

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

AGENDA ITEM SUMMARY

Meeting Date:	September 22, 2015	[X] Consent	[] Regular
		[] Ordinance	[] Public Hearing

Department:	Department of Economic Sustainability
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I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: a "Certification of Consistency with the Consolidated Plan" for the Pahokee Housing Authority in connection with their grant application to the U.S. Department of Housing and Urban Development (HUD) under the Resident Opportunity and Self-Sufficiency (ROSS) Service Coordinators Program.

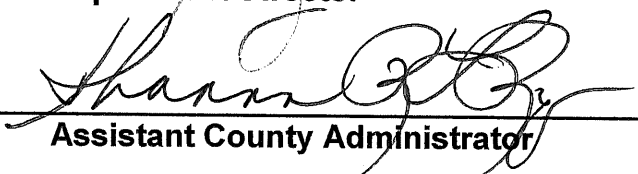
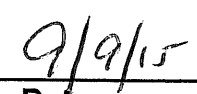
Summary: HUD requires housing authorities to submit a "Certification of Consistency with the Consolidated Plan" when they apply for grants. The Pahokee Housing Authority is applying to HUD for a grant under the ROSS Service Coordinators Program and requires this Certification from Palm Beach County to do so. The Certification indicates that the application is consistent with the County's Consolidated Plan. The Department of Economic Sustainability (DES) examined the proposed program's goals and objectives outlined in the grant application and determined that they are consistent with the overall goals and objectives outlined in the County's Consolidated Plan of increasing the supply of affordable housing, improving the quality of existing affordable rental housing, improving access to affordable rental housing, and promoting self-sufficiency and economic independence. Since the Pahokee Housing Authority's ROSS grant application is consistent with the County's Consolidated Plan, staff recommends approval of this Certification. (Strategic Planning) District 6 (JB)

Background and Justification: Palm Beach County's Consolidated Plan contains the County's strategy for addressing housing, economic, and community development issues over a five-year period. DES is responsible for completing the Consolidated Plan in accordance with HUD regulations at 24 CFR Part 91. The current Consolidated Plan, covering the period Fiscal Years 2015-2020, was approved (R2015-0949) by the Board of County Commissioners on July 21, 2015.

Attachments:

1. Certification of Consistency with the Consolidated Plan
2. Pahokee Housing Authority's ROSS Grant Application

Recommended By:		
	Department Director	Date

Approved By:		
	Assistant County Administrator	Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2015	2016	2017	2018	2019
Capital Expenditures					
Operating Costs					
External Revenues					
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT	*				

# ADDITIONAL FTE POSITIONS (Cumulative)					
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Is Item Included In Current Budget? Yes ____ No ____
Budget Account No.:

Fund ____ Dept ____ Unit ____ Object ____ Program Code/Period ____

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

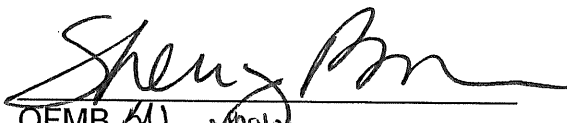
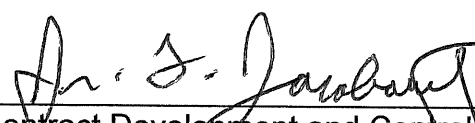
* No Fiscal Impact.

C. Departmental Fiscal Review:



Shairette Major, Fiscal Manager II

III. REVIEW COMMENTS

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


OFMB 40 8/28 
Contract Development and Control 9/3/15
7-3-15 B. Wheeler

B. Legal Sufficiency:


Assistant County Attorney 9/8/15

C. Other Department Review:

Department Director

I certify that the proposed activities/projects in the application are consistent with the jurisdiction’s current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name:

Pahokee Housing Authority

Project Name:

Pahokee Housing Authority ROSS DC Program

Location of the Project:

465 Friend Terrace

Pahokee, Florida 33476

Name of the Federal
Program to which the
applicant is applying:

Resident Opportunity and Self-Sufficiency (ROSS) Service Coordinator

Name of
Certifying Jurisdiction:

Palm Beach County

Certifying Official
of the Jurisdiction
Name:

Shelley Vana

Title:

Mayor

Signature:

Date:

ATTEST: Sharon R. Bock,
Clerk & Comptroller

SEAL

By:

Deputy Clerk

Approved as to Form and
Legal Sufficiency

Document No.:

By:

