Agenda Item #: 31-2

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date:	November 22, 2016	[X] Consent [] Ordinance	[] Regular [] Public Hearing
Department:	Department of Economic	Sustainability	

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to: A) Receive and File a revised application form SF-424 as required by the U.S. Department of Housing and Urban Development (HUD) under the Fiscal Year 2016-2017 HOME Investment Partnership (HOME) Program; and **B) Approve** a Budget Amendment of \$8,736 to the HOME Program FY 2016-2017 budget to recognize the funding increase.

Summary: On July 12, 2016, the Board of County Commissioners (Board) approved application form SF-424 (R2016-0931) under the HOME Program as part of the FY 2016-2017 Action Plan (R2016-0928). Recently, HUD revised the County's HOME Program entitlement amount from \$1,637,604 to \$1,646,340, necessitating a revision to the form to reflect the funding increase. The form has been signed by the Mayor and resubmitted to HUD for approval. The additional funds of \$8,736 will be proportionally distributed among BCC-approved HOME Program activities. The HOME required local match will be provided from the State Housing Initiatives Partnership Program. Countywide (JB)

Background and Justification: Palm Beach County receives an annual allocation of HOME Program funds from HUD. The purpose of the HOME Program is to leverage resources to provide affordable housing opportunities to low and moderate income households. Recently, HUD revised the County's HOME Program entitlement amount from \$1,637,604 to \$1,646,340, necessitating a revision to the form to reflect the funding increase.

Attachments:

1. SF-424 for the Fiscal Year 2016-2017 HOME Program

2. Budget Amendment

Recommended	By: Edward W. Jonny	15/28/2016
	Department Director	Date
Approved By: _	Toure Dat	J'/09/16
	Assistant County Administrator	Date

II. FISCAL IMPACT ANALYSIS

	2017	2018	2019	2020	2021
Capital Expenditures					
Operating Costs	\$8,736				
External Revenues	(\$8,736)				
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT	-0-				
# ADDITIONAL FTE POSITIONS (Cumulative)	-0-				
s Item Included In Currer Budget Account No.:	nt Budget? Y	es	No X		
und <u>1103</u> Dept <u>143</u> Unit <u>1</u>	434 Object <u>820</u>	<u>)1</u> Program	Code/Period	various/GY1	<u>6</u>
3. Recommended Sou	arces of Funds	s/Summary	of Fiscal Im	pact:	
Approval of this agend of Economic Sustaina	bility for the HO	ME Investme	ent Partnershir	Beach County Program for	Departme
2016-2017 via a letter Departmental Fisca	I Review:	U.S. Treasu	or, Fiscal Ma		-
	ıl Review:	U.S. Treasu	or, Fiscal Ma		-
	III. <u>REVIE</u>	hairette Maj	or, Fiscal Ma	nager II	-
A. OFMB Fiscal and/or	III. <u>REVIE</u>	hairette Maj	or, Fiscal Ma	nager II Comments:	_
A. OFMB Fiscal and/or	ll Review: জি III. <u>REVIE</u> r Contract Dev	hairette Maj	or, Fiscal Ma	nager II Comments:	_
A. OFMB Fiscal and/or	III. REVIE	hairette Maj	or, Fiscal Ma	nager II Comments:	_

Department Director

R2016 @ 0931

OMB Number: 4040-0004 Expiration Date: 8/31/2016

Application for Feder	al Assistance SI	-424	JUL 1 2 2016				
* 1. Type of Submission: Preapplication Application Changed/Corrected A	□ No	ew	If Revision, select appropriate letter(s): Other (Specify):				
* 3. Date Received:							
	M-16-	UC-12-0215					
5a. Federal Entity Identifier:	<u> </u>		5b. Federal Award Identifier:				
State Use Only:		Г	·				
6. Date Received by State:		7. State Application Id	dentifier:				
8. APPLICANT INFORMAT	ION:						
* a. Legal Name: PALM BI	EACH COUNTY BOA	RD OF COUNTY COM	MMISSIONERS				
* b. Employer/Taxpayer Iden	tification Number (EIN	J/TIN):	* c. Organizational DUNS:				
59-600785		8	0784704810000				
d. Address:							
* Street1: 100 F	Australian Aven	ue					
Street2: Suite	≥ 500						
	Palm Beach						
	Beach						
* State:			FL: Florida				
Province: * Country:							
* Zip / Postal Code: 33406	5_1495		USA: UNITED STATES				
	1-1403						
e. Organizational Unit:							
Department Name: Economic Sustainabil	1;+.,		Division Name:				
	nation of person to	be contacted on mat	tters involving this application:				
Prefix: Mr.		* First Name:	Edward				
Middle Name:							
* Last Name: Lowery Suffix:							
Title: Director			4				
Organizational Affiliation:			-1				
<u> </u>							
* Telephone Number: 561-233-3602 Fax Number:							
Email: elowery@pbcgov.org							

