

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

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| | | | | |
|-----------------------------|---|-----------|------------------------------|----------------|
| Meeting Date: April 2, 2013 | <input checked="" type="checkbox"/> [X] | Consent | <input type="checkbox"/> [] | Regular |
| | <input type="checkbox"/> [] | Ordinance | <input type="checkbox"/> [] | Public Hearing |

Department
Submitted By: Community Services
Submitted For: Human Services Division

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I. EXECUTIVE BRIEF


- Motion and Title:** Staff recommends motion to approve:
- A) Amendment No. 03 to Contract for Provision of Services with Adopt-A-Family of the Palm Beaches, Inc. (R2012-0613), for the period October 1, 2012, through September 30, 2013, to decrease funding for engagement, interim housing and rapid re-housing services to homeless families by \$4,575 for a new total amount not to exceed \$ 1,426,512;
 - B) Downward Budget Amendment of \$154,575 in the General Fund, Human Services Division to adjust the budget due to decrease in inter-fund transfer; and
 - C) Budget Transfer reallocating \$154,575 in operating transfers in the Department of Economic Sustainability Program budget for fiscal year 2012-2013.

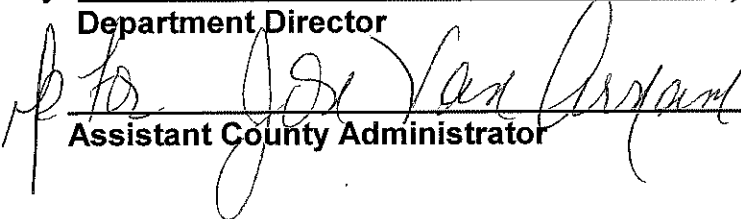
Summary: Department of Economic Sustainability (DES) was allocated Rapid Re-Housing funds in FY 2012-2013 through the Emergency Solutions Grant (ESG). The funds were subsequently transferred to the Division of Human Service's budget for program implementation. It has now been determined that direct contracting of the housing services by DES will facilitate the federal reporting requirements and specifications of this grant. To accomplish the reassignment to DES, a budget amendment and transfer is required. The Adopt-A-Family contract also must be amended to reflect the removal of the ESG funds and the addition of supplemental rapid re-housing funds approved by the BCC on March 12, 2013 (Agenda Item 4.F.) (Human Services) Countywide (TKF)

Background and Justification: On March 20, 2012, the BCC approved the Lewis Center concept and funding allocation for its operation. Adopt-A-Family is one of the contracted agencies funded to serve homeless families referred to the Lewis Center from community navigation points. One of the key service components provided is rapid re-housing, for which Adopt-A-Family has received a Promising Practice Award on a national level. Rapid re-housing assists clients to achieve long-term stability by providing housing and needed support services. The contract for services at the Lewis Center allows for an extension of up to four (4) additional one (1) year periods. Changes to the contracts therefore require the completion of amendments.

- Attachment:**
- 1. Amendment No. 3 to Contract for Provision of Services
 - 2. Budget Amendment
 - 3. Budget Transfer

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| | | |
|-----------------|---|---------|
| Recommended By: |  | 3/15/13 |
| | Department Director | Date |

| | | |
|--------------|--|---------|
| Approved By: |  | 3/28/13 |
| | Assistant County Administrator | Date |

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

| Fiscal Years | 2013 | 2014 | 2015 | 2015 | 2017 |
|------------------------|---------|------|------|------|------|
| Capital Expenditures | | | | | |
| Operating Costs | (4,575) | | | | |
| External Revenue | | | | | |
| Program Income | | | | | |
| In-Kind Match (County) | | | | | |
| NET FISCAL IMPACT | (4,575) | | | | |

| | | | | | |
|--|--|--|--|--|--|
| # ADDITIONAL FTE POSITIONS (Cumulative) | | | | | |
|--|--|--|--|--|--|

Is Item Included In Current Budget: Yes X No _____
 Budget Account No.: Fund 0001 Dept. 148 Unit 1221 Obj. 3401 Program Code AAF11
 Program Period: FY13