James Brako

Assistant County Attorney

GRANT APPLICATION PACKAGE

ATTACHMENT 2



Grant Application Package

Opportunity Title:	Resident Opportunity and Self Sufficiency (ROSS) Servic
Offering Agency:	US Department of Housing and Urban Development
CFDA Number:	14.870
CFDA Description:	Resident Opportunity and Supportive Services - Service
Opportunity Number:	FR-5900-N-05
Competition ID:	FR-5900-N-05
Opportunity Open Date:	07/13/2015
Opportunity Close Date:	08/31/2015
Agency Contact:	Dina Lehmann-Kim Dina.Lehmann-Kim@hud.gov

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

Application Filing Name:	Pahokee Housing Authority
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Select Forms to Complete

Mandatory

Application for Federal Assistance (SF-424)
HUD Facsimile Transmittal

Optional

<input checked="" type="checkbox"/> HUD Applicant-Recipient Disclosure Report
<input checked="" type="checkbox"/> Attachments
<input type="checkbox"/> Disclosure of Lobbying Activities (SF-LLL)
<input type="checkbox"/> Faith Based EEO Survey

Instructions

Show Instructions >>

This electronic grant application is intended to be used to apply for the specific federal funding opportunity referenced here. If the federal funding opportunity listed is not the opportunity you wish to apply for, click on the application package by clicking on the "Cancel" button at the top of this page. You will then be able to search for the federal funding opportunity, download its application and then apply.

Application for Federal Assistance SF-424		
<div>* 1. Type of Submission: <div><input type="checkbox"/> Preapplication</div><div><input checked="" type="checkbox"/> Application</div><div><input type="checkbox"/> Changed/Corrected Application</div></div>		
<div>* 2. Type of Application: <div><input checked="" type="checkbox"/> New</div><div><input type="checkbox"/> Continuation</div><div><input type="checkbox"/> Revision</div></div>		
<div>* If Revision, select appropriate letter(s): <div></div><div>* Other (Specify): <div></div></div></div>		
<div>* 3. Date Received: <div>Completed by Grants.gov upon submission.</div></div>		
<div>4. Applicant Identifier: <div></div></div>		
<div>5a. Federal Entity Identifier: <div></div></div>		
<div>5b. Federal Award Identifier: <div></div></div>		
State Use Only:		
<div>6. Date Received by State: <div></div></div>		
<div>7. State Application Identifier: <div></div></div>		
8. APPLICANT INFORMATION:		
<div>* a. Legal Name: <div>Pahokee Housing Authority</div></div>		
<div>* b. Employer/Taxpayer Identification Number (EIN/TIN): <div>59-6001624</div></div>		
<div>* c. Organizational DUNS: <div>9648648540000</div></div>		
d. Address:		
<div>* Street1: <div>465 Friend Terrace</div></div>		
<div>Street2: <div></div></div>		
<div>* City: <div>Pahokee</div></div>		
<div>County/Parish: <div>Palm Beach County</div></div>		
<div>* State: <div>FL: Florida</div></div>		
<div>Province: <div></div></div>		
<div>* Country: <div>USA: UNITED STATES</div></div>		
<div>* Zip / Postal Code: <div>33476-1941</div></div>		
e. Organizational Unit:		
<div>Department Name: <div>Adminstration</div></div>		
<div>Division Name: <div>Social Services</div></div>		
f. Name and contact information of person to be contacted on matters involving this application:		
<div>Prefix: <div>Ms.</div></div>		
<div>* First Name: <div>Julia</div></div>		
<div>Middle Name: <div>A.</div></div>		
<div>* Last Name: <div>Hale</div></div>		
<div>Suffix: <div></div></div>		
<div>Title: <div>Executive Director</div></div>		
<div>Organizational Affiliation: <div>Pahokee Housing Authority</div></div>		
<div>* Telephone Number: <div>(561) 924-5565</div></div>		
<div>Fax Number: <div>(561) 924-1952</div></div>		
<div>* Email: <div>jahale1@bellsouth.net</div></div>		

