

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

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Meeting Date: July 2, 2019 Consent Regular
 Ordinance Public Hearing

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

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I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to:

A) ratify the signature of the Mayor on the Office of the Florida Attorney General (OAG) Western Union Grant Application, for a period to be determined by the funder, in the amount of \$46,640, to provide financial literacy services to low-income residents of Palm Beach County;

B) approve Western Union Grant Award Agreement with the OAG, for a period to be determined by the funder, in the amount of \$46,640, to provide financial literacy services to low-income residents of Palm Beach County; and

C) approve a budget amendment of \$46,640 in the Community Action Program fund.

Summary: The OAG announced a settlement with Western Union in 2018. Under the settlement agreement, the funds must be utilized within the State for programs promoting financial literacy. Palm Beach County Community Action Program (CAP) has been selected to receive \$46,640 and will subcontract with Credit Card Management Services, Inc. (CCMS). CCMS will use these funds to provide individuals with financial literacy counseling, workshops, seminars, and group classes, as well as a variety of services that address credit worthiness, predatory lending, budget management and home ownership. This is a new grant agreement that will serve approximately 200 low-income residents. CCMS will assist each client in understanding bank lending practices, obtaining bank accounts, steps to home ownership, managing credit, understanding the benefits of using a budget and ways to obtain, maintain and/or increase salaries. In Grant Year (GY) 2018, CCMS assisted 262 individuals with credit counseling, debt management, budgeting, and financial management training. They also assisted nine (9) homeless individuals from the Parks to Work Program in opening second chance checking accounts. This service is vital to people experiencing homelessness, allowing them to get paid and become economically self-sufficient. The emergency signature process was utilized because there is not sufficient time to submit this item through the regular Board of County Commissioner's agenda process. **No County funds are required.** (Community Action Program) Countywide (HH)

Background and Justification: CAP has been selected to receive funds in the amount of \$46,640 from the Western Union Grant settlement. The funds are to be used to provide a variety of services that focus on financial literacy to residents of Palm Beach County.

Attachments:

1. OAG Western Union Grant Application with Walkthrough Memo
2. Western Union Grant Award Agreement (2)
3. Budget Amendment

=====

Recommended By:	<u>James E. Gu...</u>	<u>6/21/19</u>
	Department Director	Date
Approved By:	<u>Nancy L. Bolton</u>	<u>6/25/19</u>
	Assistant/County Administrator	Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:


Fiscal Years	2019	2020	2021	2022	2023
Capital Expenditures					
Operating Costs	23,320	23,320			
External Revenue	(23,320)	(23,320)			
Program Income (County)					
In-Kind Match (County)					
NET FISCAL IMPACT	0	0			

No. ADDITIONAL FTE POSITIONS (Cumulative)	0	0			
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Is Item Included In Current Budget? Yes No
 Does this item include the use of federal funds? Yes No -

Budget Account No.:
 Fund 1003 Dept 145 Unit TBD Object TBD Program Code TBD Program Period TBD

B. Recommended Sources of Funds/Summary of Fiscal Impact:
 Office of the Florida Attorney General (OAG) settlement with Western Union. No County funds required.

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

III. REVIEW COMMENTS

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

 6/20/19
 OFMB 6/20/19
 6/24/19
 Contract Development and Control 6/24/19 TW

B. Legal Sufficiency:

 6-25-19
 Assistant County Attorney

C. Other Department Review:

 Department Director

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

Attachment 1



MEMORANDUM

TO: Mack Bernard, 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, Director
Community Services Department

DATE: March 15, 2019

RE: Office of the Florida Attorney General Western Union Grant Application

Community Services Department
810 Datura Street
West Palm Beach, FL 33401
(561) 355-4700
Fax: (561) 242-7336
www.pbcgov.com/communityservices



**Palm Beach County
Board of County
Commissioners**

Mack Bernard, Mayor
Dave Kerner, Vice Mayor
Hal R. Valeche
Gregg K. Weiss
Robert S. Weinroth
Mary Lou Berger
Melissa McKinlay

County Administrator
Verdenia C. Baker

Pursuant to Section 309 of the Administrative Code, your signature is needed on the Office of the Florida Attorney General (OAG) Western Union Application. This application for \$46,640.53 will be utilized to provide financial literacy and housing counseling services for low-income residents of Palm Beach County within a 1 year period. No County match funds are required. The OAG announced a settlement with Western Union. Under the settlement, the funds must be utilized within state for programs promoting financial literacy. Palm Beach County Community Action Program (CAP) has been selected to receive funding from this settlement to be used in accordance with the settlement. CAP will use these funds to provide individuals with a variety of financial literacy services.