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

Funding source is Palm Beach County

C. Departmental Fiscal Review: TM
 Taruna Malhotra, Director, Financial & Support Svcs.

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Development and Control Comments:

OFMB [Signature] 3/19/2013 [Signature] 3/26/13
3/19/13 3/19/13 3-130 Contract Development and Control
3-26-13 [Signature]

B. Legal Sufficiency:

[Signature] 3/28/13
 Chief Assistant County Attorney FOR:

C. Other Department Review:

 Department Director

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

**AMENDMENT TO
CONTRACT FOR PROVISION OF SERVICES**

THIS AMENDMENT TO CONTRACT FOR PROVISION OF SERVICES (R2012-0613; dated May 1, 2012) made and entered into at West Palm Beach Florida. On this _____ day of _____, 2013 by and between PALM BEACH COUNTY, a political subdivision of the state of Florida hereinafter referred to as "COUNTY" and the Adopt-A-Family of the Palm Beaches, Inc., hereinafter referred to as the "AGENCY", a not-for-profit corporation, entitled to do business in the State of Florida, whose address is 1712 2nd Avenue North, Lake Worth, Florida 33460.

WITNESSETH:

WHEREAS, the AGENCY has agreed to provide services in the Senator Philip D. Lewis Center hereinafter referred to as The Lewis Center; whereas the need exists to amend the contract to decrease the total contract amount.

NOW THEREFORE, the above named parties hereby mutually agree that the Contract entered into on May 1, 2012 is hereby amended as follows:

- I. Article 3 is hereby amended to read, an amount not to exceed One Million Four Hundred Twenty Six Thousand and Five Hundred Twelve Dollars (\$1,426,512).
- II. Exhibit "B-3" Pages 1 and 2 is hereby replaced by "B-4" Pages 1 and 2 attached hereto and made a part thereof.

OTHER PROVISIONS:

All provisions in the Contract or exhibits to the Contract in conflict with this Third Amendment to the Contract shall be and are hereby changed to conform to the amendment.

All provisions not in conflict with this Amendment are still in effect and are to be performed at the same level as specified in the Contract.

ATTEST:

IN WITNESS WHEREOF, the Board of County Commissioners of Palm Beach County, Florida has made and executed this Contract on behalf of the COUNTY and AGENCY has hereunto set his/her hand the day and year above written.

ATTEST:

Sharon R. Bock, Clerk & Comptroller

PALM BEACH COUNTY, FLORIDA, a
Political Subdivision of the State of
Florida

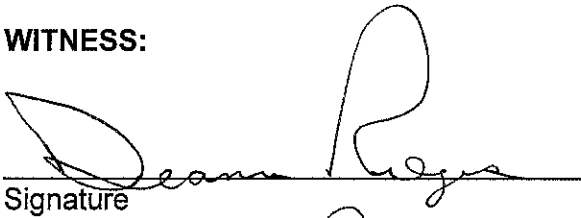
BOARD OF COUNTY COMMISSIONERS

BY: _____
Clerk & Comptroller

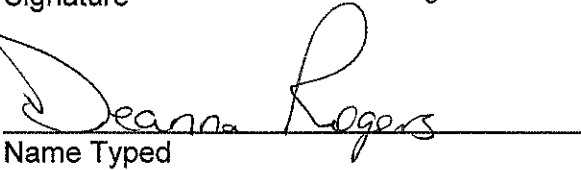
BY: _____
Steven L. Abrams, Mayor

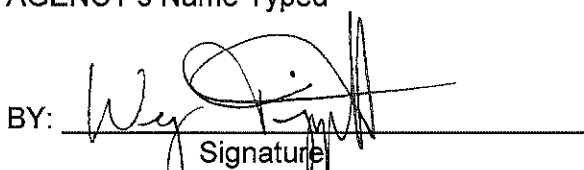
WITNESS:

AGENCY:


