

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2011	2012	2013	2014	2015
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	<u>350,000</u>	_____	_____	_____	_____
External Revenue	<u>(350,000)</u>	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
Cash Match (External)	<u>(0)</u>	_____	_____	_____	_____
NET FISCAL IMPACT	_____	_____	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included In Current Budget: Yes X No _____
 Budget Account No. : Fund 1002 Dept. 147 Unit 1464 Object Various
 Program Code: Various

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

Reallocation of funds from lapse salaries

Departmental Fiscal Review: Taruna Malhotra
9/13/10

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

[Signature]
 OFMB VA
 JB 9/9/10
 9/16/10
 9/15/10
 J.F.

[Signature] 9/21/10
 Contract Development & Control

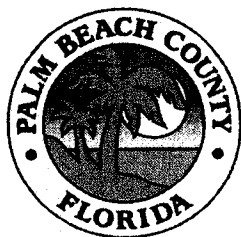
B. Legal Sufficiency:

[Signature] 9/22/10
 Assistant County Attorney

C. Other Department Review:

 Department Director

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



Department of
Community Services

810 Datura Street
West Palm Beach FL 33401
(561) 355-4700
FAX: (561) 355-3863
http://www.pbcgov.com



Palm Beach County
Board of County
Commissioners

Burt Aaronson, Chair
Karen T. Marcus, Vice-Chair

Shelley Vana

Steven L. Abrams

Jess R. Santamaria

Priscilla A. Taylor

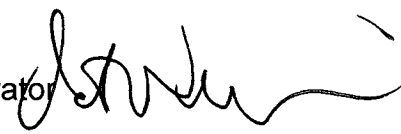
County Administrator

Robert Weisman

"An Equal Opportunity
Affirmative Action Employer"

MEMORANDUM

TO: Burt Aaronson, Chair
Board of County Commissioners

FROM: Robert Weisman
County Administrator 

DATE: August 9, 2010

RE: Revised SF424 & 424A EHS Expansion
Grant #04SA3046

Pursuant to PPM #CW-F- 003, your signature is needed on the SF424 Application for Federal Assistance for Early Head Start expansion grant #04SA3046.

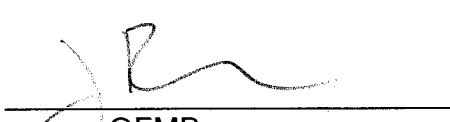
Head Start was awarded American Recovery and Reinvestment Act (ARRA) Early Head Start grant of \$1,214,364 dollars for the period of December 1, 2009 through September 30, 2010. It is projected that Federal Funds of \$350,000 will be unspent due primarily to lapse salary dollars caused from a delay in hiring of new staff. A request to reprogram these dollars to meet critical program needs has been submitted to the Regional IV Office of Head Start (OHS). The approval is pending submission of the revised SF424 & 424A with the Board Chair's approval.

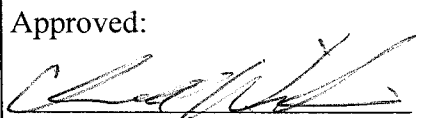
There is not sufficient time to submit through the Board of County Commissioners agenda process.

Staff will submit this item on the Agenda for the Board of County Commissioners meeting of October 5, 2010.

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


Assistant County Attorney


OFMB

Approved:

Community Services Director


Community Svc Fiscal Director 8/11

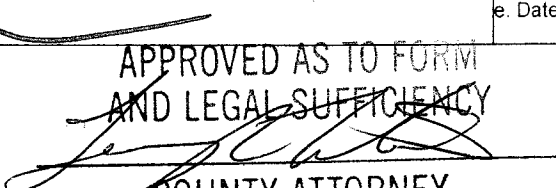

Assistant County Administrator

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier 04SA3046/01	
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: Palm Beach County		Organizational Unit: Department: Community Services		
Organizational DUNS: 078470481		Division: Head Start and Children Services		
Address: Street: 3323 Belvedere Road, Building 502		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: West Palm Beach		Prefix: Dr.	First Name: Carmen	
County: Palm Beach		Middle Name: A.		
State: Florida		Last Name: Nicholas		
Zip Code: 33406-1548	Suffix:			
Country: United States of America		Email: cnichola@pbcgov.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 59-6000785		Phone Number (give area code) 561-233-1611	Fax Number (give area code) 561-233-1633	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): American Recovery and Reinvestment - Early Head Start Expansion		9. NAME OF FEDERAL AGENCY: Department of Health & Human Services		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Palm Beach County, Florida		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: American Recovery and Reinvestment - Early Head Start Expansion		
13. PROPOSED PROJECT Start Date: 12/1/2009		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 16, 19, 22, 23		
Ending Date: 9/29/2010		b. Project 16, 19, 22, 23		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 1,214,364 ⁰⁰	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:		
b. Applicant	\$ 303,591 ⁰⁰	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$ ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$ ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$ ⁰⁰			
g. TOTAL	\$ 1,517,955 ⁰⁰			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION 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 Burt	Middle Name		
Last Name Aaronson		Suffix		
b. Title Chair		c. Telephone Number (give area code) 561-355-2205		
d. Signature of Authorized Representative		e. Date Signed		

