Agenda Item: 3E-16

PALM BEACH COUNTY **BOARD OF COUNTY COMMISSIONERS**

AGENDA ITEM SUMMARY

Meeting Date: October 5, 2010	[X] Consen			Regular	
Department	[] Worksho	op	L.	Public H	nearing
Submitted By: Community Service	<u>es</u>				
Submitted For: Community Action	Program				
I. EX	ECUTIVE BRI	===== <u>EF</u>	= = =		
Motion and Title: Staff recommender of Contract #10EA-8F-10-60-01-023 Assistance Program (LIHEAP) with the Affairs, increasing the contract by \$6,741,166 for utility assistance to low amendment of \$2,347,076 in the LIHE the State execution of the grant agree positions.	R2010-032: the State of F 2,347,076 for r-income familion EAP fund to re	2) Lov Florida a new es; B) A econcile	v l Dep / ne App e the	ncome Foartment of the control of th	fome Energy of Community ed amount of upward budget entingent upon
Summary: Palm Beach County received available under the current agreement \$2,347,076 increase in the base allocation \$6,741,166. The \$2,347,076 reprincreased Federal allocation and will enhouseholds for the period ending Managerier funded through the American which are targeted to end September 3 will enable the continuation of the post County funds are required. (Community	nt. The Modit ation in the exi- resents PBC (nable the progr rch 31, 2011, Reinvestment 30, 2010 as liste sitions, subject	fication sting co Commu ram to and re and Re ed. The to con	incontrunity servines of the contract of the c	corporates act for a representation action's representation actional contract of the contract actional	an additional new grant total share of the nal low income ons that were ARRA) funds, HEAP funding
Position #Position Title8379Community Outread8380Community Outread8377Family Development896Sr. Community Outread	h Specialist t Specialist	Pay Gr 18 18 22 22	ade		
Background and Justification: The 2010, provided funds in the amount Program to serve an estimated 15,82 crisis through March 31, 2011. This ir Program to serve an additional estimation will also re-instate four (4) positionare needed to handle the increase calincrease.	of \$6,741,166 9 low income ncrease in fund ated 5,709 hou ons targeted to	6 enab housel ding wil usehold o end 8	led nold I er s th Sept	the Com Is with en able Com arough Ma tember 30	munity Action ergy bills and munity Action irch 31, 2011. , 2010, which
Attachments: 1. Modification to LIHEAP C 2. Budget Amendment	ontract #09EA	-7K-10-	60-	01-023	
Recommended by: Department Di	irector		===	e/z Date	<u> </u>
Approved by: Assistant County Adr	ministrator			9-24 Date	-10

II. FISCAL IMPACT ANALYSIS

A. Five Year Summa	ry of Fisc	cal Impact			
Fiscal Years	<u>2010</u>	<u>2011</u>	2012	2013	2014
Capital Expenditures Operating Costs External Revenues		2,347,07 (2,347,07			
Program Income (County In-Kind Match (County))				
NET FISCAL IMPACT		0 *	See below		
# ADDITIONAL FTE POSITIONS (Cumula	tive)	4			
Is Item Included in Currer Budget Account No.: Fun Reporting Catego	d: <u>1009</u>	Agency:		No <u>X</u> g. 1462	Object: varvous
B. Recommended Sc	urces of F	unds/Sum	mary of Fis	scal Impac	t:
Federal funds thro	ugh the S	tate of Flori	da Depart	ment of Co	ommunity Affairs.
C. Departmental Fisc	al Review	: Taru	na M	alhoti	20/10
	<u>III.</u>	REVIEW C	OMMENT	<u>s</u>	
A. OFMB Fiscal and/o					
B. Legal Sufficiency:	@ \24/10 B \A	201	Š	Auric fontract Dev	Jacobourt3/Elones9/23//
1		75		County police	naplies with current cies.
Assistant County	964 Attorney	10			
C. Other Department	Review:				
Department Dire	ector				

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

BOARD OF COUNTY COMMISSIONERS PALM BEACH COUNTY, FLORIDA BUDGET AMENDMENT

Page 1 of 1

BGEX - 145 -09131000000000002101 BGRV - 145 -0913100000000000591

FUND (1009) - COMMUNITY ACTION PROGRAM

Use this form to provide budget for items not anticipated in the budget.

