### PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

## AGENDA ITEM SUMMARY

| Meeting Date: Oct  | tober 21 2014                                    |   |                                       |   |
|--|--|---|---------------------------------------|---|
| madeling Date: Oct   |  | (X) Consent   | ( ) Regul                             |   |
| Department:  |  | ( ) Workshop  | ( ) Public                            | e Hearing   |
| Submitted I<br>Submitted I   | _  | Environmental Resou<br>Environmental Resou                          | rces Managemerces Manageme            | ent<br>ent  |
|  |  | I. EXECUTIVE  | BRIEF                                 |   |
| Motion and Title: S  | Staff recomm                                     | ends motion to: Rec   | eive and File:                        |   |
| amount of \$45,025.2   | iu of Land Ma<br>25 for FY 201-<br>utstanding Na | anagement (BLM) re<br>4 to treat exotic spec                        | cognizes a mo ies and manage          | L11AC20221 (R2011-1394) diffication to add funds in the native wildlife at the Jupiter iod of performance 8/1/2011                        |
| with the U.S. Burea amount of \$6500 fo                                      | u of Land Ma<br>r FY 2014 to                     | anagement (BLM) re<br>provide a climate cl                          | cognizes a mod<br>lange report for    | L11AC20221 (R2011-1394) diffication to add funds in the r the Jupiter Inlet Lighthouse erformance 8/1/2011 through                        |
| Cooperative Agreem authority to execute with this contract wa                | time extensions approved pu                      | 221 (R2011-1394) fo<br>ons, task assignment<br>ırsuant to PPM No. ( | r contracted sens, certifications The | approved BLM Grant and rvices at JILONA. Delegated and other forms associated ese modifications are internal se the total amount awarded. |
| Background and Ju  | stification: N                                   | / <b>A</b>  |                                       |   |
| Attachments: 1. Supplement No. 00 2. Supplement No. 00 3. Delegation of Auth | 006  |   |                                       |   |
| Recommended by:  | Department                                       | Director  |                                       | 9/23/14/<br>Date  |

Approved by:

## II. FISCAL IMPACT ANALYSIS

| A. FIV                             | ve Year Summary of Fiscal  | Impact:        |                     |              |                     |
|------------------------------------|--|----------------|---------------------|--------------|---------------------|
| Operating<br>External l<br>Program | xpenditures  | 2016           | <b>2017</b>         | 2018         | 2019                |
| NET FISC                           | CAL IMPACT   | -              |                     |              |                     |
|                                    | ΓΙΟΝΑL FTE<br>NS (Cumulative)  |                |                     |              |                     |
| Is Item In                         | cluded in Current Budget?  | Ye             | es X                | No           | ·                   |
| Budget Ac                          | ecount No.: Fund <u>12</u><br>Program  | 226 Departme   | ent <u>380</u> Unit | E235 Object: | ·                   |
| В.                                 | Recommended Sources  | s of Funds/Sum | mary of Fiscal      | Impact:      |                     |
| -                                  | Bureau of Land Manage  |                |                     | -            |                     |
| C.                                 | Department Fiscal Rev  | iew:           |                     |              |                     |
|                                    | <u>III. )</u>  | REVIEW COM     | <u>IMENTS</u>       |              |                     |
| A.                                 | OFMB Fiscal and for Control of Co | 30/2014 Con    | ract Develop        | Jolelon      | enere<br>Lios ) , i |
|                                    | Assistant County Attorn  | ney            |                     |              |                     |
| C.                                 | Other Department Revi  | ew:            |                     |              |                     |
|                                    | HANGETMANT Divoctor  |                |                     |              |                     |

|  | Grai                | nt and         | Coope              | erativ                | e Agreen                                 | nent                                  |                                       | X                    | SE ONE: COOPERATIVE AGREEMENT GRANT |  |
|--|---------------------|----------------|--------------------|-----------------------|--|---------------------------------------|---------------------------------------|----------------------|-------------------------------------|--|
| CHOOSE ONE:  | EDUC/               | ATION          | FACILITI           | ES                    | RESEARCH                                 |                                       | SDCR                                  |                      | RAINING                             |  |
| 1. GRANT/COOPERATIVE   | AGREEMEN            | IT NUMBED      | 12.6               | UDDIEMEN              | TAULING                                  | ·                                     | · · · · · · · · · · · · · · · · · · · | -                    |                                     |  |
| L11AC20221   |                     | THOMBER        | 000                | <b>UPPLEMEN</b><br>)5 | INUMBER                                  |                                       | ECTIVE DATE 2/2014                    |                      | PLETION DATE<br>0/2016              |  |
| 5. ISSUED TO  NAME/ADDRESS OF RE COUNTY OF, PALM Attn: ATTN GOVE. P O BOX 4036 WEST PALM BEACH | BLACH<br>RNMENT I   | POC            | ounty, State, Zip) |                       | iling Address: 1849                      | C ST.                                 | TICE DIV BU<br>NW RM 10<br>I DC 20036 | JS RSRCS(WOE         | 350)                                |  |
| 7. TAXPAYER IDENTIFICAT  | TION NO. (TI        | N)             |                    | PF                    | RINCIPAL INVESTIGAT<br>ROGRAM MGR. (Name | & Phone)                              |                                       | JECT OR              | <del></del>                         |  |
| 8. COMMERCIAL & GOVER  | RNMENT EN           | TITY (CAGE) NO |                    | —— Mel                | issa Tolbert                             | 561-23                                | 3-2562                                |                      |                                     |  |
| IO. RESEARCH, PROJECT Jupiter Inlet Li II. PURPOSE This modificatio                            | ghthouse<br>n is to | e Outstand     |                    | l Area                |  |                                       |                                       |                      |                                     |  |
| 12. PERIOD OF PERFORM  |                     |                |                    |                       |  |                                       |                                       |                      |                                     |  |
| )8/01/2011 throu<br>   | gh 09/30            |                |                    |                       |  |                                       |                                       |                      |                                     |  |
| PREVIOUS   |                     | AWARD H        |                    |                       | 13B.                                     |                                       | FUNDING HISTORY                       |                      |                                     |  |
| THIS ACTION  |                     |                |                    | 00,000.00             | PREVIOUS                                 |                                       |                                       |                      | \$300,000.00                        |  |
| CASH SHARE   |                     |                | \$2                | 45,025.25             | THIS ACTION                              |                                       |                                       |                      | \$45,025.25                         |  |
| NON-CASH SHARE   |                     |                |                    | \$0.00                |  | TOTAL                                 |                                       |                      | \$345,025.25                        |  |
| RECIPIENT SHARE  |                     |                |                    | \$0.00<br>\$0.00      |  |                                       | <del> </del>                          |                      |                                     |  |
| TOTA   | .                   |                | \$21               | 15,025.25             |  |                                       |                                       |                      |                                     |  |
| 4. ACCOUNTING AND APF<br>ee Schedule   |                     | N DATA         | 77                 |                       |  | · · · · · · · · · · · · · · · · · · · |                                       |                      |                                     |  |
| URCHASE REQUEST NO.  |                     | JOB ORI        | DER NO.            |                       | AMOUNT                                   |                                       |                                       | STATUS               |                                     |  |
| ee Schedule  |                     |                |                    |                       |  |                                       |                                       |                      |                                     |  |
| 5. POINTS OF CONTACT   |                     |                |                    |                       |  |                                       |                                       |                      |                                     |  |
|  |                     | NAME           |                    | MAIL STO              |  | NE                                    |                                       | E-MAIL ADDRE         | SS                                  |  |
| ECHNICAL OFFICER   | Lisa Cl             | ayton          |                    |                       | 202-912-70                               | 98                                    | ltclayton@                            | blm.gov              |                                     |  |
| IEGOTIATOR   |                     |                |                    |                       |  |                                       |                                       |                      |                                     |  |
| DMINISTRATOR   |                     |                |                    |                       |  |                                       |                                       |                      |                                     |  |
| PAYMENTS   |                     |                |                    |                       |  |                                       |                                       |                      |                                     |  |
| 3. THIS AWARD IS MADE L<br>The Consolidated  |                     |                |                    | 110-229               | )  |                                       |                                       |                      |                                     |  |
| 7. APPLICABLE STATEMEI   | NT(S), IF CH        | ECKED:         |                    |                       | 18. APPLICABLE EN                        | ICI OSLIBI                            | E(Q) IE QUEQUE                        | D.                   |                                     |  |
| NO CHANGE IS MA  |                     |                | NS                 |                       | PROVISION                                |                                       |                                       |                      |                                     |  |
| FDP TERMS AND C  | ONDITIONS           | AND THE AGEN   |                    |                       |  |                                       | SPECIA TIONS AND REP                  | L CONDITIONS<br>ORTS |                                     |  |
|  | UNITED STA          | ATES OF AMERIC | CA                 |                       | · C                                      | OOPERAT                               | IVE AGREEMENT                         | T RECIPIENT          |                                     |  |
| ONTRACTING/GRANT OF  | FICER               |                | . DATE             | :                     | ALITHORIZADEGE                           | DECENTAT                              | As a second                           |                      | T                                   |  |
| isa Clayton  |                     |                | -                  |                       | AUTHORIZED REPRESENTATIVE DATE.          |                                       |                                       |                      |                                     |  |
|  |                     |                | ANI                | D LEGAL               | AS TO FORM<br>SUFFICIENCY                |                                       |                                       |                      | 170417                              |  |

