

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	<u>37,753</u>	_____	_____	_____	_____
External Revenue	<u>(37,753)</u>	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>--0--</u>	_____	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included in Current Budget? Yes X No _____
 Budget Account No.: Fund 1002 Dept. 147 Unit 1451 Object 3401
 Program Code HD29

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

C. Departmental Fiscal Review. *Taruna Malhotra*

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

[Signature] 9/25/09
 OFMB
 9/25/09 NA CN 9/24/09

[Signature] 9/25/09
 Contract Dev. and Control
 E. Jones 9/25/09

B. Legal Sufficiency:

[Signature] 9/28/09
 Assistant County Attorney

This amendment complies with our review requirements.

C. Other Department Review:

 Department Director

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

AMENDMENT 001 TO HEAD START DELEGATE AGENCY SERVICES AGREEMENT

THIS AMENDMENT 001 TO THE HEAD START DELEGATE AGENCY SERVICES AGREEMENT dated October 7, 2008 (Document No. R2008 1732) made and entered into at West Palm Beach, Florida, on this day of _____, by and between Palm Beach County, a Political Subdivision of the State of Florida hereinafter referred to as COUNTY, and The School Board of Palm Beach County, (Delray Full Service Center) to do business in the State of Florida, herein referred to as the DELEGATE AGENCY.

WITNESSETH:

WHEREAS, the need exists to amend the AGREEMENT to increase the Agreement amount by \$37,753 for the period October 1, 2008 through September 30, 2009 to reflect the Fiscal Year 2008 Department of Health and Human Services Cost of Living Adjustment(COLA).

NOW, THEREFORE, the above named parties hereby mutually agree that the AGREEMENT is hereby amended as follows:

- I. So much as Article 3 reads One Million, Ninety-One Thousand, Six Hundred Sixty-One Dollars (\$1,091,661) is amended to read One Million, One Hundred-Twenty-Nine Thousand, Four Hundred Fourteen Dollars (\$1,129,414) in accordance with the budget set forth herein as Exhibit B1 hereof.
- II. The existing Exhibit "B" Schedule of Payment and Budget Data is deleted in its entirety and Exhibit "B1" attached hereto is substituted in its stead.

OTHER PROVISIONS

All provisions in the Agreement or exhibits to the AGREEMENT in conflict with this Amendment be and are hereby changed to conform to this Amendment.

All provisions not in conflict with the Amendment are still in effect and are to be performed at the same level as specified in the AGREEMENT.

IN WITNESS WHEREOF, the parties hereto have caused this 1 page Amendment to be executed by their officials thereupon duly authorized.

ATTEST:
Sharon R. Bock, Clerk & Comptroller

**PALM BEACH COUNTY, FLORIDA
BY ITS BOARD OF COUNTY
COMMISSIONERS**

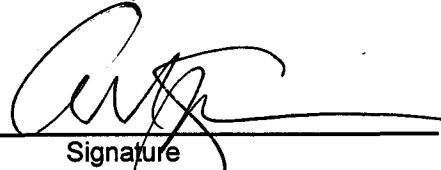
By: _____
Deputy Clerk

By: _____
John F. Koons, Chairman

WITNESS:

DELEGATE AGENCY: THE SCHOOL BOARD
OF PALM BEACH COUNTY (Delray Full
Service Center)


Signature

By: 
Signature

Kristin Kelly
Name (type or print)

Arthur C. Johnson
Name (type or print)
Superintendent
Title

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

APPROVED AS TO TERMS
AND CONDITIONS

By: _____
County Attorney

By: 
Department Head

EXHIBIT "B1"

SCHEDULE FOR PAYMENT AND BUDGET DATA FOR REIMBURSABLE EXPENSES ONLY FOR DELEGATE AGENCY AGREEMENT WITH: THE SCHOOL BOARD OF PALM BEACH COUNTY (DELRAY FULL SERVICE CENTER)

BILLING & BUDGET DATA

Payment will only be made for budgeted categories up to the maximum amount set forth below. The budget has been established based on an annual rate per child of \$5,900.87 and a minimum of 180 days,

<u>COST CATEGORY</u>	<u>AUTHORIZED AMOUNT</u>
1. Personnel	\$772,747.98
2. Fringe Benefits	\$312,731.29
3. Travel (staff out of town)	\$ 2,000.00
4. Supplies	\$ 10,294.29
5. Contractual (health/disabilities)	\$ 22,200.00
6. Substitutes (not paid benefits)	\$ 9,441.00
TOTAL AMOUNT	\$1,129,413.56

MAXIMUM AMOUNT REIMBURSABLE EXPENSES AUTHORIZED UNDER THIS AGREEMENT \$1,129,414

All reimbursements are subject to availability to the County of funds from the various sources funding this Agreement:

U.S. Department of Health and Human Services (Federal)	\$697,203
Palm Beach County (Non-Federal Overmatch)	\$174,301
Palm Beach County (Non-Federal Overmatch)	\$257,910
TOTAL	\$1,129,414

The DELEGATE AGENCY shall maintain records in auditable form that permit allocation of the expenses to the various funding sources. Funds received under this Agreement cannot be utilized for payment of mortgages or mortgage expenses.

