

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2024	2025	2026	2027	2028
Capital Expenditures					
Operating Costs	467,544				
External Revenue	(467,544)				
Program Income (County)					
In-Kind Match (County)					
NET FISCAL IMPACT	0				
No. ADDITIONAL FTE POSITIONS (Cumulative)					

Is Item Included In Current Budget? Yes No X
 Does this item include the use of federal funds? Yes X No
 Does this item include the use of state funds? Yes X No

Budget Account No.:

Fund Dept. 0001 Unit 148 Object 1354 Program Code VAR. Program Period VAR.

B. Recommended Sources of Funds/Summary of Fiscal Impact:

The Average cost per client for ESG-CV3 is \$628.25 for street outreach services.
 Average cost per client for RUSH is \$2,200.63 for eviction prevention services.

DocuSigned by:

Julie Dowe
05AC9C7CC5BC4A4...

C. Departmental Fiscal Review:

Julie Dowe, Director, Financial & Support Svcs.

I. REVIEW COMMENTS

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

Laura Mente
 OFMB QA 12/14 12/12/2023
 MG 12/12
 AAF 12/12

Jan S. Janslooff
 Contract Development and Control
12/13/23
 JA 12/12/23

B. Legal Sufficiency:

Helene C. Strizel
12-13-23
 Assistant County Attorney

C. Other Department Review:

 Department Director

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

**FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES
CONTRACT NO. IP004
AMENDMENT NO. 0006**

Effective the latter of July 1, 2022, or the last date of the signatories, this amends the above referenced **Contract as follows:**

1. In 1.1, last addressed in **Amendment #0004**, the total contract dollar amount of **\$3,656,880.10** is replaced by **\$4,124,423.64**.

2. The highlighted portion below amends **A-7**. The non-highlighted portions are solely for context and unaffected by this amendment

A-7. OTHER TERMS

Attachment Updates - At its sole discretion, the Department reserves the right to make changes to **Attachments D1-D7, E1-E4, F1-F4, F6, F7, F2.1, F3.1, F4.1, F6.1, F7.1**, without a formal written amendment.

3. The highlighted portion below amends **B-1.5**, last addressed in **Amendment #0001**. The non-highlighted portions are solely for context and unaffected by this amendment

B-1.5. Emergency Solutions Grant - CV (ESG-CV and ESG-CV3) – Pursuant to 24 CFR Part 576, provide services and payment, as applicable and allowable, 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. ESG-CV and ESG-CV3 have the same applicability throughout the contract as ESG unless otherwise stated within this Contract, or addressed either through guidance from HUD or the State Office on Homelessness.

4. **B-1.**, as last addressed in **Amendment #0001**, is amended to add **B-1.6.**:

B-1.6. Rapid Unsheltered Survivor Housing (RUSH) – Pursuant to 24 CFR Part 576, provide services and payment, as applicable and allowable, to address the needs of homeless individuals or families or individuals or families at risk of homelessness in areas affected by a major disaster. RUSH funds have the same applicability throughout the contract as ESG unless otherwise stated within this Contract, or addressed through guidance from HUD or the Department.

This section is Applicable.

This section is Not Applicable.

5. In **C-3-1.1.1** and **C-3-1.2.1.**, as last addressed in **Amendment #0001**, after the word “ESG-CV” insert the phrase “and ESG-CV3”.

6. **D-2.3.**, last addressed in **Amendment #0003**, is amended to add:

D-2.3.9. ESG-CV3 Street Outreach Activities – The ESG-CV3 Street Outreach Projects will serve, at a minimum, the following number of individuals each month

Fiscal Year (FY)	FY 22-23	FY 23-24
Total Individuals Served Each Month	N/A	41

7. **D-2.5.** is amended to read:

**FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES
 CONTRACT NO. IP004
 AMENDMENT NO. 0006**

D-2.5. Rapid Unsheltered Survivor Housing (RUSH) - The applicability of this section is identified in section **B-1.6.** of this Contract. The provider shall provide eligible emergency shelter including expenses related to operating emergency shelters or essential services, street outreach to unsheltered individuals, and/or homeless prevention and rapid re-housing assistance to eligible individuals in the geographic area.

D-2.5.1. RUSH Prevention Activities – The RUSH Prevention Projects will serve, at a minimum, the following number of individuals each month.

