



**II. FISCAL IMPACT ANALYSIS**

**A. Five Year Summary of Fiscal Impact:**

<b>Fiscal Years</b>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	<u>34,277</u>	_____	_____	_____
External Revenues	_____	<u>(34,277)</u>	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
<b>NET FISCAL IMPACT</b>	_____	<u>0</u>	_____	_____	_____
<b># ADDITIONAL FTE POSITIONS (Cumulative)</b>	_____	_____	_____	_____	_____

Is Item Included in Current Budget? Yes X No \_\_\_\_\_  
 Budget Account No.: Fund: 1009 Agency: 145 Org: 1462 Object: \_\_\_\_\_  
 Reporting Category various

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

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

**C. Departmental Fiscal Review:** *Realist*

**III. REVIEW COMMENTS**

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

*Adwillhitz 9.30.08*  
 9/30/08 OFMB *9/25/08*  
 Legal Sufficiency: *9/22* *SH 9/30/08* *10/1/08* *10/1/08*  
 Contract Dev. and Control

*[Signature]* 10/2/08  
 Assistant County Attorney

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

**C. Other Department Review:**

Department Director

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, ("Department"), and Palm Beach County Board of County Commissioners the ("Recipient") to modify DCA Contract Number 08EA-7B-10-60-01-023 ("Agreement").

WHEREAS, the Department and the Recipient have entered into the Agreement, pursuant to which the Department has provided a grant to the Recipient under the Low-Income Home Energy Assistance Program (LIHEAP) of \$ 1,151,961 and

WHEREAS, the Department and the Recipient desire to modify the Agreement.

NOW, THEREFORE, in consideration of the mutual promises of the parties contained herein, the parties agree as follows:

1. Paragraph (17)(a) and (b) 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 \$1,186,238 subject to the availability of funds and appropriate budget authority.

This revised contract amount includes:

- A. \$1,151,961 Current FY 2008-2009 LIHEAP contract allocation
- B. +\$ 34,277 Base Increase
- C. \$1,186,238 Total LIHEAP Allocation

(b) Any advance payment under this Agreement is subject to Section 216.181(16), Fla.Stat., and is contingent upon the Recipient's acceptance of the rights of the Department under Paragraph (12)(b) of this Agreement. The amount which may be advanced may not exceed the expected cash needs of the Recipient within the first three (3) months of the contract term. For a federally funded contract, any advance payment is also subject to federal OMB Circulars A-87, A-110, A-122 and the Cash Management Improvement Act of 1990. If an advance payment is requested, the budget data on which the request is based and a justification statement shall be included in this Agreement as Attachment M. Attachment M will specify the amount of advance payment needed and provide an explanation of the necessity for and proposed use of these funds.

2. Attachment A, Scope of Work, Section (5) is hereby modified to read as follows:

(5) Applicants receiving Social Security Income (SSI), Food Stamps or have applied for and are currently eligible for Weatherization Assistance Program (WAP) or Community Services Block Grant (CSBG) funds automatically qualify for LIHEAP; however, the benefit levels are the same as other qualified applicants.

3. Attachment I, Recipient Information, is hereby deleted in its entirety and replaced with Amended Attachment I, if applicable.
4. Attachment J, Budget Summary and Workplan, is hereby deleted in its entirety and replaced with Amended Attachment J.
5. Attachment K, Budget Detail, is hereby deleted in its entirety and replaced with Amended Attachment K.
6. Attachment L, Multi-County Fund Distribution, is hereby deleted in its entirety and replaced with Amended Attachment L, if applicable.
7. 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.
8. 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**

BY: \_\_\_\_\_

Addie L. Greene, Chairperson  
(Type Name and Title)

Date \_\_\_\_\_

59-60000785  
Federal Identification Number

**STATE OF FLORIDA**

**DEPARTMENT OF COMMUNITY AFFAIRS**

BY: \_\_\_\_\_

Debbie Wonsch  
Operations and Management Consultant II  
Division of Housing and Community Development

Date: \_\_\_\_\_

**LIHEAP  
REVISED ATTACHMENT I - RECIPIENT INFORMATION**

FEDERAL YEAR: 08

CONTRACT PERIOD: Date of Signing to March 31, 2009

**FOR DCA USE ONLY**

DATE RECEIVED: \_\_\_\_\_ REVISION(S) RCVD: \_\_\_\_\_

I. **RECIPIENT CATEGORY:**    ( ) Non-Profit    (X) Local Government    ( ) Tribal Government

II. **COUNTIES TO BE SERVED WITH THESE FUNDS:** Palm Beach County

III. **GENERAL ADMINISTRATIVE INFORMATION**

a. Name of Recipient: Palm Beach County Board of County Commissioners  
Community Action Program of Palm Beach County

b. Name of Executive Director or Chief Administrator: Maureen Perrault

c. Recipient Address:  
810 Datura Street  
City: West Palm Beach, FL Zip Code: 33401  
Telephone: ( 561 ) 355-4727 County: Palm Beach  
Fax: ( 561 ) 355-4192  
E-Mail Address: mperraul@co.palm-beach.fl.us

d. Mailing Address (if different from above):  
Same  
\_\_\_\_\_, FL Zip Code: \_\_\_\_\_

e. Chief Elected Official (for local governments) or President/ Chairman of Board (corporations):

Name: Addie L. Greene  
Title: Chairperson, Palm Beach County Board of County Commissioners  
Mailing Address (Home or Business other than Recipient's)  
Address: P.O. Box 1989  
City: West Palm Beach, FL Zip Code: 33401  
Telephone: ( 561 ) 355-2207

f. Official to Receive State Warrant:

Name: Sharon R. Bock  
Title: Chief Deputy Clerk of Courts/BCC  
Mailing Address: P.O. Box 4036  
City: West Palm Beach, FL Zip Code: 33402

g. Recipient Contacts:

(1) Program: Name: Maureen Perrault Title: Coordinator, PBC Community Action  
Mailing Address: 810 Datura Street  
West Palm Beach, FL Zip Code: 33401  
Telephone: ( 561 ) 355-4727  
Fax: ( 561 ) 355-4192  
E-Mail Address: mperraul@pbcgov.com

(2) Fiscal: Name: Rebecca Webb Title: Fiscal Manager II  
Mailing Address: 810 Datura Street  
West Palm Beach, FL Zip Code: 33401  
Telephone: ( 561 ) 355-4716  
Fax: ( 561 ) 355-3863  
E-Mail Address: rwebb@pbcgov.com

h. Person(s) authorized to sign fiscal reports: Rebecca Webb, Fiscal Manager II

IV. **AUDIT**                      Recipient Fiscal Year: From: 03/01/2008                      To: 03/31/2009

Audit is due nine (9) months from the end of the recipient's fiscal year: \_\_\_\_\_