

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

AGENDA ITEM SUMMARY

Meeting Date: October 7, 2008 Consent Regular
 Ordinance Public Hearing

Department

Submitted By: Community Services

Submitted For: Head Start/Early Head Start & Children's Services

I. EXECUTIVE BRIEF

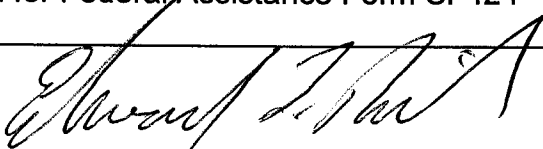
Motion and Title: Staff recommends motion to ratify the Chair's signature: on a revised Refunding Application SF424 for Federal assistance in the amount of \$14,331,041 (Head Start \$12,611,541 & Early Head Start \$1,719,500) to operate the Full Day/Full Year Head Start and Early Head Start programs for the period October 1, 2008, through September 30, 2009.


Summary: The Head Start Refunding Application was presented and approved by the BOCC on June 17, 2008 (R2007-1270). The Motion and Title contained the correct amount for both Head Start & Early Head Start. However, the SF424 Application for Federal Assistance only included the Head Start amount. The corrected SF424 form had to be submitted by noon time the next business day. Therefore there was not enough time to submit through the regular agenda item process. The FY 2008/2009/Full Day/Full Year Head Start/Early Head Start Program will provide comprehensive child development services to 1,871 (3-5 years) and 180 pregnant women, infants/toddlers and economically disadvantaged children in Palm Beach County. Total funding of \$23,143,914 (for the Head Start /Early Head Start Program) consists of Federal funds of \$14,331,041; Children's Services Council funds of \$454,964 and Palm Beach County required funding of \$3,582,760) with overmatch funding of \$4,775,149. (Head Start) Countywide (TKF)

Background and Justification: In accordance with the Head Start Act, The Palm Beach County Head Start/Early Head Start & Children's Services Division operates programs funded by the Administration for Children, Youth, and Families (ACYF), U.S. Department of Health & Human Services. The division will operate the FY 2009 program to serve 2,051 economically disadvantaged children (0-5 years) at 12 County operated child care centers and 11 contractually operated child care agencies.

Attachments:

1. Memorandum Ratifying Chair's Signature
2. Application for Federal Assistance Form SF424

Recommended by:  9-24-2008
 Department Director Date

Approved By:  10/2/08
 Assistant County Administrator Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

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

ADDITIONAL FTS POSITIONS (Cumulative) _____

Is Item Included In Current 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: Real

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

Atwillhite 9-30-08
 OFMB 9/20/08
 9/29
 9/28/08
 9/30/08
 10/1/08
Contract Administration
 10/1/08

B. Legal Sufficiency:

J. [Signature] 10/2/08
 Assistant County Attorney

C. Other Department Review:

 Department Director



MEMORANDUM

TO: Addie L. Greene, Chairperson
Board of County Commissioners

FROM: Robert Weisman
County Administrator

DATE: July 29, 2008

RE: Head Start SF424 Application for Federal Assistance

**Department of
Community Services
Division of Head Start
& Children Services**

3323 Belvedere Road
Building #502
West Palm Beach, FL 33406
(561) 233-1600
FAX: (561) 233-1631
www.pbcgov.com

Pursuant to PPM#CW-F- 003, your signature is needed on SF424 – Application for Federal Assistance for the period of October 1, 2008 through September 30, 2009.

The Head Start Refunding Application was presented and approved by the BOCC on June 17, 2008 (Agenda Item No.R2007 1270). The Motion and Title contained the correct amount of \$14,331,041 in Federal funds which includes \$12,611,541 for Head Start and 1,719,500 for Early Head Start. However, the SF424 had only the Head Start amount. Head Start was notified late afternoon on Monday, July 28, 2008, that the corrected SF424 must be submitted by noon today, July 29, 2008. Therefore there is not enough time to submit through the regular agenda item process.

Staff will submit this item on the August 19, 2008 Board Agenda.

If additional information is needed, please contact Dr. Carmen Nicholas, Head Start/Early Head Start Director at 561-233-1611

**Palm Beach County
Board of County
Commissioners**

Addie L. Greene, Chairperson
Jeff Koons, Vice Chair
Karen T. Marcus
Robert J. Kanjian
Mary McCarty
Burt Aaronson
Jess R. Santamaria

County Administrator
Robert Weisman


Assistant County Attorney

 7-29-08
OFMB 88-7/29/08

*"An Equal Opportunity
Affirmative Action Employer"*

 printed on recycled paper

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED:	Applicant Identifier	04CH3046
3. DATE RECEIVED BY STATE:	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY:	Federal Identifier	596000785

1. TYPE OF SUBMISSION	Preapplication
<input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction

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) Prefix: First Name: Carmen
City: West Palm Beach	Middle Name: A
County: Palm Beach	Last Name: Nicholas
State: FL Zip Code: 33406	Suffix:
Country: United States of America	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)
<input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): Other (specify)	<input type="checkbox"/> B Other (specify)

9. NAME OF FEDERAL AGENCY: Department of Health & Human Services	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Head Start & Early Head Start Refunding Application for October 1, 2008 through September 30, 2009
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program):	9 3 - 6 0 0
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States etc.): Palm Beach County, Florida	

13. PROPOSED PROJECT: Start Date: 10/1/2008 Ending Date: 9/30/2009	14. CONGRESSIONAL DISTRICTS OF: 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?														
<table border="1"> <tr><td>a Federal</td><td>\$ 14,331,041 .00</td></tr> <tr><td>b Applicant</td><td>\$ 8,812,873 .00</td></tr> <tr><td>c State</td><td>\$ 0 .00</td></tr> <tr><td>d Local</td><td>\$ 0 .00</td></tr> <tr><td>e Other</td><td>\$ 0 .00</td></tr> <tr><td>f Program Income</td><td>\$ 0 .00</td></tr> <tr><td>g Total</td><td>\$ 23,143,914 .00</td></tr> </table>	a Federal	\$ 14,331,041 .00	b Applicant	\$ 8,812,873 .00	c State	\$ 0 .00	d Local	\$ 0 .00	e Other	\$ 0 .00	f Program Income	\$ 0 .00	g Total	\$ 23,143,914 .00	a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON Date b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a Federal	\$ 14,331,041 .00														
b Applicant	\$ 8,812,873 .00														
c State	\$ 0 .00														
d Local	\$ 0 .00														
e Other	\$ 0 .00														
f Program Income	\$ 0 .00														
g Total	\$ 23,143,914 .00														
	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <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
Last Name Greene	Suffix	
b. Title Chairperson	c. Telephone number 561-355-2207	
d. Signature of Authorized Representative <i>Addie L. Greene</i>	e. Date Signed 7/29/08	

Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-103
Approved as to form and legal sufficiency