Agenda Item #: 31-1

## PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

#### **AGENDA ITEM SUMMARY**

| Meeting Date: | June 15, 2021                    | [X] Consent<br>[ ] Ordinance | [ ] Regular<br>[ ] Public Hearing |  |  |
|---------------|----------------------------------|------------------------------|-----------------------------------|--|--|
| Department:   | Housing and Economic Development |                              |                                   |  |  |

#### I. EXECUTIVE BRIEF

#### Motion and Title: Staff recommends motion to:

- **A)** receive and file Standard Form SF-424 and Certifications for the Emergency Solutions Grants Program Coronavirus (ESG-CV) Program increased from \$1,941,176 to \$7,771,659;
- **B)** receive and file Funding Approval/Agreement with the U.S. Department of Housing and Urban Development (HUD) for the Emergency Solutions Grant Coronavirus (ESG-CV) Program increased from \$1,941,176 to \$7,771,659; and
- **C)** approve a Budget Transfer of \$5,830,483 in the Emergency Solutions Grants Program Coronavirus (ESG-CV) Fund to align the budget with the grant award.

Summary: The attached Standard Form SF 424 and grant agreement were executed on behalf of the Board of County Commissioners (BCC) by the Director of the Department of Housing and Economic Development (HED) in accordance with Agenda Item 6C-3, approved by the BCC on May 5, 2020. The submission of Standard Form SF-424 is required by HUD to complete the County's submission for the receipt of Federal ESG funds. The grant agreement constitutes the County's contract with HUD for \$7,771,659 of ESG-CV funding. On April 2, 2020, HUD notified Palm Beach County of the award of \$1,941,176 ESG-CV to respond to the Coronavirus (COVID-19) pandemic. A funding agreement (R2020-1460) between HUD and Palm Beach County for this funding amount (\$1,941,176) was executed. On June 8, 2020, HUD notified Palm Beach County of a second allocation of ESG-CV in the amount of \$5,830,483. HUD now requires that the two allocations be combined and a single Standard Form SF 424 and a single funding agreement be executed for the combined dollar total of \$7,771,659. In accordance with County PPM CW-O-051, all contracts, agreements, and grants signed by delegated authority must be submitted by the initiating Department as a receive and file agenda item. The budget amendment is necessary to adjust the current budget to the authorized funding level. These are Federal ESG-CV grant funds which require no local match. Countywide (HJF)

Background and Justification: On March 27, 2020, President Trump signed the Coronavirus Aid, Relief, and Economic Security Act (CARES act), Public Law 116-136, in response to the COVIS-19 pandemic. The CARES Act included \$4 billion ESG-CV for formula allocations to States and local governments to prevent, prepare, and respond to the COVID-19. An additional \$2.96 billion in ESG-CV grants were later allocated directly to States or units of local government by a separate formula developed by HUD. On May 5, 2020, the BCC approved the initial funding allocation of \$1,941,176 and on August 25, 2020, the BCC approved the second funding allocation of \$5,830,483 as well as the proposed uses of funds for the ESG-CV program. The County has two years from the time of the award to expend these funds.

#### Attachment(s):

- 1. Standard Form SF-424 and Certifications
- 2. Grant Agreement/Funding Approval/Agreement Document

3. Budget Transfer

| Recommended By: | Grathan Brown                  | 5 26 2021 |
|-----------------|--------------------------------|-----------|
|                 | () Department Director         | Date      |
| Approved By:    | Dona a. Mill                   | 6/1/2021  |
|                 | Assistant County Administrator | √ Ďate    |