County Attorney

# **Grant and Cooperative Agreement**

|                 |   |                 |             | ES                | TIMATED COST  |
|-----------------|---|-----------------|-------------|-------------------|---------------|
| ITEM NO.<br>(A) | ITEM OR SERVICE (Include Specifications and Special Instructions) (B) | QUANTITY<br>(C) | UNIT<br>(D) | UNIT PRICE<br>(E) | AMOUNT<br>(F) |
|                 | CFDA Number: 15.231   |                 |             |                   |               |
|                 | DUNS Number: 078470481+0000   |                 |             |                   |               |
|                 | Delivery Location Code: 0005874997                                    |                 |             |                   |               |
|                 | BLM Jackson Mississippi   |                 |             |                   |               |
|                 | 411 Briarwood Drive Suite 404   |                 |             |                   |               |
|                 | Jackson MS 39206 US   |                 |             |                   |               |
|                 | Period of Performance: 08/01/2011 to 09/30/2016                       |                 |             |                   |               |
| 00012           | JILONA Wildlife Management  |                 |             |                   | 8,341.75      |
|                 | Obligated Amount: \$8,341.75  |                 |             |                   |               |
|                 | IT Approval Num: N  |                 |             |                   |               |
|                 | Requisition No: 0020045339  |                 |             |                   |               |
|                 | Accounting Info:  |                 |             |                   |               |
|                 | 01 Account Assignment: K G/L Account: 6100.411C0                      |                 |             |                   |               |
|                 | Business Area: L000 Commitment Item: 411C00 Cost                      |                 |             |                   |               |
|                 | Center: LLES002330 Functional Area:                                   |                 |             |                   |               |
|                 | L11100000.MQ0000 Fund: 14XL1109AF Fund Center:                        |                 |             |                   |               |
|                 | LLES002330 PR Acct Assign Line: 01                                    |                 | ì           |                   |               |
|                 | Funded: \$8,341.75  |                 |             |                   |               |
| 00061           | JILONA T&E Management   |                 |             |                   | 16,683.50     |
|                 | Obligated Amount: \$16,683.50   |                 |             |                   | ,             |
|                 | IT Approval Num: N  |                 |             |                   |               |
|                 | Requisition No: 0020045339  |                 |             |                   |               |
|                 | Delivery: 09/30/2015  |                 |             |                   |               |
|                 | Accounting Info:  |                 |             |                   |               |
|                 | 01 Account Assignment: K G/L Account: 6100.411C0                      |                 |             |                   |               |
|                 | Business Area: L000 Commitment Item: 411C00 Cost                      |                 |             |                   |               |
|                 | Center: LLES002330 Functional Area:                                   |                 |             |                   |               |
|                 | L11500000.MR0000 Fund: 14XL1109AF Fund Center:                        |                 |             |                   |               |
|                 | LLES002330 PR Acct Assign Line: 01                                    |                 |             |                   |               |
|                 | Funded: \$16,683.50   |                 |             |                   |               |
|                 | Continued   |                 |             |                   |               |

# **Grant and Cooperative Agreement**

|                 |   |                 | ES          | STIMATED COST     |               |
|-----------------|---|-----------------|-------------|-------------------|---------------|
| ITEM NO.<br>(A) | ITEM OR SERVICE (Include Specifications and Special Instructions) (B) | QUANTITY<br>(C) | UNIT<br>(D) | UNIT PRICE<br>(E) | AMOUNT<br>(F) |
|                 |   |                 |             |                   |               |
| 0062            | Lot 17 Exotic Treatment / Trail Const.                                |                 |             |                   | 20,000.00     |
|                 | Obligated Amount: \$20,000.00   |                 |             |                   |               |
|                 | IT Approval Num: N  |                 |             |                   |               |
|                 | Requisition No: 0020046069  |                 |             |                   |               |
|                 | Accounting Info:  |                 |             |                   |               |
|                 | 01 Account Assignment: K G/L Account: 6100.411C0                      |                 |             |                   |               |
|                 | Business Area: L000 Commitment Item: 411C00 Cost                      |                 |             |                   |               |
|                 | Center: LLES002330 Functional Area:                                   |                 |             |                   |               |
|                 | L10100000.JD0000 Fund: 14XL1109AF Fund Center:                        |                 |             |                   |               |
|                 | LLES002330 Project/WBS: LX.SI.OCEANS00 PR Acct                        |                 |             |                   |               |
|                 | Assign Line: 01   |                 |             |                   |               |
|                 | Funded: \$20,000.00   |                 |             |                   |               |
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OMB Number: 4040-0004 Expiration Date: 03/31/2012