ACCT.NUM	BER ACCOUNT NAME	ORIGINAL BUDGET	CURRENT BUDGET	INCREASE	DECREASE	ADJUSTED BUDGET	EXPENDED/ ENCUMBERED	REMAINING BALANCE
REVENU	E							
145 1462	3168 Fed Grant Indirect - Human Services	2,783,720	2,783,720	2,347,076	0	5,130,796		
Total Re	venue	2,783,720	2,783,720	2,347,076	Ô	5,130,796	The state of the second	
EXPEND	ITURE							
45 1462	1201 Salaries and Wages- Regular	289,884	289,884	29,000	0	318,884		
45 1462	2101 FICA- Taxes	17,980	17,980	1,798	0	19,778		
45 1462	2105 FICA- Medicare	4,202	4,202	419	0	4,621		
145 1462	2201 Retirement Contributions	33,880	33,880	3,294	Ō	37,174		
45 1462	2301 Insurance- Life & Health	62,782	62,782	1,041	0	63,823		
45 1462	3401 Other Contractual Services	0	0	83,225	-	83,225		
145 1462	3404 Temp Serv/Contracted Salaries	50,000	50,000	262,498	. 0	312,498		
45 1462	3414 ISS Professional Services	0	0	55,000	0	55,000		
145 1462	4007 Travel-Mileage	2,116	2,116	3,833	Ō	5,949		
45 1462	4101 Communication Services	891	891	8,000	0	8,891		
45 1462	4205 Postage	42	42	5,557	. 0	5,599		
45 1462	4301 Utilities	1	1	20,000	Ō	20,001		
45 1462	4420 Rent- Motor Pool Vehicles	0 .	0	2,400	Ō	2,400		
45 1462	4625 Repair/Maintenance-Motor Pool Vehicle	0	0	600	0	600		
1462	4945 Advertising	0	0	15,157	Ō	15,157		
45 1462	5111 Office Furniture & Equipment	2,500	2,500	7,500	0	10,000		
1462	6401 Machinery & Equipment	0	, 0	31,750	Ô	31,750		
1462	8301 Contributions for Individuals	2,301,955	2,301,955	1,816,004	Ô	4,117,959		
Total Exp	penditures	2,783,720	2,783,720	2,347,076	0	5,130,796		
		Signatures		Date		Board of Cour Meeting of	nty Commissioners	

COMMUNITY SERVICES

INITIATING DEPARTMENT/DIVISION Channell Wilkins

Administration/Budget Department Approval

OFMB Department - Posted

m Challe 2/20/18

Deputy Clerk to the

Board of County Commissioners



Department of Community Services

Community Action Program 810 Datura Street

West Palm Beach, FL 33401

(561) 355-4792

Fax: (561) 355-4192

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" TO:

Honorable Burt Aaronson, Chair and the

Board of County Commissioners

FROM:

Robert Weisman

County Administratol

DATE:

September 13, 2010

RE:

REQUEST FOR EMERGENCY AUTHORIZATION FY

2010 2011 LIHEAP MODIFICATION

Pursuant to PPM#CW-F-003 your signature is needed on the LIHEAP Grant Modification Application. The increase in Modification Application for \$2,347,076 and not to exceed \$6,641,166 will enable Community Action Program to serve an additional estimated 5,709 households and will also reinstate four positions slated for elimination as of September 30, 2010 as follows:

Position #	Position Title	Pay Grade
8379	Community Outreach Specialist	18
8380	Community Outreach Specialist	18
8377	Family Development Specialist	22
896	Sr. Community Outreach Specialist	22

Further negotiations were required with the Department of Community Affairs (DCA) and completed September 3, 2010. An ASAP extension was granted. The emergency signature process is necessary to ensure the timely submission of the application to the DCA. Staff will submit this item at the Board's October 5, 2010 Commission Agenda.