#### II. FISCAL IMPACT ANALYSIS

### A. Five Year Summary of Fiscal Impact:

| Fiscal Years                                                 | 2021                         | 2022                 | 2023                                    | 2024        | 2025             |
|--------------------------------------------------------------|------------------------------|----------------------|-----------------------------------------|-------------|------------------|
| Capital Expenditures                                         |                              |                      |                                         |             |                  |
| Operating Costs                                              |                              |                      | *************************************** |             |                  |
| External Revenues                                            |                              |                      |                                         |             |                  |
| Program Income                                               |                              |                      |                                         |             |                  |
| In-Kind Match (County)                                       |                              |                      |                                         |             |                  |
| NET FISCAL IMPACT                                            |                              |                      |                                         |             |                  |
| # ADDITIONAL FTE POSITIONS (Cumulative)                      |                              |                      |                                         |             |                  |
| Is Item Included In Curre<br>Does this Item include t        | ent Budget?<br>he use of Fed | deral funds          | Yes <u>X</u><br>? Yes <u>X</u>          | No<br>_ No  |                  |
| Budget Account No.:                                          |                              |                      |                                         |             |                  |
| Fund <u>1160</u> Dept <u>143</u> U                           | Init 1447 Ok                 | oject <u>Various</u> | S Program                               | Code/Period | l <u>Various</u> |
| B. Recommended Se                                            | ources of Fu                 | nds/Summa            | ary of Fisca                            | l Impact:   |                  |
| No fiscal impact. F Unit 1448 with the  C. Departmental Fisc | approval of th               | nis agenda it        | em.<br>Major, Fisca                     |             | Jnit 1447 from   |
| A. OFMB Fiscal and                                           | <del></del>                  |                      |                                         | trol Comme  | nts:             |
| OFMBOA5.14 &  AP 5/18  B. Legal Sufficiency                  | 5 linky<br>1 (En) 5/18       |                      | A                                       | opment and  | obor (5)2412     |
| Assistant County A  C. Other Department                      |                              | 25/21                |                                         |             |                  |
| Department Direct                                            |                              |                      |                                         |             |                  |

OMB Number: 4040-0004

| Application for I                                            | Federal Assista       | <br>nce SF-424                                        |      | Diplication Date: 120 12022                             |  |  |  |
|--------------------------------------------------------------|-----------------------|-------------------------------------------------------|------|---------------------------------------------------------|--|--|--|
| *1. Type of Submiss Preapplication Application Changed/Corre | 3                     | *2. Type of Application:  X New Continuation Revision |      | Revision, select appropriate letter(s): ther (Specify): |  |  |  |
| 06/26/2020                                                   |                       | 4. Applicant Identifier:<br>E-20-UW-12-0004           |      |                                                         |  |  |  |
| 5a. Federal Entity Ide                                       | entifier;             |                                                       | ]    | 5b. Federal Award Identifier:                           |  |  |  |
| State Use Only:                                              |                       |                                                       |      |                                                         |  |  |  |
| 6. Date Received by                                          | State:                | 7. State Application                                  | lde  | ntifier:                                                |  |  |  |
| 8. APPLICANT INFO                                            | ORMATION:             |                                                       |      |                                                         |  |  |  |
| * a. Legal Name: Pa                                          | alm Beach Count       | ty Board of County Co                                 | mm   | issioners                                               |  |  |  |
| *b. Employer/Taxpay                                          | er Identification Num | nber (EIN/TIN):                                       |      | * c. Organizational DUNS: 0784704810000                 |  |  |  |
| d. Address:                                                  |                       |                                                       |      |                                                         |  |  |  |
| * Street1:                                                   | 100 Australian        | n Avenue                                              |      |                                                         |  |  |  |
| Street2:                                                     | Suite 500             |                                                       |      | ·                                                       |  |  |  |
| * City:                                                      | West Palm Bead        | ch                                                    |      |                                                         |  |  |  |
| County/Parish:                                               | Palm Beach            |                                                       |      |                                                         |  |  |  |
| * State:                                                     |                       |                                                       |      | FL: Florida                                             |  |  |  |
| Province:                                                    |                       |                                                       |      |                                                         |  |  |  |
| * Country:                                                   |                       |                                                       |      | USA: UNITED STATES                                      |  |  |  |
| * Zip / Postal Code:                                         | 33406-1485            | ·                                                     |      |                                                         |  |  |  |
| e. Organizational U                                          | nit:                  |                                                       |      |                                                         |  |  |  |
| Department Name:                                             |                       |                                                       | 1    | Division Name:                                          |  |  |  |
| Housing & Econ                                               | . Sustainabilit       | ty                                                    |      |                                                         |  |  |  |
| f. Name and contac                                           | t information of pe   | erson to be contacted on m                            | atte | ers involving this application:                         |  |  |  |
| Prefix: Mr.                                                  |                       | * First Name                                          | ∋:   | Jonathan                                                |  |  |  |
| Middle Name: B.                                              |                       |                                                       |      |                                                         |  |  |  |
| * Last Name: Brow                                            | wn                    |                                                       |      |                                                         |  |  |  |
| Suffix:                                                      |                       |                                                       |      |                                                         |  |  |  |
| Title: Director                                              |                       |                                                       |      |                                                         |  |  |  |
| Organizational Affiliat                                      | ion:                  |                                                       |      |                                                         |  |  |  |
|                                                              |                       |                                                       |      |                                                         |  |  |  |
| * Telephone Number: 561–233–3602 Fax Number: 561–233–3651    |                       |                                                       |      |                                                         |  |  |  |
| *Email: jbrown2@                                             | pbcgov.org            |                                                       |      |                                                         |  |  |  |

