AGENDA ITEM OVER 50 PAGES CAN BE VIEWED IN MINUTES SECTION

Agenda Item:3E-2

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

| Meeting Date: Mai | ch 11, 2014 | [X] | Consent Ordinance |]] |] | Regular Public Hearing |
|---|--|---|--|--|------------------------------------|---|
| Department Submitted By: Submitted For: | Community S Community A | <u>ervices</u> | | | · • | |
| , | <u>.</u> | . EXECUTI | VE BRIEF | | | , and and not see the see that one was not not see the |
| Motion and Title:S | Staff recommen | ds motion | to: | | | |
| through March | derally Funded | Subgrant amount no | Agreement, fo to exceed \$3 | r the p ,213,80 | eriod | ent of Economic March 1, 2014, the Low Income |
| B) approve budg Assistance Pro | | | | | | e Home Energy |
| Summary: LIHEAF to provide assistan and crisis assistan represents a \$716 \$110,000 in FY15 County funds are re | nce to approxim ce to prevent se ,713 decrease t budget process | ately 10,00 ervice disco from the p to cover p | 00 low income onnection or to revious year wanter to revious year was reviously subs | househ restore hich wi idized s | olds utilit Il res taff s | with energy bills by services. This bult in requesting alaries. No other |
| Background and since 1992. The Figure assistance is provide | Y 2014–2015 LI | HEAP sub | grant agreemei | nt will c | ontini | ue to ensure that |
| Attachments: 1) Federally Funder 2) Budget Amendm | _ | ement w/ v | valk through me | emo | <i>;</i> | ÷ |
| Recommended By | | Ch/ | | | ·z/. | 21/19 |
| • | Department [| Director | | Da | até , | |
| Approved By: | Patty | file | | 3 | 15, | 114 |
| P | Assistant Cou | ınty Admir | nistrator | ם | ate | |

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

| Fiscal Years | 2014 | 2015 | 2016 | 2017 | 2018 |
|------------------------|-------------|-------|------|------|------|
| Capital Expenditures | | | | N | į |
| Operating Costs | 3,213,801 | | | | |
| External Revenue | (3,213,801) | | | | , |
| Program Income | | | | | |
| In-Kind Match (County) | | | | | |
| NET FISCAL IMPACT | - 0 - | - 0 - | | | |
| | | | I, | | |
| # ADDITIONAL FTE | | | , | | |

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

| is Item included in Current Budget? | Yes <u>X</u> No _ | |
|-------------------------------------|-------------------|--|
| Budget Account No.: | | |

Fund 1009 Dept 145 Unit1462Object Var. Program Code/Period Var./GY14

- B. Recommended Sources of Funds/Summary of Fiscal Impact: Funding sources are the State of Florida Department of Economic Opportunity.

III. REVIEW COMMENTS

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

OFMB

2/2/4

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.