

PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS  
AGENDA ITEM SUMMARY

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Meeting Date: April 4, 2017	<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: Division of Human and Veteran Services

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I. EXECUTIVE BRIEF


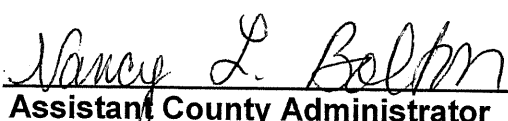
**Motion and Title:** Staff recommends motion to ratify: the signature of the Mayor on the Phase 34 Emergency Food and Shelter Program (EFSP) Application for the Emergency Food & Shelter National Board Program, for a period of time to be determined when the funds are released, for the provision of shelter, and rental assistance to individuals and families in need.

**Summary:** The Emergency Food and Shelter grant is a restricted federal grant administered locally by the United Way of Palm Beach County, Inc. (United Way). On February 13, 2017, United Way released the Phase 34 EFSP grant application with instructions to return by March 10, 2017. The Division of Human and Veteran Services (DHS) has received these funds for the past 21 years. DHS is applying for funds to provide shelter and rental assistance. (The application is for a total of \$320,000: \$20,000 for other shelter, which may include hotels, motels and halfway houses, and \$300,000 for rent payments.) DHS staff will assess applicants for this program, approve service plans to assist these households and process invoices. **These funds are non-recurring and no County match is required.** The emergency signature process was utilized because there was insufficient time to submit this application through the regular agenda process. (Division of Human and Veteran Services) Countywide (HH)

**Background and Justification:** DHS has been awarded EFSP funds annually since 1995. DHS staff is trained by EFSP representatives and is required to follow the EFSP Manual and specific program requirements of the National Board, as well as those mandated by the Federal government.

**Attachments:** Phase 34 EFSP Application w/ Walkthrough Memo

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Recommended By:		3/16/17
	Department Director	Date
Approved By:		3/28/17
	Assistant County Administrator	Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2017	2018	2019	2020	2021
Capital Expenditures					
Operating Costs	320,000				
External Revenue	(320,000)				
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT	0				

# ADDITIONAL FTE POSITIONS (Cumulative)					
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Is Item Included In Current Budget: Yes  X  No    
Budget Account No.:  
Fund 0001 Dept. 148 Unit 1345 Obj. 8301 Program Code Var. Program Period: GY16

B. Recommended Sources of Funds/Summary of Fiscal Impact:  
Budget will be amended upon receipt of grant award.

C. Departmental Fiscal Review:  Julie Dowe   
Julie Dowe, Director, Financial & Support Svcs.

III. REVIEW COMMENTS

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

[Signature ]   
OFMB  JET 3/17   JB 3/20   3/10

[Signature ]   
Contract Development and Control  3/23/17

B. Legal Sufficiency:

[Signature ]   
Assistant County Attorney

C. Other Department Review:

Department Director

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



MEMORANDUM

TO: Paulette Burdick, Mayor  
Board of County Commissioners

THRU: Verdenia C. Baker, County Administrator  
Board of County Commissioners

THRU: Nancy L. Bolton, Assistant County Administrator  
Board of County Commissioners

FROM: James Green, Department Director  
Community Services Department

DATE: March 2, 2017

RE: **Phase 34 Emergency Food and Shelter Program (EFSP) Application**

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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**

Paulette Burdick, Mayor  
Melissa McKinlay, Vice Mayor  
Hal R. Valeche  
Dave Kerner  
Steven L. Abrams  
Mary Lou Berger  
Mack Bernard

**County Administrator**

Verdenia C. Baker

"An Equal Opportunity  
Affirmative Action Employer"

Pursuant to Section 309 of the Administrative Code, your signature is needed on the Phase 34 Emergency Food and Shelter Program (EFSP) application.


The Emergency Food and Shelter National Board Program is a restricted federal grant that provides EFSP funds. The award is administered locally by the United Way of Palm Beach County, Inc.

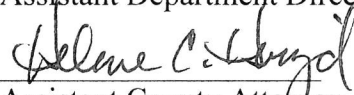
On February 13, 2017, United Way of Palm Beach County released the Phase 34 EFSP application. The Division of Human and Veteran Services (DHS) has received EFSP funds via this program for the past twenty-one years. DHS is applying for Phase 34 funds in the amount of \$320,000 to provide shelter and rental assistance to individuals and families in need.


The EFSP application must be submitted by March 10, 2017 by 12 noon. The emergency signature process is being utilized as there is not sufficient time to submit the application through the regular Board of County Commissioners (BCC) agenda process. DHS staff will submit the grant application at the next available BCC Commission meeting.

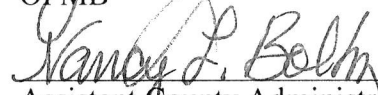
If additional information is needed, please contact Tracie Bostick, at (561) 355-4779.

Approved by:

  
Assistant Department Director

  
Assistant County Attorney

  
OFMB

  
Assistant County Administrator

Attachments: Phase 34 Emergency Food and Shelter Program Application

PHASE 34 EMERGENCY FOOD AND SHELTER PROGRAM (EFSP) APPLICATION  
Federal Emergency Management Agency/Palm Beach County

**Return application to:** United Way of Palm Beach County, Inc., 477 S. Rosemary Avenue, Suite 230, West Palm Beach, FL 33401, Attention: Tamara Worley  
**Questions? Contact:** Tamara Worley at (561) 375-6630  
All submissions must be typewritten. Incomplete submissions will not be reviewed.  
**APPLICATION SUBMISSION DEADLINE:** March 10<sup>TH</sup>, 2017 12:00 PM (NOON)  
Applications must be received at the above address by the deadline. Late proposals will not be accepted. No exceptions.

**Agency Name:** Palm Beach County Division of Human Services

**Contact:** Wendy Tippett/Georgiana Devine

**Address:** 810 Datura Street, Suite 350

**City, State, Zip Code:** West Palm Beach, FL 33401

**E-Mail:**wtippett@pbcgov.org/gdevine@pbcgov.org

**Telephone:** 561-355-4775                      **FAX:** 561-355-4801

**Federal ID:** 59-6000785

Approximate Area Distribution in past years:

Served Meals	10%	Other Foods	12%	Administrative	2%
Mass Shelter	14%	Other Shelter	16%		
Rent/Mortgage	42%	Utilities	4%		

Please provide your Phase 34 EFSP request for funding broken down in the following categories. Use the unit of service definitions included in this packet.

	CATEGORY	REQUEST AMOUNT	ESTIMATED UNITS OF SERVICE	UNIT COST
A	Served Meals			
B	Other Food (Pantry)			
C	Mass Shelter <ul style="list-style-type: none"><li>Transitional Housing</li></ul>			
D	Other Shelter <ul style="list-style-type: none"><li>Hotel/Motel</li></ul>	\$20,000	833	\$24/night
E	Rent/Mortgages	\$300,000	300	\$1000/month
F	Utility Payments			
G	Total Request (add A through F)	\$320,000	1133	



**PHASE 34 EMERGENCY FOOD AND SHELTER PROGRAM (EFSP) APPLICATION**  
**Federal Emergency Management Agency/Palm Beach County**

