



**II. FISCAL IMPACT ANALYSIS**

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

Fiscal Years	2011	2012	2013	2014	2015
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	<u>19,098,067</u>	_____	_____	_____	_____
External Revenue	<u>(15,042,969)</u>	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
Cash Match (External)	<u>(454,964)</u>	_____	_____	_____	_____
<b>NET FISCAL IMPACT</b>	<u><b>3,600,134</b></u>	_____	_____	_____	_____
<b># ADDITIONAL FTE POSITIONS (Cumulative)</b>	_____	_____	_____	_____	_____

Is Item Included In Proposed 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:**

C. Departmental Fiscal Review: Tauna Malhotra  
7/19/10

**III. REVIEW COMMENTS**

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

[Signature] 7/23/10  
 OEMB  
7/22/10  
[Signature] 7/23/10

[Signature] 7/26/10  
 Contract Development & Control  
E. Jones 7/26/10

**B. Legal Sufficiency:**

[Signature] 7/27/10  
 Assistant County Attorney

**C. Other Department Review:**

\_\_\_\_\_  
 Department Director



MEMORANDUM

TO: Burt Aaronson, Chair and the Board of County Commissioners

FROM: Robert Weisman County Administrator

DATE: June 28, 2010

RE: REVISED SF424 GRANT APPLICATION

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) 233-1633

www.pbcgov.org



Palm Beach County Board of County Commissioners

Burt Aaronson, Chair

Karen T. Marcus, Vice Chair

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Jess R. Santamaria

Priscilla A. Taylor

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Robert Weisman

Pursuant to PPM#CW-F-003 your signature is needed on the SF424 Grant Application. This application is for \$15,042,969 and reflects the permanent cost-of-living (COLA) adjustment increase of 1.84% contained in the Fiscal Year (FY) 2010 appropriation for the Head Start Program.

The Refunding Application was approved by the Board of County Commissioners (BOCC) on June 8, 2010.

The Program received a Financial Assistance Award letter on June 18, 2010 increasing the Federal Funding level.

The application must be submitted by the Regional Office no later than June 30, 2010. The emergency signature process is being utilized because there is not sufficient time to submit the application through the regular Board of County Commissioners agenda process.

Staff will submit this item on the Agenda for the Board of County Commissioners meeting of August 17, 2010.

If additional information is needed, please contact Dr. Carmen A. Nicholas, Director for Head Start/EHS & Children Services at (561)233-1611.

Assistant County Attorney

OKMB

Approved:

Community Services Director

Community Svc Fiscal Director

Assistant County Administrator

**APPLICATION FOR  
FEDERAL ASSISTANCE**

<b>2. DATE SUBMITTED:</b>	Applicant Identifier 04CH3046
<b>3. DATE RECEIVED BY STATE:</b>	State Application Identifier
<b>4. DATE RECEIVED BY FEDERAL AGENCY:</b>	Federal Identifier 04CH3046 - 000

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

**5. APPLICANT INFORMATION**

Legal Name: PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS	<b>Organizational Unit:</b> Department: HHS: Office of Head Start
Organizational DUNS: 078470461	Division: HHS: Office of Head Start
<b>Address:</b>	<b>Name and telephone number of the person to be contacted on matters involving this application (give area code)</b>
Street: Burt Aaronson, Chair - BOCC 301 N. Olive Avenue, 12th Floor	Prefix: Middle Name:
City: West Palm Beach	First Name:
County: N/A	Last Name:
State: FL Zip Code: 33401	Suffix:
Country: N/A	Email:

<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN)</b> 596000785	Phone Number (give area code)	Fax Number (give area code)
-------------------------------------------------------------	-------------------------------	-----------------------------

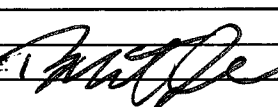
<b>8. TYPE OF APPLICATION</b> <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): Other (specify)	<b>7. TYPE OF APPLICANT (enter appropriate letter in box)</b> <input type="checkbox"/> Other (specify)
	<b>9. NAME OF FEDERAL AGENCY:</b> HHS / ACF / OHS

