

A. Five Year Summary of Fiscal Impact:

Fiscal Years	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	<u>47,447</u>	_____	_____	_____
External Revenues	_____	<u>(47,447)</u>	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	_____	<u>0</u>	_____	_____	_____

ADDITIONAL FTE POSITIONS (Cumulative)

Is Item Included in Current Budget? Yes X No _____
 Budget Account No.: Fund: 1003 Agency: 145 Org. 1455 Object: Var.
 Reporting Category _____

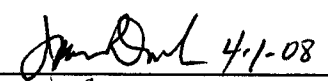
B. Recommended Sources of Funds/Summary of Fiscal Impact:

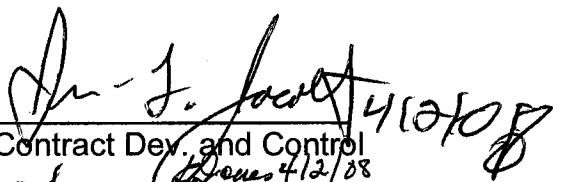
Federal funds through the State of Florida Department of Community Affairs.


C. Departmental Fiscal Review: 

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:


 4/1/08 OFMB pm CN 3/31/08


 Contract Dev. and Control
 4/12/08
 The effective date of this modification is retroactive.

B. Legal Sufficiency: 
 4/12/08
 Assistant County Attorney

C. Other Department Review:

Department Director

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

CONTRACT NO: 08SB-6I-11-60-01-023

MODIFICATION NO: 001

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

This Modification is made and entered into by and between the State of Florida, Department of Community Affairs, ("the Department"), and the Palm Beach County Board of County Commissioners the ("Recipient") to modify DCA Contract Number 08SB-6I-11-60-01-023 ("the Agreement").

WHEREAS, the Department and the Recipient have entered into the Agreement, pursuant to which the Department has provided a sub-grant of \$890,315 to the Recipient; and

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:
 - (a) 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 \$937,762, subject to the availability of funds and appropriate budget authority. The Recipient is authorized to incur costs in an amount not to exceed \$767,389 until further notification is received by the Department. As funds and budget authority are available, changes to the costs the Recipient may incur will be accomplished by notice from the Department to the Recipient, in the form of certified mail, return receipt requested, to the Recipient's contact person identified in Attachment A, Recipient Information. The terms of the Agreement shall be considered to have been modified to allow the Recipient to incur additional costs upon the Recipient's receipt of the written notice from the Department.
This revised contract amount includes:

A. \$890,315	Current CSBG Allocation	(FY 2007-2008)
B. \$ 4,837	Base Increase	(FY 2007-2008)
C. \$ <u>42,610</u>	Carryover Funds	(FY 2006-2007)
D. \$937,762	Total	(Amended CSBG Allocation)
2. If applicable, Attachment A, Recipient Information, Attachment B-1, Budget Summary, Attachment B-2, Sub-Recipient Information, Attachment B-3, Budget Detail, Attachment B-4, Secondary Administration and Attachment C, Scope of Work/Workplan are hereby deleted in their entirety and replaced with Amended Attachment A, Recipient Information, Amended Attachment B-1, Budget Summary, Amended Attachment B-2, Sub-Recipient Information, Amended Attachment B-3, Budget Detail, Amended Attachment B-4, Secondary Administration and Amended Attachment C, Scope of Work/Workplan are attached hereto and incorporated herein by reference.

3. 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.
4. 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
PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
 (Type Legal Name of Recipient)

STATE OF FLORIDA
DEPARTMENT OF COMMUNITY AFFAIRS

By: _____

By: _____

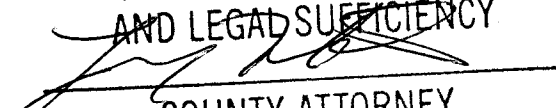
Addie L. Greene, Chairperson
 (Type Name and Title Here)
Board of County Commissioners