| Applicati         | on for Federal Assi        | stance     | SF-424               |                   |                                     |  |  |  |
|-------------------|----------------------------|------------|----------------------|-------------------|-------------------------------------|--|--|--|
| * 1. Type of Sul  | omission:                  | * 2. Typ   | pe of Application:   | * If Revis        | sion, select appropriate letter(s): |  |  |  |
| Preapplica        | ation                      | □N∈        | ew                   |                   |                                     |  |  |  |
| . ✓ Applicatio    | n                          | [√]C       | ontinuation          | * Other (Specify) |                                     |  |  |  |
| l <u></u>         | 'Corrected Application     |            | evision              |                   |                                     |  |  |  |
| * 3. Date Recei   | ved:                       | 4. Appli   | icant Identifier:    |                   |                                     |  |  |  |
| August 4, 20      | 014                        |            |                      | ***               |                                     |  |  |  |
| 5a. Federal Ent   | ity Identifier:            |            |                      | * 5b. F           | Federal Award Identifier:           |  |  |  |
|                   |                            |            |                      | L11A              | AC20221                             |  |  |  |
| State Use Onl     | y:                         |            |                      | -                 |                                     |  |  |  |
| 6. Date Receive   | ed by State:               |            | 7. State Application | Identifier        | r:                                  |  |  |  |
| 8. APPLICANT      | INFORMATION:               |            |                      |                   |                                     |  |  |  |
| * a. Legal Name   | Palm Beach County Bo       | pard of Co | ounty Commissioners  |                   |                                     |  |  |  |
| * b. Employer/T   | axpayer Identification Nur | nber (EIN  | N/TIN):              | * c. Or           | Organizational DUNS:                |  |  |  |
| 59-6000785        |                            |            |                      | 0784              | 470481                              |  |  |  |
| d. Address:       |                            |            |                      | <u> </u>          |                                     |  |  |  |
| * Street1:        | 2300 North Jog             | Rd., 4tl   | h floor              |                   |                                     |  |  |  |
| Street2:          |                            |            |                      |                   |                                     |  |  |  |
| * City:           | West Palm Beach            | 1          |                      |                   |                                     |  |  |  |
| County:           | Palm Beach Cou             |            |                      |                   |                                     |  |  |  |
| * State:          | FL                         |            |                      |                   |                                     |  |  |  |
| Province:         |                            |            |                      |                   |                                     |  |  |  |
| * Country:        |                            |            |                      | IIS7              | A: UNITED STATES                    |  |  |  |
| * Zip / Postal Co | ode: 33411-2743            |            |                      |                   | A. ONLIED STATES                    |  |  |  |
| e. Organization   | nal Unit:                  |            |                      |                   |                                     |  |  |  |
| Department Nar    |                            |            |                      | TDivinis          | N                                   |  |  |  |
|                   | al Resources Managen       |            |                      |                   | on Name:                            |  |  |  |
|                   |                            |            |                      |                   | ural Resources Stewardship          |  |  |  |
| f. Name and co    | ontact information of pe   | rson to    | be contacted on ma   | atters in         | evolving this application:          |  |  |  |
| Prefix:           |                            | ]          | * First Name         | : Me              | elissa                              |  |  |  |
| Middle Name:      |                            |            |                      |                   |                                     |  |  |  |
| * Last Name:      | Tolbert                    |            |                      |                   |                                     |  |  |  |
| Suffix:           |                            |            |                      |                   |                                     |  |  |  |
| Title: Senior     | Environmental Analys       | st         |                      |                   |                                     |  |  |  |
| Organizational A  | Affiliation:               |            |                      |                   |                                     |  |  |  |
| Palm Beach C      | ounty Department of En     | vironme    | ntal Resources Man   | agemen            | nt                                  |  |  |  |
| * Telephone Nur   | mber: 561-233-2562         |            |                      |                   | Fax Number: 561-233-2414            |  |  |  |
| * Email: mtolb    | ert@pbcgov.org             |            |                      |                   |                                     |  |  |  |

| Application for Federal Assistance SF-424                              |
|--|
| 9. Type of Applicant 1: Select Applicant Type:                         |
| B. County Government   |
| Type of Applicant 2: Select Applicant Type:                            |
| - Select One -   |
| Type of Applicant 3: Select Applicant Type:                            |
| - Select One -   |
| * Other (specify):   |
|  |
| * 10. Name of Federal Agency:  |
| Bureau of Land Management  |
| 11. Catalog of Federal Domestic Assistance Number:                     |
| 15.231   |
| CFDA Title:  |
| Fish, Wildlife & Plant Conservation Resource Management                |
| * 12. Funding Opportunity Number:                                      |
| BLM-WO-NOI-L11AS00150  |
| * Title:   |
| Jupiter Inlet Lighthouse Outstanding Natural Area                      |
|  |
|  |
| 13. Competition Identification Number:                                 |
|  |
| Title:   |
|  |
|  |
|  |
| 14. Areas Affected by Project (Cities, Counties, States, etc.):        |
|  |
| Town of Jupiter, Village of Tequesta, Palm Beach County, FL            |
|  |
|  |
| * 15. Descriptive Title of Applicant's Project:                        |
| Jupiter Inlet Lighthouse Outstanding Natural Area Management Agreement |
|  |
|  |
| Attach supporting documents as specified in agency instructions.       |
|  |

| Application for Federal Assistance SF-424  |   |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|
| 16. Congressional Districts Of:  |   |  |  |  |  |  |  |  |
| * a. Applicant 22  | * b. Program/Project 16   |  |  |  |  |  |  |  |
| Attach an additional list of Program/Project Congressional Distric   | ts if needed.   |  |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |  |
| 17. Proposed Project:  |   |  |  |  |  |  |  |  |
| * a. Start Date: 8/1/2011  | * b. End Date: 9/30/2016  |  |  |  |  |  |  |  |
| 18. Estimated Funding (\$):  |   |  |  |  |  |  |  |  |
| * a. Federal \$45,025.25   |   |  |  |  |  |  |  |  |
| * b. Applicant \$22,051.87   |   |  |  |  |  |  |  |  |
| * c. State   |   |  |  |  |  |  |  |  |
| * d. Local   |   |  |  |  |  |  |  |  |
| * e. Other   |   |  |  |  |  |  |  |  |
| * f. Program Income  |   |  |  |  |  |  |  |  |
| * g. TOTAL \$67,077.12   |   |  |  |  |  |  |  |  |
| * 19. Is Application Subject to Review By State Under Exec   | utive Order 12372 Process?  |  |  |  |  |  |  |  |
| a. This application was made available to the State under  | er the Executive Order 12372 Process for review on .                        |  |  |  |  |  |  |  |
| b. Program is subject to E.O. 12372 but has not been se  | elected by the State for review.  |  |  |  |  |  |  |  |
| c. Program is not covered by E.O. 12372.   |   |  |  |  |  |  |  |  |
| * 20. Is the Applicant Delinquent On Any Federal Debt? (If '   | "Yes", provide explanation.) Applicant Federal Debt Delinquency Explanation |  |  |  |  |  |  |  |
| ☐Yes   | , provide explanation, reprisent reactal best beiniquency Explanation       |  |  |  |  |  |  |  |
| 21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) |   |  |  |  |  |  |  |  |
| ▼ ** I AGREE   |   |  |  |  |  |  |  |  |
| ** The list of certifications and assurances, or an internet site specific instructions.   | where you may obtain this list, is contained in the announcement or agency  |  |  |  |  |  |  |  |
| Authorized Representative:   |   |  |  |  |  |  |  |  |
| Prefix: * Firs   | t Name: Robert  |  |  |  |  |  |  |  |
| Middle Name:   |   |  |  |  |  |  |  |  |
| * Last Name: Robbins   |   |  |  |  |  |  |  |  |
| Suffix:  |   |  |  |  |  |  |  |  |
| * Title: Director  |   |  |  |  |  |  |  |  |
| * Telephone Number: 561-233-2400   | Fax Number: 561-233-2414  |  |  |  |  |  |  |  |
| * Email: rrobbins@pbcgov.org   |   |  |  |  |  |  |  |  |
| * Signature of Authorized Representative:  | * Date Signed: \$/21/14   |  |  |  |  |  |  |  |

