

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</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> * see below	_____	_____	_____	_____
# 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
4/16/10

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

* There is no fiscal impact.

[Signature] 4/21/10
 VA
 OFMB 4/20/10 pm 4/19/10

[Signature] 4/21/10
 Contract Dev. and Control
 E. Jones 4/21/10

B. Legal Sufficiency:

This amendment complies with our review requirements.

[Signature] 4/21/10
 Assistant County Attorney

C. Other Department Review:

 Department Director

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

AMENDMENT 002 TO HEAD START DELEGATE AGENCY AGREEMENT

THIS AMENDMENT 002 TO THE HEAD START DELEGATE AGENCY AGREEMENT dated August 18, 2009 (Document No. R2009-1246), made and entered into on this day of _____, by and between Palm Beach County, a Political Subdivision of the State of Florida herein referred to as the COUNTY, and The School Board of Palm Beach County (Delray Full Service Center) a corporation authorized 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 July 1, 2009, through September 30, 2010, to recognize a Cost of Living Adjustment (COLA) from the Department of Health and Human Services Administration for Children and Families.

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, One Hundred Twenty-four Thousand, Three Hundred Sixty-two Dollars (\$1,124,362) is amended to read One Million, One Hundred Sixty-two Thousand, One Hundred Fifteen Dollars (\$1,162,115), in accordance with the budget set forth herein as Exhibit "B2" hereof.
- II. The existing Exhibit "B1" Schedule of Payment and Budget Data is deleted in its entirety and Exhibit "B2" attached hereto is substituted in its stead.
- III. The Delegate Agency must comply and report to County all requirements as specified in Division A of the ARRA (Public Law 111-5) including reporting requirements outlined in Section 1512 of the Act (see Attachment 1, Standard Terms and Conditions ARRA of 2009).

OTHER PROVISIONS

All provisions in the Agreement or Exhibits to the AGREEMENT in conflict with this Amendment and Exhibits or Attachments thereto 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: _____
Burt Aaronson, Chair

WITNESS:

DELEGATE AGENCY: THE SCHOOL BOARD OF PALM BEACH COUNTY (DELRAY FULL SERVICE CENTER)

Cheri E. Young
Signature

By: _____
Signature

Cheri E. Young
Name (type or print)

Dr. 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: _____
County Department Head

Reviewed and Approved
as to Legal Sufficiency
[Signature]
10/01/09

EXHIBIT "B2"

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 \$6,293.53 and a minimum of 249 days of service.

<u>COST CATEGORY</u>	<u>2010 AUTHORIZED AMOUNT</u>	<u>ARRA COLA</u>	<u>ARRA/QI</u>	<u>TOTAL</u>
1. Personnel	\$755,342			\$755,342
2. Fringe Benefits	\$312,732			\$312,732
Social Security (FICA), State Disability Unemployment (FUTA), Worker's Compensation, State Unemployment Insurance (SUI)				
3. Travel (staff out of town)	\$ 2,000			\$ 2,000
4. Contractual (health/disabilities)	\$ 22,200			\$22,200
5. Supplies				
Office Supplies	\$ 3,000			\$ 3,000
Child & Family Services	\$ 5,000			\$ 5,000
Food Services	\$ 600			\$ 600
Classroom Supplies (parent & student special activities)	\$ 9,094			\$ 9,094
6. Local Travel	\$ 800			\$ 800
7. Training & Staff	\$ 3,646		\$5,000	\$ 8,646
8. Cleaning Supplies	\$ 6,000			\$ 6,000
9. Equipment	\$ 9,000			\$ 9,000
10. Other Supplies				
Child & Family Services, Classroom) and Office Supplies)		\$22,701		\$22,701
Gross Motor Skills Supplies			\$5,000	\$ 5,000
TOTAL AMOUNT	\$1,129,414	\$22,701	\$10,000	\$1,162,115

MAXIMUM TOTAL \$1,162,115

MAXIMUM AMOUNT REIMBURSABLE EXPENSES
AUTHORIZED UNDER THIS AGREEMENT \$1,162,115

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)	\$773,047
Palm Beach County (Non-Federal Match)	\$185,087
Palm Beach County (Non-Federal Overmatch)	\$203,981
TOTAL	\$1,162,115

The Grant Application Instrument (GABI) attached hereto and made a part hereof, was used to develop the above cost categories and authorized amounts. The Administration for Children and Families developed the standardized Head Start Grant Application and Budget Instrument for agencies to use in their application process for financial assistance. This also applies to any continuation applications.

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.

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.

Nothing below this line

EXHIBIT B2
SCHEDULE FOR PAYMENT (Continued)

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.
2. The DELEGATE AGENCY must submit each month:
 - A. Monthly Actual Enrollment numbers;
 - B. Monthly Attendance reports to the Family & Community Partnership Unit Supervisor.
3. Sign-in/out sheets must be submitted for the months of December, March, June and September with the request for all children that reimbursement is being requested for. A signature as well as a legible time must be entered on the sign-in/out sheets as these will be used as a source document. The sign-in/out sheets for the remainder of the months will be available for the COUNTY to review upon their site visits.

4. 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 percent, 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.

In circumstances where chronic absenteeism persists and it does not seem feasible to include the child in 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 maintain an active and current wait list in the ChildPlus.net data engine. However, the DELEGATE AGENCY should maintain a hard copy of the monthly reports as a back-up measure.

Nothing below this line