Signature

Adopt-A-Family of the Palm Beaches, Inc
AGENCY's Name Typed


Name Typed

BY: 
Signature

59-2471253

Wendy Tippet

AGENCY's Federal ID Number

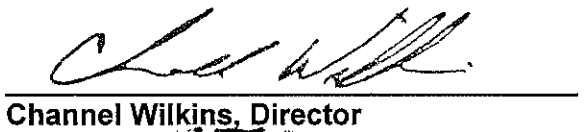
AGENCY's Signatory Name Typed

APPROVED AS TO FORM AND
LEGAL SUFFICIENCY

Executive Director
AGENCY's Signatory Title Typed

By: _____
Chief Assistant County Attorney

APPROVED AS TO TERMS AND
CONDITIONS Department of Community
Services


Channel Wilkins, Director

UNITS OF SERVICES AND BUDGET ALLOCATION

Agency: Adopt-A-Family: The Lewis Center

| Definition of a Unit of Service for The Lewis Center | Number of Units of Service | Cost Per Unit of Service |
|---|----------------------------|--------------------------|
| Mobilization- Start up for this contract period at the Lewis Center. Mobilization funds must be expended on Lewis Center eligible activities as defined by Scope of Work. Any mobilization funds approved by the COUNTY to be carried forward through a contract extension will be expended on Lewis Center participants within the contract renewal period. | 1 | \$51,000 |
| Lewis Center Operations: A unit of service is defined as one day of operation. Operations includes but is not limited to: <u>Case Management</u> which encompasses outreach, program eligibility determination, intake & assessment, data entry, housing & service plan development, case note entry, linkage & referral to community & mainstream resources, case management sessions, obtaining food vouchers, referral and linkage to housing placement, job placement assistance, legal assistance, credit repair & budgeting, financial assistance, monitoring & evaluating program participant performance, data entry into CMIS, clinical case management supervision, clinical risk management supervision, attendance of meetings & staffing, ongoing rapid re-housing aftercare, initial & ongoing professional training & certification/ licensing fees, computer, cell phone utilization, & mileage. <u>Housing Services</u> which encompasses tracking of interim bed utilization, coordination regarding on- site laundry services & onsite laundry equipment, logging & securing of participant's belongings, computer utilization by participants & computer supplies & participant supplies, coordination of hotel/motel utilization, coordination of available permanent housing options including inspections & landlord negotiations, coordination of available community resources. <u>Engagement</u> services encompass: activities that build relationships with homeless persons and families, data entry into CMIS. <u>Operation</u> services encompass conducting & evaluating background screenings, hiring & supervision of Lewis Center Staff, coordination with Gulfstream Goodwill regarding screening for weapons, hot box (bed bugs) utilization, day to day operations with on-site services, attendance at neighborhood meetings and issues addressed at neighborhood meetings, marketing The Lewis Center, | 365 | \$2,143.53 |

| Definition of a Unit of Service for Homeless Resource Center | Number of Units of Service | Cost Per Unit of Service |
|---|-------------------------------|-----------------------------|
| conducting outreach to provide community education, attendance at agency, Lewis Center, and/or homeless service provider meetings, preparation and distribution of reports as required, development and oversight of Policies and Procedures for The Lewis Center Family Services. <u>Transportation</u> services encompass conducting travel for participants, fuel, insurance, ongoing maintenance and tracking and recording of mileage as well as obtaining bus passes and gas vouchers. | | |
| Administration: A unit of service is defined as a day of operation. Administrative services encompass: participation in neighborhood meetings, conducting or participating in The Lewis Center related fund raising events, evaluation of fiscal, grant, CMIS, and funding reports as required, grant writing and budget preparation (to support housing programs/interventions to benefit The Lewis Center clients, payment of leases & utilities, general fiscal accounting and auditing of expenditures, supervision of staff, internal organizational meetings, cell phone utilization, and mileage. | 251 | \$518.32 |

BUDGET ALLOCATIONS:

| | |
|---|-----------------|
| Mobilization Authorized | \$51,000 |
| Lewis Center Operations Authorized | \$782,388 |
| Hotel/Motel Authorized | \$201,600 |
| Leasing and Utility (Off Site) Authorized | \$211,425 |
| Family Reunification Authorized | \$50,000 |
| Administration Authorized | \$130,099 |
| Total Authorized | \$1,426,512 |

