

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

=====

Meeting Date: November 16, 2010	<input checked="" type="checkbox"/> Consent	<input type="checkbox"/> Regular
	<input type="checkbox"/> Workshop	<input type="checkbox"/> Public Hearing

Department

Submitted By: Community Services

Submitted For: Community Action Program

=====

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends to: Receive and file Contract 10EA-8F-10-60-01-023 Low Income Home Energy Assistance (LIHEAP) Grant Modification with the State of Florida Department of Community Affairs (DCA) for the period March 1, 2010 through March 31, 2011, in an amount not-to-exceed \$6,741,166 for energy assistance.

Summary: The fully executed document signed by the BCC (R-2010-0322) has been returned to Community Action and requires submission to the Clerk's office for filing. LIHEAP funds of \$4,394,090 with a base increase of \$2,347,076 will enable Palm Beach County Community Action Program to provide assistance to 10,120 low-income households with energy bills and crisis assistance to prevent service disconnection or restore utility service. (Community Action Program) Countywide (TKF).

Background and Justification: The LIHEAP Contract was signed by the BCC at the March 9, 2010 meeting. This receive and file item is being submitted to allow the Clerk's Office to note and receive the fully executed document in accordance with PPM CW-O-051.

Attachments:

Signed LIHEAP Contract #10EA-8F-10-60-01-023

=====

Recommended by: 	<u>10/25/10</u>
Department Director	Date

Approved by: 	<u>11/1/10</u>
Assistant County Administrator	Date

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	_____	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	_____	_____	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	<u>~ 0 ~</u>	<u>~ 0 ~</u> ^{*see below}	_____	_____	_____

Is Item Included in Current Budget? Yes _____ No _____
 Budget Account No.: Fund: _____ Agency: _____ Org. _____ Object: _____
 Reporting Category _____

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


Federal funds through the State of Florida Department of Community Affairs.

C. Departmental Fiscal Review: Tauna Malhotra
10/19

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

* No fiscal impact.


 OFMB ^{JA} 10/26/10


 Contract Dev and Control 10/29/10

B. Legal Sufficiency: 10/27/10


 Assistant County Attorney 11/1/10

C. Other Department Review:

Department Director

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



STATE OF FLORIDA
DEPARTMENT OF COMMUNITY AFFAIRS


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

CHARLIE CRIST
Governor

THOMAS G. PELHAM
Secretary

MEMORANDUM

TO: Palm Beach County Board of County Commissioners

FROM: Hilda Frazier, Planning Manager
Community Assistance Section 

RE: Low-Income Home Energy Assistance (LIHEAP) Modification

DATE: September 29, 2010

Enclosed is your copy of the approved FY 2010-2011 Low-Income Home Energy Assistance Grant modification.

Should you need additional assistance or information, please contact your financial specialist at (850) 488-7541.

HF/fb

Enclosure

2555 SHUMARD OAK BOULEVARD TALLAHASSEE, FLORIDA 32399-2100
Phone: 850.488.8466/Suncom 278.8466 FAX: 850.921.0781/Suncom 291.0781
Internet address: <http://www.dca.state.fl.us>

CRITICAL STATE CONCERN FIELD OFFICE

COMMUNITY PLANNING

HOUSING & 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 Palm Beach County Board of County Commissioners, the ("Recipient") to modify DCA Contract Number 10EA-8F-10-60-01-023 ("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) Funding/Consideration is hereby modified to read as follows:

(17) FUNDING/CONSIDERATION

(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. +\$2,347,076 | 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**

BY: 
Burt Aaronson, Chair
(Type Name and Title)

STATE OF FLORIDA

DEPARTMENT OF COMMUNITY AFFAIRS

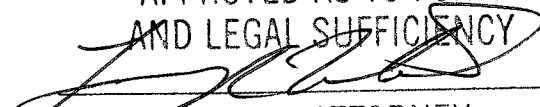
BY: 
Michael Richardson, Assistant Secretary and
Acting Division Director,
Housing and Community Development

Date 9/13/10

Date: 9/28/10

59-60000785
Federal Identification Number

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY


COUNTY ATTORNEY

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

FEDERAL YEAR: 2010

CONTRACT PERIOD: Date of Signing through March 31, 2011

FOR DCA USE ONLY: RECEIVED _____ REVISION(S) _____

Instructions: Complete the blanks highlighted in yellow. For item II, put an "X" in whichever highlighted box applies to your agency.

I. DCA CONTRACT NUMBER: 10EA-8F-10-60-01-023 CONTRACT AMOUNT: 6,741,166.00
TOTAL DIRECT CLIENT ASSISTANCE: 5,297,418.00 LEVERAGE AMOUNT (if applicable):

II. RECIPIENT CATEGORY: { } Non-Profit X Local Government { } State Agency

III. COUNTY(IES) TO BE SERVED WITH THESE FUNDS: PALM BEACH COUNTY

IV. GENERAL ADMINISTRATIVE INFORMATION

a. Recipient: Palm Beach County Community Services Department County Location: Palm Beach

b. Executive Director or Chief Administrator: Channell Wilkins

c. Address: 810 Datura Street City: West Palm Beach, FL Zipcode: 33401
Telephone: (561) 355-4702 Fax: (561) 355-3863
Cell: Email: cwilkins@pbcgov.org

d. Mailing Address: Same City: , FL Zipcode:

e. Chief Elected Official (for local governments) or President/Chairman of the Board (for corporations):
Name: Burt Aaronson Title: Chair

Enter home or business address, telephone numbers and email other than the Recipient's