Application for Federal Assistance SF-424		
* 9. Type of Applicant 1: Select Applicant Type:		
<div>L: Public/Indian Housing Authority</div>		
Type of Applicant 2: Select Applicant Type:		
<div></div>		
Type of Applicant 3: Select Applicant Type:		
<div></div>		
* Other (specify):		
<div></div>		
* 10. Name of Federal Agency:		
<div>US Department of Housing and Urban Development</div>		
11. Catalog of Federal Domestic Assistance Number:		
<div>14.870</div>		
CFDA Title:		
<div>Resident Opportunity and Supportive Services - Service Coordinators</div>		
* 12. Funding Opportunity Number:		
<div>FR-5900-N-05</div>		
* Title:		
<div>Resident Opportunity and Self Sufficiency (ROSS) Service Coordinators Program</div>		
13. Competition Identification Number:		
<div>FR-5900-N-05</div>		
Title:		
<div></div>		
14. Areas Affected by Project (Cities, Counties, States, etc.):		
<div></div>	<div>Add Attachment</div>	<div>Delete Attachment</div>
* 15. Descriptive Title of Applicant's Project:		
<div>Pahokee Housing Authority ROSS SC Program</div>		
Attach supporting documents as specified in agency instructions.		
<div>Add Attachments</div>	<div>Delete Attachments</div>	<div>View Attachments</div>

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant	23rd
* b. Program/Project	23rd
Attach an additional list of Program/Project Congressional Districts if needed.	
	<div>Add AttachmentDelete AttachmentView Attachment</div>
17. Proposed Project:	
* a. Start Date:	11/02/2015
* b. End Date:	11/01/2018
18. Estimated Funding (\$):	
* a. Federal	206,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	59,228.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	265,228.00
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<div><input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on</div>	
<div><input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.</div>	
<div><input checked="" type="checkbox"/> c. Program is not covered by E.O. 12372.</div>	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<div><input type="checkbox"/> Yes<input checked="" type="checkbox"/> No</div>	
If "Yes", provide explanation and attach	
	<div>Add AttachmentDelete AttachmentView Attachment</div>
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<div><input checked="" type="checkbox"/> ** I AGREE</div>	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix:	Ms.
* First Name:	Julia
Middle Name:	A.
* Last Name:	Hale
Suffix:	
* Title:	Executive Director
* Telephone Number:	(561) 924-5565
Fax Number:	(561) 924-1925
* Email:	jahale1@bellsouth.net
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.
* Date Signed:	Completed by Grants.gov upon submission.

Needs and Service Partners
Service Providers Matching
Grant Requests

U.S. DEPARTMENT OF HOUSING
AND URBAN DEVELOPMENT
OFFICE OF PUBLIC AND INDIAN HOUSING

ROSS SERVICE COORDINATORS – NEEDS and SERVICE PARTNERS

Public reporting burden for the collection of information is estimated to average 4 hours per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the ROSS grant. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number. This information will allow HUD to determine eligibility for the ROSS SC Program. This information does not lend itself to confidentiality.

*****PLEASE READ NOFA CAREFULLY FOR DIRECTIONS AND MINIMUM REQUIREMENTS.*****

Name of Applicant Pahokee Housing Authority, Inc.

PHA/Tribe/TDHE(s) to be Served FL 021

NEEDS	NEED? (check all that apply – see NOFA for requirements)	SERVICE PROVIDER/PARTNER(s) (list all)	Value of Match*
Life Skills Training	√	Bridges at Pahokee	2,000
Financial Literacy/Credit Counseling/Credit Repair	√	Housing Partnership, Inc.	2,000
Literacy Training	√	Career Source, Palm Beach	1,000
ESL		N/A	
GED/High School Equiv.	√	Career Source, Palm Beach	3,000
Mentoring	√	POPS – Pahokee Program	9,000
Job Soft Skills Training	√	Career Source, Palm Beach	2,528
Job Hard Skills Training/Certification	√	Palm Beach State College	3,000
Job Search and Placement	√	Career Source, Palm Beach	3,000
Job Retention/Promotion	√	Career Source, Palm Beach	1,700
ISAs/IDAs	√	Housing Partnership, Inc.	2,000
Homeownership Counseling	√	Housing Partnership, Inc./ We Help	2,000
Computer Classes	√	City of Pahokee	2,000
Drug/Alcohol Treatment	√	Jerome Golden Center	1,000
Mental Health Treatment	√	Jerome Golden Center	2,000
Health/Dental Care	√	C.L. Brumback Primary Care Clinics	In-kind
Home Maintenance classes		N/A	