If additional information is needed, please contact Kathyrn McNealy, (561) 355-

4743

Assistant County Attorney

Approved:

Channell Wilkins, CS Director

OFMB

Taruna Malhotra
Taruna Malhotra, CS Fiscal Director 10 10



STATE OF FLORIDA

DEPARTMENT OF COMMUNITY AFFAIRS

"Dedicated to making Florida a better place to call home"

CHARLIE CRIST

THOMAS G. PELHAM Secretary

MEMORANDUM

TO:

Low Income Home Energy Assistance Program Recipients

FROM:

Paula Lemmo, Community Program Manager Community Assistance Section

DATE:

July 23, 2010

SUBJECT:

Low Income Energy Assistance Program (LIHEAP) Modifications to Incorporate

Increase in Base Allocation and Additional Spending Authority

The enclosed modification will incorporate your agency's share of the Low Income Home Energy Assistance Program increased base allocation and additional spending authority. The enclosed forms including the Amended Attachment J, Budget Summary and Workplan will be emailed to you in Excel.

The modification must be submitted to the Department as soon as possible. In all cases, <u>three</u> modification packages with original signatures must be mailed to:

Ms. Hilda Frazier, Planning Manager Department of Community Affairs Division of Housing and Community Development Community Assistance Section 2555 Shumard Oak Boulevard Tallahassee, Florida 32399-2100

If you have any questions, please contact your financial specialist at (850) 488-7541.

PL/sl

Enclosure

2555 SHUMARD OAK BOULEVARD TALLAHASSEE, FL 32399-2100
Phone: 850-488-8466/SUNCOM 278-8466 Fax: 850-921-0781/SUNCOM 291-0781
Website: www.dca.state.fl.us

COMMUNITY PLANNING

AREAS OF CRITICAL STATE CONCERN FIELD OFFICE

HOUSING AND COMMUNITY DEVELOPMENT

MODIFICATION OF AGREEMENT BETWEEN FLORIDA DEPARTMENT OF COMMUNITY AFFAIRS AND

This Modification is made and entered into by and between the State of Florida, Department of Community Affairs, ("Department"), and <u>Palm Beach County Board of County Commissioners</u>, the ("Recipient") to modify DCA Contract Number <u>10EA-8F-10-60-01-023</u> ("Agreement").

WHEREAS, the Department and the Recipient have entered into the Agreement, pursuant to which the Department has provided a grant to the Recipient under the Low-Income Home Energy Assistance Program (LIHEAP) of \$4,394,090 and

WHEREAS, the Department and the Recipient desire to modify the Agreement.

NOW, THEREFORE, in consideration of the mutual promises of the parties contained herein, the parties agree as follows:

1. Paragraph (17)(a) <u>Funding/Consideration</u> is hereby modified to read as follows:

(17) <u>FUNDING/CONSIDERATION</u>

(a) This is a cost-reimbursement Agreement. The Recipient shall be reimbursed for costs incurred in the satisfactory performance of work hereunder in an amount not to exceed \$6,741,166, subject to the availability of funds and appropriate budget authority.

The revised contract amount includes:

A.	\$4,394,090	Current FY 2010-2011 LIHEAP contract allocation
B.	+\$ <u>2,347,076</u>	Base Increase (July 2010)
C.	\$6,741,166	Modified LIHEAP Allocation

- 2. Attachment I, Recipient Information, is hereby deleted in its entirety and replaced with Amended Attachment I, if applicable.
- 3. Attachment J, Budget Summary and Workplan, is hereby deleted in its entirety and replaced with Amended Attachment J.
- 4. Attachment K, Budget Detail, is hereby deleted in its entirety and replaced with Amended Attachment K.
- 5. Attachment L, Multi-County Fund Distribution, is hereby deleted in its entirety and replaced with Amended Attachment L, if applicable.