The Office of the Attorney General sent instructions to complete and return the signed application by March 31, 2019. The emergency signature process is being utilized because there is not sufficient time to submit the application through the regular BCC agenda process. Staff will submit this item ratifying the Mayor's signature at the next available BCC meeting.

If additional information is needed, please contact Natalie Diaz Rodriguez at (561) 355-4208

Approved by:

Helene Hvizd
Helene Hvizd
Assistant County Attorney

Verdenia C. Baker
OFMB
Nancy L. Bolton
Assistant County Administrator

Attachment: Western Union Grant Application

"An Equal Opportunity
Affirmative Action Employer"

Official Electronic Letterhead

AGENCY CONTACT INFORMATION

Name of Agency: County of Palm Beach

--

Federal Employee Identification Number (FEIN): 59-6000785

Agency Director:

Prefix (Mr., Ms., Dr., etc.)

Mr.

Title:

Director of Community Services

Name: James Green

Telephone #: 561-355-4702

Fax #: 561-242-7336

Mailing Address: 810 Datura Street
(Street, P.O. Box, etc.)

City: West Palm Beach

State: FL

9-Digit Zip Code: 33401

E-Mail Address: JGreen1@pbcgov.org

Performance Report Contact:

Prefix (Mr., Ms., Dr., etc.)

Ms.

Title:

Program Manager

Name: Natalie Diaz Rodriguez

Telephone #: 561-355-4208

Fax #: 561-242-7287

Mailing Address: 810 Datura Street
(Street, P.O. Box, etc.)

City: West Palm Beach

State: FL

9-Digit Zip Code: 33401

E-Mail Address: Ndiaz@pbcgov.org

Financial Contact:

Prefix (Mr., Ms., Dr., etc.)

Ms.

Title:

Director of Finance and Support Se

Name: Julie Dowe

Telephone #: 561-355-9922

Fax #: 561-242-7265

Mailing Address: 810 Datura Street
(Street, P.O. Box, etc.)

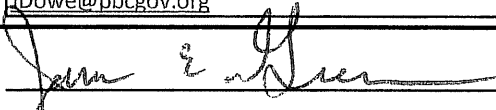
City: West Palm Beach

State: FL

9-Digit Zip Code: 33401

E-Mail Address: JDowe@pbcgov.org

Signature of Agency Director:



Date:

3/15/19

James Green, Director
Community Services Department

Agency Name: County of Palm Beach

PART 1: AGENCY INFORMATION

List counties to be served: (indicate each county served or STATEWIDE for service to all counties)

Palm Beach County

PART 2: PROJECT DESCRIPTION

The project description should clearly outline what will be done and by whom.

1. Describe the scope of work the activities and/or services will be provided. (Responses below are limited to 1000 characters) Attach additional pages as needed.

The Agency will provide individual financial literacy counseling, workshops, seminars, as well as a variety of services that focus on financial literacy. The training and associated services will be provided to individuals and families who reside within Palm Beach County. The agency will also provide the following services: credit or housing counseling, workshops, seminars and group classes that addresses basic financial literacy, banking, credit worthiness, predatory lending, budget management and home ownership. The Agency shall assist each client in understanding bank lending practices, steps to home ownership, managing credit, understanding the benefits of using a budget and ways to obtain; maintain and/or increase their salary.

2. Describe the deliverables for the project in quantifiable terms, including a minimum level of service. For example, indicate the total number of individuals that will be served and the total services provided, and detail monthly or quarterly expectations. Each deliverable must be related to the scope of work described in #1. (Responses below are limited to 1000 characters) Attach additional pages as needed.

200 units of services for financial literacy and housing counseling services will be provided. The unit cost is one client served under the program for the following services: 1. Financial Literacy 2. Savings and Budgeting 3. Basic Banking Services 4. Credit Building/Repair 5. Predatory Lending Awareness 6. Home-ownership Education. The Agency will assist with Credit Building by utilizing tools to determine how to improve Clients' Credit and provide educational information on how to build and maintain a higher credit rating. The Agency will assist with opening bank accounts with included but not limited to: elimination of check cashing fees, reduction of the need to purchase money orders to pay bills, earlier availability of funds when enrolling in direct deposit which may reduce the need for payday loans and will be introduced to banks who offer second chance and first time bank accounts, credit building products and secured credit cards.

Agency Name: County of Palm Beach

PART 3: PERSONNEL BUDGET

Complete the table below for each position to be funded from grant proceeds. In the explanation section indicate if the salary/benefit expenses listed include costs that are anticipated during the grant period. For example, raises and increases in benefit costs.

