

PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

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Meeting Date: November 18, 2014	<input checked="" type="checkbox"/> Consent	<input type="checkbox"/> Regular
	<input type="checkbox"/> Ordinance	<input type="checkbox"/> Public Hearing

Department  
Submitted By: Community Services  
Submitted For: Community Action Program

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I. EXECUTIVE BRIEF


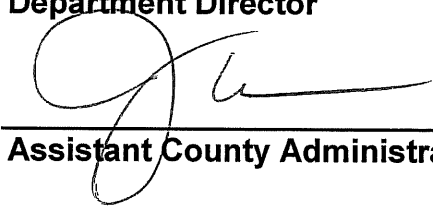
**Motion and Title:** Staff recommends motion to:

- A) **ratify** the signature of the Mayor on Modification No. 1 to the State of Florida, Department of Economic Opportunity Agreement No. 14EA-0F-10-60-01-023, for the period of March 1, 2014, through March 31, 2015, increasing the grant amount by \$516,423 for a new amount not to exceed \$3,730,224 to provide energy assistance services to low income Palm Beach County residents through the Low Income Home Energy Assistance Program (LIHEAP); and
- B) **approve** Budget Amendment of \$516,423 in the LIHEAP Fund to align the budget to the actual grant award.

**Summary:** The Department of Economic Opportunity awarded the Palm Beach County Community Action Program (CAP) a base increase in the amount of \$516,423 making the total grant award amount \$3,730,224. These additional funds will enable CAP to provide assistance to approximately 13,000 low income households with energy bills and crisis assistance to prevent service disconnection or restore utility services. No County funds are required. (Community Action Program) Countywide (TKF)

**Background and Justification:** The LIHEAP Program has been administered by CAP since 1992. The FY 2014–2015 LIHEAP sub grant agreement (R2014-0233) will continue to ensure that assistance is provided to low-income families to prevent energy service disconnection and to restore services that are already disconnected.

- Attachments:**
- 1. Modification No. 1 to Agreement No. 14EA-0F-10-60-01-023
  - 2. Budget Amendment
- =====

Recommended By:		
	Department Director	Date
Approved By:		11/12/14
	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	1,865,112	1,865,112			
External Revenue	(1,865,112)	(1,865,112)			
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT	0	0			

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

**Is Item Included In Current Budget?**    Yes    ☒    No    ☐

**Budget Account No.:**

Fund 1009 Dept 145 Unit 1462 Object 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.

### C. Departmental Fiscal Review:

  
Taruna Malhotra, Director of Financial & Support Svcs.

### III. REVIEW COMMENTS

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


*[Handwritten signature]* 11/7/14

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OFMB *[initials]* 11/6 *[initials]* 11/6 *[initials]* 11/7/14

*A. J. Jacobson* 11/7/14  
Contract Development and Control

### B. Legal Sufficiency:

  
Senior Assistant County Attorney

**C. Other Department Review:**

Department Director

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

BOARD OF COUNTY COMMISSIONERS  
PALM BEACH COUNTY, FLORIDA  
BUDGET AMENDMENT

Page 1 of 1

BGEX - 145 -09031400000000001783  
BGRV - 145 -09031400000000000634

FUND (1009) - LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

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 11/3/2014	REMAINING BALANCE
<b>REVENUE</b>								
145 1462 3168	Fed Grant Indirect - Human Services	3,930,514	4,987,011	516,423		5,503,434		
	<b>Total Revenue</b>	<b>3,945,888</b>	<b>5,006,812</b>	<b>516,423</b>	<b>0</b>	<b>5,523,235</b>		
<b>EXPENDITURE</b>								
145 1462 8301	Contributions for Individuals	3,056,212	3,987,136	516,423	0	4,503,559	2,833,981	1,669,578
	<b>Total Expenditures</b>	<b>3,945,888</b>	<b>5,006,812</b>	<b>516,423</b>	<b>0</b>	<b>5,523,235</b>		

Signatures

Date

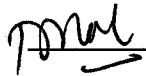
By Board of County Commissioners  
At Meeting of November 18,2014

COMMUNITY SERVICES

INITIATING DEPARTMENT/DIVISION Channell Wilkins

Administration/Budget Department Approval

OFMB Department - Posted

  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Deputy Clerk to the  
Board of County Commissioners



**Department of Community Services**

810 Datura Street  
West Palm Beach, FL 33401  
(561) 355-4700  
FAX: (561) 355-3863  
[www.pbcgov.com](http://www.pbcgov.com)