Fiscal Year (FY)	FY 22-23	FY 23-24
Total Individuals Served Each Month	N/A	6

8. **D-2.** is amended to add **D-2.6:**

D-2.6. In the event that the Provider has met the Annual Service Targets identified in Section D-3 prior to the end of the state fiscal year, the monthly deliverables identified in section D-2 shall no longer apply for the remainder of the applicable fiscal year. For a fixed price invoices, the Provider shall be required to serve a minimum of 1 individual/household per month for each achieved service target, for the subsequent service months.

9. **D-3.3.**, as last addressed in **Amendment #0003**, is amended to add:

D-3.3.9. ESG-CV3 Street Outreach Activities – The ESG-CV3 Street Outreach Projects will serve, at a minimum, the following number of individuals fiscal year.

Fiscal Year (FY)	FY 22-23	FY 23-24
Total Individuals Served Each Fiscal Year	N/A	492

10. **D-3.** is amended to add **D-3.5.:**

D-3.5. Rapid Unsheltered Survivor Housing (RUSH) - The applicability of this section is identified in section **B-1.6.** of this Contract. The provider shall deliver twelve (12) months emergency shelter including expenses related to operating emergency shelters or essential services, street outreach to unsheltered individuals, and/or homeless prevention and rapid re-housing assistance to eligible individuals in the geographic area.

D-3.5.1. RUSH Prevention Activities – The RUSH Prevention Projects will serve, at a minimum, the following number of individuals each fiscal year.

Fiscal Year (FY)	FY 22-23	FY 23-24
Total Individuals Served Each Fiscal Year	N/A	72

11. The highlighted portions below amends the table in **F-2.1.**, last addressed in **Amendment #0005**. The non-highlighted parts are for contextual purposes only and are unaffected by this Amendment.

**FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES
CONTRACT NO. IP004
AMENDMENT NO. 0006**

F-2.1 This is a multi-year fixed price and/or cost reimbursement contract for the provision of services to homeless persons. The Department shall pay the Provider for the delivery of service units provided in accordance with terms of this contract for a total dollar amount not to exceed **\$4,124,423.64**, subject to availability of funds. The total contract amount shall be allocated as follows:

2019-2020	\$231,142.85
2020-2021	\$455,803.25
2021-2022	\$1,955,844.19
2022-2023	\$551,804.11
2023-2024	\$698,686.39
2024-2025	\$231,142.85
Total	\$4,124,423.64

12. F-2., last addressed in **Amendment #0005**, is amended to add:

F-2.1.8 Emergency Solutions Grant – CV3 (ESG-CV3) – The Department agrees to reimburse for allowable costs listed below for ESG-CV3 Activities.

2023-2024	One Month of Eligible ESG-CV3 Grant Activities	NA	NA	\$309,098.58
Total				\$309,098.58

F-2.1.9 Rapid Unsheltered Survivor Housing (RUSH) – The Department agrees to reimburse for allowable costs listed below for RUSH Activities.

2023-2024	One Month of Eligible RUSH Grant Activities	NA	NA	\$158,444.96
Total				\$158,444.96

13. F-4.5.3. is amended to read: "A match is not required for funds received under ESG-CV, ESG-CV3, or RUSH."

14. The attached **ATTACHMENT D6 - Emergency Solutions Grant – CV3 Monthly Status Report** is added.

15. The attached **ATTACHMENT D7 - Rapid Unsheltered Survivor Housing (RUSH) Monthly Status Report** is added.

16. The attached **ATTACHMENT F6 - Emergency Solutions Grant – CV3 INVOICE** is added.

17. The attached **ATTACHMENT F6.1 - Emergency Solutions Grant – CV3 ROLL-UP REPORT** is added.

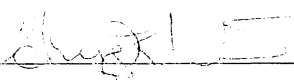
18. The attached **ATTACHMENT F7 - Rapid Unsheltered Survivor Housing (RUSH) INVOICE** is added.

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES
CONTRACT NO. IP004
AMENDMENT NO. 0006


- 19. The attached ATTACHMENT F7.1 - Rapid Unsheltered Survivor Housing (RUSH) ROLL-UP REPORT is added.
- 20. All provisions in the Contract and any attachments thereto in conflict with this Amendment are changed to conform with this Amendment. All provisions not in conflict with this Amendment are still in effect and are to be performed at the level specified in the Contract. This Amendment and all its attachments are made a part of the Contract.