| Application for Federal Assistance SF-424                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| * 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:                                                                                                                                      |
| 14-231                                                                                                                                                                                  |
| CFDA Title:                                                                                                                                                                             |
| Emergency Solutions Grant - CV                                                                                                                                                          |
|                                                                                                                                                                                         |
| * 12. Funding Opportunity Number:                                                                                                                                                       |
|                                                                                                                                                                                         |
| * Title:                                                                                                                                                                                |
|                                                                                                                                                                                         |
|                                                                                                                                                                                         |
|                                                                                                                                                                                         |
|                                                                                                                                                                                         |
| 13. Competition Identification Number:                                                                                                                                                  |
|                                                                                                                                                                                         |
| Title:                                                                                                                                                                                  |
|                                                                                                                                                                                         |
|                                                                                                                                                                                         |
|                                                                                                                                                                                         |
|                                                                                                                                                                                         |
| 14. Areas Affected by Project (Cities, Counties, States, etc.):                                                                                                                         |
| Add Attachment Delete Attachment View Attachment                                                                                                                                        |
| * 15. Descriptive Title of Applicant's Project:                                                                                                                                         |
| Palm Beach County's ESG-CV Program provides homeless services and includes rental assistance, rapid re-housing, transportation, expanding the management information system and program |
| administration                                                                                                                                                                          |
|                                                                                                                                                                                         |
| Attach supporting documents as specified in agency instructions.                                                                                                                        |
| Add Attachments Delete Attachments View Attachments                                                                                                                                     |
|                                                                                                                                                                                         |

