

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2023	2024	2025	2026	2027
Capital Expenditures					
Operating Costs	296,056				
External Revenue	(236,845)				
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT	59,211				

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

Budget Account No.:
 Fund 1001 Dept. 142 Unit 1435 Object Var. Program Code Var. Program Period GY22

B. Recommended Sources of Funds/Summary of Fiscal Impact:
 Funding source is HUD and County Match. \$46,361 cash match already budgeted; \$12,850 additional cash match is requested with this item.

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

III. REVIEW COMMENTS

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

Laura M. [Signature] 12/7/2022
 OFMB 11/30 MG 12/6 SJ 12/6 [Signature] 12/13/22
 Contract Development and Control

B. Legal Sufficiency:

[Signature] 12-13-22
 County Attorney

C. Other Department Review:

 Department Director

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



U.S. Department of Housing and Urban Development
Office of Community Planning and Development
Atlanta Region, Miami Field Office
Brickell Plaza Federal Building
909 SE First Avenue, Room 500
Miami, FL 33131-3042

Ms. Wendy Tippett
Director of Human Services and Community Action
Palm Beach County
810 Datura Street
West Palm Beach, FL 33401

Dear Ms. Tippett,

SUBJECT: HUD's Continuum of Care Program (CoC) - FY 2021
New Applicant's Name: FL- 605: Palm Beach County
Transmittal of one (1) Grant Agreement
Project Name: 2021 Planning Grant
Project Number: FL0927L4D052100

Congratulations on your selection for funding under the Department of Housing and Urban Development's (HUD) FY 2021 Homeless Assistance Grants competition. Addressing homelessness is one of the Department's top priorities and your projects will make a significant contribution toward developing a continuum of care system in your community. This letter sets out the process by which you can receive your funding.

*****PLEASE NOTE PROCESSING INSTRUCTIONS*****

Enclosed, please find the grant agreement for the above referenced grant for your Continuum of Care (CoC) Program. To help us expedite this process and prevent any delays with the processing of your grants, **please follow the instructions in this letter.**

Please sign the grant agreement, keeping the original for your records, and RETURN one (1) executed PDF version to: Lisa Bustamante, Program Manager at Fiordaliza.Bustamante@hud.gov and Jill Smolen Senior CPD Representative email: Jill.C.Smolen@hud.gov.

When you submit your grant agreement, you must indicate if your banking information in e-LOCCS is current. If there has been a change in your banking information, you **MUST** complete and submit a Direct Deposit Sign-up Form (SF-1199A) **AND** provide a blank check marked CANCELED or VOID. For grantees that use electronic banking, you may also provide either a voided deposit slip or a letter from the bank, on bank letterhead to substitute for a voided check. Failure to provide this information could result in delays. A copy of the form is available at: https://www.hud.gov/program_offices/cfo/loccs_guidelines#2.

In addition, please make sure your Unique Entity ID (UEID) number is active in the System for Award Management (SAM). You can check your SAM status at this link: <https://www.sam.gov/SAM/>.

Should you have any questions about how to proceed on the execution of your grant, please contact, Jill Smolen, Senior CPD Representative at (305) 520-5023 or via email message at: Jill.C.Smolen@hud.gov.

Sincerely,

LISA

JOHNSON

Lisa Johnson

Director

Office of Community Planning & Development

Digitally signed by: LISA JOHNSON
DN: CN = LISA JOHNSON C = US O =
U.S. Government OU = Department of
Housing and Urban Development, Office
of Community Planning and
Development
Date: 2022.08.17 08:05:17 -04'00'

Enclosures



U.S. Department of Housing and Urban Development
Office of Community Planning and Development
909 SE First Avenue
Miami, FL 33131

Grant Number: FL0927L4D052100
Tax ID Number: 59-6000785
Unique Entity Identifier [SAM]: XL2DNFMPCR44

CONTINUUM OF CARE PROGRAM (CDFA# 14.267)
GRANT AGREEMENT

This Grant Agreement (“this Agreement”) is made by and between the United States Department of Housing and Urban Development (“HUD”) and Palm Beach County Board of County Commissioners (the “Recipient”).

This Agreement, the use of funds provided under this Agreement (the “Grant” or “Grant Funds”), and the operation of projects assisted with Grant Funds are governed by

1. title IV of the McKinney-Vento Homeless Assistance Act 42 U.S.C. 11301 et seq. (the “Act”);
2. the Continuum of Care Program rule at 24 CFR part 578 (the “Rule”), as amended from time to time;
3. and the Notice of Funding Opportunity for the fiscal year in which the funds were awarded.