1. WHO IS SERVED? *(Describe the program's target population, including client demographics and geographic area(s) served.)*  
**Rent:** will be provided to residents of Palm Beach County, regardless of income, targeting families with children and the elderly, who face eviction. The geographic area to be serviced is county wide for all services requested. The Division will also provide rental assistance utilizing a Housing First Model or a Rapid Re-Housing Program Model for housing placement in scattered site locations once an appropriate apartment is located and inspected. Intensive Case Management is provided on a daily basis including weekends, for as long as determined necessary. To date, for Phase 33 we have served, a total of 759 individuals and families.  
**Other Shelter:** Individuals served will be identified by the Division of Human Services through the Philip D. Lewis Center and Street Outreach. The target population will be homeless and chronically homeless, single male and female adults, above the age of 18; with focus on those with substance abuse, mental illness, HIV/AIDS, and Veterans. Funds may be used to rent nightly hotel/motel stays for emergency housing for those displaced in western Palm Beach County due to condemned housing. To date, for Phase 33, we have provided 1,855 nights of shelter.
2. WHAT ARE THE ELIGIBILITY CRITERIA FOR INDIVIDUALS REQUESTING SERVICES AND HOW WILL YOUR PROGRAM ENSURE THAT EVERYONE, NOT JUST YOUR CLIENTS, RECEIVE THIS SERVICE?  
**Rent:** will be provided to residents of Palm Beach County, regardless of income, targeting families with children and the elderly who face eviction.  
**Other Shelter Services:** Clients eligible for other shelter services will be those served by the Homeless Outreach Team (HOT) who meets HUD's definition of homelessness as follows:
  - a. On the streets or in a place not meant for human habitation
  - b. In an emergency shelter or transitional housing program
  - c. In housing, but being evicted within 14 days and not having resources or support networks to obtain housing
  - d. Fleeing domestic violence; or
  - e. An individual/ family doubled up with others due to loss of housing.
3. WHERE ARE PROGRAM SERVICES DELIVERED? *(List all of the program service sites, including the day(s) and time(s) services are available. Please provide an estimate of the amount of EFSP funding your agency will designate to each site.)*

**Rent Payments:** The Division has three area offices where individuals/families can apply for Rent Payment assistance Monday- Friday, 8am-5pm. The North County Office is located at 1440 Martin Luther King Blvd., Riviera Beach, FL. The South County Office is located at 225 South Congress Ave, Delray Beach, FL and the West County Office is located at 38754 State Road 80, Belle Glade, FL. Rent funding allocation is also utilized by the Homeless Services Programs which are located at 1150 45<sup>th</sup> Street, West Palm Beach, FL and 1250 Southwinds Drive Lantana, FL. The Division is requesting funding to serve approximately 300 individuals/families with one month's rent for a maximum of \$1,000 per month for a total of \$300,000. By combining EFSP funds with Ad Valorem funds, the Division will maximize resources.

**Other Shelter Services:** The HOT conducts street outreach on a daily basis with the purpose of ongoing engagement with those who have been assessed and are waiting for an available bed. The HOT is housed at 1150 45<sup>th</sup> Street, West Palm Beach. The Housing Focused Staff who serve those placed in emergency shelter are housed at 1250 Southwinds Drive Lantana, FL. The Homeless Services Program Supervisors ensure coverage throughout the day and outreach is scheduled for locations throughout Palm Beach County as well as in provision to specific identified service needs. The HOT also interviews individuals for the convenience of clients at, 38754 State Road 80 in Belle Glade. Services are provided for an eight hour timeframe based on the outreach schedule, some days HOT begin outreach at 6am and work until 4pm, while other days they may work from 11am until 8pm. They also work regular hours of 8am to 5pm. Some weeks they flex time and work on a Saturday. Teams meet the homeless where they are located, in the parks, soup kitchens, abandoned buildings, the woods, and street corners. Based on the amount of other

**PHASE 34 EMERGENCY FOOD AND SHELTER PROGRAM (EFSP) APPLICATION**  
**Federal Emergency Management Agency/Palm Beach County**

shelter funds requested, the HOT anticipates sheltering approximately 27 individuals for a maximum of thirty days each at \$24 per night, providing 833 units of service for a total of \$20,000. Should hotel/motel assistance be provided, the cost per night will be dependent on the time of year and number of participants in the household.

4. **WHAT SERVICES ARE PROVIDED?** *(Provide a brief description of the program services, in relation to the funding category(ies) listed on the Application cover page. If the program will provide shelter services, please indicate specifically how the program will ensure the safety and quality of the living environment and that the cost is reasonable.)*

**Rent Payments:** Under the Financial Assistance component, the Division offers rent assistance to individuals and families in Palm Beach County, regardless of income. This allows the Division to serve a more diverse population within the County who are in need of assistance, and eliminates the need for referring individuals and families to yet "another agency" for service delivery. Case management services will be provided to all participants for a minimum of 30 days, including activities geared toward obtaining self-sufficiency such as budgeting, bill paying and linkages to other needed services. A follow-up contact is made by telephone, office or home visit, as appropriate, at the end of 30 days, for those clients requiring only one month of service. The Homeless Services Teams will utilize the rental assistance to provide the first month's rent for homeless clients that are evaluated as needing housing first; the most vulnerable and most likely to die on the street or those evaluated as needing rapid re-housing with less barriers but still in need of limited financial assistance and short term case management. They are assessed using the SPDAT, the common assessment tool adopted by the Homeless and Housing Alliance. Clients are case managed daily initially, then individualized based on assessed need and followed for a minimum of one year.

**Other Shelter:** Homeless persons are navigated via telephone through the Lewis Center and Division staff assesses their needs through a comprehensive assessment consisting of an intake and SPDAT (Service Prioritization Decision Assistance Tool). Those wishing to end their homelessness are placed in the most appropriate housing option such as the Lewis Center or halfway houses. Comprehensive Case Management is provided by the Division Housing Focused Case Managers, initially for up to 30 days; until the individual is accepted by a HUD funded Supportive Housing Program, placed in a County-funded Housing First or Rapid Re-Housing Bed or one of the area offices for continued services. If the case is accepted by a Supportive Housing Program or an area office, case management is transferred. The Division is administering Housing First and Rapid Re-Housing Service models by moving individuals directly from the street or shelter into permanent housing as quickly as possible. Once placed, ongoing case management and additional rental assistance is provided until the individual is able to maintain the rent on their own. All linkages for placement and/or services can be accomplished through the HOT to ensure fast response and delivery of care. The Division combines EFSP funds with other public funding sources. The Division maximizes the services rendered to the clients and therefore helps build stability and self sufficiency. To ensure the safety and quality of the living environment at the halfway houses (shelters), the Division requires that each halfway house (shelter) complete a Vendor Packet annually. The packet includes a Vendor and Price Agreement Form as well as a copy of a current Occupational License verifying a fire/safety inspection.

5. **WHO PROVIDES SERVICES?** *(Describe the agency's administrative structure and the program's staffing structure.)*

**Rent Payment assistance** will be provided, and progress monitored by Case Managers in the Division's three area offices. All three offices have a Casework Supervisor on-site. Fifteen Case Managers are available across the three offices to provide services throughout the County. A Quality Assurance Coordinator provides consultation and monitoring related to EFSP eligibility criteria and service delivery. An Operations Supervisor oversees the Casework Supervisors for the three area offices. The Quality Assurance Coordinator and the Division Operations Supervisor report to the Division Director. The Division has fiscal and programmatic capacity to perform all of the requirements of the grant. The Homeless Services Staff consists of: two Supervisors and

PHASE 34 EMERGENCY FOOD AND SHELTER PROGRAM (EFSP) APPLICATION  
Federal Emergency Management Agency/Palm Beach County

fourteen Case Managers who also receive oversight from the Quality Assurance Coordinator and Operations Supervisor.

**Other Shelter**, the Homeless Outreach Team (HOT) staff will provide a comprehensive Intake and Assessment. Division Housing Focused Case Managers provide intensive Case Management to those single adults served through EFSP funds in Emergency Shelter. The Homeless Services Staff consists of: two Supervisors, and fourteen Case Managers who receive oversight from the Quality Assurance Coordinator and Operations Supervisor.

