



**II. FISCAL IMPACT ANALYSIS**

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

| Fiscal Years                                   | 2026               | 2027     | 2028     | 2029     | 2030  |
|--|--------------------|----------|----------|----------|-------|
| Capital Expenditures                           | _____              | _____    | _____    | _____    | _____ |
| Operating Costs                                | <u>\$226,300</u>   | _____    | _____    | _____    | _____ |
| External Revenues                              | <u>(\$226,300)</u> | _____    | _____    | _____    | _____ |
| Program Income (County)                        | _____              | _____    | _____    | _____    | _____ |
| In-Kind Match (County)                         | _____              | _____    | _____    | _____    | _____ |
| <b>NET FISCAL IMPACT</b>                       | <u>0</u>           | <u>0</u> | <u>0</u> | _____    | _____ |
| <b># ADDITIONAL FTE POSITIONS (Cumulative)</b> | <u>0</u>           | <u>0</u> | <u>0</u> | <u>0</u> | _____ |

Is Item Included in Current Budget? Yes x No \_\_\_\_\_  
 Does this item include the use of federal funds? Yes X No \_\_\_\_\_  
 Does this item include the use of state funds? Yes \_\_\_\_\_ No x

**Budget Account No.:**  
 Revenues: Fund 0001 Agency 400 Org. 4130 Object 3169  
 Expenses: Fund 0001 Agency 400 Org. 4130 Object Various

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

These funds are to be paid to the County by the U.S. Department of Housing and Urban Development (HUD) for Fair Housing activities. The funds being received from HUD in the amount of \$226,300 are to reimburse for FY 2025 expenses and they were budgeted in that year.

Because funds are appropriated annually by HUD, revenue for future years are indeterminable at this time. The budget will be amended upon receipt of the FY 2026 agreement.

**C. Departmental Fiscal Review:**

\_\_\_\_\_

**III. REVIEW COMMENTS**

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

Lisa Madsen 4/22/2026 Mundo Macho 4/24/2026  
 OFMB DA 4/22 Contract Administration 26 4.23.26

**B. Legal Sufficiency:**

Jean-Addel Williams  
 Assistant County Attorney

**C. Other Department Review:**

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

**THIS SUMMARY IS NOT TO BE USED AS A BASIS FOR PAYMENT**

Assistance Award/Amendment

U.S. Department of Housing  
and Urban Development  
Office of Administration

|   |  |   |   |
|---|--|---|---|
| 1. Assistance Instrument<br><input checked="" type="checkbox"/> Cooperative Agreement <input type="checkbox"/> Grant  |  | 2. Type of Action<br><input checked="" type="checkbox"/> Award <input type="checkbox"/> Amendment                                   |   |
| 3. Instrument Number<br>FF204K254014  | 4. Amendment Number  | 5. Effective Date of this Action  | 6. Control Number<br>59-6000785         |
| 7. Name and Address of Recipient<br>PALM BEACH COUNTY BOCC<br>301 N Olive Ave<br>West Palm Beach, FL 33401-4700<br>UEI: XL2D NFMP CR44 DUNS: 078470481                |  | 8. HUD Administering Office<br>U. S. Department of HUD/FHEO<br>Atlanta Regional Office<br>77 Forsyth Street SW<br>Atlanta, GA 30303 |   |
| 10. Recipient Project Manager<br>Pam Guerrier, Executive Director   |  | 8a. Name of Administrator<br>Erik Steinecker  | 8b. Telephone Number<br>206-220-5132    |
| 9. HUD Government Technical Representative<br>Alecia Kemp   |  | 13. HUD Payment Office<br>Fort Worth Field Accounting<br>P. O. Box 2905<br>Fort Worth, TX 76113-2905                                |   |
| 11. Assistance Arrangement<br><input type="checkbox"/> Cost Reimbursement<br><input type="checkbox"/> Cost Sharing<br><input checked="" type="checkbox"/> Fixed Price | 12. Payment Method<br><input type="checkbox"/> Treasury Check Reimbursement<br><input type="checkbox"/> Advance Check<br><input checked="" type="checkbox"/> Automated Clearinghouse | 14. Assistance Amount   |   |
| Previous HUD Amount                      \$0.00   |  | 15. HUD Accounting and Appropriation Data   |   |
| HUD Amount this action                    \$226,300.00  |  | 15a. Appropriation Number<br>86 25/26 0144  | 15b. Reservation number<br>FHEO-04-25-1 |
| Total HUD Amount                            \$226,300.00  |  | Amount Previously Obligated            \$0.00   |   |
| Recipient Amount                             \$0.00   |  | Obligation by this action                 \$226,300.00  |   |
| Total Instrument Amount                    \$226,300.00   |  | Total Obligation                            \$226,300.00  |   |

16. Description

This instrument authorizes the following funds to be obligated to the Agency.

| Fund Code | Description                          | Amount Obligated in this Action |
|-----------|--------------------------------------|---------------------------------|
| CPF       | Case Processing Funds                | \$149,800.00                    |
| CPF       | Case Processing Funds (Supplemental) | \$26,000.00                     |
| ACF       | Administrative Cost Funds            | \$34,000.00                     |
| TRF       | Training Funds                       | \$2,500.00                      |
| S33       | SEE Funds                            | \$14,000.00                     |
|           | <b>Total</b>                         | <b>\$226,300.00</b>             |

The Cooperative Agreement is comprised of the following documents:

- Cover Page – HUD-1044
- 2025 Contributions Agreement
- Attachment A: FY2025 Criteria for Processing
- Attachment B: FY2025 Standards for Timeliness
- Attachment C: Payment Amounts for FHAP Case Processing
- Attachment D: Using HUD Systems
- Attachment E: FY2025 Partnership and Special Enforcement Effort Funds
- Attachment F – Mandatory HUD Grant Agreement Provisions

*The project performance period for this Agreement begins 7/1/2024 and ends 09/30/2026.*

*The case processing year for case processing funds begins 7/1/2024 and ends 6/30/2025*

*The period of performance for administrative cost funds, training funds, and SEE Funds begins 10/1/2024 and ends 9/30/2026*

The funds obligated by this instrument expire on 09/30/2030. The recipient must comply with all rules and regulations in accordance with the Fair Housing Assistance Program regulations (24 CFR § 115), the Memorandum of Understanding between the Recipient and HUD (including all subsequent addenda), and the FY2025 FHAP Guidance.

|  |  |   |  |
|--|--|---|--|
| 17. <input checked="" type="checkbox"/> Recipient is required to sign and return three (3) copies of this document to the HUD Administering Office |  | 18. <input type="checkbox"/> Recipient is not required to sign this document. |  |
| 19. Recipient (By Name)  |  | 20. HUD (By Name)   |  |
| Signature & Title  |  | Signature & Title   |  |
| Date (mm/dd/yyyy)  |  | Date (mm/dd/yyyy)   |  |

*Pamela Guerrier*  
Approved as to terms and conditions  
Pamela Guerrier, Director  
Office of Equal Opportunity

*Sean-Adel Williams*  
Approved as to form and legal sufficiency  
County Attorney