

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: March 11, 2008 ☒ 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: Amendment 001 to the Delegate Agency Agreement with The School Board of Palm Beach County (Delray Full Service Center) (R2007-1677), for the period of October 1, 2007, through September 30, 2008, revising County requirements, and implementing new reimbursement procedures.

Summary: The School Board of Palm Beach County (Delray Full Service Center) was contracted to provide comprehensive Head Start services. This Amendment clarifies revised County requirements, and implements how monthly reimbursements will be distributed. There is no additional cost to the County. (Head Start) Countywide (TKF).

Background and Justification: The School Board of Palm Beach County (Delray Full Service Center) has appropriate facilities and meets applicable performance standards for operation of a Head Start program as required by the Department of Health & Human Services.

Attachments:

Amendment 001 to Delegate Agency Agreement w/ The School Board of Palm Beach County

Recommended by: [Signature]
Department Director

2-13-2008
Date

Approved by: [Signature]
Assistant County Administrator

2-25-08
Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	_____	_____	_____	_____	_____

ADDITIONAL FTE POSITIONS (CUMULATIVE)

Is Item Included in Current Budget? Yes X No _____
Budget Account No.: Fund _____ Dept. _____ Unit _____ Object _____
Program Code _____

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

C. Departmental Fiscal Review.

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

 2-21-08
OFMB/Budget
 2/21/08
 2/19/08
 2/14/08

Contract Development and Control
 2/21/08

B. Legal Sufficiency:

 2/25/08
Assistant County Attorney

This amendment **complies with**
our review requirements.

C. Other Department Review:

Department Director

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

AMENDMENT 001 TO HEAD START DELEGATE AGENCY AGREEMENT

THIS AMENDMENT 001 TO HEAD START DELEGATE AGENCY AGREEMENT dated October 2, 2007 (Document No. R2007 1677), made and entered into at West Palm Beach, Florida, on this day of _____, by and between Palm Beach County, a political subdivision of the State of Florida herein referred to as the COUNTY, and The School Board of Palm Beach County, herein referred to as the DELEGATE AGENCY.

WITNESSETH:

WHEREAS, the need exists to amend the AGREEMENT.

NOW, THEREFORE, the above named parties hereby mutually agree that the AGREEMENT is hereby amended as follows:

Delete Article 20, Paragraph 4 and replace in its entirety with:

"The annual financial audit report shall include a schedule of financial assistance specifically identifying all contracts, agreements and grant revenue, including Federal and Non-Federal fund and costs by sponsoring agency and contract/agreement/grant number. The complete financial audit report, including all items specified herein, shall be sent directly to:"

Delete Article 20, Paragraph, 6 and replace in its entirety with:

"Two (2) bound originals of the audit is due within 30 days after receipt of the financial audit report by the Independent Certified Public Accountant or a Public Accountant licensed under Chapter 473, Fla. Stat. or nine (9) months after the close of the DELEGATE AGENCY'S fiscal year."

Replace Exhibit A 1.1(X) with the following:

"To ensure staff receives appropriate training to include local, state, regional and/or national conferences;"

Replace Exhibit A 1.1(CC 1) with the following:

"The DELEGATE AGENCY must develop and submit to the COUNTY PROGRAM a plan to ensure compliance with these requirements; a minimum of 50% for teaching staff to obtain their Associate Degree in Early Childhood Education or higher. A status report must be submitted to the COUNTY. This must include level of compliance, timelines, for teachers still working on their degrees, progress made and plans for obtaining/sustaining the requirements;"

Replace Exhibit A 1.1(HH) with the following:

"To conduct all assessments for children as mandated by HHS/Office of Head Start and/or the COUNTY."

Replace Exhibit A 1.3(A), Paragraph 5 with the following:

"The Delegate Agency's/Child Care Provider's/Contract Provider's programs and activities will be monitored quarterly. A report of the findings will be generated and made available in a timely

manner. Fiscal monitoring will be performed according to the County's Fiscal Procedures For Ongoing Monitoring."

Add Exhibit A 1.2(L) with the following:

"The Accounting and Financial Report System must capture the Federal and Non-Federal costs as required by 45 CFR 74.21(b)(2)."

Change Exhibit A 1.3(B) with the following:

"To reimburse the DELEGATE AGENCY subject to availability of federal funds and other funding sources pursuant to the HHS grant, on a monthly basis in accordance with the DELEGATE AGENCY'S approved Head Start Program budget, and in accordance with Article #3 – PAYMENTS TO DELEGATE AGENCY, the total reimbursement amount not to exceed the amount set forth in Article 3 of the Agreement."