Unit Cost expenses shall mean the actual expenses as authorized by the COUNTY pursuant to this contract, and reasonably incurred by AGENCY directly in connection with AGENCYs performance of its duties and Scope of Work pursuant to this Contract. AGENCY will sustain the program for the full contract period regardless of the rate of expenditure of above funds. Reimbursement for leasing costs will be based on actual costs not to exceed current Fair Market Rent (FMR). Reimbursement for security and utility deposits will be based on actual costs. Back-up documentation for actual expenditures will be reviewed during desk audits and on-site monitoring.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/23/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | |
|--|--|
| PRODUCER Doug Jones c/o Artex Risk Solutions, Inc. 8800 E. Chaparral Rd, Suite 230 Scottsdale, AZ 85250 | CONTACT NAME: PHONE (A/C, No, Ext): (480) 951-4177 FAX (A/C, No): (480) 951-4266 E-MAIL ADDRESS: |
| INSURED Oasis Acquisition, Inc Alt. Emp: ADOPT-A-FAMILY OF THE PALM BEACHES, INC. 2054 Vista Parkway Suite 300 West Palm Beach, FL 33411 | INSURER(S) AFFORDING COVERAGE INSURER A: American Zurich Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: |

| | | | | | | |
|---|--|--|----------------------------------|--------------------------------|--------------------------------|---|
| COVERAGES | | CERTIFICATE NUMBER: 12FL075731618 | | REVISION NUMBER: | | |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. | | | | | | |
| INSR LTR | TYPE OF INSURANCE | ADDL SUBR INSR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
| | GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | WC 29-38-687-10 | 06/01/2012 | 06/01/2013 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| | | | Location Coverage Period: | 06/01/2012 | 06/01/2013 | Client# 1457-MAIN |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Coverage is provided for only those employees leased to but not subcontractors of: ADOPT-A-FAMILY OF THE PALM BEACHES, INC. 1712 2ND AVE N LAKE WORTH, FL 33460 | | | | | | |

| | |
|---|---|
| CERTIFICATE HOLDER Palm Beach County Board of County Commissioners Department Community Services 810 Datura Street West Palm Beach, FL 33401 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE |
|---|---|



ADOPT-01 ABRAHMSB

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/22/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | |
|---|---|
| PRODUCER Insurance Office of America - JUP Abacoa Town Center 1200 University Blvd, Suite 200 Jupiter, FL 33458 | CONTACT NAME: Floyd Nichols PHONE (A/C, No, Ext): (561) 776-0660 FAX (A/C, No): (561) 776-0670 E-MAIL: floyd.nichols@ioausa.com ADDRESS: floyd.nichols@ioausa.com |
| INSURED Adopt-A-Family of the Palm Beaches, Inc. 1712 Second Avenue North Lake Worth, FL 33460 | INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Insurance Companies INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: |

| COVERAGE | CERTIFICATE NUMBER: | REVISION NUMBER: | | | |
|---|---|------------------|-------------------------|-------------------------|--|
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. | | | | | |
| INSR LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | PHPK954982 | 12/7/2012 | 12/7/2013 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 |
| A | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS <input checked="" type="checkbox"/> PIP \$10,000 | PHPK954982 | 12/7/2012 | 12/7/2013 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ |
| A | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | PHUB404803 | 12/7/2012 | 12/7/2013 | EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| A | Professional Liab | PHPK954982 | 12/7/2012 | 12/7/2013 | Each Accident 1,000,000 |
| A | Claims Made 2/7/09 Retro Date 2/7/09 | PHPK954982 | 12/7/2012 | 12/7/2013 | Aggregate 3,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
"The Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, It's Officers, Employees and Agents, in care of the Department of Community Services Is named as Additionally Insured" with respects to General Liability Only.

| | |
|---|---|
| CERTIFICATE HOLDER Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida It's Officers, Employees and Agents c/o Department of Community Services 810 Datura Street, West Palm Beach, FL 33410 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE |
|---|---|

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ACORD 25 (2010/05)

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AGENCY CUSTOMER ID: ADOPOFT-01