IN WITNESS THEREOF, the parties cause this amendment to be executed by their duly authorized officials.

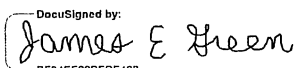
PROVIDER

Signature: 
Name: Gregg K. Weiss
Title: Mayor
Date: 8/5/23

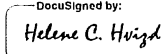
DEPARTMENT

Signature: 
Name: Shevaun L. Harris
Title: Secretary
Date: 8/9/2023 | 1:51 PM EDT

Approved as to Terms and Conditions

By: 
Department Head

Approved as to Form and Legal Sufficiency

By: 
Senior Assistant County Attorney

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ATTACHMENT D6 – EMERGENCY SOLUTIONS GRANT-CV3 MONTHLY STATUS REPORT

dropdown	Provider Name	Monthly Status Report	
prepopulate	Contract #	dropdown	Month of Services

ATTESTATION: By completing this report, I certify to the best of my knowledge and belief that the report is true, complete and accurate and the expenditures, disbursements and cash receipts are for the purpose and objectives set forth in the terms and conditions of the Award. I am aware that any false, fictitious, or fraudulent information or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statement, false claims, or otherwise. Additionally, I certify that all invoices supporting this report have been submitted to the Department in accordance with this agreement.

Name & Title of Agency Official	Date
---------------------------------	------

Emergency Solutions Grant-CV3 Deliverables (minimum monthly deliverable for activity)	Street Outreach #	Emergency Shelter #	Prevention #	Rapid Rehousing #
Total Individuals Served by Activity (Monthly)				
Total Individuals Served by Activity (Year to Date)				

Emergency Solutions Grant-CV3 Output Measures	Street Outreach	Emergency Shelter	Prevention	Rapid Rehousing
New Individuals Served this Month				
Individuals with Increased Income (benefits)				
Individuals with Increased Income (employment)				
Individuals Connected to Housing Case Management				
Individuals Permanently Housed				
Average Financial Assistance Provided				
			\$ -	\$ -

Remaining Stably Housed	3 months	6 months	9 months	12 months
Total Individuals Housed by Emergency Solutions Grant-CV3 Funding				
Individuals Remaining Stably Housed by Emergency Solutions Grant-CV3 Funding				
Percentage Remaining Housed by Emergency Solutions Grant-CV3 Funding	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

ATTACHMENT D7 – RAPID UNSHELTERED SURVIVOR HOUSING (RUSH) MONTHLY STATUS REPORT

dropdown	Provider Name	<h2 style="margin: 0;">Monthly Status Report</h2>	
prepopulate	Contract #	dropdown	Month of Services
<p>ATTESTATION: By completing this report, I certify to the best of my knowledge and belief that the report is true, complete and accurate and the expenditures, disbursements and cash receipts are for the purpose and objectives set forth in the terms and conditions of the Award. I am aware that any false, fictitious, or fraudulent information or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statement, false claims, or otherwise. Additionally, I certify that all invoices supporting this report have been submitted to the Department in accordance with this agreement.</p>			
Name & Title of Agency Official			Date

RUSH Grant Deliverables (minimum monthly deliverable for activity)	Street Outreach #	Emergency Shelter #	Prevention #	Rapid Rehousing #
Total Individuals Served by Activity (Monthly)				
Total Individuals Served by Activity (Year to Date)				
RUSH Grant Output Measures	Street Outreach	Emergency Shelter	Prevention	Rapid Rehousing
New Individuals Served this Month				
Individuals with Increased Income (benefits)				
Individuals with Increased Income (employment)				
Individuals Connected to Housing Case Management				
Individuals Permanently Housed				
Average Financial Assistance Provided				
			\$ -	\$ -
Remaining Stably Housed	3 months	6 months	9 months	12 months
Total Individuals Housed by RUSH Grant Funding				
Individuals Remaining Stably Housed by RUSH Grant Funding				
Percentage Remaining Housed by RUSH Grant Funding	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

