

Motion and Title: Staff recommends motion to:

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)					
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Is Item Included In Current Budget? Yes X No

Budget Account No.:

Fund 1002 Dept 147 Unit 1449 Object Var. Program 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:

M

Taruna Malhotra, Director, Financial & Support Svcs.

III. REVIEW COMMENTS

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

N. Diaz 9/11/13
OFMB HN 9/11/13
SC 9/11/13

An. J. Jacobson 9/11/13
Contract Development and Control

B. Legal Sufficiency:

[Signature] 9/11/13
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:

- 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.
- 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.
- I am / am not on the Child and Adult Care Food Program's National Disqualified List.

Printed Name: Steven L. Abrams Title: Mayor

Signature: [Signature] Date: _____

NOTE: Any organization or individual that provides false information on this form will be subject to applicable civil or criminal penalties and will be placed on the National Disqualified List.

Revised 8/2012

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY 2

[Signature]

APPROVED AS TO TERMS
AND CONDITIONS
1-031-05
BY [Signature]
DEPARTMENT HEAD

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

Authorization #: s735

Delegation of Signing Authority for the Child Care Food Program

By means of this letter, I, Steven L. Abrams (the Delegating Official, which is the Board Chairman, Executive Director, President or Majority Owner), delegate the authority herein described, to Mary Woodard (my representative), on the following terms and conditions:

1. My representative may sign, on my behalf, any documents pertaining to the Child Care Food Program (CCFP).
2. The designated effective time period of this delegation is as follows:
 - a. For a prospective contractor, this delegation will be in effect from the date that the CCFP application checklist or contract is signed, whichever date occurs earlier, through September 30, 2014 or until revoked in writing by the delegating official, whichever date occurs earlier.
 - b. For a renewing contractor, this delegation will be in effect from the date that the CCFP Annual Information Update and Certification or contract amendment (when applicable) is signed, whichever date occurs earlier, through September 30, 2014 or until revoked in writing by the delegating official, whichever date occurs earlier.
3. The authority delegated is not subject to sub-delegation without my prior and written consent.
4. I understand that this delegation does not relieve me of responsibility to manage and supervise operation of the Child Care Food Program, that I may be liable for repayment of funds received and that I may be subject to disqualification from future participation in the Child Care Food Program should the terms of the contract with DOH for participation in the Child Care Food Program not be fulfilled.

**APPROVED AS TO FORM
AND LEGAL SUFFICIENCY**



COUNTY ATTORNEY



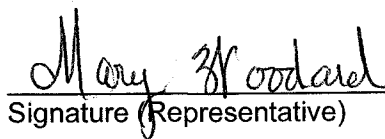
Signature (Delegating Official)

Steven L. Abrams, Mayor, BOCC

Name and Title (Board Chairman, Executive Director, President or Majority Owner)

Date

Acknowledged and agreed:



Signature (Representative)

Mary Woodard, Inclusion Supervisor

Name and Title

Date

**APPROVED AS TO TERMS
AND CONDITIONS**

BY: 

DEPARTMENT HEAD

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 and 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 and source)	TOTALS
Administrative Salaries and Benefits	14500	3143	17643
Non-Contracted Purchased Services			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 <i>Administrative costs cannot exceed 15% of total projected earnings</i>	97929	17863	115792
BUDGET TOTALS	CCFP FUNDS** \$ 1005185	OTHER FUNDS \$ 113619	GRAND TOTAL *** \$ 1118804

*It is recommended that food purchases equal or exceed 50% of the CCFP Funds Total.

** The CCFP Funds Total must equal the amount of Projected Earnings Rounded for use in the Budget on the PEW.

***This amount must equal or exceed 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