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APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

COUNTY ATTORNEY

Standard Form 424 (Rev. 9-2003)
Prescribed by OMB Circular A-102

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This is a standard form used by applicants as a required face sheet for pre-applications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

Item:	Entry:	Item:	Entry:																
1.	Select Type of Submission.	11.	Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.																
2.	Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable).	12.	List only the largest political entities affected (e.g., State, counties, cities).																
3.	State use only (if applicable).	13.	Enter the proposed start date and end date of the project.																
4.	Enter Date Received by Federal Agency Federal identifier number: If this application is a continuation or revision to an existing award, enter the present Federal Identifier number. If for a new project, leave blank.	14.	List the applicant's Congressional District and any District(s) affected by the program or project																
5.	Enter legal name of applicant, name of primary organizational unit (including division, if applicable), which will undertake the assistance activity, enter the organization's DUNS number (received from Dun and Bradstreet), enter the complete address of the applicant (including country), and name, telephone number, e-mail and fax of the person to contact on matters related to this application.	15.	Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15.																
6.	Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.	16.	Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.																
7.	Select the appropriate letter in the space provided. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">A. State</td> <td style="width: 50%;">I. State Controlled Institution of Higher Learning</td> </tr> <tr> <td>B. County</td> <td>J. Private University</td> </tr> <tr> <td>C. Municipal</td> <td>K. Indian Tribe</td> </tr> <tr> <td>D. Township</td> <td>L. Individual</td> </tr> <tr> <td>E. Interstate</td> <td>M. Profit Organization</td> </tr> <tr> <td>F. Intermunicipal</td> <td>N. Other (Specify)</td> </tr> <tr> <td>G. Special District</td> <td>O. Not for Profit Organization</td> </tr> <tr> <td>H. Independent School District</td> <td></td> </tr> </table>	A. State	I. State Controlled Institution of Higher Learning	B. County	J. Private University	C. Municipal	K. Indian Tribe	D. Township	L. Individual	E. Interstate	M. Profit Organization	F. Intermunicipal	N. Other (Specify)	G. Special District	O. Not for Profit Organization	H. Independent School District		17.	This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.
A. State	I. State Controlled Institution of Higher Learning																		
B. County	J. Private University																		
C. Municipal	K. Indian Tribe																		
D. Township	L. Individual																		
E. Interstate	M. Profit Organization																		
F. Intermunicipal	N. Other (Specify)																		
G. Special District	O. Not for Profit Organization																		
H. Independent School District																			
8.	Select the type from the following list: <ul style="list-style-type: none"> • "New" means a new assistance award. • "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date. • "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision enter the appropriate letter: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">A. Increase Award</td> <td style="width: 50%;">B. Decrease Award</td> </tr> <tr> <td>C. Increase Duration</td> <td>D. Decrease Duration</td> </tr> </table> 	A. Increase Award	B. Decrease Award	C. Increase Duration	D. Decrease Duration	18.	To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)												
A. Increase Award	B. Decrease Award																		
C. Increase Duration	D. Decrease Duration																		
9.	Name of Federal agency from which assistance is being requested with this application.																		
10.	Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.																		

INSTRUCTIONS FOR THE SF-424A

Public reporting burden for this collection of information is estimated to average 180 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0044), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

General Instructions

This form is designed so that application can be made for funds from one or more grant programs. In preparing the budget, adhere to any existing Federal grantor agency guidelines which prescribe how and whether budgeted amounts should be separately shown for different functions or activities within the program. For some programs, grantor agencies may require budgets to be separately shown by function or activity. For other programs, grantor agencies may require a breakdown by function or activity. Sections A, B, C, and D should include budget estimates for the whole project except when applying for assistance which requires Federal authorization in annual or other funding period increments. In the latter case, Sections A, B, C, and D should provide the budget for the first budget period (usually a year) and Section E should present the need for Federal assistance in the subsequent budget periods. All applications should contain a breakdown by the object class categories shown in Lines a-k of Section B.