## **BUDGET INFORMATION - Non-Construction Programs**

|                         |   |     | SECT               | 101   | N A - BUDGET SUM    | MA  | RY              |          |  |    |              |
|-------------------------|---|-----|--------------------|-------|---------------------|-----|-----------------|----------|--|----|--------------|
| Grant Program Function  | Catalog of Federal<br>Domestic Assistance |     | Estimated Und      | pildo | gated Funds         |     |                 | Nev      | w or Revised Budge   | ŧ  |              |
| or Activity<br>(a)      | Number<br>(b)                             |     | Federal<br>(c)     |       | Non-Federal<br>(d)  |     | Federal<br>(e)  |          | Non-Federal<br>(f)   | :  | Total<br>(g) |
| 1.50% ERM Staff Time    | 15.231                                    | \$  |                    | \$    |                     | \$  | 22,051.88       | \$       |  | \$ | 22,051.88    |
| 2. Contracted Services  | 15.231                                    |     |                    |       |                     |     | 22,973.37       |          |  |    | 22,973.37    |
| 3.                      |   |     | -26-4-29-20        |       | 1 To Francisco      |     | 9               |          |  |    | 0.00         |
| 4.                      |   |     | 1100000            |       | 10114-1-1-1-1-1     |     |                 |          | AND THE RESIDENCE OF THE PROPERTY OF THE PROPE |    | 0.00         |
| 5. Totals               |   | \$  | 0.00               | \$    | 0.00                | \$  | 45,025.25       | \$       | 0.00   | \$ | 45,025.25    |
|                         | 1.  |     | SECTIO             | ו אכ  | B - BUDGET CATE     | GOF |                 |          |  | 1  |              |
| 6. Object Class Categor | ries                                      |     |                    |       | GRANT PROGRAM, F    |     | TON OR ACTIVITY |          |  |    | Total        |
|                         |   | (1) | 50% ERM Staff Time | (2)   | Contracted Services | (3) |                 | <u> </u> |  |    | (5)          |
| a. Personnel            |   | \$  | 22,051.88          | \$    |                     | \$  |                 | \$       |  | \$ | 22,051.88    |
| b. Fringe Benefit       | S   |     |                    |       |                     |     |                 |          |  |    | 0.00         |
| c. Travel               |   |     |                    |       |                     |     |                 |          |  |    | 0.00         |
| d. Equipment            |   |     |                    |       |                     |     |                 |          |  |    | 0.00         |
| e. Supplies             |   |     |                    |       |                     |     |                 |          |  |    | 0.00         |
| f. Contractual          |   |     |                    |       | 22,973.37           |     |                 |          |  |    | 22,973.37    |
| g. Construction         |   |     |                    |       |                     |     | 70.0            |          |  |    | 0.00         |
| h. Other                |   |     |                    |       |                     |     |                 |          |  |    | 0.00         |
| i. Total Direct Ch      | arges (sum of 6a-6h)                      |     | 22,051.88          |       | 22,973.37           |     | 0.00            |          | 0.00   |    | 45,025.25    |
| j. Indirect Charge      | es  |     | <u> </u>           |       |                     |     |                 |          |  |    | 0.00         |
| k. TOTALS <i>(sum</i>   | of 6i and 6j)                             | \$  | 22,051.88          | \$    | 22,973.37           | \$  | 0.00            | \$       | 0.00   | \$ | 45,025.25    |
| 7. Program Income       |   | \$  |                    | \$    |                     | \$  |                 | \$       |  | \$ | 0.00         |

|                                    |       | SECTION  | C - I | NON-FEDERAL RE | SC | DURCES                                  |    |                   |                                       |  |
|------------------------------------|-------|--|-------|----------------|----|---|----|-------------------|---------------------------------------|--|
| (a) Grant Program                  |       |  |       | (b) Applicant  |    | (c) State                               |    | (d) Other Sources |                                       | (e) TOTALS   |
| 8. 50% ERM Staff Time              |       | The same and the s | \$    | 22,051.87      | \$ |   | \$ |                   | \$                                    | 22,051.87  |
| 9.                                 |       |  |       |                |    |   |    |                   |                                       | 0.00   |
| 10.                                |       | *** Committee  |       |                |    |   |    |                   |                                       | 0.00   |
| 11.                                |       | 100 -  |       |                |    |   |    |                   |                                       | 0.00   |
| 12. TOTAL (sum of lines 8-11)      |       |  | \$    | 22,051.87      | \$ | 0.00                                    | \$ | 0.00              | \$                                    | 22,051.87  |
|                                    |       | SECTION  | D - I | FORECASTED CAS | SH | NEEDS                                   | :  |                   | 1                                     |  |
|                                    |       | Total for 1st Year   |       | 1st Quarter    |    | 2nd Quarter                             |    | 3rd Quarter       |                                       | 4th Quarter  |
| 13. Federal                        | \$    | 45,025.25  | \$    | 28,486.34      | \$ | 5,512.97                                | \$ | 5,512.97          | \$                                    | 5,512.97   |
| 14. Non-Federal                    |       | 22,051.87  |       | 5,512.97       |    | 5,512.97                                |    | 5,512.96          |                                       | 5,512.97   |
| 15. TOTAL (sum of lines 13 and 14) | \$    | 67,077.12  | \$    | 33,999.31      | \$ | 11,025.94                               | \$ | 11,025.93         | \$                                    | 11,025.94  |
| SECTION E - E                      | UDGE  | T ESTIMATES OF   | FED   | ERAL FUNDS NEE | DE | ED FOR BALANCE                          | OF | THE PROJECT       | · · · · · · · · · · · · · · · · · · · |  |
| (a) Grant Program                  |       |  |       |                |    | FUTURE FUNDING                          | GΡ |                   |                                       |  |
|                                    |       |  | ļ     | (b) First      | ļ  | (c) Second                              |    | (d) Third         |                                       | (e) Fourth   |
| 16.50% ERM Staff Time              |       |  | \$    | 25,000.00      | \$ | •                                       | \$ |                   | \$                                    |  |
| 17.                                |       |  |       |                |    |   |    |                   |                                       |  |
| 18.                                |       |  |       |                |    | *************************************** |    |                   |                                       |  |
| 19.                                | 3.240 |  |       |                |    | W 1177                                  |    | V 224             |                                       | **************************************   |
| 20. TOTAL (sum of lines 16-19)     |       |  | \$    | 25,000.00      | \$ | 0.00                                    | \$ | 0.00              | \$                                    | 0.00   |
|                                    |       | SECTION F  | - OT  | HER BUDGET INF | OF | RMATION                                 |    |                   |                                       | a de la companya de l |
| 21. Direct Charges:                |       |  |       | 22. Indirect   | Ch | narges:                                 |    |                   |                                       | · · · · · · · · · · · · · · · · · · ·  |
| 23. Remarks:                       |       | 111,000  |       |                |    |   |    |                   |                                       |  |
|                                    |       |  |       |                |    |   |    |                   |                                       |  |

### OMB Approval No. 4040-0007

ASSURANCES - NON-CONSTRUCTION PROGRAMS Expiration Date: 06/30/2014

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

**NOTE:** Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
- 2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
- 3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
- 4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
- Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
- 6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation
- Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
- 7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
- 8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

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Standard Form 424B (Rev. 7-97) Prescribed by OMB Circular A-102

- 9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
- 10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- 11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).

- 12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- 13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
- Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- 15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
- 16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
- 17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
- Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

|    | APPROVED AS TO FORM<br>AND LEGAL SUFFICIENCY |
|----|--|
| 8Y |  |
|    | County Attorney                              |

| SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL         |                |                |
|---|----------------|----------------|
| AMM   | Director       |                |
| APPLICANT ORGANIZATION                              |                | DATE SUBMITTED |
| Palm Beach County Dept of Environmental Resources N | August 5, 2014 |                |

Standard Form 424B (Rev. 7-97) Back

# Jupiter Inlet Lighthouse Outstanding Natural Area Palm Beach County Department of Environmental Resources Management Agreement Budget Narrative for Fiscal Year 2015

Palm Beach County ERM staff will dedicate approximately 742 effort hours into management of the Jupiter Inlet Lighthouse ONA Project for a cost of \$44,103.75 with a 50/50 cost share of \$22,051.88. A breakdown of the position titles, billing rates and effort hours for each subtask is detailed on the attached budget. The total amount of contracted services is \$22,973 which includes surveying the property line (\$800), fence installation in Lot 19 (\$4,147) and mechanical treatment of exotics on Lot 17 (\$18, 026). Below is a summary of anticipated effort hours required per task.