Application for Federal Assistance SF-424 * 9. Type of Applicant 1: Select Applicant Type:	
* 9. Type of Applicant 1: Select Applicant Type:	
B: County Government	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:	
Housing and Urban Development	
11. Catalog of Federal Domestic Assistance Number:	
14-239	
CFDA Title:	
HOME Investment Partnership Program	
* 12. Funding Opportunity Number:	
* Title:	
13. Competition Identification Number:	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
PALM BEACH COUNTY (COUNTYWIDE) Add Attachment Delete Attachment View Attachment	
* 15. Descriptive Title of Applicant's Project:	
Palm Beach County's HOME Program activities include community housing development organization (CHDO)	
activities, financial assistance to developers of affordable rental housing, tenant-based rental assistance, and program administration	
program administration	
Attach supporting documents as specified in agency instructions.	
Add Attachments Delete Attachments View Attachments	

R2016 0931

Application for Federal Assistance SF-424							
16. Congressional Districts Of:							
* a. Applicant 18,20,21,22 * b. Program/Project 18,20,21,22							
Attach an additional list of Program/Project Congressional Districts if needed.							
Add Attachment Delete Attachment View Attachment							
17. Proposed Project:							
* a. Start Date: 10/01/2016 * b. End Date: 09/30/2017							
18. Estimated Funding (\$):							
* a. Federal 1,646,340.00							
* b. Applicant							
* c. State							
* d. Local							
* e. Other							
* f. Program Income	dilli.						
* g. TOTAL 1,646,340.00	183						
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	- 1						
a. This application was made available to the State under the Executive Order 12372 Process for review on b. Program is subject to E.O. 12372 but has not been selected by the State for review.	j						
b. Program is subject to E.O. 12372 but has not been selected by the State for review.							
☐ c. Program is not covered by E.O. 12372.	011						
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	5						
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.))						
If "Yes", provide explanation and attach							
Add Attachment Delete Attachment View Attachment	t.						
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)							
★* I AGREE							
** 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.							
AND LEGAL SUFFICIENCY Authorized Representative:	\dashv						
Prefix: Ms. * First Name: Mary Lou	ᅱ						
Middle Name:							
* Last Name: Berger COUNTY ATTORNEY							
Suffix:							
* Title: Mayor	\neg						
* Telephone Number: 561-355-2205 Fax Number:	寸						
* Email: mberger@pbcgov.org							
* Signature of Authorized Representative: * Date Signed: * Date Si	16						

BOARD OF COUNTY COMMISSIONERS PALM BEACH COUNTY, FLORIDA BUDGET AMENDMENT

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BGEX-143-1020160000000135 BGRV-143-1021160000000015

FUND 1103 -HOME Investment Partnership Act

Use this form to provide budget for items not anticipated in the budget.

ACCOUNT NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	CURRENT BUDGET	INCREASE	DECREASE	ADJUSTED BUDGET	EXPENDED/ ENCUMBERED 10/20/2016	REMAINING BALANCE
REVENUE								
143-1434-3154	Community Development Block Grant	5,762,627	5,762,627	8,736	0	5,771,363		
	TOTAL REVENUE	6,082,627	6,082,627	8,736	0	6,091,363		
EXPENDITURES 143-1434-8201	Contributions Non Governmental Agency	2,430,713	2,430,713	8,736	0	2,439,449	0	2,439,449
	TOTAL EXPENDITURES	6,082,627	6,082,627	8,736	0	6,091,363		

Signatures

Department of Economic Sustainability
INITIATING DEPARTMENT/DIVISION
Administration/Budget Department Approval
OFMB Department - Posted

Date

A

At Meeting of: November 22, 2016

Deputy Clerk to the

Board of County Commissioners

By Board of County Commissioners