| 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 Aliachment View Attachment                                                                                                                                                                                                                                                                                                                                                      |
| 17. Proposed Project:                                                                                                                                                                                                                                                                                                                                                                                 |
| *a. Start Date: 03/27/2020 *b. End Date: 06/09/2022                                                                                                                                                                                                                                                                                                                                                   |
| 18. Estimated Funding (\$):                                                                                                                                                                                                                                                                                                                                                                           |
| *a. Federal 7,771,659.00                                                                                                                                                                                                                                                                                                                                                                              |
| *b, Applicant                                                                                                                                                                                                                                                                                                                                                                                         |
| *c. State                                                                                                                                                                                                                                                                                                                                                                                             |
| *d, Local                                                                                                                                                                                                                                                                                                                                                                                             |
| *e, Other                                                                                                                                                                                                                                                                                                                                                                                             |
| *f. Program Income                                                                                                                                                                                                                                                                                                                                                                                    |
| *g. TOTAL 7,771,659.00                                                                                                                                                                                                                                                                                                                                                                                |
| * 19. Is Application Subject to Review By State Under Executive Order 12372 Process?                                                                                                                                                                                                                                                                                                                  |
| X 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.                                                                                                                                                                                                                                                                                                                |
| c. Program is not covered by E.O. 12372.                                                                                                                                                                                                                                                                                                                                                              |
| * 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)                                                                                                                                                                                                                                                                                                 |
| Yes X No                                                                                                                                                                                                                                                                                                                                                                                              |
| If "Yes", provide explanation and attach                                                                                                                                                                                                                                                                                                                                                              |
| Add Attachment Deleic Attachment View /sitachment                                                                                                                                                                                                                                                                                                                                                     |
| 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)                                                                                                                                                                                                                                                                                                      |
| X ** 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.                                                                                                                                                                                                                                   |
| Authorized Representative:                                                                                                                                                                                                                                                                                                                                                                            |
| Prefix: Mr. *First Name: Jonathan                                                                                                                                                                                                                                                                                                                                                                     |
| Middle Name:                                                                                                                                                                                                                                                                                                                                                                                          |
| *Last Name: Brown                                                                                                                                                                                                                                                                                                                                                                                     |
| Suffix:                                                                                                                                                                                                                                                                                                                                                                                               |
| *Title: Director, Housing and Economic Sustainability                                                                                                                                                                                                                                                                                                                                                 |
| *Telephone Number: 561-233-3600 Fax Number: 561-233-3651                                                                                                                                                                                                                                                                                                                                              |
| *Email: jbrown2@pbcgov.org                                                                                                                                                                                                                                                                                                                                                                            |
| * Signature of Authorized Representative: Anathan Brown *Date Signed: 24421                                                                                                                                                                                                                                                                                                                           |

Legal Sufficiency and Terms and Conditions Next Page Approved as to Form and Legal Sufficiency

Howard J, Falcon, III
Chief Assistant County Attorney

Approved as to Terms and Conditions Dept. of Housing and Economic Sustainability

Sherry Howard Deputy Director

#### ASSURANCES - CONSTRUCTION PROGRAMS

OMB Number: 4040-0009 Expiration Date: 02/28/2022

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0042), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the Awarding Agency. Further, certain Federal assistance awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant:, I certify that the applicant:

- Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of project described in this application.
- Will give the awarding agency, the Comptroller General
  of the United States and, if appropriate, the State,
  the right to examine all records, books, papers, or
  documents related to the assistance; and will establish
  a proper accounting system in accordance with
  generally accepted accounting standards or agency
  directives.
- 3. Will not dispose of, modify the use of, or change the terms of the real property title or other interest in the site and facilities without permission and instructions from the awarding agency. Will record the Federal awarding agency directives and will include a covenant in the title of real property acquired in whole or in part with Federal assistance funds to assure nondiscrimination during the useful life of the project.
- Will comply with the requirements of the assistance awarding agency with regard to the drafting, review and approval of construction plans and specifications.
- 5. Will provide and maintain competent and adequate engineering supervision at the construction site to ensure that the complete work conforms with the approved plans and specifications and will furnish progressive reports and such other information as may be required by the assistance awarding agency or State.
- Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

- 8. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards of merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
- Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
- Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681 1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29) U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statue(s) under which application for Federal assistance is being made; and (i) the requirements of any other nondiscrimination statue(s) which may apply to the application.

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Standard Form 424D (Rev. 7-97) Prescribed by OMB Circular A-102

Previous Edition Usable

- 11. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal and federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
- 12. Will comply with the provisions of the Hatch Act (5 U.S.C. § §1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds,
- Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333) regarding labor standards for federally-assisted construction subagreements.
- 14. Will comply with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood Insurance If the total cost of insurable construction and acquisition is \$10,000 or more.
- 15. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of

- Federal actions to State (Clean Air) implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
- 16. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- 17. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq).
- 18. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
- Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
- 20. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

| TITLE                                         |
|-----------------------------------------------|
| Director, Housing and Economic Sustainability |
|                                               |
| DATE SUBMITTED                                |
| 丁                                             |
|                                               |