- 6. All provisions of the Agreement being modified and any attachments thereto in conflict with this Modification shall be and are hereby changed to conform with this Modification, effective as of the date of the last execution of this Modification by both parties.
- 7. All provisions not in conflict with this Modification remain in full force and effect, and are to be performed at the level specified in the Agreement.

IN WITNESS WHEREOF, the parties hereto have executed this document as of the dates set out herein.

RECIPIENT PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS	STATE OF FLORIDA DEPARTMENT OF COMMUNITY AFFAIRS
BY/	BY:
Burt Aaronson, Chair (Type Name and Title)	Michael Richardson, Assistant Secretary and Acting Division Director, Housing and Community Development
Date	Date:
59-60000785	
Federal Identification Number	

APPROVED AS TO FORM

AND LEGAL SHEFICIENCY

COUNTY ATTORNEY

LOW-INCOME HOME ENERAGY ASSISTANCE PROGRAM (LIHEAP) AMENDED ATTACHMENT I ~~~ RECIPIENT INFORMATION

	RAL YEAR:				Date of Signing throu		
FOR DO	CA USE ONLY:	RECEIVED_		_ REVIS	SION(S)		
uctions: Com	nplete the blanks h	nighlighted in yell	ow. For item II, put ar	n "X" in whic	chever highlighted box	x applies to your	agency.
	RACT NUMBER: CT CLIENT ASSIS		10EA-8F-10-60-01-02 10,120.00		CONTRACT A	AMOUNT:	6,741,166.00
RECIPIENT	CATEGORY:	{ } N	on-Profit X	Local	Government	{ } State Ag	ency
COUNTY(IES	S) TO BE SERVE	D WITH THESE	FUNDS:		PALM BEACH C	COUNTY	
GENERAL A	DMINISTRATIVE	INFORMATION			, , , , , , , , , , , , , , , , , , ,		
a. Recipien	nt: Paln	n Beach Count	y Community Servic	es Departr	nent Cou	inty Location:	Palm Beac
b. Executiv	e Director or Chief	f Administrator:			Channell Wilkins		
c. Ad	ddress:	810 Datura		_ City: _	West Palm Beach	, FL Zipcode	: 33401
Tele	phone:	(561) 355-	-4702	Fax:	(5	61) 355-3863	
	Cell:			Email:	<u>cwilki</u>	ins@pbcgov.or	g
d. M	lailina Address:	_					
e. Chief Ele Nam	ne:	ocal government: Burt Aarons		Title:		, FL Zipcode: s): Chair	
e. Chief Ele Nam Enter hor	ected Official (for lone:	ocal government: Burt Aarons	s) or President/Chairm son e numbers and email c Avenue	nan of the B Title: other than th	ne Recipient's West Palm Beach	s): Chair , FL Zipcode:	33401
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LIHEAP AMENDED ATTACHMENT J BUDGET SUMMARY and WORKPLAN