6. HOW DOES THE PROGRAM PROVIDE CASE MANAGEMENT? *(Briefly describe the program's case management services. Is follow-up provided within 30-60 days of service? If the program was supported with EFSP funds in a previous phase, was follow-up provided within 30 to 60 days of service? What were the results? How does program staff coordinate with staff from other programs to ensure comprehensive services are provided to clients?)*

The Division's premise is that Case Management is crucial not just at the initial intake, but throughout the life of a case. Many persons served only want to deal with the presenting emergency and resist steps necessary to determine how they got into the current situation and how they might prevent future recurrence of emergencies. The Division has a service delivery system of comprehensive Case Management with outcome measures. Anyone who applies for other shelter through the Homeless Services Program process participates in an Intake, a SPDAT and other assessment components including: a medical screening, shelter/home visits, budget review, and other variables that may impact the individual's quality of life. After the initial Intake is completed, an Individual Service Plan is developed. Intensive case management during placement includes contact twice weekly at a minimum with one contact occurring at the shelter, often after regular business hours to accommodate clients' schedules. For those placed in the Housing First/Rapid Re-Housing designated beds, daily home visits are conducted for as long as determined necessary. Home visits quickly reduce as the individuals reconnect with the community and achieve self sufficiency. Also, during the first thirty days, the Case Managers act as liaisons for clients assisting them in obtaining identification and providing linkage to assistance such as Veterans Services; Mental Health and Substance Abuse Services; Career Source; and NA/AA Meetings. Food Stamps are directly applied for through ACCESS as the Division is a Platinum Partner. Upon entry into shelter, the cases are staffed for consideration of one of the following outcomes: Housing First and Rapid Re- Housing placement with continued case management, or referral to a HUD funded Continuum of Care (CoC) program. Once the individual is accepted into any type of non-County funded housing program, case management is transferred at that time.

7. IS THE AGENCY AN ACCESS PARTNER WITH THE FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES?

Yes ☒ No ☐

If no, please indicate why not?

8. HOW DOES THE PROGRAM'S STAFF CONNECT CLIENTS WITH OTHER RESOURCES OR PROGRAMS IN THE COMMUNITY *(For example, referral and/or linkage to 211, Community Development Block Grant (CDBG), Emergency Solutions Grant (ESG), Low Income Home Energy Assistance Program (LIHEAP), Emergency Home Energy Assistance for the Elderly Program (EHEAP), Florida Power & Light's Care to Share Program)?*

As a first step during the process of serving clients, the Division completes an assessment of needs and links clients at that time to a diverse array of services. All of the services provided through case management are to assist the client to achieve self sufficiency. The Division has an agreement with FPL to determine eligibility and administer Care-to-Share requests. Staff refer clients for EHEAP to the Department's Senior Services Division and to the Community Action offices for LIHEAP applications. The Division provides a case manager to continuously support them during placement and the delivery of services, including linkage to services in the community. Division staff work with multiple programs and funding sources and are able to



**PHASE 34 EMERGENCY FOOD AND SHELTER PROGRAM (EFSP) APPLICATION**  
**Federal Emergency Management Agency/Palm Beach County**

connect the clients with the appropriate services through partnering with agencies county-wide, including 2-1-1 and those services funded by ESG and HUD.

9. IF APPLYING FOR THE CATEGORIES: MASS SHELTER, OTHER SHELTER, RENT/MORTGAGE AND UTILITY PAYMENTS, ARE YOU A MEMBER OF THE PALM BEACH COUNTY HOMELESS AND HOUSING ALLIANCE (HHA) (FORMERLY THE CONTINUUM OF CARE)? *HHA delivers a comprehensive and coordinated continuum of services for homeless individuals and families. Components include homeless prevention, outreach and assessment, emergency shelter, transitional housing, supportive services, permanent housing, and permanent supportive housing. The HHA includes a variety of community-based members that meet monthly.]*

Yes ☒ No ☐

10. THE PALM BEACH COUNTY HOMELESS MANAGEMENT INFORMATION SYSTEM [Client Management Information System (CMIS) ClientTRACK] WAS CREATED TO AVOID DUPLICATION OF SERVICES PROVIDED TO AN INDIVIDUAL BY MULTIPLE AGENCIES. IS YOUR AGENCY AN ACTIVE USER OF CMIS ClientTRACK?

Yes ☒ No ☐

If yes, describe how the agency participates. EFSP requires immediate entry of client data. Is the agency in full compliance? If not, why and what is your plan for corrective action?

The Agency is in full compliance, as it is the policy of the Division to enter data into the CMIS system. The Agency receives monthly data report cards to utilize for data quality evaluation. Division staff reviews the data reports monthly and corrects any deficiencies and/or maintains communication with CMIS Coordinator to address all data issues.

11. HOW LONG HAS THE AGENCY BEEN IN EXISTENCE? *(How long has the agency been providing emergency support services? If the agency has a shelter facility, how long has the facility been operational?)*

Founded in 1909, Palm Beach County was carved out of Dade County to become the 47<sup>th</sup> county in Florida. A seven-member Board of County Commissioners (BCC), elected by registered voters from the district where the commissioners reside, governs Palm Beach County. Among the County's extensive organizational structure is the Department of Community Services, Human Services Division, which has been involved in serving low-income and homeless persons for 50 years. Since its inception, Case Management has been an integral part of the Division's program components: Homeless Prevention and Homeless Services.

12. WHAT IS THE AGENCY'S TOTAL AGENCY BUDGET? *(Please attach a copy of the agency's current operating budget, including revenue and expenses.)*

The Division of Human Services current operating budget for FY17 is \$11,516,458.

13. PLEASE SUBMIT THE AGENCY'S MOST RECENT AUDIT AND ITS ACCOMPANYING MANAGEMENT LETTER. *(If the agency is not required to conduct a financial audit annually, please attach the agency's most recent IRS Form 990.)*

14. HOW DOES THE AGENCY PROVIDE SERVICES TO PEOPLE WITH DISABILITIES, INCLUDING THOSE WHO REQUIRE REASONABLE ACCOMMODATIONS AS REQUIRED BY THE AMERICANS WITH DISABILITIES ACT (ADA)? *(For example, please describe the agency's policies and procedures to assist clients who require a Sign Language Interpreter, assistance in filling out forms, wheelchair accessibility, and/or accessibility for service animals in the proposed EFSP-funded program services locations.)*

All of the buildings/offices that the Division of Human Services operates from are ADA compliant, including wheelchair accessible. The buildings are accessible by public transportation. Each Division office has at least one staff person that speaks Spanish. Any case requiring a Spanish interpreter is assigned to that specific worker automatically. For Creole speaking individuals, the Riviera Beach office has staff who speaks Creole and those cases are assigned automatically. For all other offices, when the need for Interpreter Services for those with Sensory Impairment is identified, the services are secured when individuals applying for services walk-in rather than call for appointment, as the Division utilize a Purchase Agreement rather than a contract. If Interpreter Services are necessary, the staff makes proper accommodations and client is given an appointment to come back, once these services are arranged.

