



**II. FISCAL IMPACT ANALYSIS**

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

Fiscal Years	2024	2025	2026	2027	2028
Capital Expenditures					
Operating Costs	1,073,711				
External Revenue	(858,969)				
Program Income (County)					
In-Kind Match (County)					
<b>NET FISCAL IMPACT</b>	<b>214,742</b>				

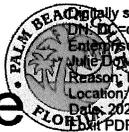
No. ADDITIONAL FTE POSITIONS (Cumulative)	<b>0</b>				
---	----------	--	--	--	--

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 0001 Dept. 148 Unit 1354 Object VAR. Program Code VAR. Program Period GY22

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

Funding source is Florida Department of Children and Families and Palm Beach County for local match of 25% as required by Florida Statutes 420.625. The Unified Homeless Grant is comprised of multiple funding sources, and the match is required only of the Challenge grant portion of \$858,969

**Julie Dowe**  
  
Digitally signed by Julie Dowe  
 DN: cn=Julie Dowe, DC=pbcbgov, OU=Employees, OU=CSD, OU=Users, CN=Julie Dowe, E=JDowe@pbcbgov.org  
 Reason: I am approving this document  
 Location:  
 Date: 2024.06.21 12:19:09-04'00'  
 Date: 2024.06.21 12:19:09-04'00'  
 Date: 2024.06.21 12:19:09-04'00'  
 Date: 2024.06.21 12:19:09-04'00'

**C. Departmental Fiscal Review:**

Julie Dowe, Division Director II

**III. REVIEW COMMENTS**

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

Laura M. [Signature] 6/24/2024  
 OFMB 6/24 KK  
 MF 6/24

[Signature] 6/24/24  
 Contract Development and Control  
 6/24/24

**B. Legal Sufficiency**

[Signature] 6/25/24  
 Assistant County Attorney

**C. Other Department Review:**

\_\_\_\_\_  
 Department Director

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

**Summary: (continued from page 1)** The contract amendments were executed by the County Administrator in accordance with Agenda Item 3E-2, dated June 15, 2021, which delegated signature authority to the County Administrator, or designee, to execute grant amendments thereto, and all necessary documents related to the DCF Unified Homeless Grant. In accordance with County PPM CW-O-051, all delegated contracts, agreements, and grants must be submitted by the initiating department as a receive and file agenda item. A total of 1062 individuals and 94 families are projected to be served under this grant. **A County cash match of \$214,742 is required** and is included in the current budget using existing staff salaries. (Human Services and Community Action Program) Countywide (HH)

**Background and Justification:** HSCAP 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 to provide funding opportunities to assist persons who are homeless or are at risk of homelessness.

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES  
CONTRACT NO. [IP004]  
AMENDMENT NO. [0008]

This Amendment shall be effective December 1, 2023, or the last party signature date, whichever is later. The above referenced Contract is hereby amended as follows:

1. The following items were as last addressed in the noted Amendments:  
Amendment #0007: 2, 14
2. 1.1., \$4,203,175.64 is replaced by \$4,886,498.57.
3. The highlighted portions in this amendment are amended as attached. The non-highlighted portions are solely for context and unaffected by this amendment.
4. A-1.2. Vulnerable Population (Challenge Plus funds) is amended to add A-1.2.16.

**A-1.2.16. - Vulnerable Population (Challenge Plus funds) - Vulnerable populations include youth exiting the foster care system, individuals experiencing substance abuse or mental health issues, families engaged in the child welfare system, domestic violence survivors, and youth involved with the Department of Justice.**

5. B-1.2. is amended to add B-1.2.1.

**B-1.2.1. Challenge Plus funds –**

**Initiative #1**

**Reunification of Families through Prevention and Rapid Re-housing Services. This initiative is focused on rapid re-housing of child welfare or Community-Based Care Lead Agency involved families who have with a primary goal of reunification. Each CoC shall demonstrate linkages with Community-Based Care Lead Agencies (CBC Lead Agencies) and ensure families are provided housing support needed to support reunification. A copy of the CoC's Memorandum of Understanding (MOU) with the local CBC Lead Agency shall be provided within 30 days of amendment execution.**

