

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2014	2015	2016	2017	2018
Capital Expenditures					
Operating Costs					
External Revenue					
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT	0				

# ADDITIONAL FTE POSITIONS (Cumulative)					
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Is Item Included In Current Budget? Yes X No

Budget Account No.:

Fund Dept Unit Object Program Code/Period

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

No County funds are required.

C. Departmental Fiscal Review:

TM
Taruna Malhotra, Director Financial & Support Svcs

III. REVIEW COMMENTS

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

Susan Neary 10/23/13
OFMB RN cc 10/23/13
10/22

D. J. Bradley 10/29/13
Contract Development and Control

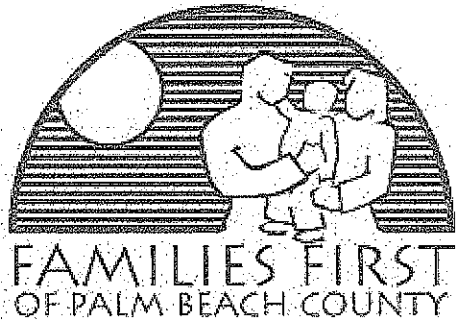
B. Legal Sufficiency:

[Signature] 10/31/13
Chief Assistant County Attorney

C. Other Department Review:

Department Director

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



MEMORANDUM OF AGREEMENT

This Memorandum of Agreement ("Agreement") is entered between Children's Case Management, Inc. dba Families First of Palm Beach County, a not-for-profit corporation authorized to do business in the State of Florida whose Federal I.D. Number is 65-0166352, hereinafter referred to as "Families First", and Palm Beach County, a Political Subdivision of the State of Florida, by and through its Board of Commissioners, hereinafter referred to as the COUNTY.

This Memorandum of Agreement addresses the collaborative efforts of the Healthy Families Program through Families First and the County. Families First agree to:

- o Refer infants/toddlers served through Healthy Families to Palm Beach County Head Start for eligible services
- o Provide information to families regarding appropriate developmental milestones
- o Request families sign a consent to release confidential information to Palm Beach County Head Start
- o Assign a designee to facilitate interagency communication relative to this agreement

The COUNTY agrees to:

- o Request families sign a consent to release confidential information to Families First Healthy Families Program
- o Accept referrals from Families First for Palm Beach County Head Start services for infants and children who meet the eligibility criteria for Head Start
- o Assign a designee to facilitate interagency communication relative to this agreement

All services will be applied uniformly and without regard to race, sex, color, national origin, religion, age or disability.

Both parties will follow applicable professional standards of practice and relevant state and federal law with respect to client confidentiality. Where applicable, both parties will comply with the Health Insurance and Portability Accountability Act.

This agreement shall begin on October 1, 2013 and end on September 30, 2014.

This agreement may be terminated by either party no less than 30 days notice without cause unless a lesser time is mutually agreed upon by both parties. Termination with cause (breach of agreement) may result in a lesser time, determined by both parties. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery.

In witness thereof, the parties hereto have caused this agreement to be executed by their undersigned officials as duly authorized.

ATTEST:
SHARON R. BOCK, Clerk & Comptroller

PALM BEACH COUNTY BOARD OF
COUNTY COMMISSIONERS:

By: _____
Deputy Clerk

By: _____
Steven L. Abrams, Mayor

WITNESS:

CHILDREN'S CASE MANAGEMENT
ORGANIZATION, INC., dba FAMILIES
FIRST OF PALM BEACH COUNTY:

Signature

Signature

Name (type or print)

Julie Swindler, LCSW
Typed Name

Chief Executive Officer
Title

REVIEWED AND APPROVED AS TO
FORM AND LEGAL SUFFICIENCY

APPROVED AS TO TERMS
AND CONDITIONS

By: _____
Chief Assistant County Attorney

By: 
County Department Head