15. PLEASE ATTACH A LIST OF THE AGENCY’S CURRENT BOARD MEMBERS.

Palm Beach County Board of County Commissioners:

Commissioner Mary Lou Berger	
Commissioner Hal R. Valeche	Commissioner Steven L. Abrams
Commissioner Dave Kerner	Commissioner Melissa McKinlay, Vice Mayor
Commissioner Paulette Burdick, Mayor	Commissioner Mack Berndard

**EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM  
PHASE 34 LOCAL RECIPIENT ORGANIZATION CERTIFICATION**

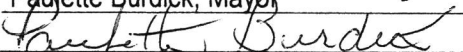
*By signing this Local Recipient Organization (LRO) Certification Form, our agency certifies we have read and understand the Emergency Food and Shelter Program (EFSP) Phase 33 Responsibilities and Requirements Manual, including the Grant Agreement Articles, Financial Terms and Conditions, and Other Terms and Conditions as well as the Eligible and Ineligible Costs and Documentation sections and agree to comply with all program requirements. Our agency understands that all parties will be held accountable for complying with the provisions of the grant as well as full compliance with applicable requirements of all other Federal laws, Executive Orders, regulations, and policies governing this program including those not specifically stated in the Manual. All appropriate staff and volunteers have been informed of EFSP requirements. The Local Board has been provided and we have retained a copy of this form for our records.*

I certify that my public or private agency:

- Has the capability to provide emergency food and/or shelter services.
- Will use funds to supplement/extend existing resources and not to substitute or reimburse ongoing programs and services.
- Is nonprofit or an agency of government.
- Will not use EFSP funds as a cost-match for other Federal funds or programs.
- Has an accounting system, and will pay all vendors by an approved method of payment.
- Understands that cash payments (including petty cash) are not eligible under EFSP.
- Conducts an independent annual review if receiving \$25,000-\$49,999/an independent annual audit if receiving \$50,000 or more in EFSP funds, and an OMB Circular A-133 if receiving \$500,000 or more in Federal funding
- **Has not received an adverse or no opinion audit.**
- Is not debarred or suspended from receiving Federal funds.
- Has provided a Federal Employer Identification Number (FEIN) to EFSP.
- Has provided a Data Universal Number System (DUNS) number issued by Dun & Bradstreet (D&B) and required associated information to EFSP.
- Practices non-discrimination (agencies with a religious affiliation, will not refuse service to an applicant based on religion, nor engage in religious proselytizing or religious counseling in any program receiving Federal funds).
- Will not charge a fee to clients for EFSP funded services.
- Has a voluntary board if private, not-for-profit.
- Will provide all required reports to the Local Board in a timely manner; (i.e., Second Payment/Interim Request and Final Reports).
- Will expend monies only on eligible costs and keep complete documentation (copies of canceled LRO checks -front and back, other proof of payment, invoices, receipts, etc.) on all expenditures for a minimum of three years after end-of-program date, and for compliance issues until resolved.
- Will spend all funds and close-out the program by my jurisdiction's selected end-of-program date and return any unused funds (\$5.00 or more) to the National Board.
- Will provide complete, accurate documentation of expenses to the Local Board, if requested, following my jurisdiction's selected end-of-program date.
- Will not use EFSP funding for any lobbying activities and if receiving \$100,000 or more, will provide the "Certification Regarding Lobbying" and, if applicable, will complete Standard Form LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions.
- Has no known EFSP compliance exceptions in this or any other jurisdiction.

Note: Check this box only if your Local Board has additional requirements beyond those of the National Board. The Local Board must attach a copy of those requirements to the Local Board Plan when submitted to the National Board.

This form must be completed in its entirety. Please do not alter this form; any questions regarding the form should be directed to EFSP staff.

LRO ID (9 digit): 168600-019 FEIN#: 59-6000785 DUNS #: 078470481  
LRO Name: Palm Beach County Board of County Commissioners  
Street Address/City/State/Zip: 810 Datura Street, West Palm Beach, FL 33401  
Phone #: 561-355-4775 Fax #: 561-355-4801 Email: wtippett@pbcgov.org  
Print Name: Pamlette Burdick, Mayor  
Signature:  Date: 3/3/17

Attest: Sharon R. Bock  
Clerk and Comptroller

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

Approved As To Form  
And Legal Sufficiency

By:   
Assistant County Attorney

**EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM**  
**PHASE 34 FISCAL AGENT/FISCAL CONDUIT AGENCY RELATIONSHIP CERTIFICATION**

*This certification must be signed by each agency receiving funds through a Fiscal Agent/Fiscal Conduit Agency at the beginning of the funding cycle.*

*By signing this Fiscal Agent/Fiscal Conduit Agency Relationship Certification Form, our agency certifies we have read and understand the Emergency Food and Shelter Program (EFSP) Phase 34 Responsibilities and Requirements Manual, including the Grant Agreement Articles, Financial Terms and Conditions, and Other Terms and Conditions as well as the Eligible and Ineligible Costs and Documentation sections and agree to comply with all program requirements. Our agency understands that all parties will be held accountable for complying with the provisions of the grant as well as full compliance with applicable requirements of all other Federal laws, Executive Orders, regulations, and policies governing this program including those not specifically stated in the Manual. All appropriate staff and volunteers have been informed of EFSP requirements. The Local Board, Fiscal Agent/Fiscal Conduit and the agency(ies) benefitting through the relationship have retained a copy of this form for their records.*

As a **recipient agency** (through the Fiscal Agent/Fiscal Conduit noted below) of Emergency Food and Shelter National Board Program (EFSP) funds made available for Phase 33 and as the duly authorized representative of

Palm Beach County Board of County Commissioners

(NAME OF AGENCY)

I certify that my public or private agency:

Has a Fiscal Agent/Fiscal Conduit approved by the Local Board:

(Name of Fiscal Agent/Fiscal Conduit)

Attest: Sharon R. Bock  
Clerk and Comptroller

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

Approved As To Form  
And Legal Sufficiency

By: Deane C. Boyd  
Assistant County Attorney

- Is not debarred or suspended from receiving Federal funds.
- Has the capability to provide emergency food and/or shelter services.
- Will use funds to supplement and extend existing resources and not to substitute or reimburse ongoing programs and services.
- Is nonprofit or an agency of government.
- Will not use EFSP funds as a cost match for other Federal funds or programs.
- Practices non-discrimination (agencies with a religious affiliation, will not refuse service to an applicant based on religion, nor engage in religious proselytizing or religious counseling in any program receiving Federal funds).
- Has provided a Federal Employer Identification Number (FEIN) to EFSP.
- Has provided a Data Universal Number System (DUNS) number issued by Dun & Bradstreet (D&B) and required associated information to EFSP.
- Will not charge a fee to clients for EFSP funded services.
- Has a voluntary board if private, not-for-profit.
- **Understands that cash payments (including petty cash) are not eligible under EFSP.**
- Will provide all required information to the Fiscal Agent/Fiscal Conduit.
- Will expend monies only on eligible costs and keep complete, accurate documentation (copies of canceled LRO checks -- front and back, other proof of payment, invoices, receipts, etc.) on all expenditures for a minimum of three years after end-of-program date, and for compliance issues until resolved.
- Will provide complete, accurate documentation to the Fiscal Agent/Fiscal Conduit Agency for payment to the vendor.
- Will not use EFSP funding for any lobbying activities and if receiving \$100,000 or more, will provide the "Certification Regarding Lobbying" and, if applicable, will complete Standard Form LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions.
- Has certified that our employees, volunteers, or other individuals associated with the program understand they will not engage in any trafficking of persons during the period this award is in effect.
- Has certified that our employees, volunteers, or other individuals associated with the program understand they will not use EFSP funds to support access to classified national security information during the period this award is in effect.
- Has no known EFSP compliance exceptions in this or any other jurisdiction.
- Will spend all funds and close-out the program by the jurisdiction's selected end-of-program date, and return any unused funds (\$5.00 or more) to the National Board.