ABRAHAMSB

LOC #: _____

ADDITIONAL REMARKS SCHEDULEPage 1 of 1

| | | | |
|--|-----------------------------|--|--|
| AGENCY Insurance Office of America - JUP | | NAMED INSURED Adopt-A-Family of the Palm Beaches, Inc. | |
| POLICY NUMBER SEE PAGE 1 | | 1712 Second Avenue North Lake Worth, FL 33460 | |
| CARRIER SEE PAGE 1 | NAIC CODE SEE P 1 | EFFECTIVE DATE: SEE PAGE 1 | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**Remarks:****Additional Coverage Included**

Included In Philadelphia Policy #: PHPK954982

Abuse or Molestation:

\$1,000,000 Each Abusive Conduct Limit

\$1,000,000 Aggregate Limit

BOARD OF COUNTY COMMISSIONERS
PALM BEACH COUNTY, FLORIDA
BUDGET AMENDMENT


BGEX - 140 - 022013*1099
BGRV - 140 - 022013*457

FUND (0001) - GENERAL

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

| ACCT.NUMBER | ACCOUNT NAME | ORIGINAL BUDGET | CURRENT BUDGET | INCREASE | DECREASE | ADJUSTED BUDGET | EXPENDED/ ENCUMBERED 3/4/2013 | REMAINING BALANCE |
|--|--------------|--------------------|-------------------|----------|----------|--------------------|-------------------------------------|----------------------|
| REVENUE | | | | | | | | |
| 148 1221 8015 Tr Fr HCD Fd 1101 | | 754,475 | 754,475 | | 154,575 | 599,900 | 0 | 599,900 |
| Total Revenue | | 1,037,880,761 | 1,037,919,600 | 0 | 154,575 | 1,037,765,025 | | |
| EXPENDITURE | | | | | | | | |
| 148 1221 3401 Other Contractual Services | | 3,888,789 | 3,888,789 | | 154,575 | 3,734,214 | 3,839,268 | (105,054) |
| Total Expenditures | | 1,037,880,761 | 1,037,919,600 | 0 | 154,575 | 1,037,765,025 | | |

COMMUNITY SERVICES
INITIATING DEPARTMENT/DIVISION Channell Wilkins
Administration/Budget Department Approval
OFMB Department - Posted

| Signatures | Date |
|--|---------|
|  | 3/15/13 |
| _____ | _____ |
| _____ | _____ |

By Board of County Commissioners
At Meeting of April 2, 2013

Deputy Clerk to the
Board of County Commissioners

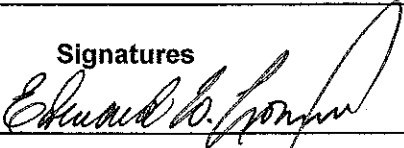
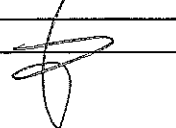
BOARD OF COUNTY COMMISSIONERS
PALM BEACH COUNTY, FLORIDA
BUDGET TRANSFER

FUND 1101 -DEPARTMENT OF ECONOMIC SUSTAINABILITY

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

| ACCOUNT NUMBER | ACCOUNT NAME | ORIGINAL BUDGET | CURRENT BUDGET | INCREASE | DECREASE | ADJUSTED BUDGET | EXPENDED/ ENCUMBERED | REMAINING BALANCE |
|---------------------|-----------------------------------|--------------------|-------------------|----------|----------|--------------------|-------------------------|----------------------|
| EXPENDITURES | | | | | | | | |
| 143-1435-8201 | Contributions - Non Govt Agencies | 322,663 | 322,663 | 154,575 | 0 | 477,238 | | |
| 820-1435-9000 | Tr to General Fund | 182,375 | 182,375 | | 154,575 | 27,800 | | |
| | TOTAL EXPENDITURES | | | 154,575 | 154,575 | | | |

Department of Economic Sustainability
INITIATING DEPARTMENT/DIVISION
Administration/Budget Department Approval
OFMB Department - Posted

| Signatures | Date |
|--|----------|
|  | 3/7/2013 |
|  | |

By Board of County Commissioners
At Meeting of :
April 2, 2013
Deputy Clerk to the
Board of County Commissioners