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 93.600 TITLE (Name of Program): Head Start / Early Head Start	<b>11. DESCRIPTION TITLE OF APPLICANT'S PROJECT:</b>
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States etc.):</b>	

<b>13. PROPOSED PROJECT:</b> Start Date: 10/01/2010 Ending Date: 09/30/2011	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: b. Project:
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<b>15. ESTIMATED FUNDING</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372-PROCESS?</b>
a. Federal \$15,042,969	a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
b. Applicant \$4,055,098	Date:
c. State \$0	b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372
d. Local \$0	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
e. Other \$0	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>
f. Program Income \$0	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No
g. Total \$19,098,067	

**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**

<b>a. Authorized Representative</b>		
Prefix: Mr.	First Name: Burt	Middle Name:
Last Name: Aaronson		Suffix:
<b>b. Title: Authorizing Official</b>		c. Telephone number: (561)233-1600
<b>d. Signature of Authorized Representative:</b> 		e. Date Signed:

APPROVED AS TO FORM AND LEGAL SUFFICIENCY  
 COUNTY ATTORNEY



MEMORANDUM

TO: Burt Aaronson, Chair and the Board of County Commissioners

FROM: Robert Weisman County Administrator

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Assistant County Attorney

OKMB

Approved:

Community Services Director

Community Svc Fiscal Director

Assistant County Administrator



Department of Health and Human Services  
Administration for Children and Families – Region IV – Office of Head Start  
Office of Regional Program Manager

61 Forsyth Street, Suite 4M60  
Atlanta, Georgia 30303-8909

Telephone (404) 562-2841  
Fax (404) 562-2982

June 18, 2010

Ms. Addie Greene, Board Chair  
Palm Beach County Board of County Commissioners  
3323 Belvedere Road – Bldg. 502  
West Palm Beach, FL 33406

Re: 04CH 3046

Dear Ms. Greene:

An application for continued refunding of your organization's Head Start and/or Early Head Start grant for the budget period 10/ 01/ 2010 - 09/ 30/ 2011 is due 6/ 30/ 2010, ninety days prior to the start of your budget period. This letter provides guidance on the requirements for submission of the continuation application.

For planning purposes, the application should reflect the enrollment and funding levels in the table below.

Program Account (PA)	Projected Funding	Funded Enrollment
PA 4122 - Head Start Program Operations	\$13,088,879	1871
PA 4120 - Head Start Training and Technical Assistance	\$148,167	N/ A
PA 4125 - Early Head Start Program Operations	\$1,761,876	180
PA 1126 - Early Head Start Training and Technical Assistance	\$44,047	N/ A
<b>Totals</b>	<b>\$15,042,969</b>	<b>2051</b>

The projected funding levels for PA's 4122 and 4125 reflect the permanent cost-of-living adjustment (COLA) increase of 1.84 percent contained in the Fiscal Year (FY) 2010 appropriation for the Head Start program. Funding in FY 2011 at the specified levels for PA's 4122 and 4125 noted in the above table is contingent upon your organization's submission of an approvable supplemental application in FY 2010 that meets the criteria in Program Instruction ACF-PI-HS-10-01, dated February 17, 2010. The projected PA 4120 allocation for Head Start remains at the prior year level. The projected funding level for PA 1126 is calculated at 2.5 percent of the projected PA 4125 funding level.

Funding is contingent upon the availability of federal funds and satisfactory performance by your organization under the terms and conditions of the Head Start grant in the current budget period. The funding levels noted above must support all Head Start budgeted program costs, both direct and, if appropriate, indirect costs.

The application for continued refunding must be prepared in accordance with the instructions in Information Memorandum ACYF-IM-HS-00-12, dated April 25, 2000. This information is available electronically at the following link: <http://eclkc.ohs.acf.hhs.gov/hslc>. As noted in the Information Memorandum, Head Start and Early Head Start grantees are required to submit a full application once every three years. In the other two years, grantees need only submit budget information, describe the progress they are making toward their community needs and objectives and explain proposed significant changes to their programs. In preparing the summary of findings