Janice Browning, Director
 Division of Housing and Community
 Development

Date: _____

Date: _____

59-60000785
 Federal Identification Number

APPROVED AS TO FORM
 AND LEGAL SUFFICIENCY

 COUNTY ATTORNEY

**CSBG MODIFICATION
AMENDED ATTACHMENT B-1
BUDGET SUMMARY**

RECIPIENT: **Palm Beach County Community Action**

REVENUE SOURCES	PERCENT	MATCH	TOTAL AMOUNT	NOTES: Round all figures up to the nearest dollar.	
1. CSBG Grant Funds			937,762	Provide a minimum of 2% - Cash Match 20% - Total Match Do not under match. 1.99% Cash Match is unacceptable.	
2. Cash Match	20%				
3. In-Kind Match					
4. TOTAL MATCH (Line 2 + Line 3)	20%		187,553		
5. TOTAL FUNDS (Line 1 + Line 4)			1,125,315		
A. CSBG FUNDS ONLY EXPENSE CATEGORY	B. LAST APPROVED CSBG BUDGET	C. Proposed Budget** (Include Base Increase)	D. 2006-2007 Carryover Amount	E. Total CSBG Funds (Col. C+D)	F. CASH AND IN-KIND MATCH
TOTAL CSBG FUNDS	890,315	895,152	42,610	937,762	187,553
ADMINISTRATIVE					
6. RECIPIENT EXPENSES (Salaries + Fringe, Rent, Utilities, Travel Other)	108,834	31,612	0	31,612	6,324
7. SUB-RECIPIENT EXPENSES (Salaries + Fringe, Rent, Utilities, Travel Other)	-0-	-0-	-0-	-0-	-0-
8. TOTAL ADMINISTRATIVE EXPENSES (Line 6 + Line 7) See Footnote*	108,834	31,612	0	31,612	6,324
9. ADMINISTRATIVE EXPENSE PERCENT [(Cell 8C divided by cell 18C) x 100]		3.53%	VALUE IN CELL 8C MAY NOT EXCEED 15% OF CELL 18C		
PROGRAM					
10. RECIPIENT DIRECT CLIENT ASSISTANCE EXPENSES	118,602	121,772	34,019	155,791	31,110
11. RECIPIENT OTHER PROGRAM EXPENSES (Salaries+Fringe, Rent, Utilities, Travel, Other Salary)	662,879	741,768	8,591	750,359	150,119
12. SUBTOTAL RECIPIENT PROGRAM EXPENSES (LINE 10 + Line 11)	781,481	863,540	42,610	906,150	181,229
13. SUBTOTAL RECIPIENT DIRECT CLIENT ASSISTANCE EXPENSES	-0-	-0-	-0-	-0-	-0-
14. SUB-RECIPIENT OTHER PROGRAM EXPENSES (Salaries + Fringe, Rent, Utilities, Travel Other)	-0-	-0-	-0-	-0-	-0-
15. SUBTOTAL SUB-RECIPIENT PROGRAM EXPENSES (Line 13 + Line 14)	-0-	-0-	-0-	-0-	-0-
16. TOTAL PROGRAM EXPENSE (Line 12 + Line 15)	781,481	863,540	42,610	906,150	181,229
17. SECONDARY ADMINISTRATIVE EXPENSES	-0-	-0-	-0-	-0-	-0-
18. GRAND TOTAL EXPENSE: (Line 8 + Line 16 + Line 17)	890,315	895,152	42,160	937,762	187,553

*The amount in cell 8D cannot exceed the unspent administrative balance from your FY 2006-2007 contract close-out.

**Make desired adjustments to last approved CSBG budget and include base increase amount in Column C.

**CSBG
ATTACHMENT B-3
BUDGET DETAIL**

Name of Applicant: **Palm Beach County Community Action Program**

Line Item No.	Obj. No (direct client Assistance lines only)	EXPENDITURE DETAIL Round up line item totals to dollars. Do not use cents and decimals in totals. (SEE INSTRUCTIONS FOR BUDGET DETAIL) <u>FORMAT</u>	DOLLARS CHARGED TO CSBG		
			CSBG Funds	Cash Match	Total
6	N/A	ADMINISTRATIVE EXPENSES			
		Salaries Including Fringe			
		<u>Community Action Director - M. Perrault</u> 25% PBC Ad Valorem 25% CSBG Admin. 50% CSBG Other Program			
		Salary @ 25%	14,889	2,979	17,868
		FICA 6.20%	923	185	1,109
		FICA Med. 145%	216	43	259
		Retirement 10.85%	1,616	323	1,939
		Life & Health \$9,100	1,896	379	2,275
		Workers Comp. \$377	78	16	94
		<u>Secretary - June Lucas</u> 20% CSBG Admin. 80% CSBG Other Program			
		Salary @ 20%	7,041	1,408	8,449
		FICA 6.20%	437	87	524
		FICA med. 1.45%	102	21	123
		Retirement 10.85%	764	153	917
		Life & Health \$9,100	1,517	303	1,820
		Workers Comp. \$377	62	13	75
		Travel 1,000 miles @.485	404	81	485
		Office Supplies	1,667	333	2,000
		Total	31,612	6,324	37,936

