PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS AGENDA ITEM SUMMARY

Meeting Date: December 19, 2023		[X]	Consent Ordinance	Į]	Regular Public Hearing	
Department Submitted By: Submitted For:	Community Services a		mmunity Action Pro	l ogra	ı am_	Public nearing	
		I. EXE	CUTIVE BRIEF	===		=======================================	
Motion and Title: S	Staff recommends	motior	ı to:				
Unified Homeless G	rant Contract No. IPose the grant award	004 (R: d by \$4	2019-1138), for the p 467,543.54 for a ne	erio	d Ju	dren and Families (DCF) uly 1, 2019 through June amount not-to-exceed	
,	•		\$467,544 in the Gen e budget with the gra			nd, Human Services and rd.	
DCF Unified Home allocated to the Em allocated to a new crevised the original coneed. The ESG-CV3 and will serve a minimal individuals per year. risk of becoming home	Summary: Amendment No. 0006 (Catalog of State Financial Assistance (CSFA) No. 60.021) to the DCF Unified Homeless Grant increased funding by \$467,544. A total of \$309,098.58 will be allocated to the Emergency Solutions Grant Program (ESG-CV3). A total of \$158,444.96 will be allocated to a new category called Rapid Unsheltered Survivor Housing (RUSH). The amendment revised the original contract to include the additional funding to further assist individuals and families in need. The ESG-CV3 portion of the grant provides assistance to those at risk of becoming homeless and will serve a minimum of 41 individuals each month through street outreach for a total of 492 individuals per year. The RUSH portion of the grant will serve a minimum of 6 individual households at risk of becoming homeless each month for a total of 72 individuals per year to help them remain stably housed. No County match is required. (Human Services and Community Action Program) Countywide (HH)						
Background and Justification : HSCA serves as the Lead Entity for the Palm Beach County Homeless Continuum of Care (CoC). The CoC is the planning and evaluation body for the homeless service delivery system in Palm Beach County. The DCF Office on Homelessness works in conjunction with the Department of Housing and Urban Development (HUD) to provide funding opportunities to assist persons who are homeless or are at risk of homelessness.							
Attachments: 1. Amendment No. 2. Budget Amendm		ified Ho	omeless Grant Contra	ct N	lo. II	P004	
Recommended By	DocuSigned by: BF34EF22BFDF492	free	m		12,	/05/2023	
	Department Dire	ctor			Ē	Date	
Approved By:	Assistant County	Admin	istrator		<u> [</u>	14/7013 Date (

<u>II.</u> **FISCAL IMPACT ANALYSIS**

Five Year Summary of Fiscal Impact: A.

-	iscal Years	2024	2025	2026	2027	2028
С	apital Expenditures					
0	perating Costs	467,544				
E	xternal Revenue	(467,544)				
P	rogram Income (County)					
In	n-Kind Match (County)					
N	ET FISCAL IMPACT	0				
					· · · · · · · · · · · · · · · · · · ·	
	lo. ADDITIONAL FTE					
Р	OSITIONS (Cumulative)	daet?	Yes	No.	o X	
Iter oes oes udg	• • • • • • • • • • • • • • • • • • • •	e of federal fur e of state fund	ls? Yes		o	
Iter oes oes udg	m Included In Current Bu this item include the use this item include the use the the use	e of federal fund e of state fund et <u>1354</u> Program s of Funds/Su ent for ESG-CV	n Code <u>VAF</u> mmary of F /3 is \$628.2 200.63 for e	ड <u>X</u> N R. Program I Siscal Impact 5 for street c	o Period <u>VAR.</u> ct: outreach ser	vices.

I. REVIEW COMMENTS

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

OFMB GA 12/4	12/12/2023 MG 12/12 AAF 12/12	Contract/Development and Control MA 12/12/23
B. Legal Sufficiency:		

Other Department Review: C.

Department Director

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



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 <u>24 CFR Part 576</u>, 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 [X] Applicable.

This section is M 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:

- **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.

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.