These funds cover the cost of full day/full year services for all children.

Reimbursable expenses shall be reimbursed only at cost.

Reimbursable expenses shall mean the actual expenses as authorized by the COUNTY pursuant to this Agreement, and reasonably incurred by the DELEGATE AGENCY directly in connection with the DELEGATE AGENCY'S performance of its duties and Scope of Work pursuant to this Agreement.

1. In accordance with the Head Start Performance Standards Enrollment Guidelines (1305.7):

The DELEGATE AGENCY must maintain its funded enrollment level. When the DELEGATE AGENCY determines that a vacancy exists, no more than 30 calendar days may elapse before the vacancy is filled. The DELEGATE AGENCY may elect not to fill a vacancy when 60 calendar days or less remain in the program's enrollment year.

The DELEGATE AGENCY must submit a monthly Enrollment/Attendance Report along with the Monthly Status Report.

2. In accordance with the Head Start Performance Standards Attendance Guidelines (1305.8):

When the monthly average daily attendance rate in a center-based program falls below 85%, the DELEGATE AGENCY must analyze the causes of absenteeism. The analysis must include a study of the pattern of absences for each child, including the reasons for absences as well as the number of absences that occur on Consecutive days.

If the absences are a result of illness or if they are well documented absences for other reasons, no special action is required. If however, the absences result from other factors, including temporary family problems that affect a child's regular attendance, the DELEGATE AGENCY must initiate appropriate family support procedures for all children with four or more consecutive unexcused absences. These procedures must include home visits or other direct contact with the child's parents. Contacts with the family must emphasize the benefits of regular attendance, while at the same time remaining sensitive to any special family circumstances influencing attendance patterns. All contacts with the child's family as well as special family support service activities provided by DELEGATE AGENCY staff must be documented.

EXHIBIT "B1"
SCHEDULE FOR PAYMENT (Continued)

In circumstances where chronic absenteeism persists and it does not seem feasible to include the child in either the same or different program option, the child's slot must be considered an enrollment vacancy.

In the event the monthly average daily attendance rate does not meet 85%, the DELEGATE AGENCY must submit an analysis report to the COUNTY that identifies the causes for the absences.

Head Start/Early Head Start enrollment wait list should be maintained at all times. The DELEGATE AGENCY will submit a Wait List and Master Enrollment List 10 days prior to the first day of the program year. A Wait List and Master Enrollment List must be updated and submitted with the Monthly Status Report.

Nothing below this line

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
 06/22/2009

PRODUCER (561)994-9994 FAX (561)997-7087 The Beacon Group, Inc. 6001 Broken Sound Pkwy., N.W. Suite 500 Boca Raton, FL 33487-2730	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED School District of Palm Beach Co. 3370 Forest Hill Blvd. Suite A-103 West Palm Beach, FL 33406	INSURERS AFFORDING COVERAGE INSURER A: School District of Palm Beach County INSURER B: INSURER C: INSURER D: INSURER E:

COVERAGES
 THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L TR INSER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC	SUBJECT TO INSURER A: FLA STATUTE 768.28 *100,000 PER PERSON *200,000 PER OCCURRENCE	07/01/2009	07/01/2010	EACH OCCURRENCE \$ 100,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ VEH FXP (Any one person) \$ excluded PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 200,000 PRODUCTS - COM/OP AGG \$ included
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS	SUBJECT TO INSURER A: FLA STATUTE 768.28 *100,000 PER PERSON *200,000 PER OCCURRENCE	07/01/2009	07/01/2010	COMBINED SINGLE LIMIT (EA accident) \$ 200,000 BODILY INJURY (Per person) \$ 100,000 BODILY INJURY (Per accident) \$ 100,000 PROPERTY DAMAGE (Per accident) \$ included AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AGG \$
A	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$	\$1,000,000 LEGISLATIVE CLAIMS BILL FLA STATUTE 768.28	07/01/2009	07/01/2010	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	FLA STATUTE 768.28	07/01/2009	07/01/2010	<input checked="" type="checkbox"/> W/C STAT. TORY LIMITS <input type="checkbox"/> OTH ER EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 This certificate supercedes and voids all previous certificates. The School Board of Palm Beach County is self insured under the laws of the State of Florida for the above limits for full tort liability based on Florida Sovereign Immunity limits under F.S. 768.28. Excess bodily injury & property damage liability is limited to legislative claims under F.S.768.28. Excess bodily injury & property damage jurisdictions

CERTIFICATE HOLDER Board of County Commissioners Head Start of Palm Beach Dr. Carmen A. Nicholas 3323 Belvedere Road Bldg. 501B West Palm Beach, FL 33406	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Donald Dresback, CPCU, ARM/ <i>Donald Dresback</i> A072032
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ACORD 25 (2001/08) FAX: (561)243-1591