Position	Total Actual Cost
N/A	N/A
Subtotal	\$ -

Explanation (if applicable):

Agency Name: _____ County of Palm Beach

PART 4: CONTRACTUAL BUDGET

For each contractual service listed, include a description of the service to be provided, the business name of the contractor, the cost per unit of service, and the estimated units of service to be used. Indicate in the narrative section how the number of services requested was determined. Also, give a description of a unit of service, e.g., a 60 minute unit of legal services, a 60 minute individual financial counseling session, a 90 minute training session. Attach additional page(s) if needed.

EXAMPLE - Budget Narrative:

Budgeting Inc., will provide budgeting classes to students enrolled in afterschool program. It is anticipated that this service will be used approximately 5 times during the year.

Contractual Services - Contracts for specialized services:				
	Name of Business or Contractor	Cost Per Unit of Service	Estimated Units of Service	Total
1	Financial Management Services	\$ 233.20	200	\$ 46,640
2				\$ -
3				\$ -
4				\$ -
5				\$ -
6				\$ -
	Contractual	\$ 46,640

Budget Narrative:

1. Credit Card Management Services, Inc. will provide financial management classes to clients enrolled in their Financial Management Programs. The number of services is based on the cost per service of \$233.20, per client (200 clients). Activities for clients can include, but not limited to, provision of individual counseling, sessions, workshops, seminars, and group classes that address basic financial literacy, banking, credit worthiness, predatory lending, budget management, home ownership, and work readiness.
- 2.
- 3.
- 4.
- 5.
- 6.

Agency Name: _____ 0 _____

PART 5: EQUIPMENT BUDGET

Items included in this section must be furniture and/or equipment costing \$1,000 or more. If awarded funds in this category, prior approval is required before purchasing items. Provide a justification for the equipment purchase requests. Attach additional page(s) if needed.

EXAMPLE - Narrative Response:

The computer will increase the clients ability to acquire skills necessary to achieve financial literacy and independence. The cost listed above is for a complete computer package which includes the computer, monitor, software and printer.

ALL EQUIPMENT PURCHASES MUST BE PRE-APPROVED PRIOR TO THE ACTUAL PURCHASE

Equipment:			
Description	Number	Cost Per Item	Total
1 NA			\$ -
2			\$ -
3			\$ -
4			\$ -
5			\$ -
6			\$ -
Equipment Subtotal	\$ -

Budget Narrative:

1.	NA
2.	
3.	
4.	
5.	
6.	

Agency Name: _____ 0 _____

PART 6: OTHER BUDGET ITEMS

Please include any budget items or anticipated expenditure of grant fund not included in previous schedules.

Other Items:			
Description	Number	Cost Per Item	Total

1	NA			\$	-
2				\$	-
3				\$	-
4				\$	-
5				\$	-
6				\$	-
Other Items Subtotal		\$	-

Budget Narrative:

1.	NA
2.	
3.	
4.	
5.	
6.	

Agency Name: County of Palm Beach

PART 7: BUDGET SUMMARY

Budget Summary By Category - Provide the subtotal for each budget category. Amounts must be rounded to the nearest whole dollar.	TOTAL BUDGET
Personnel	
Contractual Services	\$ 46,640
Equipment	
Other	
TOTAL	\$ 46,640

Agency

Name: County of Palm Beach

1 of directors, the agency's principal officers, the agency's employees, and any independent contractors? **YES/NO**

No

If yes, describe any and all family relationships that exist.

--

2 Are you aware of any interests, direct or indirect, that exist with the current board of directors,

(a) Sale, purchase, exchange, or leasing of property? **YES/NO**

No

(b) Receiving or furnishing of goods, services, or facilities?

No

(c) Transfer or receipt of compensation, fringe benefits, or income or

No

(d) Maintenance of bank balances as compensating balances for the

No

If yes to any above, describe any and all interests that you are aware of at this time.

--

3 Are any current board of directors, current agency's principal officers, current agency's employees, or any current independent contractors indebted to the agency? **YES/NO**

No

If yes, describe the nature of the debt.

--

4 Have any current board of directors, current agency principal officers, current agency employees, or any current independent contractors misappropriated assets or committed other forms of fraud against the agency? **YES/NO**

No

If yes, describe the nature of the misappropriation.

