

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2007	2008	2009	2010
Capital Expenditures	_____	_____	_____	_____
Operating Costs	_____	<u>53,163</u>	<u>505,456</u>	<u>132,506</u>
External Revenue	_____	<u>53,163</u>	<u>436,628</u>	<u>109,563</u>
Program Income (County)	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____
NET FISCAL IMPACT	_____	<u>0</u>	<u>68,828</u>	<u>22,943</u>
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____
Is Item Included In Current Budget: Yes _____ No <u>X</u>				
Budget Account No.:	Fund <u>1001</u>	Dept. <u>142</u>	Unit <u>1432</u>	Obj. <u>3401</u>
	Program Code <u>various</u>		Program Period: <u>various</u>	

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

Federal Funds US HUD

Departmental Fiscal Review: *REW*

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

J. Du 5-2-07
 OFMB
m 04/26 *cn* 4/25/07

John J. Jacobus 5/3/07
 Contract Administration
Jones 5/2/07

B. Legal Sufficiency:

J. D. D. 5/7/07

Assistant County Attorney

C. Other Department Review:

Department Director

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

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application * If Revision, select appropriate letter(s) <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
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3. Date Received:	4. Applicant Identifier:
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5a. Federal Entity Identifier:	*5b. Federal Award Identifier: FL14B505003
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State Use Only:

6. Date Received by State:	7. State Application Identifier:
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8. APPLICANT INFORMATION:

***a. Legal Name:** Palm Beach County Board of County Commissioners

*b. Employer/Taxpayer Identification Number (EIN/TIN): 59-6000785	*c. Organizational DUNS: 100219570
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d. Address:

*Street 1: 301 North Olive Ave.
Street 2: _____
*City: West Palm Beach
County: Palm Beach County
*State: Florida
Province: _____
*Country: USA
*Zip / Postal Code: 33401

e. Organizational Unit:

Department Name: Community Services	Division Name: Human Services
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f. Name and contact information of person to be contacted on matters involving this application:

Prefix: _____ *First Name: Claudia
Middle Name: H.
*Last Name: Tuck
Suffix: _____

Title: Director, Division of Human Services

Organizational Affiliation:

*Telephone Number: 561-355-4775	Fax Number: 561-355-4801
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***Email:** ctuck@pbcgov.com

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***9. Type of Applicant 1: Select Applicant Type:**

B.County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

HUD

11. Catalog of Federal Domestic Assistance Number:

14.235

CFDA Title:

Supportive Housing Program (SHP)

***12 Funding Opportunity Number:**

FR-5100-N-14

*Title:

Continuum of Care Homeless Assistance Program (CoC)

13. Competition Identification Number:

CoC-14

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Palm Beach County

***15. Descriptive Title of Applicant's Project:**

30 Transitional Housing beds for single individuals and supportive services through two Homeless Outreach Teams.

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16. Congressional Districts Of:		
*a. Applicant: FL-016,FL-019,FL-022,FL-023 022,FL-023		*b. Program/Project: FL-016,FL-019,FL-
17. Proposed Project:		
*a. Start Date: 01/01/09		*b. End Date: 12/31/09
18. Estimated Funding (\$):		
*a. Federal	438,254	
*b. Applicant	91,771	
*c. State		
*d. Local		
*e. Other		
*f. Program Income		
*g. TOTAL	530,025	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input checked="" type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
Authorized Representative:		
Prefix: _____	*First Name: <u>Addie</u> _____	
Middle Name: <u>L.</u> _____		
*Last Name: <u>Greene</u> _____		
Suffix: _____		
*Title: Chairperson, Palm Beach County Board of County Commissioners		
*Telephone Number: 561-355-2207	Fax Number: 561-355-3990	
* Email: <u>Agreene@co.palm-beach.fl.us</u>		
*Signature of Authorized Representative:		*Date Signed:

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***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

N/A

Applicant Certification

These certified statements are required by law.
Previous versions obsolete

form HUD-40090-4

A. For the Supportive Housing (SHP), Shelter Plus Care (S+C), and Single Room Occupancy (SRO) programs:

Fair Housing and Equal Opportunity.

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for S+C:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For SHP Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. For S+C Only. Supportive Services.

It will make available supportive services appropriate to the needs of the population served and equal in value to the aggregate amount of rental assistance funded by HUD for the full term of the rental assistance.

D. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall attach an explanation behind this page.