**Palm Beach County  
Board of County  
Commissioners**

Priscilla A. Taylor, Mayor  
Paulette Burdick, Vice Mayor

Hal R. Valeche

Shelley Vana

Mary Lou Berger

Jess R. Santamaria

Steven L. Abrams

**County Administrator**

Robert Weisman

"An Equal Opportunity  
Affirmative Action Employer"

**MEMORANDUM**

**TO:** Priscilla A. Taylor, Mayor  
Board of County Commissioners

**THRU:** Robert Weisman, County Administrator  
Board of County Commissioners

**THRU:** Jon Van Arnam, Assistant County Administrator

**FROM:** Channell Wilkins, Director  
Community Services Department

**DATE:** October 14, 2014

**RE:** 2014-2015 LIHEAP Modification

Pursuant to Section 309 of the Administrative Code, your signature is needed on the approval of the 2014-2015 Low Income Home Energy Assistance Program (LIHEAP) Grant Modification Agreement No. 14EA-0F-10-60-01-023 with the Florida Department of Economic Opportunity (DEO), for the period March 1, 2014 through March 31, 2015 (13 months). This modification includes additional funding in the amount of \$516,423, which brings the total amount to \$3,730,224. These funds will be used to prevent service disconnection or restore electric services an additional 1,200 low income Palm Beach County residents.

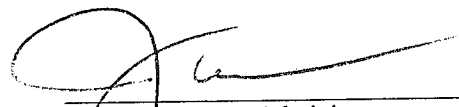
The DEO requires that we submit the modification in a timely manner to ensure that there is enough time and money to serve those in need. No County match funds are required. The emergency signature process is being utilized because there is not sufficient time to submit this item through the regular BCC agenda process. The current LIHEAP funds have almost depleted and additional funds will be needed before the November 18<sup>th</sup> meeting date. Staff will submit this item at the Board's November 18, 2014 Commission meeting.

If additional information is needed, please contact James Green at 561-313-1146.

Approved by:

  
Director, Financial & Support Svcs.

OFMB

  
Assistant County Administrator.

  
Chief Assistant County Attorney

Attachments: LIHEAP Agreement

**MODIFICATION NUMBER ONE OF AGREEMENT BETWEEN THE  
FLORIDA DEPARTMENT OF ECONOMIC OPPORTUNITY  
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM  
AND  
PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS**

This Modification is made and entered into by and between the State of Florida, Department of Economic Opportunity, with headquarters in Tallahassee, Florida, hereinafter referred to as "DEO", and Palm Beach County Board of County Commissioners, hereinafter referred to as "Recipient" (each individually a "Party" and collectively "the Parties"), to modify DEO Agreement Number 14EA-OF-10-60-01-023, hereinafter referred to as the "Agreement."

WHEREAS, Section (4) of the Agreement provides that modification of the Agreement shall be in writing executed by the Parties thereto; and

WHEREAS, the Parties wish to modify this Agreement as set forth herein;

NOW, THEREFORE, in consideration of the mutual covenants and obligations set forth herein, the receipt and sufficiency of which are hereby acknowledged, the Parties agree to the following:

1. Section (5), RECORDKEEPING, is hereby amended to add the following:

(h) Representatives of DEO, the Chief Financial Officer of the State of Florida, the Auditor General of the State of Florida, the Florida Office of Program Policy Analysis and Government Accountability, or representatives of the federal government and their duly authorized representatives shall have access to any of Recipient's books, documents, papers, and records, including electronic storage media, as they may relate to this Contract, for the purposes of conducting audits or examinations or making excerpts or transcriptions.

(i) Recipient will provide a financial and compliance audit to DEO, if applicable, and ensure that all related party transactions are disclosed to the auditor.

2. Section (5)(b) is hereby modified to add the following:

4. Recipient shall cooperate with DEO to facilitate the duplication and transfer of such records or documents upon request of DEO. Additional federal requirements may be identified in Attachment 1, Scope of Work, of this Agreement.