--

By signing this form, I hereby certify that the information contained in this questionnaire is true

Signature Mackensun Bernard Date _____
Mack Bernard Mayor
Print Name Title

Approved As To Form
And Legal Sufficiency

Attest: Sharon R. Bock
Clerk and Comptroller

By: Debra C. Dwyer
Assistant County Attorney

By: _____
Deputy Clerk

Grant Award Agreement

March 2019

Grantor: Office of the Attorney General

Grantee: County of Palm Beach

Contact: James Green/Director of Community Services

Employer ID # 59-6000785

Grant award amount: \$46,640.00

Area to be served by this grant award is described in Attachment A.

Details of services and activities to be provided by this grant award are described in Attachment A.

You acknowledge that a Grant of \$46,640.00 was approved for the purposes described in your grant proposal.

It is important to remember that the grant award cannot be used for any other purpose, including your office space purchases or rentals, your building renovations, your consultants, and your professional organization dues or severance payments. If, for any reason, you feel you will be unable to fulfill any part of your grant proposal or comply with this Grant Award Agreement, you must notify the Office of the Attorney General in writing.

Any grant award funds not used for the purposes of your grant proposal will be returned to Office of the Attorney General. The Office of the Attorney General may audit your records pertaining to the grant award. If the Office of the Attorney General determines you are not meeting the grant's goals, it may demand the return of some or all of the grant award.

If your organization changes its legal status while it is using the grant award, you will immediately submit written notification to the Office of the Attorney General.

It is understood that the grant award will be used within a 24-month period following the receipt of funds, unless a longer period of time is specified in this Agreement. You will also submit annual progress reports to the Office of the Attorney General one year from the date of receipt of funds (and annually thereafter if the grant award is for a period in excess of one year). For example: First Annual Report – January 1, 2019; Second Annual Report – January 1, 2020.

ACCEPTED AND AGREED:

By: _____

Print Name: _____

Title: _____

Date: _____

Return to:
Tallahassee, FL 32399-1050
Laura K. Daugherty
Economist Supervisor
Office of the Attorney General
Antitrust Division
PL-01, The Capitol
Tallahassee, FL 32399-1050

Signature

Mack Bernard

Print Name

Date _____

Mayor

Title

Approved As To Form
And Legal Sufficiency

By: _____
Assistant County Attorney

ATTEST:
Sharon R. Bock
Clerk and Comptroller

By: _____
Deputy Clerk

Approved As To Terms
And Conditions

By: *James [Signature]* _____
Department Director

AGENCY CONTACT INFORMATION

Name of Agency: County of Palm Beach

Federal Employee Identification Number (FEIN): 59-6000785

Agency Director: Prefix (Mr., Ms., Dr., etc.) Mr. Title: Director of Community Services

Name: James Green

Telephone #: 561-355-4702

Fax #: 561-242-7336

Mailing Address: 810 Datura Street
(Street, P.O. Box, etc.)

City: West Palm Beach

State: FL

9-Digit Zip Code: 33401

E-Mail Address: jgreen@palmbeach.gov

Performance Report Contact: Prefix (Mr., Ms., Dr., etc.) Ms. Title: Program Manager

Name: Natalie Diaz Rodriguez

Telephone #: 561-355-4208

Fax #: 561-242-7287

Mailing Address: 810 Datura Street
(Street, P.O. Box, etc.)

City: West Palm Beach

State: FL

9-Digit Zip Code: 33401

E-Mail Address: ndiaz@palmbeach.gov

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Name: Julie Dowe

Telephone #: 561-355-9922

Fax #: 561-242-7265

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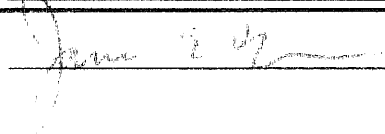
City: West Palm Beach

State: FL

9-Digit Zip Code: 33401

E-Mail Address: jdowe@palmbeach.gov

Signature of Agency Director:



Date: 3/15/19

Agency Name: County of Palm Beach

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Agency Name: County of Palm Beach

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Position	Total Actual Cost
N/A	N/A
Subtotal	\$ -

Explanation (if applicable):

Agency Name: _____ County of Palm Beach

PART 4: CONTRACTUAL BUDGET

For each contractual service listed, include a description of the service to be provided, the business name of the contractor, the cost per unit of service, and the estimated units of service to be used. Indicate in the narrative section how the number of services requested was determined. Also, give a description of a unit of service, e.g., a 60 minute unit of legal services, a 60 minute individual financial counseling session, a 90 minute training session. Attach additional page(s) if needed.

EXAMPLE - Budget Narrative:

Budgeting Inc., will provide budgeting classes to students enrolled in afterschool program. It is anticipated that this service will be used approximately 5 times during the year.