SF-424D (Rev. 7-97) Back

Approved as to Form and Legal Sufficiency

Howard J, Falcon, III

Chief Assistant County Attorney

Approved as to Terms and Conditions Dept. of Housing and Economic Sustainability

Sherry Howard
Deputy Director

#### **INTERIM ESG-CV Certifications (NON-STATE)**

The Emergency Solutions Grants Program Recipient certifies that:

Major rehabilitation/conversion — If an emergency shelter's rehabilitation costs exceed 75 percent of the value of the building before rehabilitation, the jurisdiction will maintain the building as a shelter for homeless individuals and families for a minimum of 10 years after the date the building is first occupied by a homeless individual or family after the completed rehabilitation. If the cost to convert a building into an emergency shelter exceeds 75 percent of the value of the building after conversion, the jurisdiction will maintain the building as a shelter for homeless individuals and families for a minimum of 10 years after the date the building is first occupied by a homeless individual or family after the completed conversion. In all other cases where ESG funds are used for renovation, the jurisdiction will maintain the building as a shelter for homeless individuals and families for a minimum of 3 years after the date the building is first occupied by a homeless individual or family after the completed renovation. EXCEPTION: In accordance with the CARES Act, the certifications in this paragraph do not apply with respect to CARES Act funding that is used to provide temporary emergency shelters (through leasing of existing property, temporary structures, or other means) to prevent, prepare for, and respond to coronavirus.

Essential Services and Operating Costs – In the case of assistance involving shelter operations or essential services related to street outreach or emergency shelter, the jurisdiction will provide services or shelter to homeless individuals and families for the period during which the ESG assistance is provided, without regard to a particular site or structure, so long the jurisdiction serves the same type of persons (e.g., families with children, unaccompanied youth, disabled individuals, or victims of domestic violence) or persons in the same geographic area. EXCEPTION: In accordance with the CARES Act, the certification in this paragraph does not apply with respect to CARES Act funding that is used to provide temporary emergency shelters (through leasing of existing property, temporary structures, or other means) to prevent, prepare for, and respond to coronavirus.

**Renovation** – Any renovation carried out with ESG assistance shall be sufficient to ensure that the building involved is safe and sanitary.

Supportive Services – The jurisdiction will assist homeless individuals in obtaining permanent housing, appropriate supportive services (including medical and mental health treatment, victim services, counseling, supervision, and other services essential for achieving independent living), and other Federal State, local, and private assistance available for such individuals.

Matching Funds - The jurisdiction will obtain matching amounts required under 24 CFR 576.201.

Confidentiality – The jurisdiction has established and is implementing procedures to ensure the confidentiality of records pertaining to any individual provided family violence prevention or treatment services under any project assisted under the ESG program, including protection against the release of the address or location of any family violence shelter project, except with

the written authorization of the person responsible for the operation of that shelter.

Homeless Persons Involvement – To the maximum extent practicable, the jurisdiction will involve, through employment, volunteer services, or otherwise, homeless individuals and families in constructing, renovating, maintaining, and operating facilities assisted under the ESG program, in providing services assisted under the ESG program, and in providing services for occupants of facilities assisted under the program.

Consolidated Plan – All activities the jurisdiction undertakes with assistance under ESG are consistent with the jurisdiction's consolidated plan.

**Discharge Policy** — The jurisdiction will establish and implement, to the maximum extent practicable and where appropriate policies and protocols for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities, mental health facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent this discharge from immediately resulting in homelessness for these persons.