- 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		DEPARTMENT	
Signature:	Supt	Signature:	Shevann L. Harris
Name:	Gregg K. Weiss	Name:	Shevaun L. Harris
Title:	Mayor	Title:	Secretary
Date:	1/8/28	Date:	8/9/2023 1:51 PM EDT
Approve	ed as to Terms and Conditions	Approved as to F	Form and Legal Sufficiency Docusigned by:
By: Der	Jomes & Free Branches Branches & Free Branches	By: Senior Assist	Helene C. Hvizd ent County Attorney

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

ATTACHMENT D6 – EMERGENCY SOLUTIONS GRANT-CV3 MONTHLY STATUS REPORT

dropdown	Provider Name	Monthly Status Report		
prepopulate	Contract #	dropdown	Month of Services	
ATTESTATION: By completing complete and accurate and the	•	•	d belief that the report is true, e for the purpose and	

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	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	Dat

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

EMERG	ENCY SOL	UTION	S GRAI	NT- (CV3	F	EID#		prepo	pulate	
Contract #	prepopul	ate	F	Provide	r Name	dropo	down				
Invoice #	prepopul	ate			prepopulate						
Invoice Period	dropdov	wn	Address		prepopulate						
	For Use by Provider										
Org Code	Description	Deliver -able	Served this Month		roved dget	_	ment ount	Pay	evious ment(s) otal		ce After ayment
60303025209	Street Outreach	0		\$	-	\$	-	\$	-	\$	-
60303029209	Emergency Shelter	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.

Signat	ure of Provider Offic	ial	Date	Name & Title of Provider Official			
		For U	Ise by Contra	act Manager Only			
Will a Financial Consequence be applied?		Fin. Conseq. (5% of Total Amount)	603030 22 209		Date of Invoice Received		
y,	Yes / No		603030 25 209		Data Canda/Samiana Danaiyad		
Deliverables Met (if no, see delayed		Payment (10% for each	603030 29 209		Date Goods/Services Received		
payment section)	payment section)		603030 24 209		Date Goods Inspected and Approved		
Y	es / No	Deliverable)	603030 21 209		Date Invoice Approved		
See payme	Org ent detail above	Recoupment	603030 25 209		Contract Manager	Name	
OCA		(Previous Unmet	603030 29 209				
EO Object Category		Deliverable Achieved)	603030 24 209		Contract Manager Si	gnature	
		Acmeveu)	603030 21 209				
		Total Paymer	Total Payment Amount				

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

dropdown		
prepopulate		
dropdown		
	prepopulate	

Street Outreach

	Date Service Provided	HMIS Number (Client ID)	Service Provided	Vendor	Amount
1					
2					
3					
4					
5					
6					
7					
8					
9					
.0					
				Total	\$ -

Emergency Shelter

,	Date Service Provided	HMIS Number (Client ID)	Service Provided	Vendor	Amount
1					
2					
3					
4					
5					
6					
7					
8					
9					
LΟ					
				Total	\$ -

Homelessness Prevention

1

	Date Service Provided	HMIS Number (Client ID)	Service Provided	Vendor	Amount
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
				Total	\$ -
Rap	id Rehousing				
-	Date Service Provided	HMIS Number (Client ID)	Service Provided	Vendor	Amount
1					
2					
3					
4					
 5				· · · · · · · · · · · · · · · · · · ·	.
6			AND LAW		
7					
8					
9					
10					
				Total	\$ -
Hon	neless Managen	nent Information System			
	Date Service Provided		Service Provided	Vendor	Amount
1					
2					-
3					

