

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2008	2009	2010	2011	2012
Capital Expenditures					
Operating Costs	<u>220,206</u>				
External Revenue	<u>(220,206)</u>				
Program Income (County)					
In-Kind Match (County)					
NET FISCAL IMPACT	<u>0</u>				
# ADDITIONAL FTS POSITIONS (Cumulative)					

Is Item Included In Current Budget: Yes No
 Budget Account No.: Fund 1009 Dept. 145 Unit 1462 Object various
 Program Code various

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

Federal funds through the State of Florida, Department of Community Affairs.

Departmental Fiscal Review: *[Signature]*

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

Dept/OFMB will amend the budget once the grant is awarded.

[Signature] 9/24/07
 OFMB
 9/19/07
 9/24/07
 9/24/07
 ON 9/19/07

[Signature] 9/15/07
 Contract Administration
 9/25/07

B. Legal Sufficiency:

This amendment complies with our review requirements.

[Signature] 9/26/07

Assistant County Attorney

C. Other Department Review:

Department Director

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



STATE OF FLORIDA
DEPARTMENT OF COMMUNITY AFFAIRS
"Dedicated to making Florida a better place to call home"

CHARLIE CRIST
Governor

THOMAS G. PELHAM
Secretary

MEMORANDUM

TO: Low Income Home Energy Assistance Program Recipients

FROM: *PL* Paula Lemmo, Community Program Manager
Community Assistance Section

DATE: July 26, 2007

SUBJECT: Low Income Energy Assistance Program (LIHEAP) Modifications to Incorporate Increase in Base Allocation, Leveraging Funds and Carryover Funds

This memorandum addresses the modification of your current Low Income Home Energy Assistance Program agreement. The enclosed modification will incorporate your agency's share of the LIHEAP increased base allocation and applicable leveraging funds.

LIHEAP leveraging funds are awarded competitively to the state from and in addition to the LIHEAP state grant award. These funds are allotted based on the dollars the local LIHEAP agencies generate to provide non-federal utility bill assistance and other energy conservation dollars to LIHEAP eligible households. These additional LIHEAP dollars are then distributed to those agencies that have reported leveraged funds during the previous year. **To utilize these funds fully they must be expended before the end of your contract. Leveraging funds can only be used for direct client assistance, and cannot be used for administrative or outreach costs. The total amount of "FY 2006 Leveraging Funds" given on the Modification of Agreement page must be included on lines 8, 9 and 10 of the Revised Attachment J, Budget Summary and Workplan. Separate tracking and reporting of these funds from the regular LIHEAP allocation is mandatory in order to meet federal reporting requirements.**

Leveraging participation and reporting information will soon go out for this year. I encourage you to participate in this project in order to increase your leveraging funding for next year.

2555 SHUMARD OAK BOULEVARD TALLAHASSEE, FL 32399-2100
Phone: 850-488-8466/SUNCOM 278-8466 Fax: 850-921-0781/SUNCOM 291-0781
Website: www.dca.state.fl.us

COMMUNITY PLANNING
Phone: 850-488-2356/SUNCOM 278-2356
Fax: 850-488-3309/SUNCOM 278-3309

AREAS OF CRITICAL STATE CONCERN FIELD OFFICE
Phone: 305-289-2402
Fax: 305-289-2442

HOUSING AND COMMUNITY DEVELOPMENT
Phone: 850-488-7956/SUNCOM 278-7956
Fax: 850-922-5623/SUNCOM 292-5623

6. All provisions of the Agreement being modified and any attachments thereto in conflict with this Modification shall be and are hereby changed to conform with this Modification, effective as of the date of the last execution of this Modification by both parties.
7. All provisions not in conflict with this Modification remain in full force and effect, and are to be performed at the level specified in the Agreement.

IN WITNESS WHEREOF, the parties hereto have executed this document as of the dates set out herein.

RECIPIENT

PBC BOARD OF COUNTY COMMISSIONERS

STATE OF FLORIDA

DEPARTMENT OF COMMUNITY AFFAIRS

BY: _____

Addie L. Greene, Chairperson

(Type Name and Title)

BY: _____

Janice Browning, Director
Division of Housing and Community
Development

Date: _____

Date: _____

59-60000785

Federal Identification Number

**APPROVED AS TO TERMS
AND CONDITIONS**

BY: _____

DEPARTMENT HEAD

MODIFICATION OF AGREEMENT
BETWEEN
FLORIDA DEPARTMENT OF COMMUNITY AFFAIRS
AND
Palm Beach County Board of County Commissionrs

This Modification is made and entered into by and between the State of Florida, Department of Community Affairs, ("Department"), Palm Beach County Board of County Commissionrs the ("Recipient") to modify DCA Contract Number 07EA-6J-10-60-01-023 ("Agreement").

