

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2007	2008	2009	2010
Capital Expenditures	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____
External Revenue	\$ <u>187,500</u>	_____	_____	_____
Program Income (County)	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____
NET FISCAL IMPACT	\$ <u>187,500*</u>	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____
Is Item Included in Current Budget:	Yes _____	No _____		
Budget Account No.:	Fund <u>0001</u>	Dept. <u>148</u>	Unit <u>1351</u>	Obj. <u>3401</u>
	Program Code _____	Program Period: _____		

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

No Fiscal Impact (Refund of State funds)

Departmental Fiscal Review:

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:
 * Refund from Homeless Housing Assistance grant.

Atwill 4-23-08 J. J. J. 7/24/08
 OFMB TM VO 4/17 4/23/08 Contract Administration

B. Legal Sufficiency: _____
J. J. J.
 Assistant County Attorney

C. Other Department Review:

 Department Director

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

CR - 200- 08FNR000000000000620- 1- New- Final

Action Menu

Accounting Line	Line Amount	Event Type
✂ ✓ 1	\$187,500.00	AR02

Insert New Line Insert Copied Line

First Prev Go To Next Last

Vendor 1: >

Accounting Details

General Information

Event Type : AR02	Budget FY : 2008
Line Type : A	Fiscal Year : 2008
Line Type Name : Principal	Period : 4
Accounting Template :	Reason :
Line Description : HOMELESS HOUSING ASSISTANCE GRANT - IFZ 12 DEC. 2007	Reclassification Date :
Line Amount : \$187,500.00	Reclassification Held : <input type="checkbox"/>
Refunded Amount : \$0.00	

Reference

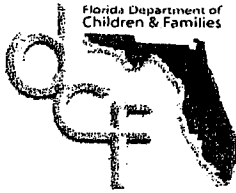
Fund Accounting

Fund : 0001	Department : 148	OBSA :
Sub Fund :	Unit : 1351	Sub OBSA :
Object :	Sub Unit :	Dept Object :
Sub Object :	Appr Unit :	Dept Revenue :
Revenue : 3469	BSA :	
Sub Revenue :	Sub BSA :	

Detail Accounting

Location :	Reporting :	Major Program : HAST
Sub Location :	Sub Reporting :	Program : HA01
Activity : 5669	Task :	Phase :
Sub Activity :	Sub Task :	Program Period : GY07
Function :	Task Order :	
Sub Function :		

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**State of Florida
Department of Children and Families**

Charlie Crist
Governor

Robert A. Butterworth
Secretary

CERTIFIED MAIL

Perry Borman
Circuit Administrator

February 6, 2008

Mrs. Georgiana Devine, Homeless Program Contract Manager
Palm Beach County Board of County Commissioners
Division of Human Services
810 Datura Street
West Palm Beach, FL 33401

RE: Termination of Contract IFZ12

Dear Mrs. Devine:

The Department of Children and Families (DCF) received a request from Joseph Glucksman on behalf of the McCurdy Senior Housing Corporation on January 28, 2008 to withdraw their 2007 application for the Homeless Housing Assistance Grant (HHAG) funding.

The McCurdy Senior Housing Corporation was awarded \$375,000.00 to provide 74 residential units for homeless adults in Belle Glade, Florida. They requested to reduce the number of units from 74 to 47 after receiving the HHAG award. The homeless housing grant application instructions state the following;

Section 11, Review Process, Statutory Preference Criteria, Subpart B, Number of units built or repaired that will be reserved for occupancy by the homeless,Page 6, "The number of units reserved for homeless occupancy shall be binding on the project over the term of the grant."

Section 14, Application Contents, Subpart 5, Number of Units Reserved for the Homeless, Page 9, "The unit count shall become a grant agreement condition in the event of grant award."

Based on the above information, the request to reduce the number of units cannot be approved by the Department. The McCurdy Senior Housing Corporation was advised of this decision and therefore elected to withdraw their application. The Department will terminate this contract effective February 15, 2008.

111 South Sapodilla Avenue • West Palm Beach • Florida 33401

Mission: Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency

Georgiana Devine, Homeless Program Contract Manager
Palm Beach County Board of County Commissioners
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Please submit a refund check in the amount of \$187,500.00, monies disbursed to your agency to date. The reimbursement check should be made payable to the Department of Children and Families and sent to the attention of Cynthia Bowe, Contract Manager at 111 S. Sapodilla Avenue, West Palm Beach, FL 33401. We must return the entire award of \$375,000.00 to the Office of Homelessness as soon as possible for reallocation.

If you have any questions, please call Cynthia Bowe at (561) 837-5591. Thank you for giving this matter your immediate attention.

Sincerely,

A handwritten signature in black ink, appearing to read "Perry Borman", with a long horizontal flourish extending to the right.

Perry Borman
Circuit 15 Administrator

Copy to: Cynthia Bowe, DCF Contract Manager
Tom Pierce, Office of Homelessness
Amy Claiborne, Office of Homelessness
Claudia Tuck, Palm Beach County Division of Human Services
Joseph Glucksman, McCurdy Senior Housing Corporation
Amy Haskins, DCF Contract Administration
Faye Weber, DCF Budget & Finance