

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: January 15, 2008 [X] Consent [] Regular [] Ordinance [] Public Hearing
Department
Submitted By: Community Services
Submitted For: Human Services Division

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to:

A) Receive and file State of Florida Department of Children and Families (DCF) Homeless Housing Assistance Grant Contract for the period of November 1, 2007 through June 30, 2008, in an amount of \$375,000; and

B) Approve Budget Amendment of \$375,000 in the General Fund, Human Services.

Summary: On October 2, 2007 (R2007-1684), the Board of County Commissioners delegated authority to the County Administrator or his designee to sign the State of Florida Department of Children and Families Homeless Housing Assistance Grant Contract. This authorization and designation was necessary to expedite the availability and expenditure of the funds. A budget amendment is needed to acknowledge the grant funding from DCF. No match is required for these funds. (Human Services) Countywide (TKF)

Background and Justification: This receive and file item is being submitted in accordance with Countywide PPM No. CW-0-051 to allow the Clerk's Office to note and receive the executed contract. This is the second year the Division has received the Department of Children and Families contract for the Homeless Housing Assistance Grant. The funds will be utilized toward the construction of an assisted living facility in Belle Glade with 74 units set aside for homeless individuals. These funds of \$375,000 are on a one time basis and are non-recurring.

Attachments:

- A. State of Florida Department of Children and Families Contract
B. Budget Amendment

Recommended by: [Signature] Department Director Date: 12-13-2007
Approved By: [Signature] Assistant County Administrator Date: 1/2/08

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	<u>375,000</u>	_____
External Revenue	_____	_____	_____	<u>(375,000)</u>	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	_____	_____	_____	<u>0</u>	_____
# ADDITIONAL FTS POSITIONS (Cumulative)	_____	_____	_____	<u>0</u>	_____

Is Item Included In Current Budget: Yes _____ No X
 Budget Account No.: Fund 0001 Dept 148 Unit 1351 Obj. 3401
 Program Code: HA11 Program Period: GY07

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

State funds.

Departmental Fiscal Review: *Red*

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Dev. and Control Comments:

Jan 21 12-21-07

 OFMB *12/21/07* *12/14*

Jan 21 12-20-07

 Contract Dev. and Control *12/26/07*
12/26/07

B. Legal Sufficiency:

Jan 21 11/2/08

 Assistant County Attorney

C. Other Department Review:

 Department Director

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