☒ **Note: Check this box only if your Local Board has additional requirements beyond those of the National Board. The Local Board must attach a copy of those requirements to the Local Board Plan when it is submitted to the National Board.**

**This form must be completed in its entirety. Please do not alter this form; any questions regarding the form should be directed to EFSP staff.**

LRO ID (9 digits): 168600-019 FEIN#: 59-6000785 DUNS #: 078470481

LRO Name: Palm Beach County Board of County Commissioners

Street Address/City/State/Zip: 810 Datura Street, West Palm Beach, FL 33401

Phone #: 561-355-4775 Fax #: 561-355-4801 Email: wtippett@pbcgov.org

Print Name: Paulette Burdick, Mayor

Signature: Paulette Burdick

Date: 3/2/17

EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM PHASE 34  
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on the behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, contribution, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Title 31 U.S.C. §1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

**This form must be completed in its entirety. Please do not alter this form; any questions regarding the form should be directed to EFSP staff.**

Palm Beach County Board of County Commissioners

LRO Name

168600-019

LRO ID Number (9 digits)

Paulette Burdick, Mayor

Representative Name

Paulette Burdick

Representative Signature

3-2-2017

Date (month/day/year)

**NOTE:** Standard Form LLL and instructions are available at [www.grants.gov](http://www.grants.gov)

Attest: Sharon R. Bock  
Clerk and Comptroller

Approved As To Form  
And Legal Sufficiency

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

By: Helene C. Boyd  
Assistant County Attorney



## Acronym Sheet

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- ❖ CDBG - Community Development Block Grant
- ❖ CMIS - Client Management Information System
- ❖ EFSP- Emergency Food and Shelter Program
- ❖ EHEAP \_ Emergency Home Energy Assistance for Elderly Program
- ❖ ESG - Emergency Solutions Grant
- ❖ HUD - Housing and Urban Development
- ❖ LIHEAP - Low Income Home Energy Assistance Program

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PALM BEACH COUNTY, FLORIDA  
EXPENDITURE STATEMENT OF ACCOUNTS  
FISCAL YEAR: 2017

FUND: 0001 FUND NAME: General Fund

DEPT: 148 DEPT NAME: Community Services/Human Serv

OBJECT	OBJECT NAME	APPROVED BUDGET	CUR MOD BUDGETED	ACCRUED EXPENDED	CASH EXPENDED AMT	PRE ENCUMBERED	ENCUMBERED	UNCOMMITTED BALANCE
UNIT: 1221 UNIT NAME : Homeless Resource Center								
<b>1481221OA</b>								
3101	Professional Services	4,433	4,433	0.00	0.00	0.00	0.00	4,433.00
3401	Other Contractual Services *	3,909,314	3,909,314	0.00	990,570.55	0.00	2,894,483.30	24,260.15
3403	Custodial Or Janitorial Srvces	68,305	68,305	0.00	13,096.12	0.00	19,644.18	35,564.70
3405	Security Services	276,621	276,621	0.00	56,572.16	0.00	202,039.42	18,009.42
3419	Contracted Food	65,338	65,338	0.00	4,487.85	0.00	0.00	60,850.15
4101	Communication Services	12,965	12,965	0.00	0.00	0.00	0.00	12,965.00
4301	Utilities/Electric	171,714	81,714	0.00	31,539.78	0.00	0.00	50,174.22
4304	Utilities/Water	58,901	46,901	0.00	16,726.60	0.00	0.00	30,174.40
4308	Utilities/Gas	1,999	1,999	0.00	768.69	0.00	0.00	1,230.31
4310	Utilities/Waste Disposal	30,178	30,178	0.00	9,092.86	0.00	0.00	21,085.14
4401	Rent	1,650	1,650	0.00	263.62	0.00	134.38	1,252.00
4406	Rent-Office Equipment	6,500	6,500	469.15	-469.15	0.00	9,439.58	-2,939.58
4605	Maintenance-Grounds	7,914	5,914	0.00	218.00	0.00	2,289.00	3,407.00
4610	Repair/Maint-Buildings	54,485	18,485	0.00	14,579.23	0.00	12,561.40	-8,655.63
4909	Licenses & Permits	75	75	0.00	0.00	0.00	0.00	75.00
5111	Office Furniture And Equipment	1,426	1,426	0.00	0.00	0.00	0.00	1,426.00
5121	Data Procsgng Sftwre/Accessres	1	1	0.00	0.00	0.00	60,318.00	-60,317.00
<b>APPROPRIATION TOTAL</b>		<b>4,671,819</b>	<b>4,531,819</b>	<b>469.15</b>	<b>1,137,446.31</b>	<b>0.00</b>	<b>3,200,909.26</b>	<b>192,994.28</b>
<b>1481221XA</b>								
9627	Charge-Off From Other Cost Ctr	100,000	100,000	0.00	0.00	0.00	0.00	100,000.00
<b>APPROPRIATION TOTAL</b>		<b>100,000</b>	<b>100,000</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>100,000.00</b>
UNIT: 1221		<b>4,771,819</b>	<b>4,631,819</b>	<b>469.15</b>	<b>1,137,446.31</b>	<b>0.00</b>	<b>3,200,909.26</b>	<b>292,994.28</b>
UNIT: 1222 UNIT NAME : Family Shelter								
<b>1481222OA</b>								
4301	Utilities/Electric	0	90,000	0.00	6,293.05	0.00	0.00	83,706.95
4304	Utilities/Water	0	12,000	0.00	8,007.34	0.00	0.00	3,992.66
4310	Utilities/Waste Disposal	0	0	0.00	2,363.44	0.00	0.00	-2,363.44
4605	Maintenance-Grounds	0	2,000	0.00	4,509.00	0.00	0.00	-2,509.00
4610	Repair/Maint-Buildings	0	36,000	0.00	543.76	0.00	6,170.03	29,286.21
<b>APPROPRIATION TOTAL</b>		<b>0</b>	<b>140,000</b>	<b>0.00</b>	<b>21,716.59</b>	<b>0.00</b>	<b>6,170.03</b>	<b>112,113.38</b>
UNIT: 1222		<b>0</b>	<b>140,000</b>	<b>0.00</b>	<b>21,716.59</b>	<b>0.00</b>	<b>6,170.03</b>	<b>112,113.38</b>