****EXPLAIN SOURCES OF CASH AND IN-KIND MATCH**

Name of Applicant: **Palm Beach County Community Action Program**

Line Item No.	Obj. No (direct client Assistance lines only)	EXPENDITURE DETAIL Round up line item totals to dollars. Do not use cents and decimals in totals. <u>(SEE INSTRUCTIONS FOR BUDGET DETAIL)</u> <u>FORMAT</u>	DOLLARS CHARGED TO CSBG		
			CSBG Funds	Cash Match	Total
10		PROGRAM EXPENSE - Direct Client			
	1.2 - H	Recipient Direct Client Assistance* Housing: 12 month lease @2,325 = 27,900 4 month lease @2,961 = 11,844	33,158	6,586	39,744
	1.2 - E	Summer Camp Scholarships** For 50 Children @600	24,999	5,001	30,000
	6.2 - I	Back to School Clothes and Supplies For 20 teenagers @ \$500 ea. = \$10,000	8,333	1,667	10,000
	6.2 - A	Food Vouchers in \$50 denominations For 100 families at an average of \$100	8,334	1,668	10,002
	6.2 - B	Water/Gas and Electric Bills Assistance 450 families at average of 153.56	57,592	11,513	69,105
	6.2 - G	Bus Passes 100 clients @ \$22.50 per client 50 households/2 clients per HH	1,875	375	2,250
	6.2 - B3	Rent/Mortgage Assistance for families.	13,166	2,634	15,800
10	1.2 - 1	Community Gardens - 4 sites @ \$1,500 Cost will include: soil, fertilizer, mulch, seeds, tools, storage sheds, irrigation/sprinkler equipment, water bill, literature, small starter plants. Two sites are at homeless shelters, one is at a public school and one is on private property, but is a "Community" garden. <i>*9 units but 15 families served over the course of one FY.</i> <i>**This program is a critical employment support to help low-income people with self sufficiency. It enables parents to obtain/maintain employment.</i> <i>***Most utility bills paid are water and gas bills. On occasion we use CSBG funds to supplement the LIHEAP Program.</i>	5,000	1,000	6,000

Name of Applicant: Palm Beach County Community Action Program

Line Item No.	Obj. No (direct client Assistance lines only)	EXPENDITURE DETAIL Round up line item totals to dollars. Do not use cents and decimals in totals. (SEE INSTRUCTIONS FOR BUDGET DETAIL) FORMAT	DOLLARS CHARGED TO CSBG		
			CSBG Cash Funds	Match	Total
10	6.3 - B	Jewelry (beading) supplies and equipment for classes for low-income youth. (beads, clasps, tools etc.)	1,667	333	2,000
10	6.3-B	Culinary classes for youth in foster care. (20 @ \$100 each)	1,667	333	2,000
		Total - Direct Client Expenses	155,791	31,110	186,901