WHEREAS, the Department and the Recipient have entered into the Agreement, pursuant to which the Department has provided a grant to the Recipient under the Low-Income Home Energy Assistance Program (LIHEAP) of \$1,099,378 and

WHEREAS, the Department and the Recipient desire to modify the Agreement.

NOW, THEREFORE, in consideration of the mutual promises of the parties contained herein, the parties agree as follows:

1. Paragraph (17)(a) Funding/Consideration is hereby modified to read as follows:

This is a cost-reimbursement Agreement. The Recipient shall be reimbursed for costs incurred in the satisfactory performance of work hereunder in an amount not to exceed \$1,319,584 subject to the availability of funds and appropriate budget authority. This revised contract amount includes:

1. \$1,099,378 FY 2007-2008 LIHEAP contract allocation
 2. +\$ 218,486 Increase in Base Allocation
 3. +\$ 1,720 FY 2006 Leveraging Funds
2. Attachment I, Recipient Information, is hereby deleted in its entirety and replaced with Amended Attachment I.
 3. Attachment J, Budget Summary and Workplan, is hereby deleted in its entirety and replaced with Amended Attachment J.
 4. Attachment K, Budget Detail, is hereby deleted in its entirety and replaced with Amended Attachment K.
 5. Attachment L, Multi-County Fund Distribution, is hereby deleted in its entirety and replaced with Amended Attachment L.

Memorandum
July 26, 2007
Page Two

The modification must be submitted to the Department as soon as possible. In all cases, **three** modification packages with original signatures must be mailed to:

Ms. Hilda Frazier, Planning Manager
Department of Community Affairs
Division of Housing and Community Development
Community Assistance Section
2555 Shumard Oak Boulevard
Tallahassee, Florida 32399-2100

With the execution of this modification you will be able to expend funds up to the total face value of the contract. If you have any questions, please contact your financial specialist at (850) 488-7541.

PL/hc/sl

Enclosure

**LIHEAP
AMENDED ATTACHMENT J
BUDGET SUMMARY AND WORKPLAN**

RECIPIENT:

I. BUDGET SUMMARY

A. LIHEAP FUNDS ONLY	B. Last Approved Budget Amount	C. Adjustments to Approved Budget (Optional)	D. Increase in Base Allocation	E. Column B+C+D	F. Leveraging	G. TOTAL Modified Budget
1. TOTAL FUNDS (No Leveraging)	1,099,378	0	218,486	1,317,864	0	1,317,864
ADMINISTRATIVE EXPENSE (Cell 2G cannot exceed 8% of Cell 1G)						
2. Salaries including Fringe; Rent, Utilities, Travel, Other	87,950	0	17,479	105,429	0	105,429
OUTREACH EXPENSE (Cell 3G cannot exceed Cell 1E minus Cell 2E times .15)						
3. Salaries including Fringe; Rent, Utilities, Travel, Other	151,714	0	30,151	181,865	0	181,865
DIRECT CLIENT ASSISTANCE						
4. Home Energy Assistance (Cell 4G must be at least 25% of Cell 1G)	374,845	0	104,621	479,466	0	479,466
5. Crisis Payments	462,881	0	61,866	524,747	0	523,027
6. Weather Related/Supply Shortage (Cell 6G must be at least 2% of Cell 1G)	21,988	0	4,369	26,357	0	26,357
7. Subtotal Direct Client Assistance (Lines 4+5+6)	859,714	0	170,856	1,030,570	0	1,028,850
LEVERAGING FUNDS ONLY						
8. Home Energy Assistance	0	0	0	0	1,720	1,720
9. Crisis Assistance	0	0	0	0	0	0
10. TOTAL LEVERAGING (Lines 8+9)	0	0	0	0	1,720	1,720
11. GRAND TOTALS	1,099,378	0	218,486	1,317,864	1,720	1,317,864

II. DIRECT CLIENT ASSISTANCE WORKPLAN

Type of Assistance	Estimated # of Households		Estimated Cost Per Household	Estimated Expenditures ¹
	Previous	Amended		
LIHEAP (Direct Client Assistance)				
Home Energy	2,195	2,667	179.77	479,466
Crisis	1,185	1,314	399.35	524,747
Weather Related/Supply Shortage	37	42	627.54	26,357
TOTAL	3,417	4,023	0	1,030,570
Leveraging Funds				
Home Energy	0	11	156.36	1,720
Crisis	0	0	0	0
TOTAL	0	11	0	1,720

¹ Estimated Expenditures equals the Amended Estimated # of Households times Estimated Cost Per Household. Amount must agree with the corresponding line in Column G above.