PALM BEACH COUNTY, FLORIDA  
EXPENDITURE STATEMENT OF ACCOUNTS  
FISCAL YEAR: 2017

FUND: 0001 FUND NAME: General Fund

DEPT: 148 DEPT NAME: Community Services/Human Serv

OBJECT	OBJECT NAME	APPROVED BUDGET	CUR MOD BUDGETED	ACCRUED EXPENDED	CASH EXPENDED AMT	PRE ENCUMBERED	ENCUMBERED	UNCOMMITTED BALANCE
UNIT: 1310 UNIT NAME : Human Services Admin								
<b>1481310OA</b>								
3126	Interpreter Services	1	1	0.00	1,840.00	0.00	1,870.00	-3,709.00
3128	Investigative Service	1	1	0.00	0.00	0.00	0.00	1.00
3401	Other Contractual Services *	2,751	2,751	0.00	0.00	0.00	0.00	2,751.00
3404	Temp Serv/Contracted Salaries	7,466	7,466	0.00	0.00	0.00	0.00	7,466.00
3405	Security Services	32,756	32,756	0.00	6,654.64	0.00	24,009.12	2,092.24
3421	Contractual Services -Training	8,364	8,364	0.00	0.00	0.00	0.00	8,364.00
3457	Moving Expense-County Property	2,000	2,000	0.00	0.00	0.00	0.00	2,000.00
4001	Travel And Per Diem	9,000	9,000	440.00	6,553.16	0.00	0.00	2,006.84
4007	Travel-Mileage	16,495	16,495	0.00	7,444.94	0.00	0.00	9,050.06
4205	Postage	4,000	4,000	0.00	113.27	0.00	0.00	3,886.73
4304	Utilities/Water	1	1	0.00	0.00	0.00	0.00	1.00
4310	Utilities/Waste Disposal	1,200	1,200	0.00	0.00	0.00	0.00	1,200.00
4401	Rent	1	1	0.00	0.00	0.00	0.00	1.00
4406	Rent-Office Equipment	17,500	17,500	0.00	2,294.30	0.00	14,471.80	733.90
4412	Rent-Storage/Warehouse Space *	1,800	1,800	0.00	769.80	0.00	1,208.40	-178.20
4417	Rental-Telephone Equipment	1	1	0.00	0.00	0.00	0.00	1.00
4420	Rent-Motor Pool Vehicles	500	500	756.22	0.00	0.00	0.00	-256.22
4502	Casualty Self Ins Premiums	28,306	28,306	0.00	0.00	0.00	0.00	28,306.00
4601	Repair & Maintenance	1	1	0.00	0.00	0.00	0.00	1.00
4605	Maintenance-Grounds	1	1	0.00	0.00	0.00	0.00	1.00
4610	Repair/Maint-Buildings	1	1	0.00	0.00	0.00	0.00	1.00
4620	Rep/Maint-Equipment	1	1	0.00	0.00	0.00	0.00	1.00
4622	Rep/Maint-Telephone	1	1	0.00	0.00	0.00	0.00	1.00
4674	Rep/Maint-Dp Equip & Software	1	1	0.00	0.00	0.00	0.00	1.00
4801	Promotl Activities (Ord 86-19)	3,000	3,000	0.00	2,274.11	0.00	0.00	725.89
4901	Oth Currnt Chrges & Obligations	1	1	0.00	0.00	0.00	0.00	1.00
4909	Licenses & Permits	200	200	0.00	0.00	0.00	0.00	200.00
4941	Registration Fees	2,900	2,900	360.00	389.92	0.00	0.00	2,150.08
4945	Advertising	501	501	0.00	0.00	0.00	0.00	501.00
5101	Office Supplies	25,500	25,500	0.00	12,479.43	0.00	627.68	12,392.89
5111	Office Furniture And Equipment	2,000	2,000	0.00	159.00	0.00	1,409.95	431.05
5112	Telephone Equipment/Install	1	1	0.00	0.00	0.00	0.00	1.00
5121	Data Procsgng Sftwre/Accessres	19,380	19,380	0.00	0.00	0.00	1,898.75	17,481.25

PALM BEACH COUNTY, FLORIDA  
EXPENDITURE STATEMENT OF ACCOUNTS  
FISCAL YEAR: 2017

FUND: 0001 FUND NAME: General Fund

DEPT: 148 DEPT NAME: Community Services/Human Serv

OBJECT	OBJECT NAME	APPROVED BUDGET	CUR MOD BUDGETED	ACCRUED EXPENDED	CASH EXPENDED AMT	PRE ENCUMBERED	ENCUMBERED	UNCOMMITTED BALANCE
UNIT: 1310 UNIT NAME : Human Services Admin								
5201	Materials/Supplies Operating	1	1	0.00	0.00	0.00	0.00	1.00
5215	Gasoline	0	0	0.00	0.00	0.00	0.00	0.00
5248	Clothing & Wearing Apparel	100	100	0.00	1,883.04	0.00	0.00	-1,783.04
5401	Books, Publicatns & Subscrptns	150	150	0.00	54.95	0.00	0.00	95.05
5412	Dues & Memberships	2,650	2,650	0.00	0.00	0.00	0.00	2,650.00
APPROPRIATION TOTAL		188,533	188,533	1,556.22	42,910.56	0.00	45,495.70	98,570.52
1481310PA								
1201	Salaries & Wages Regular	2,479,774	2,479,774	0.00	898,705.61	0.00	0.00	1,581,068.39
1203	Salaries & Wages Seasonal	1	1	0.00	0.00	0.00	0.00	1.00
1301	Sal & Wages Non-Frs Employees	1	1	0.00	14,164.56	0.00	0.00	-14,163.56
1401	Salaries & Wages Overtime	1	1	0.00	3,008.63	0.00	0.00	-3,007.63
1501	Wages-Special-No Frs Contrib	1,500	1,500	0.00	1,020.00	0.00	0.00	480.00
1504	Wages-Union Sick-No Frs Cntrb	1	1	0.00	0.00	0.00	0.00	1.00
2101	Fica-Taxes	154,887	154,887	0.00	54,257.01	0.00	0.00	100,629.99
2105	Fica Medicare	36,236	36,236	0.00	12,689.13	0.00	0.00	23,546.87
2201	Retirement Contributions-Frs	199,544	199,544	0.00	73,264.11	0.00	0.00	126,279.89
2301	Insurance-Life & Health	699,465	699,465	0.00	248,466.69	0.00	0.00	450,998.31
2401	Workers' Compensation	9,579	9,579	0.00	0.00	0.00	0.00	9,579.00
APPROPRIATION TOTAL		3,580,989	3,580,989	0.00	1,305,575.74	0.00	0.00	2,275,413.26
UNIT: 1310		3,769,522	3,769,522	1,556.22	1,348,486.30	0.00	45,495.70	2,373,983.78
UNIT: 1315 UNIT NAME : Veterans Affairs								
1481315OA								
3301	Court Reporter Services *	1	1	0.00	0.00	0.00	0.00	1.00
3404	Temp Serv/Contracted Salaries	1	1	0.00	0.00	0.00	0.00	1.00
4001	Travel And Per Diem	5,098	5,098	0.00	784.71	0.00	0.00	4,313.29
4007	Travel-Mileage	2,600	2,600	0.00	137.40	0.00	0.00	2,462.60
4205	Postage	250	250	0.00	0.00	0.00	0.00	250.00
4412	Rent-Storage/Warehouse Space *	1	1	0.00	0.00	0.00	0.00	1.00
4502	Casualty Self Ins Premiums	1,180	1,180	0.00	0.00	0.00	0.00	1,180.00
4620	Rep/Maint-Equipment	1	1	0.00	0.00	0.00	0.00	1.00
4801	Promotl Activities (Ord 86-19)	50	50	0.00	0.00	0.00	0.00	50.00
4921	Filing Fees	2,500	2,500	0.00	303.50	0.00	0.00	2,196.50
4941	Registration Fees	960	960	0.00	0.00	0.00	0.00	960.00