**Initiative #2**

**Employing Targeted Homeless Prevention and Rapid Re-housing Services. This initiative is focused on homelessness prevention services for defined vulnerable populations. In collaboration with the CBC Lead Agencies and Managing Entities (MEs), the CoCs shall provide homelessness prevention services to individuals or families to prevent individuals/families from moving into an emergency shelter or living in a public or private place not meant for human habitation. Homelessness prevention services may include, but are not limited to, short-term and medium-term tenant based or project-based rental assistance, rental arrears, rental application fees, security deposits, advance payment of last month's rent, utility deposits and payments, moving costs, housing search and placement, housing stability case management, mediation, legal services, and credit repair. A copy of the CoC's Memorandum of Understanding (MOU) with the local CBC Lead Agency and/or ME shall be provided within 30 days of amendment execution.**

6. B-2.2. is amended to add B-2.2.1:

**B-2.2.1 - Challenge Plus funds – The applicability of this section is identified in Section B-1.2.1. of this Contract. The objective of the Challenge Plus funds is to provide prevention and rapid re-housing of families with a primary goal of reunification and defined vulnerable populations.**

7. **B-4.2. is amended to add B-4.2.1:**

**B-4.2.1 - Challenge Plus funds -** The applicability of this section is identified in **Section B-1.2.1.** of this Contract. The Provider must service clients in a manner consistent with the proposed projects that are included in the CoC Challenge Plus Grant proposal.

8. **C-1.2.1. is amended to add C-1.2.1.:**

**Challenge Plus funds -** The applicability of this section is identified in **Section B-1.2.1.** of this Contract. To Achieve the Major Contract Goals for the Challenge Plus funds set forth in **Section B-2.2.1.**, the Provider shall perform the tasks specified in **Exhibit C2.**

9. **Exhibit C2 is amended to add:**

**C2-2.** The intent of the grant is to help implement the local homeless assistance plan, and to help the community reach the goals and objectives outlined in their Plan.

**C2-2.1. Initiative #1 – Rapid Re-housing through Reunification of Families.** This initiative is focused on prevention and rapid re-housing of families with a primary goal of reunification.

**C2-2.2. Initiative #2 – Employing Targeted Homeless Prevention Services.** This initiative is focused on homelessness prevention and rapid re-housing services for defined vulnerable populations.

10. **D-1.2. is amended to add D-1.2.1.:**

**Challenge Plus funds –** The applicability of this Section is identified in **Section B-1.2.1.** of this Contract. A unit of service providing services outlined in **Exhibit C2.**

11. **D-3.2. is amended to add D-3.2.4.:**

**D-3.2.4. Challenge Plus funds –** The applicability of this section is identified in **Section B-1.2.1.** of this Contract. Each month, the Provider shall provide rapid re-housing of families with a primary goal of reunification and provide homelessness prevention services for defined vulnerable populations.

**Challenge Plus funds Activities –** The Challenge Plus funds, Housing Projects will serve, at a minimum, the following number of individuals each year.

<b>Reunification (Initiative 1)</b>	
<b>Total Number of Families to be Served Annually</b>	<b>FY 23-24</b>
<b>Prevention</b>	<b>0</b>
<b>Rapid Rehousing</b>	<b>30</b>

<b>Vulnerable Adults (Initiative 2)</b>	
<b>Number of Individuals to be Served Annually</b>	<b>FY 23-24</b>
Rapid Rehousing	0
Prevention	40

12. E-1.2. is amended to add E-1.2.1.:

E-1.2.1. Challenge Plus funds- The applicability of this Section is identified in Section B-1.2.1. of this Contract. Performance measures will specifically address rapid re-housing of families with a primary goal of reunification and provide homelessness prevention services for defined vulnerable populations.

13. E-2.3. is amended to add E-2.3.1.:

E-2.3.1. The applicability of this Section is identified in Section B-1.2.1. of this Contract. For the acceptance of Deliverables, the Provider shall meet or exceed the minimum target specified herein. The supporting documentation to verify successful completion is referenced in Exhibit E5.

<b>Rapid Rehousing (Initiative 1)</b>	
<b>Minimum Service Target</b>	<b>Criteria for Evaluating Completion</b>
Prevention and Rapid Rehousing projects will service a minimum number of individuals, as identified in Section D-3.2.4. (Annually)	100% of individuals served by Challenge Plus funds on an annual basis

<b>Prevention (Initiative 2)</b>	
<b>Minimum Service Target</b>	<b>Criteria for Evaluating Completion</b>
Prevention and Rapid Rehousing projects will service a minimum number of individuals, as identified in Section D-3.2.4. (Annually)	100% of individuals served by Challenge Plus funds on an annual basis

14. F-2.1., is amended to read:

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 **\$4,886,498.57**, subject to availability of funds.