#### Task 1 – Enhancement/Restoration

• PBC Staff – 48 hrs - \$1,021.68/\$1,021.68 (50/50 cost share)

Task 2 – Biological Monitoring (surveys include: fall migratory, spring migratory, summer non-migratory, opportunistic, photo monitoring, gopher tortoise survey, *Cladonia perforata*, *Ascelpias curtissi*, *Tillandsia flexuosa*, and *Asimina tetramera*).

PBC Staff – 208 hrs - \$6,150.34/\$6,150.34 (50/50 cost share)

Task 3 – Exotic Plant/Animal Removal: a hydraulic excavator with a drum chopping head will mow the remaining exotic vegetation on Lot 17 and create a trail to facilitate administrative access.

- PBC Staff 89 hrs \$2,907.31/\$2,907.31 (50/50 cost share)
- The total amount of contracted services is \$18,026.37.

#### Task 4 - Prescribed Burn Activities

• PBC Staff – 24 hrs - \$831.00/\$831.00 (50/50 cost share)

### Task 5 - Maintenance of Public Use and Public Outreach Activities

- PBC Staff 199 hrs \$4,675.30/\$4,675.29 (50/50 cost share)
  - Survey of property line for fence installation along Lot 19 \$800
  - o Installation of split-rail 2 hole (550 feet) along Lot 19 \$4,147

#### Task 6 - Meeting, Coordination, Planning, Reporting

PBC Staff – 174 hrs - \$6,466.26/\$6,466.25 (50/50 cost share)

Standard benefits (e.g. health insurance, workers compensation) are incorporated into the billing rates of each staff. Since the project site is local, no travel or per diem is required. No supplies and material fees will be required. Service fees covering expenses associated with postal fees, long distance phone calls, duplication and printing will be in-kind services. No other costs or indirect charges are anticipated. The total federal funds requested are \$45,025.25.

# Jupiter Inlet Lighthouse Oustanding Natural Area Palm Beach County Environmental Resources Management Agreement Budget for FY 2015

| Task # | Description for Palm Beach County          | En | v. Man. | EPS         | Sr. E | Α    |                | EA    | Т  | ech II | LN   | ΛA   | St | udent | Total Hours |    | Staff Cost |
|--------|--|----|---------|-------------|-------|------|----------------|-------|----|--------|------|------|----|-------|-------------|----|------------|
|        | ERM Staff Time                             | \$ | 105.11  | \$<br>87.37 | \$ 6  | 9.25 | \$             | 65.14 | \$ | 47.46  | \$ 4 | 0.83 | \$ | 11.00 | By Task     |    | By Task    |
| Task 1 | Enhancement/Restoration                    |    |         |             |       |      |                |       |    |        |      |      |    |       |             |    |            |
|        | Restoration follow up & maintenance for    |    |         |             |       |      |                |       |    |        |      |      |    |       |             |    |            |
|        | Lots 15 & 17 plantings                     |    |         |             | 16    | ;    |                |       |    | 16     |      |      |    | 16    | 48          | \$ | 2,043.36   |
| Task 2 | Biological Monitoring                      |    |         |             |       |      |                |       |    |        |      |      |    |       |             |    |            |
|        | Migratory/Non-migratory surveys            |    |         |             | 12    |      |                |       |    | 12     |      |      |    |       |             |    |            |
|        | Opportunistic surveys                      |    |         |             | 8     |      |                |       |    | 8      |      |      |    |       |             |    |            |
|        | Photo monitoring                           |    |         |             | 8     |      |                |       |    | 8      |      |      |    |       |             |    |            |
|        | Listed species surveys                     |    |         |             | 64    |      |                | 24    |    | 64     |      |      |    |       | 208         | \$ | 12,300.68  |
| Task 3 | Exotic Plant/Animal Removal                |    |         |             |       |      |                |       |    |        |      |      |    |       |             | Ė  | ,          |
|        | contractor oversight & inspections of Lots |    |         |             |       |      |                |       |    |        |      |      |    |       |             |    |            |
|        | 15, 16, 17 & 19                            |    |         |             | 73    |      |                |       |    | 16     |      |      |    |       | 89          | \$ | 5,814.61   |
| Task 4 | Prescribed Burn Activities                 |    |         |             |       |      |                |       |    |        |      |      |    |       |             |    |            |
|        | Plan and implement microburn               |    |         |             | 24    |      |                |       |    |        |      |      |    |       | 24          | \$ | 1,662.00   |
| Task 5 | Maintenance of Public Use/Public Outreach  |    |         |             |       |      | ************** |       |    |        |      |      |    |       |             |    |            |
|        | Activities                                 |    |         |             |       |      |                |       |    |        |      |      |    |       |             |    |            |
|        | Site Maintenance                           |    |         | 3           | 8     |      |                |       |    | 40     | 8    | 0    |    |       |             |    |            |
|        | Public Outreach/Volunteer Events           |    |         |             | 40    |      |                |       |    | 8      |      |      |    | 20    | 199         | \$ | 9,350.59   |
| Task 6 | Other - meetings, coordination, planning,  |    |         |             |       |      |                |       |    |        |      |      |    |       |             |    |            |
|        | reports                                    |    |         |             |       |      |                |       |    |        |      |      |    |       |             |    |            |
|        | Interagency coordination/planning          |    |         | 8           | 80    |      |                |       |    |        |      |      |    |       |             |    |            |
|        | Quarterly Rpts/Annual Site Evaluation      |    | 2       | 4           | 80    |      |                |       |    |        |      |      |    |       | 174         | \$ | 12,932.51  |

\*50% of ERM Staff Time is in-kind services & 50% is included in Federal Request as noted below. \$ 44,103.75

|        | Contracted Services & Equipment                        |    |           |  |  |  |  |  |  |  |  |  |
|--------|--|----|-----------|--|--|--|--|--|--|--|--|--|
| Task 3 | Mechanical treatment of exotics on Lot 17              | \$ | 18,026.37 |  |  |  |  |  |  |  |  |  |
| Task 5 | Survey property line for Lot 19 for fence installation | \$ | 800.00    |  |  |  |  |  |  |  |  |  |
| Task 5 | Split-rail 2 hole for Lot 19 (approx 550 ft)           | \$ | 4,147.00  |  |  |  |  |  |  |  |  |  |