Name of Applicant: Palm Beach County Community Action Program

Line Item No.	Obj. No (direct client Assistance lines only)	EXPENDITURE DETAIL Round up line item totals to dollars. Do not use cents and decimals in totals. (SEE INSTRUCTIONS FOR BUDGET DETAIL) <u>FORMAT</u>	DOLLARS CHARGED TO CSBG		
			CSBG Funds	Cash Match	Total
11		Recipient Other Program Expenses			
		<u>Sr. CAS - C. Morrow</u>			
		Salary @100%	48,771	9,756	58,527
		FICA 6.20%	3,024	605	3,629
		FICA Med. 1.45%	707	142	849
		Retirement 10.85%	5,292	1,058	6,350
		Life & Health \$9,100	7,583	1,517	9,100
		Workers Comp. \$377	314	63	377
		<u>Sr. CAS - M. Silvas</u>			
		Salary @100%	43,608	8,724	52,332
		FICA 6.20%	2,704	541	3,245
		FICA Med. 1.45%	632	127	759
		Retirement 10.85%	4,731	947	5,678
		Life & Health \$9,100	7,583	1,517	9,100
		Workers Comp. \$377	314	63	377
		<u>Sr. CAS - D. Duval</u>			
		Salary @100%	47,101	9,423	56,524
		FICA 6.20%	2,920	584	3,504
		FICA Med. 1.45%	683	137	820
		Retirement 10.85%	5,111	1,022	6,133
		Life & Health \$9,100	7,583	1,517	9,100
		Workers Comp. \$377	314	63	377
		<u>Sr. CAS - S. Grimes</u>			
		Salary @100%	40,253	8,053	48,306
		FICA 6.20%	2,496	499	2,995
		FICA Med. 1.45%	583	117	700
		Retirement 10.85%	4,367	874	5,241
		Life & Health \$9,100	7,583	1,517	9,100
		Workers Comp. \$377	314	63	377
		<u>Sr. CAS - M. Allen</u>			
		Salary @100%	47,018	9,406	56,424
		FICA 6.20%	2,915	583	3,498
		FICA Med. 1.45%	682	136	818
		Retirement 10.85%	5,101	1,021	6,122
		Life & Health \$9,100	7,583	1,517	9,100
		Workers Comp. \$377	314	63	377

Name of Applicant: Palm Beach County Community Action Program

Line Item No.	Obj. No (direct client Assistance lines only)	EXPENDITURE DETAIL Round up line item totals to dollars. Do not use cents and decimals in totals. (SEE INSTRUCTIONS FOR BUDGET DETAIL) FORMAT	DOLLARS CHARGED TO CSBG		
			CSBG Funds	Cash Match	Total
11		<u>CAS I - M. Powell</u>			
		Salary @100%	30,285	6,059	36,344
		FICA 6.20%	1,877	376	2,253
		FICA Med. 1.45%	439	88	527
		Retirement 10.85%	3,286	657	3,943
		Life & Health \$9,100	7,583	1,517	9,100
		Workers Comp. \$377	314	63	377
		<u>CAS - Y. Delbosque</u>			
		Salary @100%	27,651	5,531	33,182
		FICA 6.20%	1,714	343	2,057
		FICA Med. 1.45%	401	80	481
		Retirement 10.85%	3,000	600	3,600
		Life & Health \$9,100	7,583	1,517	9,100
		Workers Comp. \$377	314	63	377
		<u>M. Perrault, Coordinator</u>			
		Salary @50%	29,779	5,957	35,736
		FICA 6.20%	1,847	369	2,216
		FICA Med. 1.45%	432	86	518
		Retirement 10.85%	3,231	646	3,877
		Life & Health \$9,100	3,792	758	4,550
		Workers Comp. \$377	157	32	189
		<u>J. Lucas, Secretary</u>			
		Salary @80%	28,162	5,634	33,796
		FICA 6.20%	1,746	349	2,095
		FICA Med. 1.45%	408	82	490
		Retirement 10.85%	3,056	611	3,667
		Life & Health \$9,100	6,066	1,214	7,280
Workers Comp. \$377	252	50	302		
	Total Program Salaries	655,259	131,085	786,344	

Name of Applicant: Palm Beach County Community Action Program

Line Item No.	Obj. No (direct client Assistance lines only)	EXPENDITURE DETAIL Round up line item totals to dollars. Do not use cents and decimals in totals. (SEE INSTRUCTIONS FOR BUDGET DETAIL) FORMAT	DOLLARS CHARGED TO CSBG		
			CSBG Funds	Cash Match	Total
11		<u>Continued-Recipient Other Program Expense</u>			
		Graphics Business Cards, Posters, Fliers	667	133	800
		Registration Fees-Travel	350	70	420
		Materials and Supplies	3,333	667	4,000
		Dues and Memberships FACA and SEACAA	458	92	550
		Repair and Maintenance-Vehicles	10,519	2,109	12,628
		Oil and Lubricants	417	83	500
		Gasoline (Dialysis Van)	9,608	1,922	11,530
		Rental-Motor Pool Van to Transport Donated Items	4,954	991	5,945
		Rental Office Equipment	17,767	3,553	21,320
		Repair and Maintenance Building	833	167	1,000
		Insurance and Surety Bonds	10,492	2,098	12,590
		Repair and Maintenance-Office Equipment	833	167	1,000
		Postage	542	108	650
		Communications-Basic Telephone \$230 per month x 12 months	2,300	460	2,760
		Communications - Suncom \$15 per month x 12 months	150	30	180
		Offsite Records Storage	2,000	400	2,400
		Rental Building (Office Lease)	18,326	3,674	22,000
		Page Total	83,549	16,724	100,273

