

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2007	2008	2009	2010	2011
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	11,282	_____	_____	_____
External Revenues	_____	(77,282)	_____	_____	_____
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: 1009 Dept: 145 Unit: 1462 Object: 8201
Program Code _____

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

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

C. Departmental Fiscal Review: *[Signature]*

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

B. Legal Sufficiency:

[Signature] 1-30-08
1/29/08 OFMB 1/29/08
Assistant County Attorney 2/4/08

[Signature] 1/31/08
Contract Dev. and Control
6/24/08 1/31/08

This Modification
Complies with our review
requirements.

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: October 8, 2007

SUBJECT: Low Income Energy Assistance Program (LIHEAP) Modifications to Incorporate
Contingency Funds and Additional Leveraging 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 contingency funds and applicable additional leveraging funds.

Contingency Funds

These additional funds represent your agency's share of the LIHEAP contingency funds recently released by President Bush.

Leveraging

Since our first release of leveraging funds, we have received an additional allocation. 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 "FFY 2006 Leveraging Funds" given on the Modification of Agreement page must be included on lines 8, 9 and 10 of the Amended 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.

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

Memorandum
October 8, 2007
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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

If you have any questions, please contact your financial specialist at (850) 488-7541.

PL/hc/sl

Enclosure

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

This Modification is made and entered into by and between the State of Florida, Department of Community Affairs, ("Department"), and Palm Beach County Board of County Commissioenrs, 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 \$1,319,584 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 \$ 1,396,866 subject to the availability of funds and appropriate budget authority. This revised contract amount includes:

1. \$ 1,319,584 Current FY 2007-2008 LIHEAP contract allocation
 2. +\$ 76,774 Contingency Funds
 3. +\$ 508 Increase in 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.

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

**BOARD OF COUNTY COMMISSIONERS
PALM BEACH COUNTY**

BY: _____

Addie L. Greene, Chairperson
(Type Name and Title)

Date: _____

59-60000785

Federal Identification Number

STATE OF FLORIDA

DEPARTMENT OF COMMUNITY AFFAIRS

BY: _____

Janice Browning, Director
Division of Housing and Community
Development

Date: _____

**APPROVED AS TO TERMS
AND CONDITIONS**

BY: _____


DEPARTMENT HEAD

**LIHEAP
AMENDED ATTACHMENT I – RECIPIENT INFORMATION**

FEDERAL FISCAL YEAR: 2007 CONTRACT PERIOD: Date of Signing to March 31, 2008

I. RECIPIENT CATEGORY: { } Non-Profit { **X** } Local 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. Executive Director or Chief Administrator: Maureen Perrault

c. Recipient 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

d. Mailing Address (if different from above):

(Same)

e. Chief Elected Official (for local governments) or President/ Chairman of Board (corporations):

Name: Addie Greene

Title: Chairman, 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

f. 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

g. Recipient Contacts:

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@co.palm-beach.fl.us

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

IV. AUDIT

Recipient Fiscal Year: October 1, 2007 to September 30, 2008

Audit is due nine months from the end of the recipient's fiscal year: _____

**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. Contingency Funds	E. Column B+C+D	F. Increase in Leveraging Funds	G. TOTAL Modified Budget
1. TOTAL FUNDS (Without Leveraging)	1,319,584	0	76,774	1,396,358		
ADMINISTRATIVE EXPENSE (Cell 2G cannot exceed 8% of Cell 1E)						
2. Salaries including Fringe, Rent, Utilities, Travel, Other	105,429	0	6,280	111,709		111,709
OUTREACH EXPENSE (Cell 3G cannot exceed Cell 1E minus Cell 2E times .15)						
3. Salaries including Fringe, Rent, Utilities, Travel, Other	181,865	0	10,832	192,697		192,697
DIRECT CLIENT ASSISTANCE						
4. Home Energy Assistance (Cell 4G must be at least 25% of Cell 1E)	479,466	0	0	479,466		479,466
5. Crisis Payments	524,747	0	59,662	584,409		584,409
6. Weather Related/Supply Shortage (Cell 6G must be at least 2% of Cell 1E)	26,357	0	0	26,357		26,357
7. Subtotal Direct Client Assistance (Lines 4+5+6)	1,030,570	0	59,662	1,090,232		1,090,232
LEVERAGING FUNDS ONLY (Cell 10G must equal total of all leveraging funds)						
8. Home Energy Assistance	1,720	0		1,720	508	2,228
9. Crisis Assistance						
10. TOTAL LEVERAGING (Lines 8+9)	1,720	0		1,720	508	2,228
11. GRAND TOTALS	1,319,584	0	76,774	1,396,358	508	1,396,866

