

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2016	2017	2018	2019	2020
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 _____

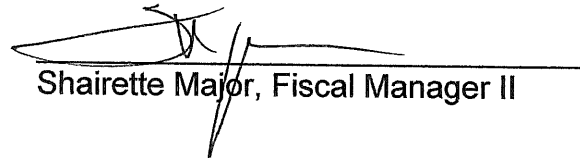
Budget Account No.:

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

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

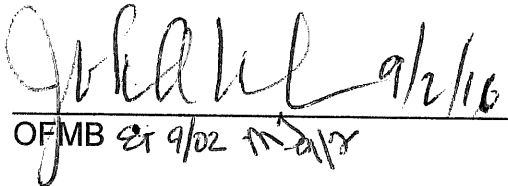
*No Fiscal Impact.

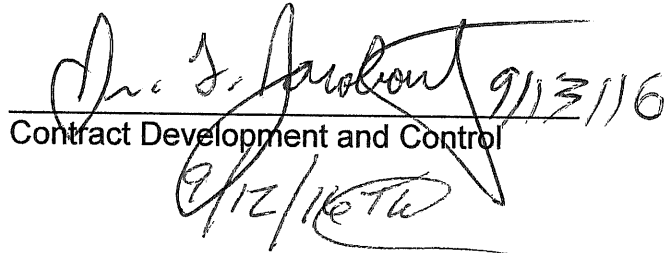
C. Departmental Fiscal Review:


 Shairette Major, Fiscal Manager II

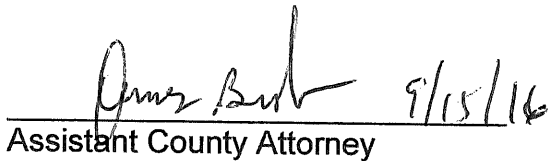
III. REVIEW COMMENTS

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


 OFMB 9/2/16


 Contract Development and Control 9/13/16
 9/12/16 TW

B. Legal Sufficiency:


 Assistant County Attorney 9/15/16

C. Other Department Review:

Department Director

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

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: Glades-Diamond, Inc.

Project Name: Glades-Diamond

Location of the Project: 100 Downs Circle

Belle Glade, FL 33430

Name of the Federal Program to which the applicant is applying: Supportive Services Demonstration for Elderly Households

Name of Certifying Jurisdiction: Palm Beach County

Certifying Official of the Jurisdiction Name: Mary Lou Berger

Title: Mayor

Signature: _____

Date: _____

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

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: Villa Madonna, Inc.

Project Name: Villa Madonna

Location of the Project: 4809 Lake Worth

GreenAcres, FL 33463

Name of the Federal
Program to which the
applicant is applying: Supportive Services Demonstration for Elderly Households

Name of
Certifying Jurisdiction: Palm Beach County

Certifying Official
of the Jurisdiction
Name: Mary Lou Berger

Title: Mayor

Signature: _____

Date: _____

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

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: Villa Regina of West Palm Beach, Inc.

Project Name: Villa Regina

Location of the Project: 2660 N. Haverhill Rd.

West Palm Beach, FL 33417

Name of the Federal Program to which the applicant is applying: Supportive Services Demonstration for Elderly Households

Name of Certifying Jurisdiction: Palm Beach County

Certifying Official of the Jurisdiction Name: Mary Lou Berger

Title: Mayor

Signature: _____

Date: _____



August 19, 2016

Mr. Edward W. Lowery, Director
Department of Economic Sustainability
100 Australian Avenue, Suite 500
West Palm Beach, FL 33406

Dear Mr. Lowery:

SPM has applied on behalf of 14 Florida properties for a grant from the US Department of Housing and Urban Development. Properties falling under your jurisdiction are Glades Diamond in Belle Glade, Villa Madonna in Greenacres, and Villa Regina in West Palm Beach. HUD is now requesting a signed 2991-Consolidated Plan Certification from your office for each individual property listed above.

The funding opportunity we have applied for is the Supportive Services Demonstration for Elderly Households in HUD- Assisted Multifamily Housing. This program is seeking to provide evidence about the benefits of having enhance supportive services model in existing low income housing for the elderly. If funds are granted to the property, a part time wellness nurse will be hired to work closely with the existing service coordinator (social service staff) as an interdisciplinary team and assist residents to successfully Age in Place. The Demonstration will develop in reviewing procedures for transitions to institutional care, housing stability, well-being of residents, health outcomes, and health care utilizations associated with nursing home placement and high health care costs.

We are requesting that this issue be placed in the agenda for the upcoming Board of County Commissioners meeting on Sept. 27th. Should you need further information, please do not hesitate to contact me.

Thank you very much for your cooperation in this manner,

A handwritten signature in cursive script that reads "Paula Jaramilla".

Paula Jaramilla
Quality Assurance Director
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941-957-8455 (cellular)

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ATTACHMENT 2