PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

	<u>AGE</u>	NDA ITI	EM SUMMARY	
Meeting Date: Oc	======================================	[X] []	Consent Ordinance	[]Regular []Public Hearing
Department Submitted By: Submitted For:	Community Ser Head Start/Early		Start & Children'	s Services
	<u>l.</u>	EXECU	TIVE BRIEF	
Motion and Title:	Staff recommend	ls motic	on to:	
Program Pr	gnature of the May rincipal Attestation grams form;	or on the Statem	e Florida Departn ent Regarding B	nent of Health Child Care Food usiness Integrity and Publicly-
	ignature of the Ma Program form; and	yor on t	he Delegation of	Signing Authority for the Child
September	e Child Care Food 30, 2014, in an a and Early Head Sta	amount	not to exceed \$1	period October 1, 2013, through 1,118,804 for meals served to
2014 Child Care F breakfast, lunch a there is no longe established and for permanent contract Principal Attestation form is signed by or business integral Signing Authority additional forms from budget for fiscal y the DOH. Head support of \$113,6 and Early Head St.	food Program (CCF and snack each da r an annual CCFF orms periodically up ct was approved by on Statement Rega all principals in the rity have not occur form will allow o om the Florida Dep ear 2013-2014 is b Start staff projects 19 is required for a	FP) by poly. Due poly the Boarding Boartment poly total among the Boartment poly total among the Boartment full among the Boartment ful	roviding 914 infarto the Healthy Hact. The Act required in lieu of submitting and on Septembers Integrity in to assure that vine previous severesentative, other tof Health (DOH) in the Projected Ersement of \$1,000 nount of \$1,118,800 nount of \$1,118,800 nothing is included	ticipate in the fiscal year 2013- hts, toddlers and children with a Hunger Free Kids Act of 2010, hired a permanent contract be hig a new application yearly. A her 13, 2011 (R2011-1311). The hand Publicly-Funded Programs his iolation of program requirement his (7) years. The Delegation of his than the Mayor, to sign any his during the contract period. The harnings Worksheet provided by his 185 from the DOH. County his 144 to serve meals to Head Start his in the current budget to meet
Food Program for and does not affect centers will feed 9 Start/Early Head Palm Beach (176	needy children. To treimbursement of 14 infants, toddler Start centers and p b), Westgate (35),	he CCF of meals. s, and corojected Boynton	P budget from the Head Start/Early hildren during fisch number of child Beach (114), La	sipates in the DOH Child Care the DOH is an estimated budget by Head Start projects that its 10 cal year 2013-2014. The Head dren to be served include West ake Worth (75), Pahokee (99), 74), and Riviera Beach (114).
•	tation Statement For Signing Authority For CCFP Budget			:======================================
Recommended E	By: Call			9 ² /9// 3 Date
	Department Di	rector		Date 9/ / -
Approved By:	10			1/17/13

Assistant County Administrator

Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2014	2015	2016	2017	2018
Capital Expenditures					
Operating Costs	1,118,804				
External Revenue	(1,005,185)				
Program Income (County)					
In-Kind Match (County)					
NET FISCAL IMPACT	113,619				
No. ADDITIONAL FTE POSITIONS (Cumulative)					

Is Item Included In Current Budget?	Yes _	X	No		
Budget Account No.:					
Fund 1002 Dept 147 Unit 1449 Object \	√ar. Pr	ogram	Code Var.	Program Period	Var.

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

Funding sources are \$1,005,185 from the State of Florida Department of Health and \$113,619 from Palm Beach County. Funding calculations are based on maximum rate and attendance with a reduction based on prior year's experience. Actual reimbursement varies based on number of operating days per center and the number of children fed daily.

C.	Departmental Fiscal Review:	\mathcal{M}			
		Taruna Malhotra,	Director,	Financial & Sup	port Svcs.

III. REVIEW COMMENTS

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

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B. Legal Sufficiency:

Chief Assistant County Attorney

C. Other Department Review:

Department Director

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

Florida Department of Health

Child Care Food Program

PRINCIPAL ATTESTATION STATEMENT REGARDING BUSINESS INTEGRITY AND PUBLICLY-FUNDED PROGRAMS

(This form is to be completed by each principal and maintained in the CCFP contractor's office.)

Any principal of a Child Care Food Program (CCFP) contractor or a sponsored affiliated center participating in the CCFP must complete this form. "Principal" means any individual who holds a management position within, or is an officer of a CCFP contractor or sponsored affiliated center. "Principal" includes all members of the CCFP contractor's board of directors or the sponsored affiliated center's board of directors. Examples of principals are the center director, center owner(s), Chairman of the Board and all board directors, and CCFP program manager.

During the past seven years, if you were employed as a supervisor or manager by any public or private organization that participated in a publicly-funded (federal, state, or local) program, or if you were a member of a governing board or similar body of any public or private organization that participated in a publicly-funded program, please list below the name of the organization, the name of the publicly-funded program, your job title, and the number of years of you held such a position. (Attach a separate page if needed.)