3. Section (14)(b) is hereby modified to read as follows:

(b) The name and address of the DEO contract manager for this Agreement is:

Gerald Durbin, Grant Manager  
Department of Economic Opportunity  
Division of Community Development  
Bureau of Community Assistance  
107 East Madison Street, MSC-400  
Tallahassee, Florida 32399-4120

Phone: 850-717-8458  
Email: gerald.durbin@deo.myflorida.com

4. Section (18)(a) is hereby modified to read as follows:

- (a) This is a cost-reimbursement Agreement. Recipient shall be reimbursed for costs incurred in the satisfactory performance of work hereunder in an amount not to exceed \$3,730,224, subject to the availability of funds and appropriate budget authority. The Recipient is authorized to incur costs in an amount not to exceed \$3,730,224 until further notification is received by DEO. As funds and budget authority are available, changes to the costs Recipient may incur will be accomplished by notice from DEO to Recipient's contact person identified in Attachment I, Recipient Information. The terms of this Agreement shall be considered to have been modified to allow Recipient to incur additional costs upon the Recipient's receipt of the written notice from DEO.

This revised contract amount includes:

- |                 |   |
|-----------------|---|
| A. \$ 3,213,801 | Current LIHEAP Allocation (FY 2014-2015)        |
| B. \$ 516,423   | FY14-15 Base Increase (includes FY13 Carryover) |
| C. \$ 3,730,224 | Total Modified LIHEAP Allocation                |

5. Section (18)(e) is hereby modified to read as follows:

- (e) If Recipient receives an advance, Recipient shall expend 90% of the amount of the advance every two months, beginning with the first month of reported expenditures. DEO shall track Recipient's expenditures and may reduce reimbursements if expenditures fall below 90%.

6. Section (18), FUNDING/CONSIDERATION, is hereby amended to add the following:

- (f) Recipient and its subcontractors may only expend funding under this Agreement for allowable costs resulting from obligations incurred during the Agreement period.
- (g) Recipient shall refund to DEO any balance of unobligated funds which has been advanced or paid to Recipient.
- (h) Recipient shall refund to DEO all funds paid in excess of the amount to which Recipient or its subcontractors are entitled under the terms and conditions of the Agreement.

7. Section (20)(f) is hereby modified to add the following:

Recipient affirms that it is aware of the provisions of section 287.133(2)(a), F.S., and that at no time has Recipient been convicted of a Public Entity Crime. Recipient agrees that it shall not violate such law and further acknowledges and agrees that any conviction during the term of this Agreement may result in the termination of this Agreement in accordance with section 287.133(4), F.S.

8. Section (20)(l) is hereby deleted in its entirety and replaced with the following:

Recipient shall include the requirements of Section 5, RECORDKEEPING, and Section 7, AUDIT REQUIREMENTS, in all approved subcontracts and assignments.

9. The following is added as Section (25), EMPLOYMENT ELIGIBILITY VERIFICATION:

1. Executive Order 11-116, signed May 27, 2011, by the Governor of Florida, requires DEO contracts in excess of nominal value to expressly require Recipient to:
  - a. Utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by Recipient during the Agreement term; and,
  - b. Include in all subcontracts under this Agreement, the requirement that subcontractors performing work or providing services pursuant to this Agreement utilize the E-Verify system to verify the employment eligibility of all new employees hired by the subcontractors during the term of the subcontract.
2. E-Verify is an Internet-based system that allows an employer, using information reported on an employee's Form I-9, Employment Eligibility Verification, to determine the eligibility of all new employees hired to work in the United States after the effective date of the required Memorandum of Understanding (MOU); the responsibilities and elections of federal Recipients, however, may vary, as stated in Article II.D.1.c. of the MOU. There is no charge to employers to use E-Verify. The Department of Homeland Security's E-Verify system can be found at:

[http://www.dhs.gov/files/programs/gc\\_1185221678150.shtm](http://www.dhs.gov/files/programs/gc_1185221678150.shtm)

3. If Recipient does not have an E-Verify MOU in effect, Recipient must enroll in the E-Verify system prior to hiring any new employee after the effective date of this Agreement.

10. The following provision is added as Section (26), DISCRIMINATORY VENDOR:

Recipient affirms that it is aware of the provisions of section 287.134(2)(a), F.S., and that at no time has Recipient been placed on the Discriminatory Vendor List. Recipient further agrees that it shall not violate such law during the term of this Agreement.

11. The following provision is added as Section (27), PAYMENT AND DELIVERABLES:

Recipient shall be reimbursed monthly for expenditures reported on its Monthly Financial Status Report as described in Attachment C, Reports. Reimbursement shall be determined by successful completion of Deliverables on a quarterly basis.