ATTACHMENT F6 – EMERGENCY SOLUTIONS GRANT-CV3 MONTHLY INVOICE

EMERGENCY SOLUTIONS GRANT- CV3				FEID #	prepopulate		
Contract #	prepopulate	Provider Name	dropdown				
Invoice #	prepopulate	Address	prepopulate				
Invoice Period	dropdown		prepopulate				
For Use by Provider							
Org Code	Description	Deliverable	Served this Month	Approved Budget	Payment Amount	Previous Payment(s) Total	Balance After This Payment
60303025209	Street Outreach	0		\$ -	\$ -	\$ -	\$ -
60303029209	Emergency Shelter	0		\$ -	\$ -	\$ -	\$ -
60303024209	Prevention	0		\$ -	\$ -	\$ -	\$ -
60303021209	Rapid Rehousing	0		\$ -	\$ -	\$ -	\$ -
60303023209	HMIS			\$ -	\$ -	\$ -	\$ -
60303022209	Admin			\$ -	\$ -	\$ -	\$ -
	Total			\$ -	\$ -	\$ -	\$ -
<p>By signing this invoice, I certify to the best of my knowledge and belief that the invoice is true, complete and accurate and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal or State Award. I am aware that any false, fictitious, or fraudulent information or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims, or otherwise. Additionally, I certify that all reports supporting this invoice have been submitted to the Department in accordance with this agreement.</p>							
Signature of Provider Official		Date		Name & Title of Provider Official			
For Use by Contract Manager Only							
Will a Financial Consequence be applied?		Fin. Conseq. (5% of Total Amount)	603030 22209		Date of Invoice Received		
Yes / No		Delayed Payment (10% for each Unmet Deliverable)	603030 25209		Date Goods/Services Received		
Deliverables Met (if no, see delayed payment section)			603030 29209		Date Goods Inspected and Approved		
Yes / No			603030 24209		Date Invoice Approved		
			603030 21209				
Org See payment detail above		Recoupment (Previous Unmet Deliverable Achieved)	603030 25209		Contract Manager Name		
OCA			603030 29209				
EO			603030 24209		Contract Manager Signature		
Object			603030 21209				
Category		Total Payment Amount					

ATTACHMENT F6.1 – EMERGENCY SOLUTIONS - CV3 GRANT ROLL-UP REPORT

Provider Name _____ dropdown
Contract Number _____ prepopulate
Month of Services _____ dropdown

Street Outreach

<i>Date Service Provided</i>	<i>HMIS Number (Client ID)</i>	<i>Service Provided</i>	<i>Vendor</i>	<i>Amount</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
			Total	\$ -

Emergency Shelter

<i>Date Service Provided</i>	<i>HMIS Number (Client ID)</i>	<i>Service Provided</i>	<i>Vendor</i>	<i>Amount</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
			Total	\$ -

Homelessness Prevention

<i>Date Service Provided</i>	<i>HMIS Number (Client ID)</i>	<i>Service Provided</i>	<i>Vendor</i>	<i>Amount</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
			Total	\$ -

Rapid Rehousing

<i>Date Service Provided</i>	<i>HMIS Number (Client ID)</i>	<i>Service Provided</i>	<i>Vendor</i>	<i>Amount</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
			Total	\$ -

Homeless Management Information System

<i>Date Service Provided</i>	<i>Service Provided</i>	<i>Vendor</i>	<i>Amount</i>
1			
2			
3			

4

5

Total \$ -

Administrative Costs

1	
2	
3	
4	
5	
	Total (10%) \$ -

TOTAL AMOUNT SUBMITTED FOR PAYMENT

Total \$ -

ATTACHMENT F7- RAPID UNSHELTERED SURVIVOR HOUSING (RUSH) MONTHLY INVOICE

EMERGENCY SOLUTIONS GRANT- RUSH			FEID #	prepopulate
Contract #	prepopulate	Provider Name	dropdown	
Invoice #	prepopulate	Address	prepopulate	
Invoice Period	dropdown		prepopulate	

For Use by Provider

Org Code	Description	Deliverable	Served this Month	Approved Budget	Payment Amount	Previous Payment(s) Total	Balance After This Payment
60303025209	Street Outreach	0		\$ -	\$ -	\$ -	\$ -
60303029209	Emergency She	0		\$ -	\$ -	\$ -	\$ -
60303024209	Prevention	0		\$ -	\$ -	\$ -	\$ -
60303021209	Rapid Rehousing	0		\$ -	\$ -	\$ -	\$ -
60303023209	HMIS			\$ -	\$ -	\$ -	\$ -
60303022209	Admin			\$ -	\$ -	\$ -	\$ -
	Total			\$ -	\$ -	\$ -	\$ -

By signing this invoice, I certify to the best of my knowledge and belief that the invoice is true, complete and accurate and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal or State Award. I am aware that any false, fictitious, or fraudulent information or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims, or otherwise. Additionally, I certify that all reports supporting this invoice have been submitted to the Department in accordance with this agreement.