FISCAL YEAR	ANNUAL FUNDING
2019-2020	\$231,142.85
2020-2021	\$455,803.25
2021-2022	\$1,955,844.19
2022-2023	\$551,804.11
2023-2024	\$1,460,761.32
2024-2025	\$231,142.85
<b>Total</b>	<b>\$4,886,498.57</b>

15. F-2-2.1.1. is amended to add F-2-2.1.1.

F-2-2.1.1. Challenge Plus funds – The applicability of this section is identified in Sections B-1.2.1. and F-2.1.2.1. of this Contract. The Challenge Plus funds are cost reimbursement funded by state funds pursuant to program guidelines. The Department shall reimburse the Provider for allowable expenditures incurred pursuant to the terms of this Contract for a total dollar amount identified in Section F-2.1., subject to the availability of funds.

16. Attachment D7 Challenge Plus funds Monthly Status Report is added.

17. Attachment E5 Challenge Plus funds Back-up Documentation is added.

18. Attachment F7 Challenge Plus funds Monthly Invoice Report is added.

19. Attachment F7.1 Challenge Plus funds Monthly 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 hereto have caused this Amendment executed by their undersigned officials as duly authorized.

PROVIDER

DEPARTMENT

Signature: *Verdenia C. Baker*

Signature: *Shevaun L. Harris*

Name: Verdenia C. Baker

Name: Shevaun L. Harris

Title: County Administrator

Title: Secretary

Date: \_\_\_\_\_

Date: 3/18/2024 | 9:55 AM EDT

Approved as to Terms and Conditions

Approved as to Form and Legal Sufficiency

By: *James E. Green*  
Department Director

By: *Helene C. Hvizd*  
Senior Assistant County Attorney

**ATTACHMENT D7- CHALLENGE PLUS FUNDS MONTHLY STATUS REPORT**  
 (To be completed monthly and submitted with invoices for payment)

dropdown	Provider Name	<b>Monthly Status Report</b>	
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	

Challenge Plus Grant Deliverables Initiative 1- RRH	#	\$
Total Number of Child Welfare/CBC Lead Agency involved Families Served through Prevention or RRH with Reunification as a Primary Goal		

Challenge Plus Grant Deliverables Initiative 2- Homelessness Prevention	#	\$
Total Number of Child Welfare/CBC involved Individuals Served by Activity/Total Amount		
Total Number of ME involved Individuals Served by Activity/Total Amount		
Total NEW Number of Child Welfare/CBC involved Individuals Served by Activity/Total Amount		
Total NEW Number of ME involved Individuals Served by Activity/Total Amount		
Total Number of Families Placed in Permanent Supportive House		
		\$ -

**ATTACHMENT E5- CHALLENGE GRANT BACK-UP DOCUMENTATION REQUIREMENTS**

The applicability of this section is identified in section B-1.2.1. of this Contract.

A complete and accurate Monthly Status Report and Invoice and Match Report (including Roll-up Report) are required for payment from the Department. Additional backup documentation required for payment is identified below and sorted by Monthly Deliverables identified in section D-3.2.4. of this Contract. Challenge Grant activities must provide a detailed expenditure report by subcontractor.

Below are examples of backup documentation that may fall into the identified categories.

- Prevention Rental/Mortgage Assistance
  - Past Due Notice
  - Copy of Lease Agreement (first page and signature page) or Landlord Agreement Form with signatures
  - Payment Statement/Invoice
  - Proof of Payment (cleared check, receipt, financial ledger, etc.)
- Prevention Utility Arrears Assistance
  - Past Due Notice
  - Proof of Address (see lease agreement above)
  - Payment Statement/Invoice
  - Proof of Payment (cleared check, receipt, financial ledger, etc.)
- Rapid Rehousing Rental Assistance (deposit and subsequent months rental assistance)
  - Copy of Lease Agreement (first page and signature page) or Landlord Agreement Form with signatures
  - Proof of Payment (cleared check, receipt, financial ledger, etc.)
- Rapid Rehousing Utility Assistance
  - Letter Stating Arrears from Utility Company
  - Deposit Requirements/Information from Utility Company
  - Proof of Payment (cleared check, receipt, financial ledger, etc.)
- Case Management
  - Time Card/Sheet documenting the Hours dedicated to the Case Management Services Provided
  - Pay Stub of Staff Member being paid
- Transportation
  - Travel Reimbursement for Staff Members
  - Mileage documentation requires use of the DCF Travel Form
  - Program Participants' Use of Public Transportation
  - Bus Passes - itemized distribution of bus passes by recipient