**LIHEAP
ATTACHMENT I**

III Administrative and outreach expense budget detail (Lines 2-3)

Line Item Number	EXPENDITURE DETAIL (Round up line items to dollars. Do not use cents and decimals in totals)	LIHEAP FUNDS
1.	LIHEAP Funds	1,317,864
	Administrative Expenses	
2.	Salaries Including Fringe	
	Kathryn McNealy, CAS IV - LIHEAP Program Director	
	Salary @ 100% 42,918	
	FICA @ 6.20% 2,661	
	Medicare @ 1.45% 622	
	Retirement @ 10.85% 4,657	
	Insurance <u>7,900</u>	
	58,758	
	Kelli Sweet - Data Entry Clerk	
	Salary @ 50% 12,902	
	FICA @ 6.20% 800	
	Medicare @ 1.45% 187	
	Retirement @ 10.85% 1,400	
	Insurance (7,900 @ 50%) <u>3,950</u>	
	19,239	
	Temp Personnel	
	1,935 hours @ \$12.00/hr. 23,220	
	Total Salary Plus Fringes	101,217
	Other	
	Rent & Utilities 1,000	
	Travel 250	
	Mileage 500	
	Postage 100	
	Office Supplies 2,362	
	Total Other 4,212	
	TOTAL ADMINISTRATIVE EXPENSES	105,429

**LIHEAP
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3.	<p>Outreach Expenses</p> <p>Linda Evans - CAS</p> <table style="margin-left: 20px;"> <tr><td>Salary @ 100% @ 18 pays</td><td style="text-align: right;">34,848</td></tr> <tr><td>FICA @ 6.20%</td><td style="text-align: right;">2,160</td></tr> <tr><td>Medicare @ 1.45%</td><td style="text-align: right;">505</td></tr> <tr><td>Retirement @10.85%</td><td style="text-align: right;">3,781</td></tr> <tr><td>Insurance</td><td style="text-align: right;"><u>5,454</u></td></tr> <tr><td></td><td style="text-align: right;">46,748</td></tr> </table> <p>Josephine Carey - CAS</p> <table style="margin-left: 20px;"> <tr><td>Salary @100% @ 18 pays</td><td style="text-align: right;">28,440</td></tr> <tr><td>FICA @ 6.20%</td><td style="text-align: right;">1,763</td></tr> <tr><td>Medicare @ 1.45%</td><td style="text-align: right;">412</td></tr> <tr><td>Retirement @ 10.85%</td><td style="text-align: right;">3,086</td></tr> <tr><td>Insurance</td><td style="text-align: right;"><u>5,454</u></td></tr> <tr><td></td><td style="text-align: right;">39,155</td></tr> </table> <p>Cynthia Hatton - CAS</p> <table style="margin-left: 20px;"> <tr><td>Salary @100% @ 18 pays</td><td style="text-align: right;">29,376</td></tr> <tr><td>FICA @6.2%</td><td style="text-align: right;">1,821</td></tr> <tr><td>Medicare @1.45%</td><td style="text-align: right;">426</td></tr> <tr><td>Retirement @10.85%</td><td style="text-align: right;">3,187</td></tr> <tr><td>Insurance</td><td style="text-align: right;"><u>5,454</u></td></tr> <tr><td></td><td style="text-align: right;">40,264</td></tr> </table> <p>Deneen Schexnider - CAS</p> <table style="margin-left: 20px;"> <tr><td>Salary @100% @ 18 pays</td><td style="text-align: right;">27,252</td></tr> <tr><td>FICA @6.2%</td><td style="text-align: right;">1,690</td></tr> <tr><td>Medicare @1.45%</td><td style="text-align: right;">395</td></tr> <tr><td>Retirement @10.85%</td><td style="text-align: right;">2,957</td></tr> <tr><td>Insurance</td><td style="text-align: right;"><u>5,454</u></td></tr> <tr><td></td><td style="text-align: right;">37,748</td></tr> </table> <p>Temp Personnel</p> <table style="margin-left: 20px;"> <tr><td>455 hours @ \$12.00/hr.</td><td style="text-align: right;">5,460</td></tr> </table>	Salary @ 100% @ 18 pays	34,848	FICA @ 6.20%	2,160	Medicare @ 1.45%	505	Retirement @10.85%	3,781	Insurance	<u>5,454</u>		46,748	Salary @100% @ 18 pays	28,440	FICA @ 6.20%	1,763	Medicare @ 1.45%	412	Retirement @ 10.85%	3,086	Insurance	<u>5,454</u>		39,155	Salary @100% @ 18 pays	29,376	FICA @6.2%	1,821	Medicare @1.45%	426	Retirement @10.85%	3,187	Insurance	<u>5,454</u>		40,264	Salary @100% @ 18 pays	27,252	FICA @6.2%	1,690	Medicare @1.45%	395	Retirement @10.85%	2,957	Insurance	<u>5,454</u>		37,748	455 hours @ \$12.00/hr.	5,460	
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	Total Salary & Fringes	169,375																																																		