Signature of Authorized Certifying Official:	Date:
Title: Addie L. Greene, Chairperson	
Applicant:	For PHA Applicants Only: (PHA Number)
Palm Beach County Board of County Commissioners	

Section I: Project Summary Information

Part A: General Project Information (All Projects)

1. Project Priority Number (From Project Priority Chart in Exhibit1): _____	2. <input type="checkbox"/> New Project	3. If renewal, list previous grant number & project identifier number (PIN):	Previous Grant Number: FL14B505003
<input type="checkbox"/> Check box if project is a #1 Priority Samaritan Bonus Project	<input checked="" type="checkbox"/> Renewal Project		PIN Number: FL14060
4. HUD-Defined CoC Name: West Palm Beach/Palm Beach County Continuum of Care		5. CoC Number: FL-605	
6. Applicant's Organization Name (Legal Name from SF-424) Palm Beach County Board of County Commissioners		8. Applicant's DUNS Number (From SF-424): 100219570	
7. <input type="checkbox"/> Check box if Applicant is a Faith-Based Organization <input checked="" type="checkbox"/> Check box if Applicant has ever received a federal grant, either directly from a federal agency or through a state/local agency			
9. Project Applicant's Address (From SF-424) Street: 301 North Olive Ave City: West Palm Beach State: FL Zip:33401		10. Applicant's Employer Identification Number (EIN) (From SF-424): 59-6000785	
11. Contact person of Project Applicant: (From SF-424) Name: Claudia H. Tuck Phone number: 561-355-4775 Title: Director Fax number: 561-355-4801 Email Address: ctuck@pbcgov.com		12. <input checked="" type="checkbox"/> Check box if Project Applicant is the same as Project Sponsor	
13. Project Name: Project SUCCESS		14. Project's location 6-digit Geographic Code: 129099	
15. Project Address (S+C SRAs, if multiple sites list all addresses including): Street: 1502 & 1507 South Federal Highway City: Lake Worth State: FL Zip: 33460		18. <input checked="" type="checkbox"/> Check box if Energy Star is used in this project	
16. <input type="checkbox"/> Check box if project is located in a Rural Area		19. Project Congressional District(s): FL-016, FL-019, FL-022, FL-023	
17. If project contains housing units, are these units: <input checked="" type="checkbox"/> Leased? <input type="checkbox"/> Owned?			
20. Project Sponsor's Organization Name (If different from Applicant)		22. Sponsor's DUNS Number:	
21. <input type="checkbox"/> Check box if Project Sponsor is a Faith-Based Organization <input type="checkbox"/> Check box if Project Sponsor has ever received a federal grant, either directly from a federal agency or through a state/local agency			
23. Project Sponsor's Address (if different from Applicant) Street: City: State: Zip:		24. Sponsor's Employer Identification Number (EIN):	
25. Contact person of Project Sponsor (if different from Applicant) Name: Phone number: Title: Fax number: Email Address:			

Part B: Project Summary Budget

B1. Supportive Housing Program (SHP) (All SHP Projects)

a. <input checked="" type="checkbox"/> SHP Program		c. Grant Term* (Check only one box)	
b. Component Types (Check only one box) <input checked="" type="checkbox"/> TH <input type="checkbox"/> PH <input type="checkbox"/> SSO <input type="checkbox"/> HMIS <input type="checkbox"/> Safe Haven/TH <input type="checkbox"/> Safe Haven/PH		<input checked="" type="checkbox"/> 1 Year	<input type="checkbox"/> 2 Years
			<input type="checkbox"/> 3 Years
d. Proposed SHP Activities	e. SHP Dollars Request	f. Cash Match	g. Totals (Col. e + Col. f)
1. Acquisition			
2. Rehabilitation			
3. New Construction			
4. Subtotal (Lines 1 through 3)			
5. Real Property Leasing From Leasing Budget Chart	96,000		96,000
6. Supportive Services From Supportive Services Budget Chart	187,760	46,940	234,700
7. Operations From Operating Budget Chart	134,494	44,831	179,325
8. HMIS From HMIS Budget Chart			
9. SHP Request (Subtotal lines 4 through 8)	418,254	Total Cash Match	Total Budget (Total SHP Request + Total Cash Match)
10. Administrative Costs (Up to 5% of line 9)	20,000		
11. Total SHP Request (Total lines 9 and 10)	438,254	91,771	530,025

*New projects must be 2 or 3 years, except new HMIS projects and new hold harmless reallocation projects, which can be 1, 2 or 3 years.

B2. Shelter Plus Care (S+C) (All S+C Projects)

a. <input type="checkbox"/> S+C Program	c. Grant Term (Renewals are 1 year only) (Check only one box)
b. Component Types (Check only one box) <input type="checkbox"/> TRA <input type="checkbox"/> SRA <input type="checkbox"/> PRA <input type="checkbox"/> PRAR <input type="checkbox"/> S+C/SRO	<input type="checkbox"/> Renewal 1 Year <input type="checkbox"/> New 5 Years <input type="checkbox"/> New (PRAR, S+C/SRO) 10 Years
1. Total S+C Rental Assistance Amount from S+C and SRO Budget Chart	\$

B3. Section 8 Single Room Occupancy (SRO) (All Section 8 SRO Projects)

a. <input type="checkbox"/> SRO Program	c. Grant Term
b. Component Type <input type="checkbox"/> (SRO)	<input type="checkbox"/> 10 Years
1. Total SRO Rental Assistance Amount from SRO Budget Chart	\$