Total Contracted Services Cost \$ 22,973.37

**50% ERM Staff Time** \$ 22,051.88

\*50% ERM Staff Time Contribution \$ 22,051.87

Total Management Costs \$ 67,077.12

Total Federal Request \$ 45,025.25

|   | Grant and   | Coopera                               | itivo        | e Agreem                                  | ent           |                     | CHOOSE ONE:  X COOPERATIVE AGREEMENT GRANT |
|---|---|---------------------------------------|--------------|---|---------------|---------------------|--|
| CHOOSE ONE:   | EDUCATION   | FACILITIES                            |              | RESEARCH                                  |               | SDCR                | TRAINING                                   |
| 1. GRANT/COOPERATIVE A<br>L11AC20221  | AGREEMENT NUMBER  | <b>2. SUPP</b>                        | LEMENT       | NUMBER                                    | 3. EFFE 07/30 | CTIVE DATE<br>/2014 | 4. COMPLETION DATE<br>09/30/2016           |
| 5. ISSUED TO  NAME/ADDRESS OF REC COUNTY OF, PALM Attn: ATTN GOVER P O BOX 4036 WEST PALM BEACH | NMENT POC   | unty, State, Zip)                     |              | iling Address: 1849                       | C ST.         |                     | JS RSRCS(WO850)<br>075 LS                  |
| 7. TAXPAYER IDENTIFICAT   | ION NO. (TIN)   |                                       | PR           | RINCIPAL INVESTIGATO<br>COGRAM MGR. (Name | & Phone)      |                     | DJECT OR                                   |
| 8. COMMERCIAL & GOVER   | NMENT ENTITY (CAGE) NO  | •                                     | <b>-</b> Mel | issa Tolbert !                            | 561-233       | 3-2562              |  |
|   | OR PROGRAM TITLE<br>ghthouse Outstand   | ing Natural                           | Area         |   |               |                     |  |
|   | n is to add funds   | for FY14                              |              |   |               |                     |  |
| 12. PERIOD OF PERFORMA  | · · · · · · · · · · · · · · · · · · ·   |                                       |              |   |               |                     |  |
| 08/01/2011 throug<br>13A.   | gn 09/30/2016<br>AWARD F  | HETORY                                |              | 13B.                                      |               | 1                   | FUNDING HISTORY                            |
| PREVIOUS  | AVAILD I  | \$345,0                               | 25 25        | PREVIOUS                                  |               |                     | \$345,025.25                               |
| THIS ACTION   |   |                                       | 00.00        | THIS ACTION                               |               |                     | \$6,500.00                                 |
| CASH SHARE  |   | · · · · · · · · · · · · · · · · · · · | \$0.00       |   | TOTAL         | İ                   | \$351,525.25                               |
| NON-CASH SHARE  |   |                                       | \$0.00       |   |               | \$351,525.25        |  |
| RECIPIENT SHARE   |   |                                       | \$0.00       |   |               |                     |  |
| TOTA  | L   | \$351,5                               | 25.25        |   |               |                     |  |
| 14. ACCOUNTING AND APP  | PROPRIATION DATA  |                                       |              |   |               |                     |  |
| PURCHASE REQUEST NO.<br>0020054016  | JOB OF  | DER NO.                               |              | AMOUNT                                    |               |                     | STATUS                                     |
|   |   |                                       |              |   |               |                     |  |
| 15. POINTS OF CONTACT   |   |                                       |              |   |               |                     | -  |
|   | NAME  |                                       | IAIL STO     |   |               |                     | E-MAIL ADDRESS                             |
| TECHNICAL OFFICER   | Lisa Clayton  |                                       |              | 202-912-70                                | 398           | ltclayton           | @blm.gov                                   |
| NEGOTIATOR  |   |                                       |              |   |               |                     |  |
| ADMINISTRATOR   | · · · · · · · · · · · · · · · · · · ·   |                                       |              |   |               |                     |  |
| PAYMENTS  | L<br>JNDER THE AUTHORITY OF   |                                       |              |   |               |                     |  |
|   |   |                                       |              |   |               |                     |  |
| The Consolidated  | Natural Resource  | es Act (PL-I)                         | .0-229       | <b>9)</b> ·                               |               |                     |  |
| FDP TERMS AND C   | NT(S), IF CHECKED:  ADE TO EXISTING PROVISION  CONDITIONS AND THE AGE  PPLY TO THIS GRANT |                                       |              | 18. APPLICABLE EI PROVISIO REQUIREI       | NS            | _                   | IAL CONDITIONS                             |
| = 52111111111111111111111111111111111111  | UNITED STATES OF AMER   | IICA                                  |              | C   | NT RECIPIENT  |                     |  |
| CONTRACTING/GRANT OF<br>Lisa Clayton  | FICER   | DATE                                  |              | AUTHORIZED BED                            | RESENTA       |                     | DATE \$/21/14                              |
|   |   | - AHHRO                               | A CEN        | SITO FURIN                                |               |                     |  |

AND LEGAL SUFFICIENCY

County Attorney

# **Grant and Cooperative Agreement**

|                                       |   |                 |             | ES.               | TIMATED COST  |
|---------------------------------------|---|-----------------|-------------|-------------------|---------------|
| ITEM NO.<br>(A)                       | ITEM OR SERVICE (Include Specifications and Special Instructions) (B) | QUANTITY<br>(C) | UNIT<br>(D) | UNIT PRICE<br>(E) | AMOUNT<br>(F) |
| · · · · · · · · · · · · · · · · · · · | CFDA Number: 15.231   |                 |             |                   |               |
|                                       | DUNS Number: 078470481+0000   |                 |             |                   |               |
|                                       | Delivery Location Code: 0005874997                                    |                 |             |                   |               |
|                                       | BLM Jackson Mississippi   |                 |             |                   |               |
|                                       | 411 Briarwood Drive Suite 404   |                 |             |                   |               |
|                                       | Jackson MS 39206 US   |                 |             |                   |               |
|                                       | Account Assignment: K G/L Account: 6100.411C0                         |                 |             |                   |               |
|                                       | Business Area: L000 Commitment Item: 411C00 Cost                      |                 |             |                   |               |
|                                       | Center: LLES002330 Functional Area:                                   |                 |             |                   |               |
|                                       | L10100000.MI0000 Fund: 13XL1109AF Fund Center:                        |                 |             |                   |               |
|                                       | LLES002330 Project/WBS: LX.SI.CLMT0000 PR Acct                        |                 |             |                   |               |
|                                       | Assign Line: 01   |                 |             |                   |               |
|                                       | Period of Performance: 08/01/2011 to 09/30/2016                       |                 |             |                   |               |
|                                       |   |                 |             |                   |               |
| 00013                                 | Climate Change Study / Report   |                 |             |                   | 6,500.00      |
|                                       | Obligated Amount: \$6,500.00  |                 |             |                   |               |
|                                       | IT Approval Num: N  |                 |             |                   |               |
|                                       |   |                 |             |                   |               |
|                                       | •   |                 |             |                   |               |
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|                                       |   |                 |             |                   |               |