Recipient: _ Palm Beach County Community Services Department 10EA-8F-10-60-01-023 Contract: _ **BUDGET SUMMARY** В. C. D. E. Adjustments to TOTAL Last Approved Approved Budget Increase Modified LIHEAP FUNDS ONLY Budget (plus or minus) Budget Amount Optional Allocation B + C + D **TOTAL FUNDS** 4,394,090.00 2.347.076.00 6.741.166.00 ADMINISTRATIVE EXPENSES (Cell 2E cannot exceed 8.5% of Cell 1E) Salaries incl Fringe, Rent, Utilities, Travel, Other 299,980.00 208.929.00 508,909.00 OUTREACH EXPENSES (Cell 3E cannot exceed Cell 1E minus Cell 2E times .15) Salaries incl Fringe, Rent, Utilities, Travel, Other 612,696.00 322,143.00 934,839.00 DIRECT CLIENT ASSISTANCE Home Energy Assistansce (Cell 4E must be at least 25% of Cell 1E) 1,198,523.00 586,769.00 1.785.292.00 5 2,195,002.00 1,182,301.00 3,377,303.00 Weather Related / Supply Shortage / Disaster (Cell 6E must be at least 2% of Cell 1E) 6 87.889.00 46.934.00 134,823.00 Subtotal Direct Client Assistance 3,481,414.00 0.00 1,816,004.00 5,297,418.00 (Line 4 + Line 5 + Line 6) LEVERAGING FUNDS ONLY 8 Home Energy Assistansce 0.00

0.00

0.00

6,741,166.00

II. DIRECT CLIENT ASSISTANCE WORKPLAN

Subtotal Leveraging Assistance

9

10

11

Crisis Assistance

(Line 8 + Line 9)

GRAND TOTALS

II. DIRECT CLIENT ASSISTAN	CE WORKPLAN				
Type of Assistance	Last Approved Estimated Number of Households	Number of Households REPORTED as of 6/30/10	Amended Estimated Number of Households	Estimated Cost Per Household	Amended Estimated Expenditures ¹
LIHEAP (Direct Client Assistance)					
Home Energy	4,794	2,026	7,141		0.00
Crisis Assistance	5,164	1,870	8,443		0.00
Weather Relataed/Supply Shortage/Disaster	162	0	245		0.00
TOTAL	10,120	3,896	15,829	0.00	0.00
LEVERAGE (Direct Client Assistance)					
Home Energy					0.00
Crisis Assistance					0.00
TOTAL	0	0	0	0.00	0.00

0.00

4,394,090.00

0.00

0.00

0.00

2,347,076.00

¹ Amended Estimated Expenditures equals the Amended Estimated Number of Households times the Estimated Cost per Household. The amount must agree with the corresponding line in Column E above.

LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) AMENDED ATTACHMENT K $\sim\sim\sim$ EXPENDITURE DETAIL

Recipient:	Palm Beach County Community Services Department	Contract:	10EA-8F-10-60-01-023

Instructions:

On the form below, enter the detail of the figures listed on the Budget Summary. If more space is needed, copy this form to another tab and name the new tabs "Budget Detail 1", "Budget Detail 2", etc.

Line Item			Expendit	ure Detail	LIHEAP
No	(F	Round up line ite	ems to dollars. Do i	not use cents and decimals in totals.)	FUNDS
1	1			iot doe done and decimale in totale.)	6,741,166.00
2			ADMINISTRA	ATIVE COSTS	
			Salarios inc	Juding frings	
			FICA	lluding fringe 6.2%	
	1		Medicare	1.4%	
ļ	İ		Retirement	10.55%	
			Health & Life	9,100 Annual	
			Worker Comp.	377 Annual	
	The	balance of Cor Direc	nmunity Action LIHE ct Client or CSBG o	EAP Staff salaries are paid from CSBG ther Program categories	
	LIHEAP Manager			1 person @ 100%	·
		\$2	471 per pay period	for 28 pay periods x 1	69,188.00
		**	, po. po, ponou	To 20 pay periods x 1	00,100.00
	Receptionist III (Temp)			2 persons @ 100%	
		5	1,026 per period fo	r 28 pay periods x 2	57,456.00
				5 persons @ 100%	
		\$1	026 per pay period	for 18 pay periods x 5	92,340.00
		Ψ1,	ozo per pay period	to ro pay periods x 5	92,340.00
	Data Processor (temp)			1 person @ 100%	
		\$1,	080 per pay period	for 28 pay periods x 1	30,240.00
	Fiscal (temp)				
	riscai (temp)	¢1	240 nor nov noried	1 person @ 100%	47,000,00
		9 1,	240 per pay penod	for 14 pay periods x 1	17,360.00
	Receptionist II			1 person @ 100%	
	-	\$1	,594 per pay period	for 15 pays x 1	23,910.00
		To	tal Administrative	Personnel Expenses	290,494.00
			Administrative Nor	n-Personnel Costs	
	C				
	Computers	25 @ 1,500	37,500) ·	
	Scanners Printer	15 @ 250	2,500		
		10 @ 500	5,000		
	Office Supplies		20,000		
	Postage Graphics		7,557		
	Communication		10,000		
	Advertisment		10,000		
	Travel: LIHEAP conferen	00 1 @ 0 500	15,157		
	FACA conference	1 @ 1 500	2,50		
	13,350 miles @ .5		4,500	J	
	Utilities @ .5	J	7,343		
	Administrative		20,000		
		Total	76,358 Administrative No	n-personnel Expenses	218,415.00
ļ					210,410.00
		Т	OTAL ADMINISTR	ATIVE EXPENSES	508,909.00
					1

LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) AMENDED ATTACHMENT K ~~~ EXPENDITURE DETAIL

Recipient:	Palm Beach County Community Services Department	_ Contract:	10EA-8F-10-60-01-023

Instructions: On the form below, enter the detail of the figures listed on the Budget Summary. If more space is needed, copy this form to another tab and name the new tabs "Budget Detail 1", "Budget Detail 2", etc.

Line	Expen	nditure Detail	1 111545
Item	·		LIHEAP FUNDS
<u>No</u> 3		Oo not use cents and decimals in totals.)	
Ū		s below, include fringe	
	FICA	6.2%	j
	Medicare	1.4%	
	Retirement	10.85%	
	Health & Life	9,100 Annual	
	Troum a End	5,100 / Hindai	
		.IHEAP Staff salaries are paid from CSBG other Program categories.	
	Senior Community Outreach Specialist	1 person @ 100%	
	\$2604 per pay period for 14 pay periods x 1	1 person @ 10070	36,456.00
	period of the pay period X		30,430.00
	Community Outreach Specialist	2 person @ 100%	
	\$1,770 per pay period for 14 pay periods x 2	2 person @ 100%	49,560.00
	e i, i i o pai pay ponou ior 14 pay penous x 2		49,300.00
	Community Action Specialist	11 persons @40%	
	\$905 per pay for 14 pay periods x 11	11 persons & 1070	139,370.00
	rest per pay to the pay pottodo X 11		133,370.00
	\$1,067 per pay for 14 pay periods x 10	10 persosn @ 50%	149,380.00
	, , , , , , , , , , , , , , , , , , , ,	10 poisson @ 0070	1 10,000.00
	Application Processor (Temp)	3 persons @ 100%	'
	\$1,440 per pay for 14 pay periods x 3	o possession (g. seess)	60,480.00
			30,100.00
	Receptionist III (Temp)	5 persons @ 100%	
	\$1026 per pay for 18 pay period x 5	o persons & reen	92,340.00
	, , , ,		32,010.00
	Senior Community Action Specialist	4 persons @ 25%	
	\$716 per pay for 14 pay periods x 4	1 50.00.10 @ 20.70	80,136.00
	\$745 per pay for 14 pay periods x 1		10,430.00
	A har hay said to hay believe y		10,430.00
	The balance of slaries pais to the Division of Human Serv	rices employees are from all DHS funding source.	
	Case Manager (DHS)	6 persons @ 20%	
	\$562 per pay for 28 pay periods x 6	0 persons @ 2070	94.416.00
	, , , pay pandad no		94,416.00
	Case Mgmt Supervisor (DHS)	3 persons @ 20%	.
[\$579 per pay period x 28	5 persons (@ 20 /6	46,636.00
			40,030.00
1	The balance of slaries paid to Divison of Senior Service e	employees are from all DOSS funding source	
Ì	, = = 5. 55,50, 66,4166 6		
	Clerical (DOSS)	2 persons @ 20%	
	\$620 per pay for 28 pay periods x 2	2 50.00.10 @ 20.70	34,720.00
ı			37,720.00
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LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) AMENDED ATTACHMENT K ~~~ EXPENDITURE DETAIL