ATTACHMENT F7 – CHALLENGE PLUS GRANT MONTHLY INVOICE & MATCH REPORT

<b>CHALLENGE PLUS (1)</b>		FEID #	prepopulate				
Contract #	prepopulate		Provider Name				
Invoice #	prepopulate		Address	prepopulate			
Invoice Period				prepopulate			
<b>For Use by Provider for Initiative 1- Reunification</b>							
Org Code	Description	Deliver-able	Served this Month	Approved Budget	Payment Amount	Previous Payment(s) Total	Balance After This Payment
60303049209	Rapid Rehousing				\$ -	\$ -	\$ -
60303050209	Prevention				\$ -	\$ -	\$ -
60303051209	HMIS	N/A			\$ -	\$ -	\$ -
60303048209	Admin	N/A			\$ -	\$ -	\$ -
	Total			\$ -	\$ -	\$ -	\$ -
	Match				\$ -	\$ -	
<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			
<b>For Use by Contract Manager Only</b>							
Will a Financial Consequence be applied?		Fin. Conseq. (5% of Total Amount)			Date of Invoice Received		
Yes / No					Delayed Payment (10% for each Unmet Deliverable)		
Deliverables Met (if no, see delayed payment section)		Recoupment (Previous Unmet Deliverable Achieved)					
Yes / No							
Org Code See payment detail above		Total Payment Amount					
OCA	HMLCH						
EO	AH				Contract Manager Signature		
Object	751000						
Category	100379						

**ATTACHMENT F7 – CHALLENGE PLUS GRANT MONTHLY INVOICE & MATCH REPORT**

<b>CHALLENGE PLUS (2)</b>		FEID #	prepopulate
Contract #	prepopulate	Provider Name	
Invoice #	prepopulate	Address	prepopulate
Invoice Period			prepopulate

**For Use by Provider for Initiative 2- Prevention**

Org Code	Description	Deliverable	Served this Month	Approved Budget	Payment Amount	Previous Payment(s) Total	Balance After This Payment
60303045209	Rapid Rehousing				\$ -	\$ -	\$ -
60303046209	Prevention				\$ -	\$ -	\$ -
60303047209	HMIS	N/A			\$ -	\$ -	\$ -
60303044209	Admin	N/A			\$ -	\$ -	\$ -
	Total			\$ -	\$ -	\$ -	\$ -
	Match				\$ -	\$ -	

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)			Date of Invoice Received
Yes / No	Delayed Payment (10% for each Unmet Deliverable)			Date Goods /Services Received
Deliverables Met (if no, see delayed payment section)				Date Goods Inspected and Approved
Yes / No				Date Invoice Approved
Org Code See payment detail above	Recoupment (Previous Unmet Deliverable Achieved)			Contract Manager Name
OCA HMLCH				
EO AH				Contract Manager Signature
Object 751000				
Category 100379	Total Payment Amount			

**ATTACHMENT F7.1- CHALLENGE PLUSGRANT ROLL-UP REPORT**

Provider Name \_\_\_\_\_  
 Contract Number            prepopulate  
 Month of Services           dropdown

**Initiative #1**

**Rapid Rehousing Needs**

<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	\$ -

**Prevention Needs**

<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	\$ -

**TOTAL AMOUNT SUBMITTED FOR PAYMENT**

Total                   \$ -

ATTACHMENT F7.1- CHALLENGE PLUSGRANT ROLL-UP REPORT

Initiative #2

Rapid Rehousing Needs

<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	\$ -

Prevention Needs

<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	\$ -

TOTAL AMOUNT SUBMITTED FOR PAYMENT

			Total	\$ -
--	--	--	-------	------

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES  
CONTRACT NO. IP004  
AMENDMENT NO. 0009

ⓑ

This Amendment shall be effective February 1, 2024, or the last party signature date, whichever is later. The above referenced Contract is hereby amended as follows:

- 1. The following items were as last addressed in the noted Amendments:  
     Amendment #0008: 2, 7  
     Amendment #0007: 5  
     Amendment #0004: 6, 8

- 2. 1.1., \$4,886,498.57 is replaced by **\$5,062,144.78**.

- 3. The highlighted portions in this amendment are amended as attached. The non-highlighted portions are solely for context and unaffected by this amendment.

