



Fiscal Years	2008	2009	2010	2011	2012
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	<u>77,716</u>	_____	_____	_____	_____
External Revenue	<u>(62,173)</u>	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>15,543</u>	_____	_____	_____	_____
<b># ADDITIONAL FTS POSITIONS (Cumulative)</b>	_____	_____	_____	_____	_____

Is Item Included In Current Budget: Yes X No      
 Budget Account No.: Fund 1002 Dept. 147 Unit 1451 Object      
 Program Code                   

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

Federal US HHS	\$62,173
Overmatch	<u>\$15,543</u>
	\$77,716

**HEAD START GRANT PROGRAM**

**Departmental Fiscal Review:**

**III. REVIEW COMMENTS**

**A. OFMB Fiscal and/or Contract Administration Comments:**

<u>Atwillhite 6.5.08</u> OFMB 6/3/08 pm 6/3 CN 6/2/08	<u>Dr. J. Jacoby 6/19/08</u> Contract Administration 6/19/08
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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.**

<b>Application for Federal Assistance SF-424</b>		
<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify)</b> _____		
<b>* 3. Date Received:</b> _____		<b>4. Applicant Identifier:</b> 04ch3046/42
<b>5a. Federal Entity Identifier:</b> 59-6000785		<b>* 5b. Federal Award Identifier:</b> PA-20
<b>State Use Only:</b>		
<b>6. Date Received by State:</b> _____		<b>7. State Application Identifier:</b> _____
<b>8. APPLICANT INFORMATION:</b>		
<b>* a. Legal Name:</b> PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS		
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 59-6000 785		<b>* c. Organizational DUNS:</b> 078470481
<b>d. Address:</b>		
<b>* Street1:</b> 3323 Belvedere Road, Bldg. 502		
<b>Street2:</b> _____		
<b>* City:</b> West Palm Beach		
<b>County:</b> Palm Beach		
<b>* State:</b> Florida		
<b>Province:</b> _____		
<b>* Country:</b> USA: UNITED STATES		
<b>* Zip / Postal Code:</b> 33406		
<b>e. Organizational Unit:</b>		
<b>Department Name:</b> Community Services		<b>Division Name:</b> Head Start & Children's Services
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
<b>Prefix:</b> Dr		<b>* First Name:</b> Carmen
<b>Middle Name:</b> A		
<b>* Last Name:</b> Nicholas		
<b>Suffix:</b> _____		
<b>Title:</b> Director Head Start & Children's Services		
<b>Organizational Affiliation:</b> Palm Beach County Board of County Commissioners/Department of Community Services		
<b>* Telephone Number:</b> 561-233-1611		<b>Fax Number:</b> 561-233-1633
<b>* Email:</b> cnichola@co.palm-beach.fl.us		

**Application for Federal Assistance SF-424**

**Version 02**

**9. Type of Applicant 1: Select Applicant Type:**

County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

**\* 10. Name of Federal Agency:**

Department of Health And Human Services

**11. Catalog of Federal Domestic Assistance Number:**

93-600

CFDA Title:

COMPETITIVE TRAINING AND TECHNICAL ASSISTANCE FUNDS

**\* 12. Funding Opportunity Number:**

ACF-IM-HS-08-09

\* Title:

ONE-TIME T/TA FUNDING

**13. Competition Identification Number:**

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

Palm Beach County

**\* 15. Descriptive Title of Applicant's Project:**

Competitive Training And Technical Assistance Funds Application to meet the new staff qualification requirements in Section 648A(a) of the new Head Start Act

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant 16,19,22,23

\* b. Program/Project 16,19,22,23

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

\* a. Start Date: 7/08

\* b. End Date: 9/30/09

18. Estimated Funding (\$):

\* a. Federal 62,173

\* b. Applicant 15,543

\* c. State

\* d. Local

\* e. Other

\* f. Program Income

\* g. TOTAL 77,716

\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

a. This application was made available to the State under the Executive Order 12372 Process for review on

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E.O. 12372.

\* 20. Is the Applicant Delinquent On Any Federal Debt? (if "Yes", provide explanation.)

Yes

No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

\*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: [ ]

\* First Name: Addie

Middle Name: L

\* Last Name: Greene

Suffix: [ ]

\* Title: Chairperson

\* Telephone Number: 561-355-2207

Fax Number: 561-355-3990

\* Email: AGreene.PBCGOV.Exchange

\* Signature of Authorized Representative: Addie L. Greene

\* Date Signed: 5/30/08

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Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY

*[Signature]*  
COUNTY ATTORNEY

**BUDGET INFORMATION - Non-Construction Programs**

OMB Approval No. 0348-0044

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		Total (g)	
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)		
1. PA-20		\$	\$	\$ 62,173.00	\$ 15,543.00	\$ 77,716.00	
2.						0.00	
3.						0.00	
4.						0.00	
5. Totals		\$ 0.00	\$ 0.00	\$ 62,173.00	\$ 15,543.00	\$ 77,716.00	
<b>SECTION B - BUDGET CATEGORIES</b>							
6. Object Class Categories		GRANT PROGRAM, FUNCTION OR ACTIVITY					Total (5)
		(1)	(2)	(3)	(4)		
a. Personnel		\$	\$	\$	\$	0.00	
b. Fringe Benefits						0.00	
c. Travel						0.00	
d. Equipment						0.00	
e. Supplies						0.00	
f. Contractual						0.00	
g. Construction						0.00	
h. Other			62,173.00			62,173.00	
i. Total Direct Charges (sum of 6a-6h)		0.00	62,173.00	0.00	0.00	62,173.00	
j. Indirect Charges						0.00	
k. TOTALS (sum of 6i and 6j)		\$ 0.00	\$ 62,173.00	\$ 0.00	\$ 0.00	\$ 62,173.00	
7. Program Income		\$	\$	\$	\$	0.00	

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