Recipient:	Palm Beach County Community Services Department	Contract:	10EA-8F-10-60-01-023
	On the form below, enter the detail of the figures listed on the Budget Summary. to another tab and name the new tabs "Budget Detail 1", "Budget Detail 2", etc.		s needed, copy this form

ine em		Expenditure Detail		LIHEAP
10	(Round up line items to	dollars. Do not use cents and decimals in	n totals.)	FUNDS
3	<u>Personnel</u>			
<u>A</u> \$-	ssistant Center Manager (DOSS) 433 per pay for 28 pay periods x 2	2 persons @	2 0%	24,248.00
				,
\$-	ase Manager (DOSS) 480 per pay for 28 pay periods x 2	2 persons @	20%	26,880.00
c	asework Supervisor (DOSS)	2 persons @	n 20%	
\$4	446 per pay for 28 pay periods x 2	2 persons &	g 2070	24,920.00
Т	otal Outreach Personnel Cost			869,972.00
le.	ease vehicle @ \$400 x 6 mos ase vehicle maintenance @ \$100 x 6 mos SS Data Base maintenance			2,400.00 600.00 61,867.00
	o Data Bado Maintenance			61,867.00
		TOTAL OUTREACH COSTS		934,839.00
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LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) AMENDED ATTACHMENT K --- EXPENDITURE DETAIL

Recipient:	Palm Beach County Community Services Department	Contract:	10EA-8F-10-60-01-023	_
Instructions:	On the form below, enter the detail of the figures listed on the Budget Summary. to another tab and name the new tabs "Budget Detail 1", "Budget Detail 2", etc.	If more space is	s needed, copy this form	

Line Item	Expenditure Detail	LIHEAP FUNDS	
No	(Round up line items to dollars. Do not use cents and decimals in totals.)		
_	DIRECT CLIENT ASSISTANCE	1	
4	Home Energy Assistance	1,785,292.00	
5	Crisis Assistance	3,377,303.00	
6	Weather Related Crisis - WRC	134,823.00	
7	TOTAL DIRECT CLIENT ASSISTANCE	5,297,418.00	
	No Leveraging Funds		
12	GRAND TOTAL ALL EXPENSES	6,741,166.00	
		'	
		·	
		' 	

LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) AMENDED ATTACHMENT L ~~~ MULTI-COUNTY FUND DISTRIBUTION

Agency: Palm Beach County Community Services Department	Contract:	10EA-8F-10-60-01-023

In the form below, describe how you plan to equitably allocate LIHEAP resources to each of the counties you serve. This plan must be in part based on the 150% poverty population of each county. Provide reasoning and numeric justification plan.

Instructions: Enter appropriate data only in the cells below that are highlighted in yellow. Percentages will automatically populate when the total direct client assistance amount and all three columns for each county are filled in.

COUNTY	150% POVERTY POPULATION* ¹	TOTAL DIRECT CLIENT ASSISTANCE \$10,120.00 COUNTY ALLOCATION	% OF AGENCY'S DIRECT CLIENT ASSISTANCE DOLLARS ALLOCATED TO THIS COUNTY
	1		
Total Budgeted Direct			
Total Budgeted Direct Client Assistance* ²	0	0.00	0.0%

^{*1} If population data other than the 2000 U. S. Census is used, note and explain below.

Explain the basis for distribution/calculation used to determine allocation.

^{*2} Allocation must be equal to Attachment J, budget Summary and Workplan, Line 7.