Section A. Budget Summary Lines 1-4 Columns (a) and (b)

For applications pertaining to a *single* Federal grant program (Federal Domestic Assistance Catalog number) and *not requiring* a functional or activity breakdown, enter on Line 1 under Column (a) the Catalog program title and the Catalog number in Column (b).

For applications pertaining to a *single* program *requiring* budget amounts by multiple functions or activities, enter the name of each activity or function on each line in Column (a), and enter the Catalog number in Column (b). For applications pertaining to multiple programs where none of the programs require a breakdown by function or activity, enter the Catalog program title on each line in *Column* (a) and the respective Catalog number on each line in Column (b).

For applications pertaining to *multiple* programs where one or more programs *require* a breakdown by function or activity, prepare a separate sheet for each program requiring the breakdown. Additional sheets should be used when one form does not provide adequate space for all breakdown of data required. However, when more than one sheet is used, the first page should provide the summary totals by programs.

Lines 1-4, Columns (c) through (g)

For *new applications*, leave Column (c) and (d) blank. For each line entry in Columns (a) and (b), enter in Columns (e), (f), and (g) the appropriate amounts of funds needed to support the project for the first funding period (usually a year).

For *continuing grant program applications*, submit these forms before the end of each funding period as required by the grantor agency. Enter in Columns (c) and (d) the estimated amounts of funds which will remain unobligated at the end of the grant funding period only if the Federal grantor agency instructions provide for this. Otherwise, leave these columns blank. Enter in columns (e) and (f) the amounts of funds needed for the upcoming period. The amount(s) in Column (g) should be the sum of amounts in Columns (e) and (f).

For *supplemental grants and changes* to existing grants, do not use Columns (c) and (d). Enter in Column (e) the amount of the increase or decrease of Federal funds and enter in Column (f) the amount of the increase or decrease of non-Federal funds. In Column (g) enter the new total budgeted amount (Federal and non-Federal) which includes the total previous authorized budgeted amounts plus or minus, as appropriate, the amounts shown in Columns (e) and (f). The amount(s) in Column (g) should not equal the sum of amounts in Columns (e) and (f).

Line 5 - Show the totals for all columns used.

Section B Budget Categories

In the column headings (1) through (4), enter the titles of the same programs, functions, and activities shown on Lines 1-4, Column (a), Section A. When additional sheets are prepared for Section A, provide similar column headings on each sheet. For each program, function or activity, fill in the total requirements for funds (both Federal and non-Federal) by object class categories.

Line 6a-i - Show the totals of Lines 6a to 6h in each column.

Line 6j - Show the amount of indirect cost.

Line 6k - Enter the total of amounts on Lines 6i and 6j. For all applications for new grants and continuation grants the total amount in column (5), Line 6k, should be the same as the total amount shown in Section A, Column (g), Line 5. For supplemental grants and changes to grants, the total amount of the increase or decrease as shown in Columns (1)-(4), Line 6k should be the same as the sum of the amounts in Section A, Columns (e) and (f) on Line 5.

Line 7 - Enter the estimated amount of income, if any, expected to be generated from this project. Do not add or subtract this amount from the total project amount. Show under the program

INSTRUCTIONS FOR THE SF-424A (continued)

narrative statement the nature and source of income. The estimated amount of program income may be considered by the Federal grantor agency in determining the total amount of the grant.

Section C. Non-Federal Resources

Lines 8-11 Enter amounts of non-Federal resources that will be used on the grant. If in-kind contributions are included, provide a brief explanation on a separate sheet.

Column (a) - Enter the program titles identical to Column (a), Section A. A breakdown by function or activity is not necessary.

Column (b) - Enter the contribution to be made by the applicant.

Column (c) - Enter the amount of the State's cash and in-kind contribution if the applicant is not a State or State agency. Applicants which are a State or State agencies should leave this column blank.

Column (d) - Enter the amount of cash and in-kind contributions to be made from all other sources.

Column (e) - Enter totals of Columns (b), (c), and (d).

Line 12 - Enter the total for each of Columns (b)-(e). The amount in Column (e) should be equal to the amount on Line 5, Column (f), Section A.

Section D. Forecasted Cash Needs

Line 13 - Enter the amount of cash needed by quarter from the grantor agency during the first year.

Line 14 - Enter the amount of cash from all other sources needed by quarter during the first year.