OMB Number: 4040-0004 Expiration Date: 03/31/2012

| Applicatio         | on for Federal Assi       | stance    | SF-424               |             |   |               |      |  |  |  |  |  |  |
|--------------------|---------------------------|-----------|----------------------|-------------|---|---------------|------|--|--|--|--|--|--|
| * 1. Type of Subr  | mission:                  | * 2. Typ  | e of Application:    | * If Revisi | on, select appropriat                   | te letter(s): |      |  |  |  |  |  |  |
| Preapplicat        | tion                      | Пи        | ew                   |             |   |               |      |  |  |  |  |  |  |
| ✓ Application      | 1                         |           | ontinuation          | * Other (S  | pecify)                                 |               |      |  |  |  |  |  |  |
|                    | Corrected Application     |           | evision              |             | ,                                       |               |      |  |  |  |  |  |  |
|                    |                           |           |                      |             |   |               |      |  |  |  |  |  |  |
| * 3. Date Receive  |                           | 4. Appl   | cant Identifier:     |             |   |               |      |  |  |  |  |  |  |
| August 4, 20       | 14                        |           |                      |             |   |               |      |  |  |  |  |  |  |
| 5a. Federal Entity | y Identifier:             |           |                      | * 5b. F     | ederal Award Ident                      | lifier:       | -    |  |  |  |  |  |  |
|                    |                           |           |                      | 1110        | C20221                                  |               | **** |  |  |  |  |  |  |
|                    |                           |           |                      | [[-11/      | 020221                                  |               |      |  |  |  |  |  |  |
| State Use Only:    |                           |           |                      |             |   |               |      |  |  |  |  |  |  |
| 6. Date Received   | d by State:               |           | 7. State Application | Identifier  |   |               |      |  |  |  |  |  |  |
| 8. APPLICANT I     | INFORMATION:              |           |                      |             |   |               |      |  |  |  |  |  |  |
| * a. Legal Name:   | Palm Beach County Bo      | oard of C | ounty Commissioners  |             |   |               |      |  |  |  |  |  |  |
| * b. Employer/Ta   | xpayer Identification Nur | nber (EII | V/TIN):              | * c. Or     | ganizational DUNS                       | •             |      |  |  |  |  |  |  |
| 59-6000785         | • •                       | `         | ,                    |             | 70481                                   |               |      |  |  |  |  |  |  |
|                    |                           |           |                      | 0704        | 70401                                   |               |      |  |  |  |  |  |  |
| d. Address:        |                           |           |                      |             |   |               |      |  |  |  |  |  |  |
| * Street1:         | 2300 North Jog            | Rd., 4t   | h floor              |             |   |               |      |  |  |  |  |  |  |
| Street2:           |                           |           |                      |             |   |               |      |  |  |  |  |  |  |
| * City:            | West Palm Beach           |           |                      |             |   |               |      |  |  |  |  |  |  |
| County:            | Palm Beach Cou            |           |                      |             |   |               |      |  |  |  |  |  |  |
| •                  |                           | irity     |                      |             |   |               |      |  |  |  |  |  |  |
| * State:           | FL                        |           |                      |             |   |               |      |  |  |  |  |  |  |
| Province:          |                           |           |                      |             |   |               |      |  |  |  |  |  |  |
| * Country:         |                           |           | ***                  | USI         | : UNITED STAT                           | PES .         |      |  |  |  |  |  |  |
| * Zip / Postal Cod | de: 33411-2743            |           |                      |             |   |               |      |  |  |  |  |  |  |
| e. Organization    | al Unit:                  |           |                      |             |   |               |      |  |  |  |  |  |  |
| Department Nam     | ne:                       |           |                      | Divisio     | n Name:                                 |               |      |  |  |  |  |  |  |
| Environmental      | l Resources Manager       | nent      |                      | Natu        | ral Resources St                        | ewardship     |      |  |  |  |  |  |  |
|                    | ntact information of pe   |           | be contacted on ma   |             |   |               |      |  |  |  |  |  |  |
| Prefix:            |                           | 7         | * First Name         |             |   | Auton.        |      |  |  |  |  |  |  |
| Middle Name:       |                           |           | riistivanie          | · IN        | elissa                                  |               |      |  |  |  |  |  |  |
| <u> </u>           |                           |           |                      |             |   |               |      |  |  |  |  |  |  |
| <u> </u>           | Tolbert                   |           |                      |             | *************************************** |               |      |  |  |  |  |  |  |
| Suffix:            |                           |           |                      |             |   |               |      |  |  |  |  |  |  |
| Title: Senior E    | Environmental Analys      | st        |                      |             |   |               |      |  |  |  |  |  |  |
| Organizational Af  | ffiliation:               |           |                      |             |   |               |      |  |  |  |  |  |  |
|                    | ounty Department of Er    | vironme   | ental Resources Man  | agemen      | t                                       |               |      |  |  |  |  |  |  |
| * Telephone Num    | nber: 561-233-2562        |           |                      |             | Fax Number:                             | 561-233-2414  |      |  |  |  |  |  |  |
| * Email: mtolbe    |                           |           |                      |             |   |               |      |  |  |  |  |  |  |

| Application for Federal Assistance SF-424  |  |
|--|--|
| 9. Type of Applicant 1: Select Applicant Type:  B. County Government  Type of Applicant 2: Select Applicant Type:  - Select One -  Type of Applicant 3: Select Applicant Type:  - Select One -  * Other (specify):  * 10. Name of Federal Agency:  Bureau of Land Management |  |
| 11. Catalog of Federal Domestic Assistance Number:  15.231  CFDA Title:  Fish, Wildlife & Plant Conservation Resource Management   |  |
| * 12. Funding Opportunity Number:  BLM-WO-NOI-L11AS00150  * Title:  Jupiter Inlet Lighthouse Outstanding Natural Area  |  |
| 13. Competition Identification Number:  Title:   |  |
| 14. Areas Affected by Project (Cities, Counties, States, etc.):  Town of Jupiter, Village of Tequesta, Palm Beach County, FL   |  |
| * 15. Descriptive Title of Applicant's Project:  Jupiter Inlet Lighthouse Outstanding Natural Area Management Agreement  |  |
| Attach supporting documents as specified in agency instructions.   |  |

| Application for Federal Assistance SF-424   |  |
|---|--|
| 16. Congressional Districts Of:   |  |
| * a. Applicant 22   | * b. Program/Project 16  |
| Attach an additional list of Program/Project Congressional D                        | Districts if needed.   |
|   |  |
| 17. Proposed Project:   |  |
| * a. Start Date: 8/1/2011   | * b. End Date: 9/30/2016   |
| 18. Estimated Funding (\$):   |  |
| * a. Federal \$6,310.00   |  |
| * b. Applicant \$6,310.00   |  |
| * c. State  |  |
| * d. Local  | ·  |
| * e. Other  |  |
| * f. Program Income   |  |
| * g. TOTAL \$12,620.00  |  |
| * 19. Is Application Subject to Review By State Under                               | Executive Order 12372 Process?   |
| a. This application was made available to the State                                 | under the Executive Order 12372 Process for review on .  |
| b. Program is subject to E.O. 12372 but has not be                                  |  |
| ☑ c. Program is not covered by E.O. 12372.  |  |
| * 20. Is the Applicant Delinquent On Any Federal Debt                               | t? (If "Yes", provide explanation.) Applicant Federal Debt Delinquency Explanation   |
| ☐ Yes   | · ( · · · · · · · · · · · · · · · · · ·  |
| herein are true, complete and accurate to the best                                  | atements contained in the list of certifications** and (2) that the statements of my knowledge. I also provide the required assurances** and agree to I am aware that any false, fictitious, or fraudulent statements or claims may es. (U.S. Code, Title 218, Section 1001) |
| ▼ ** I AGREE  |  |
| ** The list of certifications and assurances, or an internet specific instructions. | t site where you may obtain this list, is contained in the announcement or agency  |
| Authorized Representative:  |  |
| Prefix:   | * First Name: Robert   |
| Middle Name:  |  |
| * Last Name: Robbins  |  |
| Suffix:   |  |
| * Title: Director   |  |
| * Telephone Number: 561-233-2400  | Fax Number: 561-233-2414   |
| * Email: rrobbins@pbcgov.org  | -1   |
| * Signature of Authorized Representative:   | * Date Signed: 8/21/14   |

## **BUDGET INFORMATION - Non-Construction Programs**

|                           |  |           | SECT               | ION  | A - BUDGET SUM                          | MAF | RY             |     |                    |    |              |
|---------------------------|--|-----------|--------------------|------|---|-----|----------------|-----|--------------------|----|--------------|
| Grant Program<br>Function | Catalog of Federal<br>Domestic Assistance  |           | Estimated Und      | blig | ated Funds                              |     |                | Nev | v or Revised Budge | t  |              |
| or Activity<br>(a)        | Number<br>(b)  |           | Federal<br>(c)     |      | Non-Federal<br>(d)                      |     | Federal<br>(e) |     | Non-Federal<br>(f) |    | Total<br>(g) |
| 1.50% ERM Staff Time      | 15.231   | \$        |                    | \$   |   | \$  |                | \$  |                    | \$ | 6,310.00     |
| 2.                        |  |           |                    |      |   |     |                |     |                    |    | 0.00         |
| 3.                        |  |           |                    |      |   |     |                |     |                    |    | 0.00         |
| 4.                        |  |           |                    |      | ,                                       |     |                |     |                    |    | 0.00         |
| 5. Totals                 |  | \$        | 0.00               | \$   | 0.00                                    | \$  | 6,310.00       | \$  | 0.00               | \$ | 6,310.00     |
|                           |  |           | SECTIO             | N B  | B - BUDGET CATE                         | GOR | IES            | l   | ,                  |    |              |
| 6. Object Class Categor   | ies  | ļ         |                    |      | GRANT PROGRAM, FU                       |     | ON OR ACTIVITY |     |                    |    | Total        |
|                           |  | (1)<br>\$ | 50% ERM Staff Time | Φ    | W00000 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | (3) |                |     |                    |    | (5)          |
| a. Personnel              | The state of the s | Ψ         | 6,310.00           | \$   |   | Ψ   |                | Φ   | 202000             | \$ | 6,310.00     |
| b. Fringe Benefits        | S  |           |                    |      |   |     |                |     |                    |    | 0.00         |
| c. Travel                 |  |           |                    |      |   |     |                |     |                    |    | 0.00         |
| d. Equipment              |  |           |                    |      |   |     |                |     |                    |    | 0.00         |
| e. Supplies               |  |           |                    |      |   |     |                |     |                    |    | 0.00         |
| f. Contractual            |  |           |                    |      |   |     |                |     |                    |    | 0.00         |
| g. Construction           |  |           |                    |      |   |     |                |     |                    |    | 0.00         |
| h. Other                  |  |           |                    |      |   |     |                |     |                    |    | 0.00         |
| i. Total Direct Ch        | arges <i>(sum of 6a-6h)</i>  |           | 6,310.00           |      | 0.00                                    |     | 0.00           |     | 0.00               | -  | 6,310.00     |
| j. Indirect Charge        | s  |           |                    |      |   |     |                |     |                    |    | 0.00         |
| k. TOTALS (sum            | of 6i and 6j)  | \$        | 6,310.00           | \$   | 0.00                                    | \$  | 0.00           | \$  | 0.00               | \$ | 6,310.00     |
| 7. Program Income         |  | \$        | A                  | \$   |   | \$  |                | \$  | ·                  | \$ | 0.00         |