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	2,667	2,667	179.77	479,466
Crisis	1,314	1,463	399.45	584,409
Weather Related/Supply Shortage	42	42	179.71	26,357
TOTAL	4,023	4,172	758.93	1,090,232
Leveraging Funds				
Home Energy	11	13	171.38	2,228
Crisis	0			0
TOTAL	11	13	171.38	2,220

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 K**

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

Line Item No.	EXPENDITURE DETAIL (Round up line items to dollars. Do not use cents and decimals in totals)	LIHEAP FUNDS
1.	LIHEAP Funds	\$ 1,099,378
	<u>Administrative Expenses</u>	
2.	Salaries Including Fringe	
	Kathryn McNealy, CAS IV - LIHEAP Program Director	
	Salary @100% 42,918	
	FICA @ 6.20% 2,661	
	Medicare @ 1045% 622	
	Retirement @ 10.85% 4,657	
	Insurance 7,900	
	<hr/> 58,758	
	Kelli Sweet - Data Entry Clerk	
	Salary @ 50% 12,902	
	FICA @ 6.20% 800	
	Medicare @ 1045% 187	
	Retirement @ 1085% 1,400	
	Insurance 3,950	
	<hr/> 19,239	
	Temp Personnel	
	2,360 hours @ 12.50 per hour 29,500	
	Total Salary Plus Fringe	107,497
	Other	
	Rent & Utilities 1,000	
	Travel 250	
	Mileage 500	
	Postage 100	
	Office Supplies 2,362	
	Total Other 4,212	
	TOTAL ADMINISTRATIVE EXPENSES	111,709

**LIHEAP
ATTACHMENT K**

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

Line Item No.	EXPENDITURE DETAIL (Round up line items to dollars. Do not use cents and decimals in totals)	LIHEAP FUNDS
3.	<p><u>Outreach Expenses</u></p> <p>Josephine Carey, CAS</p> <p>Salary @ 100 % @18 pays 28,440</p> <p>FICA @ 6.20% 1,763</p> <p>Medicare @ 1.45% 412</p> <p>Retirement @ 1085% 3,086</p> <p>Insurance 5,454</p> <hr/> <p>39,155</p> <p>Linda Evans - CAS</p> <p>Salary @100% @ 18 pays 34,848</p> <p>FICA @ 6.20% 2,160</p> <p>Medicare @ 1.45% 505</p> <p>Retirement @1085% 3,781</p> <p>Insurance 5,454</p> <hr/> <p>46,748</p> <p>Cynthia Hatton-CAS</p> <p>Salary @100% @ 18 pays 29,376</p> <p>FICA @ 100% 1,821</p> <p>Medicare @ 6.20 426</p> <p>Retirement @1085% 3,187</p> <p>Insurance 5,454</p> <hr/> <p>40,264</p> <p>Deneen Schexnider - CAS</p> <p>Salary @ 100% @ 18 pays 27,252</p> <p>FICA @ 6.20% 1,690</p> <p>Medicare @ 145% 395</p> <p>Retirement @10.85% 2,957</p> <p>Insurance 5,454</p> <hr/> <p>37,748</p> <p>Temp Personnel</p> <p>1,303 hours @12.50 16,292</p>	
	Total Salary plus Fringes	\$180,207

Line Item Number	<u>EXPENDITURE DETAIL</u> (Round up line items to dollars. Do not use cents and decimals in totals)	LIHEAP FUNDS
	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. 1,000	
		192,697
	Total Outreach Expenses	
	Direct Client Assistance	
	Home Energy Assistance	479,466
	Crisis Assistance	584,409
	Weather Related Supply	26,357
	Home Energy Assistance (Leveraging)	2,228
	Total Client Assistance	1,092,460
	GRAND TOTAL	\$1,396,866