Line 15 - Enter the totals of amounts on Lines 13 and 14.

Section E. Budget Estimates of Federal Funds Needed for Balance of the Project

Lines 16-19 - Enter in Column (a) the same grant program titles shown in Column (a), Section A. A breakdown by function or activity is not necessary. For new applications and continuation grant applications, enter in the proper columns amounts of Federal funds which will be needed to complete the program or project over the succeeding funding periods (usually in years). This section need not be completed for revisions (amendments, changes, or supplements) to funds for the current year of existing grants.

If more than four lines are needed to list the program titles, submit additional schedules as necessary.

Line 20 - Enter the total for each of the Columns (b)-(e). When additional schedules are prepared for this Section, annotate accordingly and show the overall totals on this line.

Section F. Other Budget Information

Line 21 - Use this space to explain amounts for individual direct object class cost categories that may appear to be out of the ordinary or to explain the details as required by the Federal grantor agency.

Line 22 - Enter the type of indirect rate (provisional, predetermined, final or fixed) that will be in effect during the funding period, the estimated amount of the base to which the rate is applied, and the total indirect expense.

Line 23 - Provide any other explanations or comments deemed necessary.

BUDGET INFORMATION - Non-Construction Programs

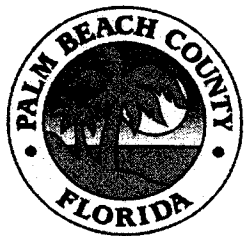
OMB Approval No. 0348-0044

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.	93.709	\$	\$	\$ 1,214,364.00	\$ 303,591.00	\$ 1,517,955.00
2.						0.00
3.						0.00
4.						0.00
5. Totals		\$ 0.00	\$ 0.00	\$ 1,214,364.00	\$ 303,591.00	\$ 1,517,955.00
SECTION B - BUDGET CATEGORIES						
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY					Total (5)
	(1)	(2)	(3)			
a. Personnel	\$ 44,013.00	\$	\$	\$	\$	\$ 44,013.00
b. Fringe Benefits	26,024.00					26,024.00
c. Travel	2,354.00					2,354.00
d. Equipment	300,687.00					300,687.00
e. Supplies	86,283.00					86,283.00
f. Contractual	538,248.00					538,248.00
g. Construction	204,000.00					204,000.00
h. Other	12,755.00					12,755.00
i. Total Direct Charges (sum of 6a-6h)	1,214,364.00		0.00	0.00	0.00	1,214,364.00
j. Indirect Charges						0.00
k. TOTALS (sum of 6i and 6j)	\$ 1,214,364.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 1,214,364.00
7. Program Income		\$	\$	\$	\$	\$ 0.00

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Standard Form 424A (Rev. 7-97)
Prescribed by OMB Circular A-102

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8.	\$	\$	\$	\$ 0.00	
9.				0.00	
10.				0.00	
11.				0.00	
12. TOTAL (sum of lines 8-11)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 0.00	\$	\$	\$	\$
14. Non-Federal	0.00				
15. TOTAL (sum of lines 13 and 14)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (Years)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16.	\$	\$	\$	\$	
17.					
18.					
19.					
20. TOTAL (sum of lines 16-19)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges:		22. Indirect Charges:			
23. Remarks:					



Department of
Community Services

810 Datura Street
West Palm Beach FL 33401
(561) 355-4700
FAX: (561) 355-3863
http://www.pbcgov.com

■
Palm Beach County
Board of County
Commissioners

Burt Aaronson, Chair
Karen T. Marcus, Vice-Chair

Shelley Vana
Steven L. Abrams
Jess R. Santamaria
Priscilla A. Taylor

County Administrator
Robert Weisman

"An Equal Opportunity
Affirmative Action Employer"

MEMORANDUM

TO: Burt Aaronson, Chair
Board of County Commissioners

FROM: Robert Weisman
County Administrator *for [Signature]*

DATE: August 18, 2010

RE: Revised SF424 & 424A EHS Expansion
Grant #04SA3046

Pursuant to PPM #CW-F- 003, your signature is needed on the Revised SF424 Application for Federal Assistance for Early Head Start expansion grant #04SA3046 for the period of September 30, 2010 through September 29, 2011.

The 2011 Refunding application for the amount of \$1,091,401 was approved by the Board of County Commissioners (BOCC) on June 8, 2010 (R2010-0844). Head Start was notified that there was a change in the Training & Technical Assistance award from \$52,318 to \$51,954, thus decreasing the amount of the total award to \$1,091,037. A revised SF424 & 424A must be submitted to the Region IV Office of Head Start with the Board Chair's approval.