Signature/Authorized Official

Director, Housing and Economic Sustainability

Title

Approved as to Terms and Conditions Dept. of Housing and Economic Sustainability

BHUNDA

By: Sherry Howard
Deputy Director

Approved as to Form and Legal Sufficiency

By:\_\_\_\_\_\_Howard J. Falcon,

Chief Assistant County Attorney

Funding Approval/Agreement

Emergency Solutions Grants Program – CARES Act Funding

Subtitle B of Title IV of the McKinney-Vento Homeless Assistance Act,
42 U.S.C. 11371 et seq., and the CARES Act, Public Law 116-136

**U.S. Department of Housing and Urban Development** Office of Community Planning and Development

| CFDA Number 14.231                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                              |                                                                                                                                                                                            |                                                                                                                     |                                                                                                                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Recipient Name and Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                              | 2. Unique Federal Aw                                                                                                                                                                       | ard Identific                                                                                                       | ation Number:                                                                                                                                                                                                                                                    |
| Palm Beach County PBC Housing & Economic Sustainability Department                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                              | E-20-UW-12-0004                                                                                                                                                                            |                                                                                                                     |                                                                                                                                                                                                                                                                  |
| 100 Australian Avenue Suite 500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                              | 3. Tax Identification N                                                                                                                                                                    | lumber: 596                                                                                                         | 000785                                                                                                                                                                                                                                                           |
| West Palm Beach FL 33406-1485                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                              | 4. Unique Entity Ident                                                                                                                                                                     | ifler (DUNS)                                                                                                        | : 078470481                                                                                                                                                                                                                                                      |
| 5. Fiscal Year: 2020 (Supplemental CARES Act funding)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                              |                                                                                                                                                                                            |                                                                                                                     |                                                                                                                                                                                                                                                                  |
| 6. Previous Obligation (Enter "0" for Initial CARES Act allocation)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$1,941,176                                                                                                                                  |                                                                                                                                                                                            |                                                                                                                     |                                                                                                                                                                                                                                                                  |
| 7. Amount of Funds Obligated or Deobligated by This Action (+                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | \$5,830,483                                                                                                                                  |                                                                                                                                                                                            |                                                                                                                     |                                                                                                                                                                                                                                                                  |
| 8, Total Amount of Federal Funds Obligated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$7,771,659                                                                                                                                  | 1                                                                                                                                                                                          |                                                                                                                     |                                                                                                                                                                                                                                                                  |
| 9. Total Required Match: \$ 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                              |                                                                                                                                                                                            |                                                                                                                     |                                                                                                                                                                                                                                                                  |
| 10, Period of Performance Start Date (the date listed in Box 16) 03/05/2021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 11. F<br>in Bo                                                                                                                               |                                                                                                                                                                                            | End Date (24                                                                                                        | months after the date listed                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                              | 03/04/2023                                                                                                                                                                                 |                                                                                                                     |                                                                                                                                                                                                                                                                  |
| 12. Type of Agreement (check applicable box)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                              | pecial Conditions and F                                                                                                                                                                    | Requirement                                                                                                         | s                                                                                                                                                                                                                                                                |
| ☐ Initial Agreement (Purpose #1 — Initial CARES Act allocation) ☐ Amendment (Purpose #2 — Deobligation of funds)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1                                                                                                                                            | lat annulla abla 🔯                                                                                                                                                                         | Attached                                                                                                            |                                                                                                                                                                                                                                                                  |
| ☐ Amendment (Purpose #3 – Obligation of additional funds)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                              | lot applicable 🔟 🗸                                                                                                                                                                         | Attached                                                                                                            |                                                                                                                                                                                                                                                                  |
| Consolidated Plan submissions (including the Recipient's approx Grants Program regulations at 24 CFR Part 576 (as now in effect including any special conditions and requirements attached to the conditions of this Agreement, HUD will make the funds available HUD. The funds may be used for costs incurred by a State or localitowable and were incurred to prevent, prepare for, and respons with respect to environmental review, decision making, and action exception the CARES Act provides for temporary emergency shipstifying any claim against the federal government or the Recipion or other consent, HUD may amend this Agreement either to profunds under this Agreement in accordance with applicable law.  14. For the U.S. Department of HUD (Name, Title, and Contact Information of Authorized Official)  Ann D.Chavis | ot and as ma<br>nis Agreeme<br>to the Reciporality before<br>do coronae<br>on required to<br>elters. Noth<br>ient by any to<br>vide addition | y be amended from timely constitute part of this offert upon execution of the Period of Perform dirus. The Recipient agunder the HUD regulation in this Agreement shird party. Without the | ne to time), as Agreement finis Agreem ance, provid rees to assuons at 24 CF shall be cons Recipient's nt under the | and this Agreement, t. Subject to the terms and tent by the Recipient and ed the costs are otherwise ime all of the responsibilities R Part 58, subject to the trued as creating or execution of an amendment CARES Act or to deobilgate  16. Federal Award Date |
| CPD Director                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                              | On                                                                                                                                                                                         |                                                                                                                     | 3/5/2021                                                                                                                                                                                                                                                         |
| 17. For the Recipient (Name and Title of Authorized Official) Jonathan B. Brown, Director Dept. of Housing and Economic Sustainability                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (1                                                                                                                                           | 8 Signature                                                                                                                                                                                | Bur                                                                                                                 | 19. Date<br>Glid Doll                                                                                                                                                                                                                                            |
| Funding Information (HUD Accounting Use Only):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              | Ų į                                                                                                                                                                                        |                                                                                                                     |                                                                                                                                                                                                                                                                  |
| PAS Code: HAEV Region: 04 Appropriation: 00192 Office: (Miami) Appro Symbol: F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              | Program<br>Allotment:                                                                                                                                                                      | Code: ES9<br>868                                                                                                    |                                                                                                                                                                                                                                                                  |
| Approved as to Terms and Conditions Dept. of Housing and Economic Sustainability By: Sherry Howard Deputy Director                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                              | and L<br>By:_<br>How                                                                                                                                                                       | oved as to For<br>egal Sufficie<br>and J. Felcon<br>of Assistant C                                                  | ncy /                                                                                                                                                                                                                                                            |