Contractual Services - Contracts for specialized services:				
	Name of Business or Contractor	Cost Per Unit of Service	Estimated Units of Service	Total
1	Financial Management Services	\$ 233.20	200	\$ 46,640
2				\$ -
3				\$ -
4				\$ -
5				\$ -
6				\$ -
	Contractual	\$ 46,640

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- 2.
- 3.
- 4.
- 5.
- 6.

Agency Name: _____ 0 _____

PART 5: EQUIPMENT BUDGET

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EXAMPLE - Narrative Response:

The computer will increase the clients ability to acquire skills necessary to achieve financial literacy and independence. The cost listed above is for a complete computer package which includes the computer, monitor, software and printer.

ALL EQUIPMENT PURCHASES MUST BE PRE-APPROVED PRIOR TO THE ACTUAL PURCHASE

Equipment:				
Description		Number	Cost Per Item	Total
1	NA			\$ -
2				\$ -
3				\$ -
4				\$ -
5				\$ -
6				\$ -
Equipment Subtotal		\$ -

Budget Narrative:

1.	NA
2.	
3.	
4.	
5.	
6.	

Agency Name: _____ 0 _____

PART 6: OTHER BUDGET ITEMS

Please include any budget items or anticipated expenditure of grant fund not included in previous schedules.

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Description		Number	Cost Per Item	Total

1	NA			\$	-
2				\$	-
3				\$	-
4				\$	-
5				\$	-
6				\$	-
	Other Items Subtotal	\$	-

Budget Narrative:

1.	NA
2.	
3.	
4.	
5.	
6.	

Agency Name: County of Palm Beach

PART 7: BUDGET SUMMARY

Budget Summary By Category - Provide the subtotal for each budget category. Amounts must be rounded to the nearest whole dollar.	TOTAL BUDGET
Personnel	
Contractual Services	\$ 46,640
Equipment	
Other	
TOTAL	\$ 46,640

Agency

Name: County of Palm Beach

1 of directors, the agency's principal officers, the agency's employees, and any independent contractors? **YES/NO**
 No

If yes, describe any and all family relationships that exist.

2 Are you aware of any interests, direct or indirect, that exist with the current board of directors, **YES/NO**

(a) Sale, purchase, exchange, or leasing of property? No

(b) Receiving or furnishing of goods, services, or facilities? No

(c) Transfer or receipt of compensation, fringe benefits, or income or No

(d) Maintenance of bank balances as compensating balances for the No

If yes to any above, describe any and all interests that you are aware of at this time.

3 Are any current board of directors, current agency's principal officers, current agency's employees, or any current independent contractors indebted to the agency? **YES/NO**
 No

If yes, describe the nature of the debt.

4 Have any current board of directors, current agency principal officers, current agency employees, or any current independent contractors misappropriated assets or committed other forms of fraud against the agency? **YES/NO**
 No

If yes, describe the nature of the misappropriation.

By signing this form, I hereby certify that the information contained in this questionnaire is true

Signature Mack Bernard
Mack Bernard
Print Name

Date 3/25/19
Mayor
Title

Approved As To Form
And Legal Sufficiency

By: William C. Boyd
Assistant County Attorney

ATTEST:
Sharon R. Bock
Clerk and Comptroller
By: _____
Deputy Clerk

BOARD OF COUNTY COMMISSIONERS
PALM BEACH COUNTY, FLORIDA
BUDGET AMENDMENT

BGEX - 145 - 041019*1251
BGRV - 145 - 041019*0465

FUND (1003) - COMMUNITY ACTION PROGRAM

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

ACCT.NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	CURRENT BUDGET	INCREASE	DECREASE	ADJUSTED BUDGET	EXPENDED/ ENCUMBERED AS OF 04/10/2019	REMAINING BALANCE
REVENUE								
145 1459 3469	Fed Grant Indirect - Human Services	0	0	46,640	0	46,640		
Total Revenue		1,432,629	2,406,359	46,640	0	2,452,999		
EXPENDITURE								
145 1459 3421	Contractual Services	0	0	46,640	0	46,640	0	46,640
Total Expenditures		1,432,629	2,406,359	46,640	0	2,452,999	0	2,452,999

BUD_BLNK.xl

Signatures

Date

By Board of County Commissioners
At Meeting of July 2, 2019

COMMUNITY SERVICES

INITIATING DEPARTMENT/DIVISION James Green

Administration/Budget Department Approval

OFMB Department - Posted

James E. Green

6/17/19

Deputy Clerk to the
Board of County Commissioners