The terms “Grant” or “Grant Funds” mean the funds that are provided under this Agreement. The term “Application” means the application submissions on the basis of which the Grant was approved by HUD, including the certifications, assurances, technical submission documents, and any information or documentation required to meet any grant award condition. Capitalized terms that are not defined in this agreement shall have the meanings given in the Rule.

The Application is incorporated herein as part of this Agreement, except that only the project (those projects) listed below are funded by this Agreement. In the event of any conflict between any application provision and any provision contained in this Agreement, this Agreement shall control.

HUD’s total funding obligation authorized by this grant agreement is \$236,845, allocated between the project(s) listed below (each identified by a separate grant number) and, within those projects, between budget line items, as shown below. The Grant Funds an individual project will receive are as shown in the Application on the final HUD-approved Summary Budget for the project. Recipient shall use the Grant Funds provided for the projects listed below, during the budget period(s) period stated below.

Grant No.	Grant Term	Performance Period	Budget Period	Total Amount
FL0927L4D052100		_____ - _____	_____ - _____	\$236,845
a. Continuum of Care planning activities				\$236,845
b. Acquisition				\$0
c. Rehabilitation				\$0
d. New construction				\$0
e. Leasing				\$0
f. Rental assistance				\$0
g. Supportive services				\$0
h. Operating costs				\$0
i. Homeless Management Information System				\$0
j. Administrative costs				\$0
k. Relocation Costs				\$0
l. HPC homelessness prevention activities:				
Housing relocation and stabilization services				\$0
Short-term and medium-term rental assistance				\$0

Pre-award Costs for Continuum of Care Planning

The Recipient may, at its own risk, incur pre-award costs for continuum of care planning awards, after the date of the HUD selection notice and prior to the effective date of this Agreement, if such costs: a) are consistent with 2 CFR 200.458; and b) would be allowable as a post-award cost; and c) do not exceed 10 percent of the total funds obligated to this award. The incurrence of pre-award costs in anticipation of an award imposes no obligation on HUD either to make the award, or to increase the amount of the approved budget, if the award is made for less than the amount anticipated and is inadequate to cover the pre-award costs incurred.

These provisions apply to all Recipients:

If any new projects funded under this Agreement are for project-based rental assistance for a term of fifteen (15) years, the funding provided under this Agreement is for the performance period stated herein only. Additional funding is subject to the availability of annual appropriations.

The budget period and performance period of renewal projects funded by this Agreement will begin immediately at the end of the budget period and performance period of the grant being renewed. Eligible costs incurred between the end of Recipient's budget period and performance period under the grant being renewed and the date this Agreement is executed by both parties may be reimbursed with Grants Funds from this Agreement. No Grant Funds for renewal projects may be drawn down by Recipient before the end date of the project's budget period and performance period under the grant that has been renewed.

For any transition project funded under this Agreement the budget period and performance period of the transition project(s) will begin immediately at the end of the Recipient's final operating year under the grant being transitioned. Eligible costs, as defined by the Act and the Rule incurred between the end of Recipient's final operating year under the grant being transitioned and the execution of this Agreement may be paid with funds from the first operating year of this Agreement.

HUD designations of Continuums of Care as High-performing Communities (HPCS) are published in the HUD Exchange in the appropriate Fiscal Years' CoC Program Competition Funding Availability page. Notwithstanding anything to the contrary in the Application or this Agreement, Recipient may only use grant funds for HPC Homelessness Prevention Activities if the Continuum that designated the Recipient to apply for the grant was designated an HPC for the applicable fiscal year.

The Recipient must complete the attached "Indirect Cost Rate Schedule" and return it to HUD with this Agreement. The Recipient must provide HUD with a revised schedule when any change is made to the rate(s) included in the schedule. The schedule and any revisions HUD receives from the Recipient will be incorporated into and made part of this Agreement, provided that each rate included satisfies the applicable requirements under 2 CFR part 200 (including appendices).

This Agreement shall remain in effect until the earlier of 1) written agreement by the parties; 2) by HUD alone, acting under the authority of 24 CFR 578.107; 3) upon expiration of the budget period and performance period for all projects funded under this Agreement; or 4) upon the expiration of the period of availability of Grant Funds for all projects funded under this Agreement.

HUD notifications to the Recipient shall be to the address of the Recipient as stated in the Recipient's applicant profile in e-snaps. Recipient notifications to HUD shall be to the HUD Field Office executing the Agreement. No right, benefit, or advantage of the Recipient hereunder may be assigned without prior written approval of HUD.

The Agreement constitutes the entire agreement between the parties, and may be amended only in writing executed by HUD and the Recipient.