**LIHEAP
ATTACHMENT I**

III Administrative and outreach expense budget detail (Lines 2-3)

Line Item Number	EXPENDITURE DETAIL (Round up line items to dollars. Do not use cents and decimals in totals)	LIHEAP FUNDS
	Outreach Expense Cont'd	
	Other Outreach	
	Travel & Registration	100
	Mileage	1,000
	Graphics	100
	Equipment	100
	Office Equipment Rental	100
	Postage	93
	Office Supplies	4,000
	Communication	1,000
	Office Furniture	4,997
	Repair & Maint./Bldg.	<u>1,000</u>
		12,490
	Total Outreach Expenses	181,865
	Direct Client Assistance	
4.	Home Energy Assistance	479,466
5.	Crisis Assistance	523,027
6.	Weather Related Supply	26,357
7.	Home Energy Assistance	1,720
	Total Client Assistance	1,030,570
	GRAND TOTAL	1,317,864

LIHEAP
REVISED ATTACHMENT I - RECIPIENT INFORMATION

FEDERAL YEAR: 07 CONTRACT PERIOD: Date of Signing to March 31, 2008

FOR DCA USE ONLY

DATE RECEIVED: _____ REVISION(S) RCVD: _____

I. **RECIPIENT CATEGORY:** () Non-Profit () Local Government () Tribal Government

II. **COUNTIES TO BE SERVED WITH THESE FUNDS:** Palm Beach County

III. **GENERAL ADMINISTRATIVE INFORMATION**

a. Name of Recipient: Palm Beach County Board of County Commissioners
Community Action Program of Palm Beach County

b. Name of Executive Director or Chief Administrator: Maureen Perrault

c. Recipient Fiscal Year: From: 03/01/2007 To: 03/31/2008

d. Address:
810 Datura Street
City: West Palm Beach, FL Zip Code: 33401
Telephone: (561) 355-4727 County: Palm Beach
Fax: (561) 355-4192
E-Mail Address: mperraul@co.palm-beach.fl.us

e. Mailing Address (if different from above):
Same
_____, FL Zip Code: _____

f. Chief Elected Official (for local governments) or President/ Chairman of Board (corporations):
Name: Addie L. Greene
Title: Chairperson, Palm Beach County Board of County Commissioners
Mailing Address (Home or Business other than Recipient's)
Address: P.O. Box 1989
City: West Palm Beach, FL Zip Code: 33401
Telephone: (561) 355-2207

g. Official to Receive State Warrant:
Name: Sharon R. Bock
Title: Chief Deputy Clerk of Courts/BCC
Mailing Address: P.O. Box 4036
City: West Palm Beach, FL Zip Code: 33402

h. Contact Person:
Name: Maureen Perrault
Title: Coordinator, PBC Community Action
Mailing Address: 810 Datura Street
West Palm Beach, FL Zip Code: 33401
Telephone: (561) 355-4727
Fax: (561) 355-4192
E-Mail Address: mperraul@pbcbgov.com

i. Person(s) authorized to sign fiscal reports: Rebecca Webb, Fiscal Manager II

IV. **AUDIT DUE DATE** Agency Fiscal Year: _____ to _____
Audit is due seven months from the end of the recipient's fiscal year: _____