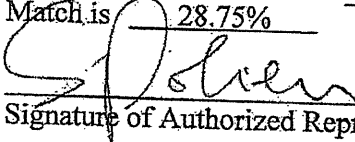
Parenting classes	√	Bridges at Pahokee	2,000
Nutrition classes	√	Glades Initiative	In-kind
Youth Programming – tutoring/mentoring/after school/summer	√	City of Pahokee, Parks and Recreation Department	2,000
Child Care	√	Bridges at Pahokee	2,000
Transportation	√	City of Pahokee	1,000
Tax Preparation Assistance	√	VITA / Housing Partnership, Inc.	3,000
Community Safety	√	American Red Cross	1,000
Resident Empowerment/Capacity Building	√	Bridges at Pahokee	2,000
Resident Business Development		N/A	
Assistance with Activities of Daily Living	√	City of Pahokee Parks and Recreation Department	1,500
Meals to meet nutritional need for Elderly	√	The Lighthouse Café	3,000
Disability Services Counseling	√	ARC of the Glades	2,000
Personal Emergency Response Resources	√	American Red Cross	2,000
Wellness Programs	√	City of Pahokee, Parks and Recreation Department	1,500
Other (please describe)			
Other			
		TOTAL	\$59,228

*I Satyam Polineni, certify that the match recorded here is supported by letters on file from community or other partners which certify to this amount of match funding (cash or in-kind) and that this represents the total match for the term of the grant.

Total Grant Requested \$ 206,000.00

Total Match Documented \$ 59,228

Match is 28.75% of Grant Requested (must be at least 25% to qualify)


Signature of Authorized Representative

Assistant Executive Director / Finance Director
Title

2015 ELOGIC MODEL
HUD GOALS, POLICY PRIORITY,
AND SERVICES/ ACTIVITIES

Applicant Legal Name Pahoee Housing Authority

HUD Program

ROSS SC

Reporting Period

Projection

Reporting Start Date

Reporting End Date

Project Name

Pahoee Housing Authority ROSS SC Program

DUNS No. 964864854



FY 2015

HUD Goals	Policy Priority	Needs	Services/Activities	Measures	Outcomes	Measures	Evaluation Tools
1	2	3	4	5	6	7	
Policy	Planning	Programming	Projection Annual	Impact	Projection Annual	Accountability	
3B 3C 3D	1a 1b 1c 2a	<p>There is a need for supportive services to enable disabled and elderly residents to remain living independently and/or age in place.</p> <p>There is a need for supportive services to assist youth, adults, and families connect to educational and professional services and training to help them achieve economic self-sufficiency.</p> <p>There is a need to assess residents' health insurance status.</p> <p>There is a need to connect residents to health</p>	Administration-Hire ROSS Service Coordinator	Persons	Administration-ROSS Service Coordinator hired	Persons	A. Tools for Measurement
				0			Mgt. Info. System-manual
			Child Care-Families referred to child care services	Households	Child Care-Families obtain child care services	Households	Plans
				10		8	Intake log
			Education-Adult Basic Education/Literacy classes-Enrolled	Persons	Education-Adult Basic Education/Literacy class-Completed	Persons	Interviews
				5		3	
			Education-High school/GED program-Enrolled	Persons	Education-High school diploma/GED obtained	Persons	Program specific form(s)
				5		1	B. Where Data Maintained
			Employment-Job skills assessment	Persons	Employment-Job skills determined	Persons	
				10		10	Individual case records
			Financial Literacy-Financial literacy/management classes-Enrolled	Persons	Financial Literacy-Financial literacy/management class-Completed	Persons	
				10		5	
			Financial Literacy-Individual Counseling-Enrolled	Persons	Financial Literacy-Individual Counseling-Completed	Persons	C. Source of Data
				5		5	
			Outreach-Service providers contacted	Providers	Outreach-Providers make agreements with agency to provide services	Providers	GED certification/diploma
				10		10	
			Seniors/Disabled-Service Coordination-Referrals for senior/disability services	Persons	Seniors/Disabled-Improved living conditions/quality of life	Persons	Referrals
				17		17	
			Seniors/Disabled-Service Coordination-Referrals for senior/disability services	Persons	Seniors/Disabled-Live independently/age in place and avoid long term care placement	Persons	Financial reports
				17		17	D. Frequency of Collection
			Seniors/Disabled-Service Coordination-Referrals for senior/disability services	Persons	Seniors/Disabled-Service Coordination-Seniors/disabled obtain needed services	Persons	Upon incident
				17		17	
			Service Coordination-New Participants Enrolled-Individual Training Service Plans (ITSPs) begun.	Persons	Service Coordination-New Participants Enrolled-Individual Training Service Plans (ITSPs) completed.	Persons	Annually
				10		5	
			Service Coordination-Non-ITSP individuals seeking services (unduplicated count)	Households	Service Coordination-Non ITSP individuals served (unduplicated count)	Persons	
				2		2	E. Processing of Data
			Service Coordination-Participants with ITSPs continuing to receive services-Year 2	Households	Service Coordination-Services no longer needed-ITSP goals achieved-Year 2	Persons	Computer spreadsheets
				60		1	

[illegible]

ROSS CO-ORDINATOR

FUNDING REQUEST

HUD - 52768

U.S. DEPARTMENT OF HOUSING
AND URBAN DEVELOPMENT
OFFICE OF PUBLIC AND INDIAN HOUSING

ROSS SERVICE COORDINATORS – FUNDING REQUEST

The public reporting burden for the collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the ROSS grant. Response to this request for information is required in order for your application to be reviewed and/or receive ROSS SC funds. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. This information does not lend itself to confidentiality.