There is not sufficient time to submit through the Board of County Commissioners agenda process.

Staff will submit this item on the Agenda for the Board of County Commissioners meeting of October 5, 2010.

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

[Signature]
Assistant County Attorney

[Signature]
OFMB

Approved:
[Signature]
Community Services Director

[Signature]
Community Svc Fiscal Director 8/18/10

[Signature]
Assistant County Administrator

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

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 person to be contacted on matters involving this application (give area code) Prefix: Dr. First Name: Carmen
City: West Palm Beach	Middle Name A.
County: Palm Beach	Last Name Nicholas
State: Florida	Zip Code 33406-1548
Country: United States of America	Email: cnichola@pbcgov.org

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
59-6000785

Phone Number (give area code) 561-233-1611	Fax Number (give area code) 561-233-1633
---	---

8. TYPE OF APPLICATION:
 New Continuation Revision
 If Revision, enter appropriate letter(s) in box(es)
 (See back of form for description of letters.)
 Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)
 B
 Other (specify)

9. NAME OF FEDERAL AGENCY:
 Department of Health and Human Services

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 TITLE (Name of Program): 93-709

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 American Recovery and Reinvestment Act - Early Head Start Expansion

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 Palm Beach County

13. PROPOSED PROJECT

Start Date: 9/30/2010	Ending Date: 9/29/2011
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14. CONGRESSIONAL DISTRICTS OF:
 a. Applicant 16, 19, 22, 23 b. Project 16, 19, 22, 23

15. ESTIMATED FUNDING:

a. Federal	\$	1,091,037 ⁰⁰
b. Applicant	\$	272,759 ⁰⁰
c. State	\$	⁰⁰
d. Local	\$	⁰⁰
e. Other	\$	⁰⁰
f. Program Income	\$	⁰⁰
g. TOTAL	\$	1,363,796 ⁰⁰

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR PE...
 DATE: _____
 b. No. PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW.

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
 Yes If "Yes" attach an explanation. No

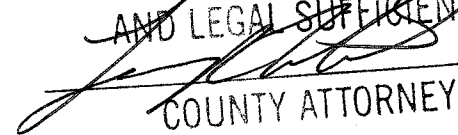
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix	First Name Burt	Middle Name
Last Name Aaronson	Suffix	
b. Title Chair	c. Telephone Number (give area code) 561-355-2205	
d. Signature of Authorized Representative	e. Date Signed	

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APPROVED AS TO FORM AND LEGAL SUFFICIENCY

 COUNTY ATTORNEY

SIGN HERE

BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 0348-0044

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.	93709	\$	\$	\$ 1,039,083.00	\$ 259,770.00	\$ 1,298,853.00
2.				51,954.00	12,989.00	64,943.00
3.						0.00
4.						0.00
5. Totals		\$ 0.00	\$ 0.00	\$ 1,091,037.00	\$ 272,759.00	\$ 1,363,796.00
SECTION B - BUDGET CATEGORIES						
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY					Total
	(1)	(2)	T&TA	(3)	(4)	(5)
a. Personnel	\$ 329,926.00	\$		\$	\$	\$ 329,926.00
b. Fringe Benefits	177,417.00					177,417.00
c. Travel	6,525.00		5,469.00			11,994.00
d. Equipment						0.00
e. Supplies	47,511.00		46,485.00			93,996.00
f. Contractual	453,629.00					453,629.00
g. Construction						0.00
h. Other	24,075.00					24,075.00
i. Total Direct Charges (sum of 6a-6h)	1,039,083.00		51,954.00	0.00	0.00	1,091,037.00
j. Indirect Charges						0.00
k. TOTALS (sum of 6i and 6j)	\$ 1,039,083.00	\$	51,954.00	\$ 0.00	\$ 0.00	\$ 1,091,037.00
7. Program Income	\$	\$		\$	\$	\$ 0.00

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SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8.	\$	\$	\$	\$ 0.00	
9.				0.00	
10.				0.00	
11.				0.00	
12. TOTAL (sum of lines 8-11)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 0.00	\$	\$	\$	\$
14. Non-Federal	0.00				
15. TOTAL (sum of lines 13 and 14)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (Years)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16.	\$	\$	\$	\$	
17.					
18.					
19.					
20. TOTAL (sum of lines 16-19)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges:		22. Indirect Charges:			
23. Remarks:					