- 4. C-1. Service Tasks is amended to add:

**C-1.5. Data Sharing** – Provider must provide Department requested data related to clients served with the Florida Department of Children and Families’ Office of Homelessness. This data will be provided in a Microsoft Excel spreadsheet or comma-separated values (CSV) file and submitted to the Contract Manager with the monthly invoice. Data will not contain identifiers such as name, date of birth, or social security number. The Department of Children and Families shall maintain this data in a secure, controlled environment and will only use the information for Department related business.

- 5. Exhibit C5 is amended as attached.

- 6. D-3.2. is amended to read:

**D-3.2.1. Challenge Grant Housing Activities** – The Challenge Grant Housing Projects will serve, at a minimum, the following number of individuals each fiscal year.

Fiscal Year (FY)	FY23-24
Total Individuals	250

**D-3.2.2. Challenge Grant Program Activities** – The Challenge Grant Program Projects will serve, at a minimum, the following number of individuals each fiscal year.

Fiscal Year (FY)	FY23-24
Total Individuals	200

- 7. F-2.1., is amended to read:

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 **\$5,062,144.78**, subject to availability of funds.

<b>FISCAL YEAR</b>	<b>ANNUAL FUNDING</b>
2019-2020	\$231,142.85
2020-2021	\$455,803.25
2021-2022	\$1,955,844.19
2022-2023	\$551,804.11
2023-2024	<del>\$1,636,407.53</del>
2024-2025	\$231,142.85
<b>Total</b>	<b>\$5,062,144.78</b>

8. F-2.1.2. is amended to read:

**F-2.1.2. Challenge Grant** – The Department agrees to reimburse for allowable costs listed below for Challenge Grant Activities.

<b>FISCAL YEAR</b>	<b>UNIT OF SERVICE</b>	<b>UNITS</b>	<b>RATE</b>	<b>FISCAL YEAR TOTAL</b>
2019-2020	One month of Eligible Challenge Grant Activities	12	N/A	\$86,000.00
2020-2021	One month of Eligible Challenge Grant Activities	12	N/A	\$86,000.00
2021-2022	One month of Eligible Challenge Grant Activities	12	N/A	\$86,000.00
2022-2023	One month of Eligible Challenge Grant Activities	12	N/A	\$86,000.00
2023-2024	One month of Eligible Challenge Grant Activities	12	N/A	<del>\$261,646.21</del>
2024-2025	One month of Eligible Challenge Grant Activities	12	N/A	\$86,000.00
<b>Total</b>				<b>\$691,646.21</b>

9. 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 hereto have caused this Amendment executed by their undersigned officials as duly authorized.

PROVIDER: Palm Beach County Division of Human Services

DEPARTMENT: Florida Department of Children and Families

Signature: *VC Baker*

Signature: *Shevaun L. Harris*

*VB*

Name: Verdenia C. Baker

Name: Shevaun L. Harris

Title: County Administrator

Title: Secretary

Date: 3/5/24

Date: 3/18/2024 | 4:04 PM EDT

Approved as to Terms and Conditions

Approved as to Form and Legal Sufficiency

By: *James E. Green*  
Department Director

By: *Helene C. Hvizd*  
Senior Assistant County Attorney

**EXHIBIT C5 – UNIFIED HOMELESSNESS CONTRACT REPORTING SCHEDULE**

<b>Report Title</b>	<b>Reporting Frequency</b>	<b>Report Due Date</b>	<b>DCF Personnel to Receive Reports</b>	<b>Additional Notes</b>
<b>Invoice &amp; Match Report</b> (for each applicable funding stream)	Monthly	15th of each month following the delivery of services, or next business day if the 15th falls on a Saturday, Sunday, or holiday	Contract Manager	See Attachments F1–F4
<b>Roll-up Report</b> (for each applicable cost-reimbursement funding stream)	Monthly	15th of each month following the delivery of services, or next business day if the 15th falls on a Saturday, Sunday, or holiday	Contract Manager	See Attachments F2.1, F3.1, and F4.1
<b>Back-up Documentation</b> (for each applicable cost-reimbursement funding stream)	Monthly	15th of each month following the delivery of services, or next business day if the 15th falls on a Saturday, Sunday, or holiday	Contract Manager	See Attachments E1–E4
<b>Monthly Status Report</b> (for each applicable funding stream)	Monthly	15th of each month following the delivery of services, or next business day if the 15th falls on a Saturday, Sunday, or holiday	Contract Manager	See Attachments D1–D4
<b>HMIS Consolidated Annual Performance and Evaluation Report (CAPER) ESG-CV</b>	Quarterly	October 15th January 15th April 15th July 15th	Office on Homelessness	Files must be uploaded into the SAGE system
<b>HMIS Consolidated Annual Performance and Evaluation Report (CAPER) ESG; ESG-RUSH as applicable</b>	Annual	July 15th	Office on Homelessness	Files must be uploaded into the SAGE system