Name of Applicant: Palm Beach County Community Action Program

Line Item No.	Obj. No (direct client Assistance lines only)	EXPENDITURE DETAIL Round up line item totals to dollars. Do not use cents and decimals in totals. (SEE INSTRUCTIONS FOR BUDGET DETAIL) <u>FORMAT</u>	DOLLARS CHARGED TO CSBG		
			CSBG Funds	Cash Match	Total
		<u>Continued - Recipient Other Program Expenditures</u>			
		Communications-Toll \$25 per month x 12 months	250	50	300
		Telephone Maintenance & Repair	250	50	300
		Rental Telephone Equipment \$100 per month x 12 months	1,000	200	1,200
		Electric \$532.58 per month x 12 months	5,326	1,065	6,391
		Water \$316.66 per month x 12 months	3,167	633	3,800
		Utilities Waste \$75 per month x 12 months	750	150	900
		Travel Mileage CAS 2000 miles @ .485	808	162	970
11		Total Recipient Other Program Exp. (Including Salaries)	750,359	150,119	900,478
16		TOTAL PROGRAM EXPENSE	906,150	181,229	1,087,379
		<u>GRAND TOTAL EXPENSE</u>	937,762	187,553	1,125,315

**AMENDED ATTACHMENT C – Workplan and Quarterly Report Form
 FY 2007-2008 Florida Outcomes for Community Action System (FOCAS)
 Community Action Goal 6 (Family) – Low-Income People, Especially vulnerable populations,
 Achieve Their Potential by Strengthening of Family and Other Supportive Environments**

Agency Name:

FOCAS Outcomes Catalog	2	3	4
Goal 6: Low-Income People Especially Vulnerable Populations Achieve Their Potential by Strengthening Family and Other Supportive Systems 6.1 Independent Living 6.2 Emergency Assistance 6.3 Child and Family Development	WORKPLAN	Number of Households	
	Total Number of Households Expected to Achieve Outcome	Seeking Assistance	Receiving Assistance
B. Emergency Vendor Payments	4456		
1) Home Energy Assistance funded by Low-Income Home Energy Assistance	4000		
2) Home Energy Assistance funded by public or private funds other than LIHEAP			
2) Water Bill Assistance	450		
3) Rent or Mortgage Assistance	6		
C. Temporary Shelter (motel, shelter placement, etc.)	15		
D. Emergency Medical Care			
E. Protection from Violence			
F. Legal Assistance	25		
G. Transportation	50		
H. Disaster Relief			
I. Clothing	20		
J. Provide translation assistance in order for person to receive emergency services.			

**CSBG MODIFICATION
AMENDED ATTACHMENT A - RECIPIENT INFORMATION**

FEDERAL FISCAL YEAR: 2008 CONTRACT PERIOD: October 1, 2007 to September 30, 2008

1. RECIPIENT: Palm Beach County Board of County Commissioners/Community Action

2. COUNTIES TO BE SERVED WITH THESE FUNDS: 1 Palm Beach 2 _____ 3 _____
4 _____ 5 _____ 7 _____ 8 _____ 9 _____ 10 _____

3. GENERAL ADMINISTRATIVE INFORMATION

A. Agency Head (Executive Director or Chief Department Administrator)

Name: Maureen Perrault Title: Executive Director
Street Address: 810 Datura Street County: Palm Beach
City: West Palm Beach, Fl Zip Code: 33401
Telephone (561) 355-4727 Fax (561) 355-4292 Mail: mperraul@pbcgov.com

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

Address: _____
City: _____, Fl Zip Code: _____

B. Chief Elected Official for Local Governments or President/Chair of Board for Nonprofits

(Home or business address other than agency address.)