DocuSign Envelope ID: D446244F-F21D-4349-99BA-C896102CFD49

4	 	 	 		
5	 	 	 	 	

Administrative Costs

1
2
3
4
5
Total (10%) \$
TOTAL AMOUNT SUBMITTED FOR PAYMENT

Total \$ -

Total

\$

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

EMER	RGENCY SO			T- RUSH		FEID#			pulate	!
Contract #	prepopi	ulate		Provider Name	drop	dropdown				
Invoice #	prepopulate				prep	prepopulate				
Invoice Period	dropdown			Address prepopulate		opulate	,			
			For Use	by Provider						
Org Code	Description	Deliver -able	Served this Month	Approved Budget	1	Payment Amount		Previous Payment(s) Total		ce After ayment
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	e of Provider C	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 22 209		Date of Invoice Received				
		Delayed -	603030 25 209 603030		Date Goods/Services Received				
Deliverables Met (if no, see delayed payment section)		for each Unmet	29 209 603030 24 209		Date Goods Inspected and Approved				
Yes /	Yes / No		603030 21 209		Date Invoice Approved				
Or See payment	•	Recoupment	603030 25 209		Contract Manager N	ame			
OCA	그렇게 해결하는 학생들이 없다.		603030 29 209						
EO		Unmet Deliverable	603030 24 209		Contract Manager Sig	nature			
Object	Object		603030 21 209						
Category		Total Payme	nt Amount						

Provider Name

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

dropdown

Contract Number	prepo	pulate					
Month of Services	drop	odown					
Street Outreach							
Date Service Provided	HMIS Number (Client ID)	Service Provided	Vendor	Amount			
1	,						
2							
3		***					
4			· · · · · · · · · · · · · · · · · · ·				
5		-	-				
6							
7							
8		and and a second of the second					
9							
10			-				
Emergency Shelter			Total	\$ -			
Date Service	HMIS Number (Client	Service Provided	Vendor	Amount			
Provided	HMIS Number (Client ID)	Service Provided	Vendor	Amount			
Provided 1		Service Provided	Vendor	Amount			
Provided 1 2		Service Provided	Vendor	Amount			
Provided 1 2 3		Service Provided	Vendor	Amount			
Provided 1 2		Service Provided	Vendor	Amount			
Provided 1 2 3 4 5		Service Provided	Vendor	Amount			
Provided 1 2 3 4 5		Service Provided	Vendor	Amount			
Provided 1 2 3 4 5 6 7		Service Provided	Vendor	Amount			
Provided 1 2 3 4 5 6 7		Service Provided	Vendor	Amount			
Provided 1 2 3 4 5 6 7		Service Provided	Vendor	Amount			
Provided 1 2 3 4 5 6 7 8 9		Service Provided		Amount \$ -			
Provided 1 2 3 4 5 6 7 8 9		Service Provided	Total				

Homelessness Prevention

	Date Service Provided	HMIS Number (Client ID)	Service Provided	Vendor	Amount
1					
2					
3					
4					
5					
6					
7					
8					
9					
10	,				
				Total	\$ -
Rap	id Rehousing				
	Date Service Provided	HMIS Number (Client ID)	Service Provided	Vendor	Amount
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Шол	noloss Managom	ent Information System		Total	\$ -
—	Date Service	ent information system			
	Provided		Service Provided	Vendor	Amount
1					
2					
3					
4					

5		
	Total	\$ -
Administrative Costs		
1		
2		
3		
4		_
5		
	Total (10%)	\$ -
TOTAL AMOUNT SUBMITTED FOR PAYMENT		
	Total	\$ -

24 - **0255**

BOARD OF COUNTY COMMISSIONERS PALM BEACH COUNTY, FLORIDA BUDGET <u>AMENDMENT</u>

Page 1 of 1

BGEX - 148 - 112123000000000000477 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	ACCOUNT NAME	BODGET	BODGET	INCREASE	DECREASE	BODGET	A3 OF 12/03/2023	BALANCE
REVENUE								
148 1354 3469 Sta	ate 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 Oth	ner 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
		Signatures		Date		_	ty Commissioners	
COMMUNITY SERVICES NITIATING DEPARTMENT/DI	WISION James Green	Jonas E H	12/1	2/2023	· •	At Meeting on	December 19, 2023	·
dministration/Budget Depar		Just Mars	<u></u>	12/12/2023		Deputy Clerk to th	ne	
FMB Department - Posted		\smile			E	Board of County (Commissioners	