

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2008	2009	2010	2011	2012
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	\$23,722,983	\$23,143,914	_____	_____	_____
External Revenue	(\$14,786,005)	(\$14,786,005)	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	\$8,936,978	\$8,357,909	_____	_____	_____
# ADDITIONAL FTS POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included In ~~Proposed~~ Budget: Yes X No _____
 Budget Account No.: Fund 1002 Dept. 147 Unit 1451,1454,1457 Object Various
 Program Code Various

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

Federal US HHS	\$14,331,041
PBC	\$ 8,357,909
CSC	\$ 454,964
	<u>\$ 23,143,914</u>

HEAD START GRANT PROGRAM

Departmental Fiscal Review:

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

<p><u>Atwillhite 6-5-08</u> OFMB 6/5/08 m 6/4 en 6/2/08</p>	<p><u>Don J. Jacobs 6/9/08</u> Contract Administration B. Jones 6/9/08</p>
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B. Legal Sufficiency:

J. [Signature] 6/10/08
 Assistant County Attorney

C. Other Department Review:

 Department Director

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

BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 0348-0044

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		Total
		Federal	Non-Federal	Federal	Non-Federal	
1. Program Operation	93.600			\$12,477,482.00	\$7,903,837.00	\$20,381,319.00
2. T&TA	93.600			\$134,059.00		\$134,059.00
3.						
4.						
5. Totals				\$12,611,541.00	\$7,903,837.00	\$20,515,378.00

SECTION B - BUDGET CATEGORIES

Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY			Total
	(1) Program Operation	(2) T&TA	(3) (4)	
a. Personnel	\$5,609,955.00			\$5,609,955.00
b. Fringe Benefits	\$2,407,308.00			\$2,407,308.00
c. Travel				
d. Equipment				
e. Supplies	\$37,159.00			\$37,159.00
f. Contractual	\$3,533,916.00			\$3,533,916.00
g. Construction				
h. Other	\$734,854.00	\$134,059.00		\$868,913.00
i Total Direct Charges (sum of 6a - 6h)	\$12,323,192.00	\$134,059.00		\$12,457,251.00
j. Indirect Costs	\$154,290.00			\$154,290.00
k. TOTALS (sum of 6a - 6j)	\$12,477,482.00	\$134,059.00		\$12,611,541.00
7. Program Income				

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Standard Form 424A (Rev. 7-97)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

		2. DATE SUBMITTED:	Applicant Identifier 04CH3046
1. TYPE OF SUBMISSION		3. DATE RECEIVED BY STATE:	State Application Identifier
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Federal Identifier 596000785	
5. APPLICANT INFORMATION			
Legal Name: Palm Beach County		Organizational Unit: Department: Community Services	
Organizational DUNS: 078470481		Division: Head Start & Children Services	
Address: Street: 3323 Belvedere Road, Building 502		Name and telephone number of the person to be contacted on matters involving this application (give area code)	
City: West Palm Beach		Prefix:	First Name: Carmen
County: Palm Beach		Middle Name: A	
State: FL Zip Code: 33406		Last Name: Nicholas	
Country: United States of America		Suffix:	
		Email: cnicholas@co.palm-beach.fl.us	
6. EMPLOYER IDENTIFICATION NUMBER (EIN)		Phone Number (give area code)	Fax Number (give area code)
5 9 - 6 0 0 0 7 8 5		561-233-1611	561-233-1633
8. TYPE OF APPLICATION		7. TYPE OF APPLICANT (enter appropriate letter in box) B	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> Other (specify)		Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		9. NAME OF FEDERAL AGENCY:	
9 3 - 6 0 0		Department of Health & Human Services	
TITLE (Name of Program):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States etc.): Palm Beach County, Florida		Head Start & Early Head Start Refunding Application for October 1, 2008 through September 30, 2009	
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date: 10/1/2008	Ending Date: 9/30/2009	a. Applicant 16, 19, 22, 23	b. Project 16, 19, 22, 23
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a Federal	\$ 12,611,541.00	a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b Applicant	\$ 7,903,837.00	Date	
c State	\$ 0.00	b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372	
d Local	\$ 0.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e Other	\$ 0.00		
f Program Income	\$ 0.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g Total	\$ 20,515,378.00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED			
a. Authorized Representative			
Prefix	First Name Addie	Middle Name L	Suffix
Last Name Greene		c. Telephone number 561-355-2207	
b. Title Chairperson		e. Date Signed	
d. Signature of Authorized Representative			