Address: 301 N. Olive Avenue City: West Palm Beach, FL Zipcode: 33401
Telephone: 561-355-2205 Fax: 561-355-3990 Email: baaronso@pbcgov.org

f. Official to Receive State Warrant:
Name: Sharon R. Brock Title: Clerk & Comptroller, PBC
Address: P.O. Box 4036 City: West Palm Beach, FL Zipcode: 33401

g. Recipient Contacts
1. Program: Name: Kathryn McNealy Title: LIHEAP Manager
Address: 810 Datura Street City: West Palm Beach, FL Zipcode: 33401
Telephone: 561-355-4743 Fax: 561-355-4192
Cell: Email:

2. Fiscal: Name: Taruna Malhotra Title: Fiscal Manager II
Address: 810 Datura Street City: West Palm Beach, FL Zipcode: 33401
Telephone: 355-355-4716 Fax: 561-355-3863
Cell: Email: tmalhotr@pbcgov.org

h. Person(s) authorized to sign reports: Taruna Malhotra, Kathryn McNealy

i. Agency's FEID Number: 59-60000785

V. AUDIT DUE DATE: Audit(s) are due by the end of the Ninth month following the end of the agency's fiscal year.
Recipient Fiscal Year: October 1, 2009 thru September 30, 2010 Audit Due to DCA: June 30, 2011

**LIHEAP
AMENDED ATTACHMENT J
BUDGET SUMMARY and WORKPLAN**

Recipient: Palm Beach County Community Services Department

Contract: 10EA-8F-10-60-01-023

I. BUDGET SUMMARY

A. LIHEAP FUNDS ONLY		B. Last Approved Budget Amount	C. Adjustments to Approved Budget (plus or minus) Optional	D. Increase in Base Allocation	E. TOTAL Modified Budget B + C + D
1	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)					
2	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)					
3	Salaries incl Fringe, Rent, Utilities, Travel, Other	612,696.00		322,143.00	934,839.00
DIRECT CLIENT ASSISTANCE					
4	Home Energy Assistance (Cell 4E must be at least 25% of Cell 1E)	1,198,523.00		586,769.00	1,785,292.00
5	Crisis Assistance	2,195,002.00		1,182,301.00	3,377,303.00
6	Weather Related / Supply Shortage / Disaster (Cell 6E must be at least 2% of Cell 1E)	87,889.00		46,934.00	134,823.00
7	Subtotal Direct Client Assistance (Line 4 + Line 5 + Line 6)	3,481,414.00	0.00	1,816,004.00	5,297,418.00
LEVERAGING FUNDS ONLY					
8	Home Energy Assistance				0.00
9	Crisis Assistance				0.00
10	Subtotal Leveraging Assistance (Line 8 + Line 9)	0.00	0.00	0.00	0.00
11	GRAND TOTALS	4,394,090.00	0.00	2,347,076.00	6,741,166.00

II. DIRECT CLIENT ASSISTANCE 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	250.01	1,785,292.00
Crisis Assistance	5,164	1,870	8,443	400.01	3,377,303.00
Weather Related/Supply Shortage/Disaster	162	0	245	550.30	134,823.00
TOTAL	10,120	3,896	15,829	1,200.32	5,297,418.00
LEVERAGE (Direct Client Assistance)					
Home Energy					0.00
Crisis Assistance					0.00
TOTAL	0	0	0	0.00	0.00

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 --- 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.

III. ADMINISTRATIVE AND OUTREACH EXPENSE (lines 2 & 3) BUDGET DETAIL

Line Item No	Expenditure Detail	LIHEAP FUNDS
	(Round up line items to dollars. Do not use cents and decimals in totals.)	
1		
2	ADMINISTRATIVE COSTS	6,741,166.00
	Salaries, including fringe	
	FICA 6.2%	
	Medicare 1.4%	
	Retirement 10.55%	
	Health & Life 9,100 Annual	
	Worker Comp. 377 Annual	
	The balance of Community Action LIHEAP Staff salaries are paid from CSBG Direct Client or CSBG other Program categories	
	<u>LIHEAP Manager</u> 1 person @ 100%	
	\$2,471 per pay period for 28 pay periods x 1	69,188.00
	<u>Receptionist III (Temp)</u> 2 persons @ 100%	
	\$1,026 per period for 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
	<u>Data Processor (temp)</u> 1 person @ 100%	
	\$1,080 per pay period for 28 pay periods x 1	30,240.00
	<u>Fiscal (temp)</u> 1 person @ 100%	
	\$1,240 per pay period for 14 pay periods x 1	17,360.00
	<u>Receptionist II</u> 1 person @ 100%	
	\$1,594 per pay period for 15 pays x 1	23,910.00
	Total Administrative Personnel Expenses	290,494.00
	<u>Administrative Non-Personnel Costs</u>	
	Computers 25 @ 1,500 37,500	
	Scanners 15 @ 250 2,500	
	Printer 10 @ 500 5,000	
	Office Supplies 20,000	
	Postage 7,557	
	Graphics 10,000	
	Communication 10,000	
	Advertisement 15,157	
	Travel: LIHEAP conference 1 @ 2,500 2,500	
	FACA conference 1 @ 1,500 4,500	
	13,350 miles @ .55 7,343	
	Utilities 20,000	
	Administrative overhead 76,358	
	Total Administrative Non-personnel Expenses	218,415.00
	TOTAL ADMINISTRATIVE EXPENSES	508,909.00

**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	% OF AGENCY'S DIRECT CLIENT ASSISTANCE DOLLARS ALLOCATED TO THIS COUNTY
		\$10,120.00	
		COUNTY ALLOCATION	
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.

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

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