- (a) "Deliverables" are defined as the expected total number of benefits to be provided as identified in Attachment J, Budget Summary, Workplan and Deliverables. Deliverables shall be reported monthly on Recipient's Financial Status Report as described in Attachment C,

Reports.

- (b) Successful completion of the Deliverables shall be determined by the percentage of benefits provided per quarter as compared to the expected total number of benefits to be provided. The ending dates of the quarters are June 30, September 30, December 31, and March 31.
1. As of June 30, Recipient shall have provided, at a minimum, 10% of the overall expected number of benefits to be provided.
  2. As of September 30, Recipient shall have provided, at a minimum, 40% of the overall expected number of benefits to be provided.
  3. As of December 31, Recipient shall have provided, at a minimum, 60% of the overall expected number of benefits to be provided.
  4. As of March 31, Recipient shall have provided, at a minimum, 80% of the overall expected number of benefits to be provided.
- (c) Recipient shall provide an explanation, acceptable to DEO, each time the minimum percentage stated above for each quarter is not successfully completed.
- (d) In the event DEO determines Recipient has not successfully completed the deliverables, DEO shall withhold payment until the deliverable is deemed acceptable.

12. The following provision is added as Section (28), FINANCIAL CONSEQUENCES:

- (a) If Recipient fails to submit an explanation as stated in Section (27)(c) above, or in the event DEO rejects the explanation provided, Recipient shall pay to DEO financial consequences for such failure, unless DEO waives such failure in writing based upon its determination that the failure was due to factors beyond the control of Recipient.
1. DEO shall notify Recipient if an explanation is required. Recipient has five (5) days from the date of notification to submit the explanation.
    - (i) If an explanation is not received within the five (5) days provided in subsection 1. above, then financial consequences shall be assessed in accordance with subsection 2., below.
    - (ii) If Recipient's explanation is deemed unacceptable by DEO, Recipient has five (5) days from the date of notification of such failure to cure by submitting an explanation deemed acceptable by DEO. If Recipient's explanation is not received or deemed unacceptable by DEO, then the financial consequences shall be assessed in accordance with subsection 2., below.
  2. In the event financial consequences are assessed in accordance with this Section, they shall be assessed as follows: \$10.00 per day, up to a maximum of \$100.00, until the explanation is received and accepted by DEO.
- (b) Any amounts due under this financial consequence shall be paid by Recipient out of non-federal funds.



13. Attachment I, Recipient Information, is hereby deleted in its entirety and replaced with Amended Attachment I (if applicable).
14. Attachment J, Budget Summary and Workplan, is hereby deleted in its entirety and replaced with Amended Attachment J, Budget Summary, Workplan and Deliverables.
15. Attachment K, Budget Detail, is hereby deleted in its entirety and replaced with Amended Attachment K.
16. Attachment L, Multi-County Fund Distribution, is hereby deleted in its entirety and replaced with Amended Attachment L (if applicable).
17. All provisions of the Agreement being modified and any attachments thereto in conflict with this Modification shall be and are hereby changed to conform with this Modification, effective as of the date of the last execution of this Modification by both parties.
18. All provisions not in conflict with this Modification remain in full force and effect, and are to be performed at the level specified in the Agreement.

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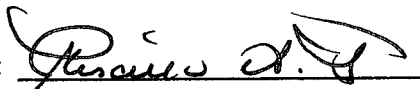
STATE OF FLORIDA  
DEPARTMENT OF ECONOMIC OPPORTUNITY  
FEDERALLY FUNDED SUBGRANT AGREEMENT  
SIGNATURE PAGE

IN WITNESS WHEREOF, the parties have executed this Agreement by their duly authorized officers on the day, month and year set forth below.

**RECIPIENT**

**STATE OF FLORIDA  
DEPARTMENT OF ECONOMIC OPPORTUNITY**

Palm Beach County Board of County Commissioners  
Priscilla A. Taylor

By:   
Priscilla A. Taylor, Mayor

By: \_\_\_\_\_  
William B. Killingsworth, Director  
Division of Community Development

Date: 10/27/14

Date: \_\_\_\_\_

59-6000785  
Federal Identification Number

Approved as to form and legal  
sufficiency, subject only to full and  
proper execution by the Parties.