Nothing below this line

Replace Exhibit B and replace in its entirety with the following:

EXHIBIT "B"

**SCHEDULE FOR PAYMENT AND BUDGET DATA FOR REIMBURSABLE EXPENSES ONLY FOR
DELEGATE AGENCY AGREEMENT WITH: THE SCHOOL BOARD OF PALM BEACH COUNTY
(DELRAY FULL SERVICE CENTER)**

BILLING & BUDGET DATA

Payment will only be made for budgeted categories up to the maximum amount set forth below: The budget has been established based on an annual rate per child of \$5,900.87 and a minimum of 180 days.

<u>COST CATEGORY</u>	<u>AUTHORIZED AMOUNT</u>
1. Personnel	\$743,380.00
2. Fringe Benefits	\$314,977.00
3. Travel	\$ 1,500.00
4. Supplies	
Office Supplies -	\$ 500.00
Child & Family Services -	\$ 500.00
Food Services -	\$ 1,000.00
Other Supplies-	\$ 3,935.00
5. Contractual	<u>\$ 25,869.00</u>
	\$1,091,661.00
 TOTAL AMOUNT	 \$1,091,661.00

MAXIMUM AMOUNT REIMBURSABLE EXPENSES
AUTHORIZED UNDER THIS AGREEMENT \$1,091,661

All reimbursements are subject to availability to the County of funds from the various sources funding this Agreement:

U.S. Department of Health and Human Services (Federal)	<u>\$666,514</u>
Palm Beach County (Non-Federal Match)	<u>\$166,628</u>
Palm Beach County (Non-Federal Overmatch)	<u>\$258,519</u>
 TOTAL	 <u>\$1,091,661</u>

The Delegate Agency shall maintain records in auditable form that permit allocation of the expenses to the various funding sources. Funds received under this Agreement cannot be utilized for payment of mortgages or mortgage expenses.

These funds cover the cost of full day/full year services for all children, with the exception of 540 hours per year/per 4 year old child.

ALL OTHER PROVISIONS

All provisions in the Agreement or exhibits to the AGREEMENT in conflict with this Amendment to the AGREEMENT shall be and are hereby changed to conform to this Amendment.

All provisions not in conflict with the Amendment are still in effect and are to be performed at the same level as specified in the AGREEMENT.

Nothing below this line

IN WITNESS WHEREOF, the Board of County Commissioners of Palm Beach County, Florida has made and executed this Agreement on behalf of the COUNTY and DELEGATE AGENCY has hereunto set its hand the day and year above written.

ATTEST:

SHARON R. BOCK, Clerk & Comptroller

PALM BEACH COUNTY

BOARD OF COUNTY COMMISSIONERS:

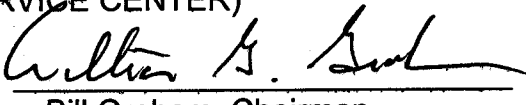
By: _____
Deputy Clerk

By: _____
Addie L. Greene, Chairperson

WITNESS:


DELEGATE AGENCY: THE SCHOOL BOARD
OF PALM BEACH COUNTY (DELRAY FULL
SERVICE CENTER)


Signature

By: 
Bill Graham, Chairman

CAROL KELLER BASS
Name (type or print)

Date: 1/31/08

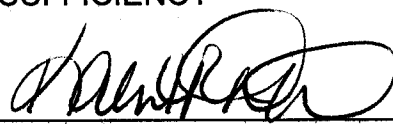
By: 
Dr. Arthur C. Johnson, Superintendent

Date: 1/31/08

REVIEWED AND APPROVED AS TO
FORM AND LEGAL SUFFICIENCY

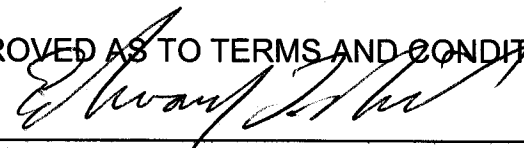
REVIEWED AND APPROVED AS TO FORM
AND SUFFICIENCY

By: _____
County Attorney

By: 
Associate Counsel

Date: 1/30/08

APPROVED AS TO TERMS AND CONDITIONS

By: 
Department Head

11/26/07