***PLEASE READ THE ROSS SC NOFA CAREFULLY FOR DIRECTIONS
AND MINIMUM REQUIREMENTS***

1. Name of Applicant: Pahokee Housing Authority
2. Applicant Type (please check):
- a. Public Housing Authority (PHA) ☒
 - b. Tribe/Tribally Designated Housing Entity (TDHE) ☐
 - c. Resident Association (RA) ☐
 - RAs must also answer questions 8 and 9
 - d. 501(c)(3) Nonprofit applicant ☐
 - 501(c)(3) applicants must be supported by a PHA, tribe/TDHE, or RA.
 - 501(c)(3) applicants must also answer question 10
3. Joint Applicant Name (if applicable): _____
4. Name of PHA/Tribe/TDHE(s) to be Served:
Pahokee Housing Authority
5. PHA Code(s) to be served (Not applicable to tribes/TDHEs):
FL021
6. Number of ACC Units/Formula Currently Assisted Stock in PHA/Tribe: 480
7. PHA Applicants – Elderly/Disabled Service Coordinators (EDSC) Grant: N/A

Are you currently eligible to receive funding for one or more EDSCs through the Operating Subsidy (not ROSS-Elderly/Persons with Disabilities)?

Yes ☐ No ☐

NOTE: If yes, and you request and are granted funding for an SC to serve Elderly/Disabled Residents through this NOFA, you will forgo any future EDSC Renewal funding.

8. RA Applicants - please indicate your RA type by checking the corresponding box:
- a. Local/Site Based Resident Association ☐

- b. Local/Site-Based Resident Council ☐
- c. City-Wide Resident Association ☐
- d. Jurisdiction-Wide Resident Association ☐
- e. Intermediary Resident Association ☐
- f. Regional Resident Association ☐
- g. Resident Management Corporation ☐
- h. Statewide Resident Association ☐
- i. National Resident Association ☐

9. RA applicants – to be eligible you must indicate your nonprofit/incorporated status:

- a. Nonprofit ☐

Please specify nonprofit type:

- 501(c)(3) ☐
- State-recognized/incorporated nonprofit ☐
- Other ☐ Please specify: _____

You must submit documentation with your application attesting to your nonprofit status.

10. 501(c)(3) Non-Profit Applicants - indicate whether you are submitting your application on behalf of a PHA, tribe/TDHE, or RA:

- PHA ☐
- Tribe/TDHE ☐
- RA ☐

11. Do you (the applicant) have a current ROSS-SC grant (i.e., a grant that was awarded within 2 years from the date of this application)?

Yes ☐ No ☒

If yes, please provide your ROSS grant #: _____

12. If yes to question 11, are you applying to serve only projects that are not served by your current ROSS-SC grant?

Yes ☐ No ☐

Service Coordinator (SC) Information

SC positions requested	Project(s) to be served (See NOFA for limits. If different PHAs, list all.)	Number of units to be served (See NOFA for minimum number of units)	Clients to be served - families - elderly - both	Year	Salary/Fringe (See NOFA for limits.)	Admin (See NOFA for limits.)	Training (See NOFA for limits.)
1	McClure Village (FL021000001) Padgett Island Hempstead	480	Both Elderly and Family	1	\$ 52,000.00	\$ 10,000.00	\$ 2,000.00
				2	\$ 56,000.00	\$ 10,000.00	\$ 2,000.00
				3	\$ 62,000.00	\$ 10,000.00	\$ 2,000.00
2				1	\$	\$	\$
				2	\$	\$	\$
				3	\$	\$	\$
3				1	\$	\$	\$
				2	\$	\$	\$
				3	\$	\$	\$
				Total	\$ 170,000.00	\$ 30,000.00	\$ 6,000.00
TOTAL GRANT REQUESTED \$ 206,000.00							

For each SC position requested, fill in one large row.