PALM BEACH COUNTY, FLORIDA  
EXPENDITURE STATEMENT OF ACCOUNTS  
FISCAL YEAR: 2017

FUND: 0001 FUND NAME: General Fund

DEPT: 148 DEPT NAME: Community Services/Human Serv

OBJECT	OBJECT NAME	APPROVED BUDGET	CUR MOD BUDGETED	ACCRUED EXPENDED	CASH EXPENDED AMT	PRE ENCUMBERED	ENCUMBERED	UNCOMMITTED BALANCE
UNIT: 1315 UNIT NAME : Veterans Affairs								
5101	Office Supplies	1,331	1,331	0.00	1,281.44	0.00	0.00	49.56
5111	Office Furniture And Equipment	1	1	0.00	0.00	0.00	0.00	1.00
5112	Telephone Equipment/Install	1	1	0.00	0.00	0.00	0.00	1.00
5121	Data Procsgng Sftwre/Accessres	100	100	0.00	0.00	0.00	0.00	100.00
5248	Clothing & Wearing Apparel	100	100	0.00	0.00	0.00	0.00	100.00
5401	Books, Publicatns & Subscriptns	1	1	0.00	0.00	0.00	0.00	1.00
5402	Educational Training Materials	1	1	0.00	0.00	0.00	0.00	1.00
5412	Dues & Memberships	200	200	0.00	0.00	0.00	0.00	200.00
APPROPRIATION TOTAL		14,377	14,377	0.00	2,507.05	0.00	0.00	11,869.95
1481315PA								
1201	Salaries & Wages Regular	185,719	185,719	0.00	72,151.20	0.00	0.00	113,567.80
1203	Salaries & Wages Seasonal	1	1	0.00	0.00	0.00	0.00	1.00
1301	Sal & Wages Non-Frs Employees	1	1	0.00	0.00	0.00	0.00	1.00
1401	Salaries & Wages Overtime	1	1	0.00	691.04	0.00	0.00	-690.04
1501	Wages-Special-No Frs Contrib	1	1	0.00	0.00	0.00	0.00	1.00
1504	Wages-Union Sick-No Frs Cntrb	1	1	0.00	0.00	0.00	0.00	1.00
2101	Fica-Taxes	11,616	11,616	0.00	4,236.26	0.00	0.00	7,379.74
2105	Fica Medicare	2,712	2,712	0.00	990.75	0.00	0.00	1,721.25
2201	Retirement Contributions-Frs	14,100	14,100	0.00	5,477.77	0.00	0.00	8,622.23
2301	Insurance-Life & Health	53,040	53,040	0.00	20,146.41	0.00	0.00	32,893.59
APPROPRIATION TOTAL		267,192	267,192	0.00	103,693.43	0.00	0.00	163,498.57
UNIT: 1315		281,569	281,569	0.00	106,200.48	0.00	0.00	175,368.52
UNIT: 1317 UNIT NAME : NACO Prescription Drug Discount Card								
1481317OA								
4205	Postage	16,000	16,000	0.00	0.00	0.00	0.00	16,000.00
4801	Promotl Activities (Ord 86-19)	10,000	10,000	0.00	0.00	0.00	0.00	10,000.00
APPROPRIATION TOTAL		26,000	26,000	0.00	0.00	0.00	0.00	26,000.00
UNIT: 1317		26,000	26,000	0.00	0.00	0.00	0.00	26,000.00
UNIT: 1318 UNIT NAME : Client Management Information System								
1481318OA								
4909	Licenses & Permits	18,200	18,200	0.00	0.00	0.00	0.00	18,200.00
5121	Data Procsgng Sftwre/Accessres	56,494	56,494	0.00	0.00	0.00	74,682.00	-18,188.00

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**PALM BEACH COUNTY, FLORIDA  
EXPENDITURE STATEMENT OF ACCOUNTS  
FISCAL YEAR: 2017**

**FUND: 0001 FUND NAME: General Fund**

DEPT: 148 DEPT NAME: Community Services/Human Serv

OBJECT	OBJECT NAME	APPROVED BUDGET	CUR MOD BUDGETED	ACCRUED EXPENDED	CASH EXPENDED AMT	PRE ENCUMBERED	ENCUMBERED	UNCOMMITTED BALANCE
UNIT: 1318 UNIT NAME : Client Management Information System								
APPROPRIATION TOTAL		74,694	74,694	0.00	0.00	0.00	74,682.00	12.00
UNIT: 1318		74,694	74,694	0.00	0.00	0.00	74,682.00	12.00
UNIT: 1320 UNIT NAME : Emergency Services								
1481320GA								
8301	Contributions For Individuals	109,813	0	0.00	0.00	0.00	0.00	0.00
APPROPRIATION TOTAL		109,813	0	0.00	0.00	0.00	0.00	0.00
1481320OA								
3105	Hospital Service For Indigent	40,000	0	0.00	0.00	0.00	0.00	0.00
3128	Investigative Service	1,000	0	0.00	0.00	0.00	0.00	0.00
4935	Indigent Burials	149,000	0	0.00	0.00	0.00	0.00	0.00
APPROPRIATION TOTAL		190,000	0	0.00	0.00	0.00	0.00	0.00
UNIT: 1320		299,813	0	0.00	0.00	0.00	0.00	0.00
UNIT: 1325 UNIT NAME : Self Sufficiency Program								
1481325GA								
8301	Contributions For Individuals	252,000	0	0.00	0.00	0.00	0.00	0.00
APPROPRIATION TOTAL		252,000	0	0.00	0.00	0.00	0.00	0.00
UNIT: 1325		252,000	0	0.00	0.00	0.00	0.00	0.00
UNIT: 1331 UNIT NAME : Homeless Services-County								
1481331GA								
8301	Contributions For Individuals	921,818	921,818	0.00	119,566.50	0.00	0.00	802,251.50
APPROPRIATION TOTAL		921,818	921,818	0.00	119,566.50	0.00	0.00	802,251.50
1481331OA								
3401	Other Contractual Services *	499,224	499,224	0.00	35,077.11	0.00	394,548.89	69,598.00
3431	Laboratory Testing	1	1	0.00	0.00	0.00	0.00	1.00
4420	Rent-Motor Pool Vehicles	24,144	24,144	8,048.00	0.00	0.00	0.00	16,096.00
4625	Rep/Maint-Motor Pool Vehicles	8,554	8,554	4,581.94	0.00	0.00	0.00	3,972.06
5215	Gasoline	6,120	6,120	2,209.66	0.00	0.00	0.00	3,910.34
APPROPRIATION TOTAL		538,043	538,043	14,839.60	35,077.11	0.00	394,548.89	93,577.40
UNIT: 1331		1,459,861	1,459,861	14,839.60	154,643.61	0.00	394,548.89	895,828.90
UNIT: 1341 UNIT NAME : FPL Care to Share								
1481341GA								

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**PALM BEACH COUNTY, FLORIDA  
EXPENDITURE STATEMENT OF ACCOUNTS  
FISCAL YEAR: 2017**

**FUND: 0001 FUND NAME: General Fund**

DEPT: 148 DEPT NAME: Community Services/Human Serv

OBJECT	OBJECT NAME	APPROVED BUDGET	CUR MOD BUDGETED	ACCRUED EXPENDED	CASH EXPENDED AMT	PRE ENCUMBERED	ENCUMBERED	UNCOMMITTED BALANCE
UNIT: 1341 UNIT NAME : FPL Care to Share								
8301	Contributions For Individuals	165,000	165,000	0.00	65,203.65	0.00	0.00	99,796.35
APPROPRIATION TOTAL		165,000	165,000	0.00	65,203.65	0.00	0.00	99,796.35
UNIT: 1341		165,000	165,000	0.00	65,203.65	0.00	0.00	99,796.35
UNIT: 1345 UNIT NAME : Fema-Emergency Food & Shelter								
1481345GA								
8301	Contributions For Individuals	204,555	278,134	0.00	250,261.20	0.00	0.00	27,872.80
APPROPRIATION TOTAL		204,555	278,134	0.00	250,261.20	0.00	0.00	27,872.80
UNIT: 1345		204,555	278,134	0.00	250,261.20	0.00	0.00	27,872.80
UNIT: 1351 UNIT NAME : Homeless Challenge								
1481351OA								
3401	Other Contractual Services *	79,928	79,928	0.00	0.00	0.00	0.00	79,928.00
APPROPRIATION TOTAL		79,928	79,928	0.00	0.00	0.00	0.00	79,928.00
UNIT: 1351		79,928	79,928	0.00	0.00	0.00	0.00	79,928.00
UNIT: 1355 UNIT NAME : Homeless Prevention Grant								
1481355OA								
3401	Other Contractual Services *	58,118	58,118	0.00	0.00	0.00	0.00	58,118.00
APPROPRIATION TOTAL		58,118	58,118	0.00	0.00	0.00	0.00	58,118.00
UNIT: 1355		58,118	58,118	0.00	0.00	0.00	0.00	58,118.00
UNIT: 1358 UNIT NAME : Financial Assistance								
1481358GA								
8301	Contributions For Individuals	0	361,813	0.00	65,734.55	0.00	0.00	296,078.45
APPROPRIATION TOTAL		0	361,813	0.00	65,734.55	0.00	0.00	296,078.45
1481358OA								
3105	Hospital Service For Indigent	0	40,000	0.00	0.00	0.00	0.00	40,000.00
3128	Investigative Service	0	1,000	0.00	256.92	0.00	770.76	-27.68
4935	Indigent Burials	0	149,000	0.00	62,600.00	0.00	0.00	86,400.00
APPROPRIATION TOTAL		0	190,000	0.00	62,856.92	0.00	770.76	126,372.32
UNIT: 1358		0	551,813	0.00	128,591.47	0.00	770.76	422,450.77
UNIT: HOLD UNIT NAME : Payroll Holding Account								
148HOLDPA								