Name: Addie L. Greene Title: Chairperson, PBC Bd. of County Commissioners
Street Address: P.O. Box 1989 County: Palm Beach
City: West Palm Beach, Fl Zip Code: 33401
Telephone (561) 355-2207 Fax (561) 355-6332 Mail: agreene@pbcgov.com

C. FOR PUBLIC AGENCIES: Chair of Community Action Board

(Home or business address other than agency address.)

Name: Dr. Yvette Coursey Title: Chair
Street Address: 1600 N. Australian Ave County: Palm Beach
City: West Palm Beach, Fl Zip Code: 33401
Telephone (561) 833-3113 Fax (561) 659-4505 E-Mail: _____

D. RECIPIENT CONTACT PERSON/PROGRAM COORDINATOR

Name: Maureen Perrault Title: Program Coordinator/Executive Director
Street Address: 810 Datura Street County: Palm Beach
City: West Palm Beach, Fl Zip Code: 33401
Telephone (355-4727) Fax (355-4192) E-Mail: mperraul@pbcgov.com

E. WARRANT OFFICER (OFFICIAL TO RECEIVE STATE WARRANT)

Name: Sharon R. Bock Title: Chief Deputy Clerk of Courts/BCC
Address: P.O. Box 4036 (Street address)
City: West Palm Beach, Fl Zip Code: 33401
Telephone (561) 624-6650 Fax (561) 355-3990 E-Mail: sbock@pbcgov.com

F. FINANCIAL CONTACT PERSON

Name: Rebecca Webb Title: Fiscal Manager III
Address: 810 Datura Street (Street address)
City: West Palm Beach, Fl Zip Code: 33401
Telephone (561) 355-4716 Fax (561) 355-3862 E-Mail: rwebb@pbcgov.com

G. PERSON(S) AUTHORIZED TO SIGN FISCAL REPORTS

1. Name: Rebecca Webb, Fiscal Mang. Title: Jenna Hanna, Fiscal Specialist
2. Name: _____ Title: _____

4. SUB-RECIPIENT INFORMATION

These funds will be transferred to one or more Sub-Recipients: Yes ___ No X

For each Sub-Recipient, attach a copy of Attachment B-2, Sub-Recipient Information

5. 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:

Date Audit will be submitted to DCA: June, 2009



STATE OF FLORIDA

DEPARTMENT OF COMMUNITY AFFAIRS

"Dedicated to making Florida a better place to call home"

CHARLIE CRIST
Governor

THOMAS G. PELHAM
Secretary

TO: Community Services Block Grant Recipients

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

DATE: February 15, 2008

SUBJECT: FY 2007-2008 Community Services Block Grant Modifications

*Received 2/22/08
MP*

The Department of Community Affairs (DCA) is accepting modifications to your current Community Services Block Grant (CSBG) contract. This modification incorporates carry-forward funds from your FY 2006-2007 CSBG contract, and additional CSBG funding. It also increases your agency's authority to incur costs. DCA will release the balance of the funds in July after new State budget authority is received.

At the beginning of this contract year, DCA provided instructions clarifying the definition of administrative expenses and direct client expenses. Some expenses you previously included as administrative expenses may more properly be budgeted as direct client expenses. Agencies that did not make this change in their budget at that time should do so now. See instructions included. Also, take this opportunity to review your current fiscal and program status. Revise your budget and work plan in light of year-to-date fiscal expenditures and program accomplishments.

This modification is due to DCA no later than April 30, 2008. However, you should submit the modification to the Department as soon as possible to avoid delays in processing your request for payments. The modification will be effective when both parties have signed it. Mail three modification packages with original signatures to:

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

Electronic copies of the modification forms have been emailed to you. All forms with the exception of Attachment B-1, Budget Summary are in Word for Windows. These forms are templates only and do not contain mathematical formulas. Attachment B1, Budget Summary is in Excel. In addition to the hard copies of the form you mail to DCA, send the Budget Summary in Excel to me as an attachment to an email at hilda.frazier@dca.state.fl.us. If you have any questions, please contact your financial specialist at (850) 488-7541 or by fax at (850) 488-2488.

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