County: Palm Beach County Grant Number: E-20-UW-12-0004

#### Special Conditions and Requirements for CARES Act funding for ESG

#### **Indirect Cost Rate**

The Recipient shall attach a schedule of its indirect cost rate(s) in the format set forth below to the executed Agreement that is returned to HUD. The Recipient shall provide HUD with a revised schedule when any change is made to the rate(s) described in the schedule. The schedule and any revisions HUD receives from the Recipient shall be incorporated herein and made a part of this Agreement, provided that the rate(s) described comply with 2 CFR part 200, subpart E.

<u>Instructions</u>: The Recipient must identify each agency or department of the Recipient that will carry out activities under the grant, the indirect cost rate applicable to each department/agency (including if the de minimis rate is used per 2 CFR §200.414(f)), and the type of direct cost base to which the rate will be applied (for example, Modified Total Direct Costs (MTDC)). Do not include indirect cost rates for subrecipients.

| Recipient         |                    | Direct      |
|-------------------|--------------------|-------------|
| Department/Agency | Indirect cost rate | Cost Base   |
|                   |                    |             |
|                   | %                  |             |
|                   | %                  |             |
|                   | <u> </u>           |             |
|                   |                    | <del></del> |

#### Special Conditions and Requirements for CARES Act funding for ESG

### Serving Youth Who Lack 3rd Party Documentation or Live in Unsafe Situations

Notwithstanding any contrary requirements under the McKinney-Vento Homeless Assistance Act or 24 CFR part 576, youth aged 24 and under who seek assistance (including shelter, services or rental assistance) shall not be required to provide third-party documentation that they meet the homeless definition in 24 CFR 578.3 as a condition for receiving assistance; and unaccompanied youth aged 24 and under (or families headed by youth aged 24 and under) who have an unsafe primary nighttime residence and no safe alternative to that residence shall be considered homeless for purposes of assistance provided by any private nonprofit organization whose primary mission is to provide services to youth aged 24 and under and families headed by youth aged 24 and under.