PALM BEACH COUNTY, FLORIDA  
EXPENDITURE STATEMENT OF ACCOUNTS  
FISCAL YEAR: 2017

FUND: 0001 FUND NAME: General Fund

DEPT: 148 DEPT NAME: Community Services/Human Serv

OBJECT	OBJECT NAME	APPROVED BUDGET	CUR MOD BUDGETED	ACCRUED EXPENDED	CASH EXPENDED AMT	PRE ENCUMBERED	ENCUMBERED	UNCOMMITTED BALANCE
UNIT: HOLD UNIT NAME : Payroll Holding Account								
1201	Salaries & Wages Regular	0	0	0.00	0.00	0.00	0.00	0.00
1301	Sal & Wages Non-Frs Employees	0	0	0.00	0.00	0.00	0.00	0.00
1401	Salaries & Wages Overtime	0	0	0.00	0.00	0.00	0.00	0.00
1501	Wages-Special-No Frs Contrib	0	0	0.00	0.00	0.00	0.00	0.00
1504	Wages-Union Sick-No Frs Cntrb	0	0	0.00	0.00	0.00	0.00	0.00
2101	Fica-Taxes	0	0	0.00	0.00	0.00	0.00	0.00
2105	Fica Medicare	0	0	0.00	0.00	0.00	0.00	0.00
2201	Retirement Contributions-Frs	0	0	0.00	0.00	0.00	0.00	0.00
2301	Insurance-Life & Health	0	0	0.00	0.00	0.00	0.00	0.00
APPROPRIATION TOTAL		0	0	0.00	0.00	0.00	0.00	0.00
UNIT: HOLD		0	0	0.00	0.00	0.00	0.00	0.00
DEPT: 148		11,442,879	11,516,458	16,864.97	3,212,549.61	0.00	3,722,576.64	4,564,466.78
FUND: 0001		11,442,879	11,516,458	16,864.97	3,212,549.61	0.00	3,722,576.64	4,564,466.78
FISCAL YEAR: 2017		11,442,879	11,516,458	16,864.97	3,212,549.61	0.00	3,722,576.64	4,564,466.78



**Management Letter Required By  
Chapter 10.550 of the Rules of the  
Auditor General of the State of Florida**

To the Honorable Members of the Board  
Of County Commissioners  
Palm Beach County, Florida

**Report on the Financial Statements**

We have audited the financial statements of the governmental activities, the business-type activities, the aggregate discretely presented component units, each major fund, and the aggregate remaining fund information of Palm Beach County, Florida (the County) as of and for the year ended September 30, 2015, and have issued our report thereon dated May 18, 2016. We did not audit the financial statements of the Solid Waste Authority, Westgate Belvedere Homes Community Redevelopment Agency, and the Housing Finance Authority, discretely presented component units, which represents 99% of the total assets and 99% of the total revenues of the aggregate discretely presented component units. Those financial statements were audited by other auditors whose reports thereon have been furnished to us, and our opinion, insofar as it relates to the amounts included for the Solid Waste Authority, Westgate Belvedere Homes Community Redevelopment Agency, and Housing Finance Authority, is based on the reports of the other auditors. Our report does not address their respective internal control or compliance.

**Auditor's Responsibility**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; OMB circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*; and Chapter 10.550, Rules of the Auditor General.

**Other Reports**

We have issued our Independent Auditor's Report on Internal Control over Financial Reporting and Compliance and Other Matters Based on an Audit of the Financial Statements Performed in Accordance with *Government Auditing Standards*; Independent Auditor's Report on Compliance for Each Major Federal Program and State Project and Report on Internal Control over Compliance in Accordance with OMB Circular A-133 and Chapter 10.550, *Rules of the Auditor General*; Schedule of Findings and Questioned Costs; and Independent Accountant's Report on an examination conducted in accordance with Chapter 10.550, *Rules of the Auditor General*. Disclosures in those reports and schedule should be considered in conjunction with this management letter.

**Prior Audit Findings**

Section 10.554(1)(i)1., Rules of the Auditor General, requires that we determine whether or not corrective actions have been taken to address findings and recommendations made in the preceding annual financial audit report. Corrective actions have been taken to address findings and recommendations made in the preceding year as described in Appendix A.

THE POWER OF BEING UNDERSTOOD  
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### **Official Title and Legal Authority**

Sections 10.554(1)(i)4., Rules of the Auditor General, requires that the name or official title and legal authority for the primary government and each component unit of the reporting entity be disclosed in this management letter, unless disclosed in the notes to the financial statements. This information is disclosed in Note 1 of the County's financial statements.

### **Financial Condition**

Section 10.554(1)(i)5.a., Rules of the Auditor General, requires that we report the results of our determination as to whether or not the County has met one or more of the conditions described in Section 218.503(1), Florida Statutes, and identification of the specific condition(s) met. In connection with our audit, we determined that the County did not meet any of the conditions described in Section 218.503(1), Florida Statutes.

Pursuant to Sections 10.554(1)(i)5.c. and 10.556(8), Rules of the Auditor General, we applied financial condition assessment procedures. It is management's responsibility to monitor the County's financial condition, and our financial condition assessment was based in part on representations made by management and the review of financial information provided by same.

### **Annual Financial Report**

Section 10.554(1)(i)5.b., Rules of the Auditor General, requires that we report the results of our determination as to whether the annual financial report for the County for the fiscal year ended September 30, 2015, filed with the Florida Department of Financial Services pursuant to Section 218.321(1)(a), Florida Statutes is in agreement with the annual financial audit report for the fiscal year ended September 30, 2015. In connection with our audit we determined that these two reports were in agreement.

### **Other Matters**

Section 10.554(1)(i)2., Rules of the Auditor General, requires that we address in the management letter any recommendations to improve financial management. In connection with our audit, we did not have any such recommendations.

Section 10.554(1)(i)3., Rules of the Auditor General, requires that we address noncompliance with provisions of contracts or grant agreements, or abuse, that have occurred, or are likely to have occurred, that have an effect on the financial statements that is less than material but which warrants the attention of those charged with governance. In connection with our audit, we did not have any such findings.

### **Purpose of this Letter**

Our management letter is intended solely for the information and use of the Legislative Auditing Committee, members of the Florida Senate and the Florida House of Representatives, the Florida Auditor General, Federal and other granting agencies and applicable management, and is not intended to be and should not be used by anyone other than these specified parties.

*RSM US LLP*

West Palm Beach, Florida

May 18, 2016, except for the Independent Auditor's Report on Compliance for Each Major Federal Program and State Project and Report on Internal Control over compliance in Accordance with OMB Circular A-133 and Chapter 10.550, *Rules of the Auditor General*, for which the date is June 21, 2016

Palm Beach County, Florida

Appendix A – Status of Prior Year Recommendations to Improve Financial Management

No.	Prior Year's Observations	Observation is Still Relevant	Observation Addressed or No Longer Relevant
ML 2014-1	Water Utilities Department – Inventory		X
ML 2014-2	User Access Reviews		X
ML 2014-3	Restorations		X