<b>Report Title</b>	<b>Reporting Frequency</b>	<b>Report Due Date</b>	<b>DCF Personnel to Receive Reports</b>	<b>Additional Notes</b>
<b>Monitoring Plan and Schedule</b>	Annually	Within 30 days of contract execution and by July 15th annually thereafter	Contract Manager	For all services subcontracted in this Contract
<b>Monitoring Findings</b>	Annually	Within 30 days of completion of any monitoring completed by the Lead Agency	Contract Manager	For all services subcontracted in this Contract
<b>Employment Screening Attestation</b>	Annually	July 15th	Contract Manager	As required by Section 4.14, Part 1 of this Contract
<b>List of Subcontractors</b>	Annually	July 15th	Contract Manager	As defined by Section 4.3.1, Part 1 of this Contract
<b>Annual Point In Time Count</b> (conducted during the HUD specified timeframe)	Annually	April 30th or within 5 days after the results have been submitted to HUD, whichever is later	Contract Manager	CSV file; by county
<b>HUD System Performance Measures</b>	Annually	March 1 or within 15 days after the results have been submitted to HUD, whichever is later	Contract Manager	CSV file
<b>ESG Written Standards</b> (if applicable under section B-1.3.)	Annually	July 15th	Contract Manager	CoC level written standards for ESG funded projects
<b>CoC Plan</b>	Annually	July 15th	Contract Manager	Plan submitted as part of the CoC NOFA or formatted for CoC distribution
<b>CoC Governance Charter</b>	Annually	July 15th	Contract Manager	Governance Charter as provided to CoC
<b>Gaps Analysis/Needs Assessment</b>	Annually	October 15th	Contract Manager	Gaps Analysis/Needs Assessment required by HUD
<b>Longitudinal System Analysis</b> (formerly Annual Homeless Assessment Report)	Annually	December 31st or within 15 days after the results have been submitted to HUD, whichever is later	Contract Manager	CSV

<b>Report Title</b>	<b>Reporting Frequency</b>	<b>Report Due Date</b>	<b>DCF Personnel to Receive Reports</b>	<b>Additional Notes</b>
<b>Executive Compensation Annual Report, PCMT-08-2021</b>	Annually	May 1	Contract Manager	1 electric copy
<b>Disaster Policy</b>	Annually	July 15th	Contract Manager	CoC level disaster policy
<b>Monthly CAPER Report</b>	Monthly	15th of each month following the delivery of services, or next business day if the 15th falls on a Saturday, Sunday, or holiday	Office of Homelessness Program	Provided in Excel format

**REMAINDER OF PAGE INTENTIONALLY LEFT BLANK**

24 - 0795

BOARD OF COUNTY COMMISSIONERS  
PALM BEACH COUNTY, FLORIDA  
BUDGET AMENDMENT

BGEX - 148 - 0417240000000001227  
BGRV - 148 - 0417240000000000460

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 6/14/2024	REMAINING BALANCE
<b>REVENUE</b>								
148 1354 3469	State Grnt Oth Human Services	404,500	930,905	1,090,113		2,021,018		
<b>Total Revenue</b>		<b>2,157,248,097</b>	<b>2,217,813,226</b>	<b>1,090,113</b>	<b>0</b>	<b>2,218,903,339</b>		
<b>EXPENDITURE</b>								
148 1354 8201	Contributions-Non-Govts Agnces	124,000	124,000	1,090,113		1,214,113	73,109	1,141,004
<b>Total Expenditures</b>		<b>2,157,248,097</b>	<b>2,217,813,226</b>	<b>1,090,113</b>	<b>0</b>	<b>2,218,903,339</b>	<b>1,529,484,098</b>	<b>689,419,241</b>

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

Signatures Date

DocuSigned by:  
Tanuja Malhotra 6/14/2024  
1450E4101F1048C...

[Signature] 6/24/2024

By Board of County Commissioners  
At Meeting on July 2, 2024

Deputy Clerk to the  
Board of County Commissioners

3E5C