#### Grant Number: E-20-UW-12-0004

#### Special Conditions and Requirements for CARES Act funding for ESG

#### **Recipient Integrity and Performance Matters**

(applicable if the amount in Box 8 of the Agreement is greater than \$500,000)

The Recipient shall comply with the requirements in Appendix XII to 2 CFR part 200—Award Term and Condition for Recipient Integrity and Performance Matters

County: Palm Beach County Grant Number: E-20-UW-12-0004

#### **Restriction on CARES Act Funds**

The funds under this Agreement may only be used to prevent, prepare for, and respond to coronavirus, among individuals and families who are homeless or receiving homeless assistance, and to support additional homeless assistance and homelessness prevention activities to mitigate the impacts created by coronavirus. People experiencing homelessness shall not be required to receive treatment or perform any other prerequisite activities as a condition for receiving assistance.

# 21-0883

# BOARD OF COUNTY COMMISSIONERS PALM BEACH COUNTY, FLORIDA BUDGET TRANSFER

Page 1 of 1

BGEX-143-05072100000001369 BGRV-143-05072100000000494

FUND 1160 - CARES Act Relief Fund

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

| ACCOUNT NUMBER | ACCOUNT NAME                      | ORIGINAL<br>BUDGET | CURRENT<br>BUDGET | INCREASE  | DECREASE  | ADJUSTED<br>BUDGET | EXPENDED/<br>ENCUMBERED<br>May 7, 2021 | REMAINING<br>BALANCE |
|----------------|-----------------------------------|--------------------|-------------------|-----------|-----------|--------------------|----------------------------------------|----------------------|
| REVENUE        |                                   |                    |                   |           |           |                    |                                        |                      |
| 143-1447-3154  | Community Development Block Grant | 0                  | 1,941,176         | 5,830,483 | 0         | 7,771,659          |                                        |                      |
| 143-1448-3154  | Community Development Block Grant | 0                  | 5,830,483         | 0         | 5,830,483 | 0                  |                                        |                      |
|                | TOTAL REVENUE                     |                    | 186,933,694       | 5,830,483 | 5,830,483 | 186,933,694        |                                        |                      |
| EXPENDITURES   |                                   |                    |                   |           |           |                    |                                        |                      |
| 140-1448-1201  | Salary and Wages - Regular        | 0                  | 408,134           | 0         | 408,134   | 0                  | 0                                      | <b>6</b> ,           |
| 143-1448-3401  | Other Contractual Services        | 0                  | 174,914           | 0         | 174,914   | 0                  | 0                                      | 0                    |
| 143-1448-8201  | Contributions-Non Govt Agency     | 0                  | 919,023           | 0         | 919,023   | 0                  | 0                                      | 0                    |
| 143-1448-8301  | Contributions for Individuals     | 0                  | 4,328,412         | 0         | 4,328,412 | 0                  | 0                                      | Ó                    |
| 140-1447-1201  | Salary and Wages - Regular        | 0                  | 0                 | 408,134   | 0         | 408,134            | 14,348                                 | 393,786              |
| 43-1447-3401   | Other Contractual Services        | 0                  | 0                 | 174,914   | 0         | 174,914            | 0                                      | 174,914              |
| 143-1447-8201  | Contributions-Non Govt Agency     | 0                  | 983,434           | 919,023   | 0         | 1,902,457          | 933,545                                | 968,912              |
| 143-1447-8301  | Contributions for Individuals     | 0                  | 750,000           | 4,328,412 | 0         | 5,078,412          | 474,577                                | 4,603,835            |
|                | TOTAL EXPENDITURES                |                    | 186,933,694       | 5,830,483 | 5,830,483 | 186,933,694        | 1,422,470                              | 138,356,             |

Department of Housing and Economic Sustainability

INITIATING DEPARTMENT/DIVISION
Administration/Budget Department Approval
OFMB Department - Posted

n 5/1

By Board of County Commissioners At Meeting of :

June 15, 2021

Deputy Clerk to the

**Board of County Commissioners**