By signing below, Recipients that are states and units of local government certify that they are following a current HUD approved CHAS (Consolidated Plan).

This agreement is hereby executed on behalf of the parties as follows:

**UNITED STATES OF AMERICA,
Secretary of Housing and Urban Development**

By:

LISA JOHNSON

Digitally signed by: LISA JOHNSON
DN: CN = LISA JOHNSON C = US O = U.S.
Government OU = Department of Housing and
Urban Development, Office of Community
Planning and Development
Date: 2022.08.17 08:05:50 -04'00'

(Signature)

Lisa A Johnson, Director

(Typed Name and Title)

(Date)

RECIPIENT

Palm Beach County Board of County Commissioners

(Name of Organization)

By:

(Signature of Authorized Official)

Robert Weinroth, Mayor

(Typed Name and Title of Authorized Official)

(Date)

Approved As To Form and Legal Sufficiency

By: _____
Senior Assistant County Attorney

Approved As To Form Terms and Conditions

By: _____
Department Director

Indirect Cost Schedule

Agency/Dept./Major Function	Indirect Cost Rate	Direct Cost Base

This schedule must include each indirect cost rate that will be used to calculate the Recipient’s indirect costs under the grant. The schedule must also specify the type of direct cost base to which each included rate applies (for example, Modified Total Direct Costs (MTDC)). Do not include indirect cost rate information for subrecipients.

For government entities, enter each agency or department 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), and the type of direct cost base to which the rate will be applied.

For nonprofit organizations that use the Simplified Allocation Method for indirect costs or elects to use the de minimis rate of 10% of Modified Total Direct Costs in accordance with 2 CFR §200.414, enter the applicable indirect cost rate and type of direct cost base in the first row of the table.

For nonprofit organizations that use the Multiple Base Allocation Method, enter each major function of the organization for which a rate was developed and will be used under the grant, the indirect cost rate applicable to that major function, and the type of direct cost base to which the rate will be applied.

To learn more about the indirect cost requirements, see 24 CFR 578.63; 2 CFR part 200, subpart E; Appendix IV to Part 200 (for nonprofit organizations); and Appendix VII to Part 200 (for state and local governments).

BOARD OF COUNTY COMMISSIONERS
 PALM BEACH COUNTY, FLORIDA
 BUDGET AMENDMENT

BGEX - 142 - 0916220000000001785
 BGRV - 142 - 0916220000000000525

FUND (1001) - HUD - Housing and Urban Development

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

ACCT.NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	CURRENT BUDGET	INCREASE	DECREASE	ADJUSTED BUDGET	EXPENDED/ ENCUMBERED AS OF 11/29/22	REMAINING BALANCE
REVENUE								
142 1435 3169	Fed Grnt Indirect-Human Services	185,443	185,443	51,402		236,845		
142 1435 8000	Tr Fr General Fund Fd 0001	46,361	46,361	12,850		59,211		
Total Revenue		231,804	231,804	64,252	0	296,056		
EXPENDITURE								
142 1435 3401	Contractual Services	0	0	64,252		64,252	5,580	58,672
Total Expenditures		231,804	231,804	64,252	0	296,056	5,580	290,476

COMMUNITY SERVICES
 INITIATING DEPARTMENT/DIVISION Julie Dowe
 Administration/Budget Department Approval
 OFMB Department - Posted

Signatures

Julie Dowe



Date

By Board of County Commissioners
 At Meeting on December 20, 2022

Deputy Clerk to the
 Board of County Commissioners

BOARD OF COUNTY COMMISSIONERS
 PALM BEACH COUNTY, FLORIDA
 BUDGET Transfer

FUND (0001) - General Fund

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

ACCT. NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	CURRENT BUDGET	INCREASE	DECREASE	ADJUSTED BUDGET	EXPENDED/ ENCUMBERED AS OF 11/29/22	REMAINING BALANCE
EXPENDITURE								
820 9900 9901	Contingency Reserves	20,000,000	13,715,087	0	12,850	13,702,237		
820 9100 9002	Tr To HUD-Housing and Urban Development	46,361	46,361	12,850	0	59,211		
Total Expenditures		1,897,887,942	1,899,206,622	12,850	12,850	1,899,206,622		

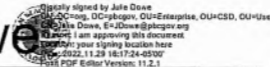
COMMUNITY SERVICES
 INITIATING DEPARTMENT/DIVISION Julie Dowe
 Administration/Budget Department Approval
 OFMB Department - Posted

Signatures

Date

By Board of County Commissioners
 At Meeting on December 20th, 2022

Julie Dowe



 Deputy Clerk to the
 Board of County Commissioners