

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS AGENDA ITEM SUMMARY

Meeting Date: September 13, 2011 [X] Consent [] Regular [] Ordinance [] Public Hearing

Department

Submitted By: Community Services Submitted For: Human Services Division

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to:

- A) ratify the signature of the Chair on the FY2011-2012 State of Florida Department of Children and Families (DCF) Homeless Challenge Grant application; B) delegate authority to the County Administrator or his designee to sign the State of Florida DCF contract for the Homeless Challenge Grant; and C) delegate authority to the County Administrator or his designee to sign the contracts with Adopt-A-Family of the Palm Beaches, Inc., Coalition for Independent Living Options, Inc., and Faith, Hope, Love Charity, Inc. for no more than a one-year period to end June 30, 2012, for the maximum cumulative amount of \$100,000.

Summary: The Division of Human Services is applying for funding to provide Homeless Prevention Services through the FY2011-2012 Homeless Challenge Grant. DCF will allocate funds based on the applicant's score up to a maximum of \$100,000. Upon receipt of a grant award, the County will contract with service providers as follows:

Table with 6 columns: Level 1 Award, Level 2 Award, Applicant Agency, Type of Service, Level 1 # to be Served, Level 2 # to be Served. Rows include Adopt-A-Family of the Palm Beaches, Inc., Coalition for Independent Living Options, Inc., and Faith, Hope, Love, Charity, Inc.

Should the funding level be below the maximum, the allocations would be reduced to amounts agreed to in advance amongst the providers. The emergency signature process was utilized because there wasn't sufficient time to submit the application through the regular BCC agenda process and meet the return deadline. Two (2) staff members of the Coalition for Independent Living Options, Inc. serve on different County Advisory Boards. Genevieve Cousminer, Esq., Executive Director, serves on the Emergency Shelter Grants Program Advisory Board, Maite Reyes-Coles, Coordinator of Independent Living Services, serves on the Commission on Affordable Housing. These Boards provide no regulation, oversight, management, or policy-setting recommendations regarding the State of Florida DCF Homeless Challenge Grant contracts. Disclosure of these contractual relationships at a duly noticed public meeting is being provided in accordance with the provisions of Sect. 2-443, of the Palm Beach County Code of Ethics. No local match is required by the County for this grant. (Human Services) Countywide (TKF)

Background and Justification: In January 2006, the Division of Human Services began serving as the Lead Entity for the Palm Beach County Homeless Continuum of Care. The Continuum of Care is the planning and evaluation body for the homeless service delivery system as a requirement of HUD. The State Office on Homelessness mirrored their requirements with HUD's federal guidelines. The Division is applying for funds as the Lead Entity for the Homeless Continuum of Care pursuant to section 420.624(6), F.S. These funds will be utilized to provide the above listed services to homeless individuals throughout the county and to prevent homelessness when possible. The allocation and service level is based on the applications' score and will fall into one of the two funding allocations.

Attachments: Copy of FY2011-2012 State of Florida DCF Homeless Challenge Grant application

Recommended by: [Signature] Department Director Date 8-31-11 Approved By: [Signature] Assistant County Administrator Date 9/1/11

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	<u>100,000</u>	_____	_____	_____	_____
External Revenue	<u>(100,000)</u>	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>-0-</u>	_____	_____	_____	_____
# ADDITIONAL FTS POSITIONS (Cumulative)	_____	_____	_____	_____	_____

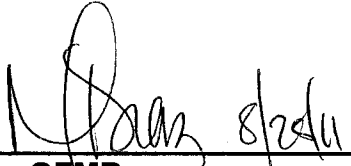

Is Item Included In Current Budget: Yes X No _____
 Budget Account No.: Fund 0001 Dept. 148 Unit 1351 Obj. 3401
 Program Code: HC11 Program Period: GY10

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

Departmental Fiscal Review: Taunna Malhotra
 8/23

III. REVIEW COMMENTS

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

 _____ OFMB 8/25/11 VA POM 8-25-11	 _____ Contract Dev. and Control
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B. Legal Sufficiency:



 Assistant County Attorney

C. Other Department Review:

 Department Director

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