0-78470481  
DUNS\* Number  
\*Data universal Numbering System

Office of the General Counsel  
Department of Economic Opportunity

Attest:  
Sharon R. Bock  
Clerk and Comptroller

By: \_\_\_\_\_

Approved Date: \_\_\_\_\_

By: \_\_\_\_\_  
Deputy Clerk

Approved As To Form  
And Legal Sufficiency

By:   
Chief Assistant County Attorney

Approved As To Terms  
And Conditions

By:   
Department Director

FY2014 LIHEAP AGREEMENT  
AMENDED ATTACHMENT I  
RECIPIENT INFORMATION

FEDERAL FISCAL YEAR: 2014 AGREEMENT PERIOD: Date of Signing or March 1, 2014 through March 31, 2015

Instructions: Complete the blanks highlighted in yellow. For item III, put an "X" in whichever highlighted box applies to your agency.

I. RECIPIENT: Palm Beach County Board of County Commissioners AGREEMENT #: 14EA-OF-10-60-023  
II. Agreement Amount: \$3,730,224.00 Total Direct Client Assistance: 14EA-OF-10-60-01-023  
III. RECIPIENT CATEGORY: ☐ Non-Profit ☐ Local Government ☐ State Agency  
IV. COUNTY(IES) TO BE SERVED WITH THESE FUNDS: Palm Beach County

V. GENERAL ADMINISTRATIVE INFORMATION

a. Recipient County Location: Palm Beach County  
b. Executive Director or Chief Administrator: Channell Wilkins  
Address: 810 Datura Street City: West Palm Beach, FL Zipcode: 33401  
Telephone: 561-355-4702 Fax: 561-355-3863  
Cell: 561-310-8944 Email: cwilkins@pbcgov.org  
Mailing address if different from above  
Mailing Address: 810 Datura Street City: West Palm Beach, FL Zipcode: 33401  
c. Chief Elected Official for Local Governments or President/Chair of the Board for Nonprofits:  
Name: Priscilla A. Taylor Title: Mayor  
Address\*: 301 N. Olive Ave City: West Palm Beach, FL Zipcode: 33401  
Telephone: 561-355-2207 Fax: 561-355-6332 Email: ptaylor@pbcgov.org

\*Enter home or business address, telephone numbers and email other than the Recipient's

d. Official to Receive State Warrant:  
Name: Sharon R. Bock Title: Clerk and Comptroller, Palm Beach County  
Address: P.O. Box 4036 City: West Palm Beach, FL Zipcode: 33401  
e. Recipient Contacts  
1. Program: Name: James Green Title: Program Coordinator  
Address: 810 Datura Street City: West Palm Beach, FL Zipcode: 33401  
Telephone: 561-355-4743 Fax: 561-242-7336  
Cell: 561-313-1146 Email: jgreen1@pbcgov.org  
2. Fiscal: Name: Taruna Malhotra Title: Director of Finance and Support Services  
Address: 810 Datura Street City: West Palm Beach, FL Zipcode: 33401  
Telephone: 561-355-4716 Fax: 561-355-3863  
Cell: NA Email: tmalhotra@pbcgov.org  
f. Person(s) authorized to sign reports:  
Name: Taruna Malhotra Title: Director of Finance and Support Services  
Name: Channell Wilkins Title: Director of Community Services Department  
Name: James Green Title: Program Coordinator

g. Recipient's FEID Number: 59-6000785 h. Recipient's DUNS Number: 0-78470481

V. AUDIT DUE DATE: Audit(s) are due by the end of the Ninth month following the end of the agency's fiscal year.  
Recipient Fiscal Year: October 1, 2013 thru September 30, 2014 Audit Due to DEO: June 30, 2015