Name of Organization	Name of Program	Job Title	Years Employed
Board of County Commissioners		Mayor	

Circle one answer for each of the following questions:

- 1. I have /have not been a principal in an organization participating in a publicly-funded program that has been ruled ineligible as a result of violating that program's requirements during the past 7 years.
- 2. I have have not been convicted of any activity that indicated a lack of business integrity during the past 7 years. Convictions that "indicate a lack of business integrity" include, but are not limited to, fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, obstruction of justice, tax evasion, tax fraud, failing to file tax returns, passing worthless checks, submission of false or fraudulent information to a state or federal agency, and perjury or any other activity indicating a lack of business integrity. "Convicted" means having been found guilty, with or without adjudication of guilt, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
- 3. I am / am not on the Child and Adult Care Food Program's National Disqualified List.

Printed Name:	Steven L. Abrams	_{Title:} Mayor	
Signature	Feveral =	Date:	
NOTE: Any org applicable civil	ganization or individual that provides false in or criminal penalties and will be placed on APPROVED ASTOFORM	गिर्गिrmation on this form v the National Disqualified	Lisapproved as to terms
Revised 8/2012	AND LEO & CHARGOSTINOV		AND CONDITIONS
	Conda Edling		DEPARTMENT HEAD

I-132-10

Palm Beach County BOCC d/b/a Head Start & Children Services

Delegation of Signing Authority for the Child Care Food Program

	By means of this letter, I, Steven L. is the Board Chairman, Executive described, to Mary Woodard and conditions:	Abrams (the Delegating Official, which e Director, President or Majority Owner), delegate the authority herein (my representative), on the following terms
	My representative may sign, Program (CCFP).	on my behalf, any documents pertaining to the Child Care Food
	2. The designated effective tim	e period of this delegation is as follows:
	CCFP application	contractor, this delegation will be in effect from the date that the checklist <u>or</u> contract is signed, whichever date occurs earlier, er 30, 2014 <u>or</u> until revoked in writing by the delegating official, ccurs earlier.
	Annual Information is signed, whicher	ontractor, this delegation will be in effect from the date that the CCFP on Update and Certification <u>or</u> contract amendment (when applicable) wer date occurs earlier, through September 30, 2014 <u>or</u> until revoked lelegating official, whichever date occurs earlier.
	3. The authority delegated is no	ot subject to sub-delegation without my prior and written consent.
	operation of the Child Care F and that I may be subject to	tion does not relieve me of responsibility to manage and supervise Food Program, that I may be liable for repayment of funds received disqualification from future participation in the Child Care Food the contract with DOH for participation in the Child Care Food Signature (Delegating Official)
	Benelof Eidly	Steven L. Abrams, Mayor, BOCC
	COUNTY ATTORNEY	Name and Title (Board Chairman, Executive Director, President or Majority Owner)
	Acknowledged and agree	Date Date Signature (Representative)
		Mary Woodard, Inclusion Supervisor
APPRO	VED AS TO TERMS	
4277		

Date

Florida Department of Health

Child Care Food Program Budget
(for use by CCFP Sponsors of Affiliated Child Care Centers,
Afterschool Meals Programs and Homeless Children Nutrition Programs) Refer to instructions on reverse side before completing this form.

Organization Name: Palm Beach County Head Start & Children Services Authorization #: S0735

FOOD SERVICE (OPERATIONAL) COSTS	CCFP FUNDS (list amount)	OTHER FUNDS (list amount <u>and</u> source)	TOTALS
Food Purchases*	810801	85035	895836
Food Service Labor and Benefits	89975	10001	99976
Non-Contracted Purchased Services			0
Non-Food Supplies	4500	500	5000
Food Service Equipment	1350	150	1500
Transportation			0
Other (Includes Special Cost Items) Describe:	630	70	700
FOOD SERVICE (OPERATIONAL) COST TOTALS	907256	95756	1003012
ADMINISTRATIVE COSTS	CCFP FUNDS (list amount)	OTHER FUNDS (list amount <u>and</u> source)	TOTALS
Administrative Salaries and Benefits	14500	3143	17643
Non-Contracted Purchased Services		ALL THE STATE OF T	0
Training	1040	184	1224
Travel	1530	270	1800
Rent and Utilities			0
Office Supplies	425	75	500
Other (Includes Special Cost Items) Describe:	80434	14191	94625
ADMINISTRATIVE COST TOTALS Administrative costs cannot exceed 15% of total projected earnings	97929	17863	115792
BUDGET TOTALS	CCFP FUNDS** 1005185	OTHER FUNDS 113619	GRAND TOTAL*** \$ 1118804

*It is recommended that food purchases equal or exceed 50	0/ -E46- 00EC	7 C	
THIS recommended man tood burchases edual or exceed 50	% OT THE CUEF	- Funds i	orai.

** The CCFP Funds Total must <u>equal</u> the amount of Projected Earnings Rounded for use in the Budget on the PEW. ***This amount must <u>equal or exceed</u> the amount of Projected Earnings Rounded for use in the Budget on the PEW.

FOR DOH USE ONLY	
Approval Signature (Program Specialist)	Date
Approval Signature (DOH Headquarters)	Date

Revised 9/2012

S-008-0