	(404)562-2851	(404)562-2983
Medicaid Reimbursement Estimate:					
Foundations/Grants:					
Other: (fundraising, fees, etc.)					

**EXHIBIT 'B'**

**Progress Report Form**

Date Prepared by Provider: \_\_\_\_\_

CHILDREN’S SERVICES COUNCIL OF PALM BEACH COUNTY  
PROGRESS REPORT FORM – Palm Beach County Board of County Commissioners – Early Head Start Match

REPORTING PERIOD:

PROJECT OBJECTIVES	ACCOMPLISHMENTS: THIS REPORTING PERIOD	ACCOMPLISHMENTS TO DATE	CHALLENGES/ CORRECTIVE ACTIONS TAKEN
1.			
2.			
3.			

\*NOTE: This form is required for all Progress Reports/Final Reports. It is your responsibility to ensure that the required reports are provided 30 days prior to scheduled payments. Payments will not be released until the required Progress Report/Final Report has been received and approved by Children’s Services Council Fiscal Director.