**FY 2014 LIHEAP AGREEMENT  
AMENDED ATTACHMENT J  
BUDGET SUMMARY, WORKPLAN AND DELIVERABLES**

Recipient: Palm Beach County Board of County Commissioners

Agreement #: 14EA-0F-10-60-01-023

<b>FOR DEO USE ONLY</b>
Mod No: _____
FS Reviewed: _____
FS Rev. Date: _____

SECTION I: BUDGET SUMMARY			
A.  LIHEAP FUNDS ONLY	B.  Last Approved Budget Amount	C.  Increase/Decrease to Budget	D.  TOTAL Modified Budget B + C
1 TOTAL FUNDS	3,213,801.00	516,423.00	3,730,224.00
<b>ADMINISTRATIVE EXPENSES (Cell 2D cannot exceed 8.5% of Cell 1D)</b>			
Maximum Administrative Expenses: \$317,069.04			
2 Salaries incl Fringe, Rent, Utilities, Travel, Other	232,502.00	22,694.00	255,196.00
<b>OUTREACH EXPENSES (Cell 3D cannot exceed Cell 1D minus Cell 2D times .15)</b>			
Maximum Outreach Expenses: \$521,254.20			
3 Salaries incl Fringe, Rent, Utilities, Travel, Other	417,388.00	22,694.00	440,082.00
4 Home Energy Assistance Cell 4D must be at least 25% of Cell 1D Minimum Home Energy: \$932,556.00	1,220,779.00	271,035.00	1,491,814.00
5 Crisis Assistance	1,278,855.00	200,000.00	1,478,855.00
6 Weather Related / Supply Shortage / Disaster Cell 6D must be at least 2% of Cell 1D Minimum Weather Related: \$74,604.48	64,277.00	0.00	64,277.00
7 Subtotal Direct Client Assistance (Line 4 + Line 5 + Line 6)	2,563,911.00	471,035.00	3,034,946.00
8 GRAND TOTALS	3,213,801.00	516,423.00	3,730,224.00

SECTION II. WORKPLAN AND DELIVERABLES					
Type of Assistance	Last Approved Estimated Number of Benefits to be Provided	# of Households REPORTED as of most recent Quarterly Report	Amended Estimated Number of Benefits to be Provided	Estimated Cost Per Benefit**	Amended Estimated Expenditures***
Summer Home Energy	2,442	2,439	2,485	300.00	745,551.00
Winter Home Energy	2,442	0	2,485	300.00	745,541.00
Summer Crisis	1,346	1,308	1,557	475.00	739,427.50
Winter Crisis	1,346	0	1,557	475.00	739,427.50
Weather Related/Supply Shortage/Disaster	143	0	143	450.00	64,277.00
<b>TOTAL</b>	<b>7,719</b>	<b>3,747</b>	<b>8,227</b>		<b>3,034,224.00</b>
* If less than 8.5% of Line 1 is budgeted for Administrative Expenses, the maximum allowed for Outreach Expenses may be increased. The total Administrative Expenses plus the total Outreach Expenses may not exceed the sum of the original maximum allowed for these items.					
Total of Line 2 plus Line 3 may not exceed:	\$838,323.24		Amount budgeted	Line 2 + Line 3 =	\$695,278.00
** Estimated Cost per Benefit must be based on the agency's historic average cost or an explanation provided.					
*** Estimated Expenditures must agree with the corresponding values on Lines 4-7.					

AMENDED ATTACHMENT K  
ADMINISTRATIVE AND OUTREACH EXPENSE BUDGET DETAIL (Lines 2-3)

Recipient: County Board of County Cor Agreement #: 14EA-0F-10-60-023

Instructions: On the form below, enter the detail of the figures listed on Amended Attachment J. If more space is needed, copy this form, copy this form to another tab and name the new tabs "Budget Detail 1", "Budget Detail 2", etc.

Line Item Number	AMENDED Expenditure Detail	LIHEAP FUNDS
(Round all line items to dollars. Do not use cents and decimals in totals. Totals must agree with Attachment J)		
2	Administrative Costs	
	Salaries, Includes Fringe	
	FICA 6.2%	
	Medicare 1.45%	
	Retirement 6.95%	
	Health & Life 11,600/Yr	
	The balance of Community Action LIHEAP salaries are paid from CSBG Direct Client or CSBG other program categories	
	Program Coordinator (\$2725.85/PP x 26) x .50 1 person @ 50%	\$35,436.00
	Com. Out. Specialist III (\$2384.85/pp x 26) x .50 1 person @ 50%	\$31,003.00
	Sr. Com. Action Specialist (\$2692.54/pp x 26) x .50 1 person @ 50%	\$35,003.00
	Clerical Specialist (\$1888.15/pp x 26) x .50 1 person @ 50%	\$24,546.00
	Clerical Specialist (B.W) Actual	\$7,442.00
	Non Permanent Temps (\$1080/pp x 26 x 2) 2 @ 100 % LIHEAP	\$56,160.00
	Com. Outreach Specialist (Vacant) (\$1745.69/pp x 26) X .50 1 person @ 50%	\$22,694.00
	WC (\$1,606), UC (\$6,353) Prop. & Cas. Ins \$4,397	\$12,356.00
	TOTAL ADMIN. PERSONNEL EXP.	\$224,640.00
	Office Supplies (Paper, pens, files, paperclips, staples, cartridges)	\$14,447.00
	Postage	\$6,000.00
	Advertisement and graphics (radio, billboard, posters, banners, brochures)	\$6,109.00
	Travel (LIHEAP conf. Hotel and per diem)	\$2,500.00
	Communication Air Cards, Cell Phone	\$1,500.00
	Total Adm. Non Personnel	\$30,556.00
	TOTAL ADMIN EXP	\$255,196.00
3	Outreach Expenses	
	Salaries figures below include fringe	
	FICA 6.2%	
	Medicare 1.45%	
	Retirement 6.71%	
	Health & Life 11,600/Yr	
	The balance of Community Action LIHEAP salaries are paid from CSBG Direct Client or CSBG other program categories	
	Com. Outreach Spec. III (K.M.) (\$2384.85 pp for 26) X .50 1 person @ 50% (KM)	\$31,003.00
	Sr. Com. Outreach Specialist (S.G.) (\$2692.54/pp x 26) x .50 1 person @ 50% (ST)	\$35,003.00