Signature of Provider Official	Date	Name & Title of Provider Official
--------------------------------	------	-----------------------------------

For Use by Contract Manager Only

Will a Financial Consequence be applied?	Fin. Conseq. (5% of Total Amount)	603030 22209		Date of Invoice Received	
Yes / No	Delayed Payment (10% for each Unmet Deliverable)	603030 25209		Date Goods/Services Received	
Deliverables Met (if no, see delayed payment section)		603030 29209		Date Goods Inspected and Approved	
Yes / No		603030 24209		Date Invoice Approved	
Org See payment detail above		603030 21209		Contract Manager Name	
OCA	Recoupment (Previous Unmet Deliverable Achieved)	603030 29209		Contract Manager Signature	
EO		603030 24209			
Object		603030 21209			
Category	Total Payment Amount				

ATTACHMENT F7.1 – RAPID UNSHELTERED SURVIVOR HOUSING (RUSH) GRANT ROLL-UP REPORT

Provider Name _____ dropdown

Contract Number _____ prepopulate

Month of Services _____ dropdown

Street Outreach

<i>Date Service Provided</i>	<i>HMIS Number (Client ID)</i>	<i>Service Provided</i>	<i>Vendor</i>	<i>Amount</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
			Total	\$ -

Emergency Shelter

<i>Date Service Provided</i>	<i>HMIS Number (Client ID)</i>	<i>Service Provided</i>	<i>Vendor</i>	<i>Amount</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
			Total	\$ -

Homelessness Prevention

<i>Date Service Provided</i>	<i>HMIS Number (Client ID)</i>	<i>Service Provided</i>	<i>Vendor</i>	<i>Amount</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
			Total	\$ -

Rapid Rehousing

<i>Date Service Provided</i>	<i>HMIS Number (Client ID)</i>	<i>Service Provided</i>	<i>Vendor</i>	<i>Amount</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
			Total	\$ -

Homeless Management Information System

<i>Date Service Provided</i>	<i>Service Provided</i>	<i>Vendor</i>	<i>Amount</i>
1			
2			
3			
4			

5		
	Total	\$ -

Administrative Costs

1		
2		
3		
4		
5		
	Total (10%)	\$ -

TOTAL AMOUNT SUBMITTED FOR PAYMENT

	Total	\$ -
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BOARD OF COUNTY COMMISSIONERS
PALM BEACH COUNTY, FLORIDA
BUDGET AMENDMENT

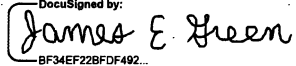
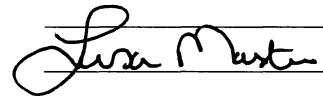
BGEX - 148 - 1121230000000000477
BGRV - 148 - 1121230000000000137

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 12/05/2023	REMAINING BALANCE
REVENUE								
148 1354 3469	State Grnt Oth Human Services	404,500	404,500	467,544		872,044		
Total Revenue		2,157,248,097	2,157,375,605	467,544	0	2,157,843,149		
EXPENDITURE								
148 1354 3401	Other Contractual Services	173,358	173,358	467,544		640,902	0	640,902
Total Expenditures		2,157,248,097	2,157,375,605	467,544	0	2,157,843,149	685,351,950	1,472,491,199

COMMUNITY SERVICES
INITIATING DEPARTMENT/DIVISION James Green
Administration/Budget Department Approval
OFMB Department - Posted

Signatures	Date
 <small>DocuSigned by: James E. Green BF34EF22BFD0F492...</small>	12/12/2023
	12/12/2023

By Board of County Commissioners
At Meeting on December 19, 2023

Deputy Clerk to the
Board of County Commissioners