FY 2014 LIHEAP AGREEMENT I

	Com. Outreach Specialist (A.M.)	(\$1745.69/pp x 26) X .50	1 person @ 50%	\$22,694.00
	Com. Outreach Specialist (J.S.)	(\$2840.77 pp x 26) x .50	1 person @ 50%	\$36,930.00
	Com. Outreach Specialist (D.P)	(\$2671.77 pp x 26) pp x .50	1 person @ 50%	\$34,733.00
	Com. Outreach Specialist (G.L)	(\$1745.69 pp x 26) x .50	1 person @ 50%	\$22,694.00
	Com. Outreach Specialist (C.H.)	(\$2622.31 pp x 26) pp x .50	1 person @ 50%	\$34,090.00
	Com. Outreach Specialist (Vacant)	(\$1866.23 pp x26) x.50	1 person @ 50%	\$24,261.00
	Non Permanent Temps	(\$1080/pp x 26 x 6)	6 @ 100 % LIHEAP	\$168,480.00
	Com. Outreach Specialist (Vacant)	(\$1745.69/pp x 26) X .50	1 person @ 50%	\$22,694.00
	<b>Personnel Expenses</b>			<b>\$432,582.00</b>
	Leased vehicle and maintenance at \$625 a month x 12 (home visits for LIHEAP)	Outreach Non Personnel Expenses		\$7,500.00
	<b>Non Personnel</b>			<b>\$7,500.00</b>
	<b>Total Outreach</b>			<b>\$440,082.00</b>
	<b>DIRECT CLIENT ASSISTANCE</b>			
	Home Energy Assistance			\$1,491,814.00
	Crisis Assistance			\$1,478,855.00
	Weather Related Crisis (WRC)			\$64,277.00
	<b>Total Direct Client Assistance</b>			<b>\$3,034,946.00</b>
	No Leveraging Fund			
	<b>GRAND TOTAL</b>			<b>\$3,730,224.00</b>

**AMENDED ATTACHMENT L  
MULTI-COUNTY FUND DISTRIBUTION**

Agreement #: 14EA-0F-10-60-01-023

Number of Counties to be Served with this Agreement:

If the Recipient will serve more than one county with this agreement, complete the form below. Describe how you will equitably allocate LIHEAP resources to each of the counties you serve. This plan must be in part based on the 150% poverty population of each county.

Instructions: Enter appropriate data only in the cells below that are highlighted in yellow. Percentages will automatically populate when the total direct client assistance amount and all three columns for each county are filled in.

Poverty Population Data Source: Provide the U. S. Census data source for the 150% of poverty population used including the year of the data. If any other data or factors are used in allocating the funds, describe and give the source.

Data Source and Description:	
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COUNTY	150% POVERTY POPULATION* <sup>1</sup>	COUNTY'S % OF POVERTY POPULATION IN SERVICE AREA	TOTAL DIRECT CLIENT ASSISTANCE	% OF AGENCY'S DIRECT CLIENT ASSISTANCE  DOLLARS ALLOCATED TO THIS COUNTY
			\$3,034,946.00	
			COUNTY ALLOCATION	
<b>Total Budgeted Direct Client Assistance*</b>	0	0%	0.00	0.0%

\* Allocation must be equal to Amended Attachment J, Budget Summary, Workplan and Deliverables, Line 7.