|  | SECTION            | C - NON-F                      | EDERAL RE  | sou  |                     |                   |          |             |  |  |  |  |
|--|--------------------|--------------------------------|------------|------|---------------------|-------------------|----------|-------------|--|--|--|--|
| (a) Grant Program                            |                    | (b) A                          | pplicant   |      | (c) State           | (d) Other Sources |          | (e) TOTALS  |  |  |  |  |
| 8. 50% ERM Staff Time (in-kind contribution) |                    | \$                             | 6,310.00   | \$   | West and the second | \$                | \$       | 6,310.00    |  |  |  |  |
| 9.   |                    |                                |            |      |                     |                   |          | 0.00        |  |  |  |  |
| 10.  |                    |                                |            |      |                     |                   |          | 0.00        |  |  |  |  |
| 11.  |                    |                                |            |      |                     |                   | 0.00     |             |  |  |  |  |
| 12. TOTAL (sum of lines 8-11)                | \$                 | 6,310.00                       | \$         | 0.00 | \$ 0.00             | \$                | 6,310.00 |             |  |  |  |  |
|  | SECTION            | D - FOREC                      | ASTED CAS  | SH N | NEEDS               |                   |          |             |  |  |  |  |
|  | Total for 1st Year | 1st (                          | Quarter    |      | 2nd Quarter         | 3rd Quarter       |          | 4th Quarter |  |  |  |  |
| 13. Federal                                  | \$ 6,310.00        | \$                             | 1,577.50   | \$   | 1,577.50            | \$ 1,577.50       |          | 1,577.50    |  |  |  |  |
| 14. Non-Federal                              | 6,310.00           |                                | 1,577.50   |      | 1,577.50            | 1,577.50          |          | 1,577.50    |  |  |  |  |
| 15. TOTAL (sum of lines 13 and 14)           | \$ 12,620.00       | \$                             | 3,155.00   | \$   | 3,155.00            | \$ 3,155.00       | \$       | 3,155.00    |  |  |  |  |
| SECTION E - BUE                              | GET ESTIMATES OF   | FEDERAL                        | FUNDS NEE  | DEC  | FOR BALANCE         | OF THE PROJECT    |          |             |  |  |  |  |
| (a) Grant Program                            |                    | FUTURE FUNDING PERIODS (Years) |            |      |                     |                   |          |             |  |  |  |  |
|  |                    | (b)                            | First      |      | (c) Second          | (d) Third         |          | (e) Fourth  |  |  |  |  |
| 16.50% ERM Staff Time (in-kind contribution) |                    | \$                             |            | \$   |                     | \$                | \$       |             |  |  |  |  |
| 17.  |                    |                                |            |      |                     |                   |          |             |  |  |  |  |
| 18.  |                    |                                |            |      |                     |                   |          |             |  |  |  |  |
| 19.  |                    |                                |            |      |                     |                   |          |             |  |  |  |  |
| 20. TOTAL (sum of lines 16-19)               | \$                 | 0.00                           | \$         | 0.00 | \$ 0.00             | \$                | 0.00     |             |  |  |  |  |
|  | SECTION F          | - OTHER E                      | SUDGET INF | ORN  | MATION              |                   | I        |             |  |  |  |  |
| 21. Direct Charges:                          |                    | 22. Indirect Charges:          |            |      |                     |                   |          |             |  |  |  |  |
| 23. Remarks:                                 |                    |                                | 1          |      |                     |                   |          |             |  |  |  |  |
|  | 2-11-11-11-11      |                                |            |      |                     |                   |          |             |  |  |  |  |

#### OMB Approval No. 4040-0007 Expiration Date: 06/30/2014

#### **ASSURANCES - NON-CONSTRUCTION PROGRAMS**

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

# PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

**NOTE:** Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
- Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
- Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
- Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
- 6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation

- Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
- 7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
- 8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

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Prescribed by OMB Circular A-102

- 9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
- 10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- 11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).

- 12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- 13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
- Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- 15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
- 16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
- 17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
- 18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

| APPIROTED AS TO FORM AND LOCALITY  COURTY Attorney |
|--|
|--|

| SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL         | TITLE    |                |
|---|----------|----------------|
| MH MC   | Director |                |
| APPLICANT ORGANIZATION                              |          | DATE SUBMITTED |
| Palm Beach County Dept of Environmental Resources N | /lgmt    | August 5, 2014 |
|   |          |                |

Standard Form 424B (Rev. 7-97) Back

# Jupiter Inlet Lighthouse Outstanding Natural Area Palm Beach County Department of Environmental Resources Management Agreement Budget Narrative for Fiscal Year 2015 – Climate Change

Palm Beach County Department of Environmental Resources Management (PBCERM) staff will dedicate approximately 200 effort hours to develop a scientific report and brochure to help BLM understand how climate change will affect the Jupiter Inlet Lighthouse Outstanding Natural Area (ONA). The final deliverables will be the result of a cooperative investigation between PBCERM and BLM and, at a minimum, include a vulnerability analysis for the site, an overview of the potential effects of climate change and sea-level rise on the communities and species found within the ONA, and recommendations for additional monitoring/research.

The task will be completed between October 1, 2014 and September 30, 2015 for a cost of \$12,620, with a 50/50 cost share of \$6,310. A breakdown of the position titles, billing rates and effort hours for each subtask is detailed on the attached budget. Below is a summary of anticipated effort hours required.

Task 7a – Interagency coordination/planning

• PBCERM Staff - 20 hrs - \$711.90/\$711.90 (50/50 cost share)

Task 7b – Report research and development

• PBCERM Staff - 120 hrs - \$3,624.20/\$3,624.20 (50/50 cost share)

Task 7c – Brochure development

• PBCERM Staff - 40 hrs - \$1,973.90/\$1,973.90 (50/50 cost share)

Standard benefits (e.g. health insurance, worker's compensation) are incorporated into the billing rates of each staff. Since the project site is local, no travel or per diem is required. No supplies and material fees will be required. Services fees covering expenses associated with postal fees, long distance phone calls, duplication and printing will be in-kind services. No other costs or indirect charges are anticipated. The total federal funds requested are \$6,310.00.

#### **Jupiter Inlet Lighthouse Oustanding Natural Area** Palm Beach County Environmental Resources Management Agreement Budget for FY2015\*

| Task # | Description for Palm Beach County      | EPS         |    | Env II |    | EA    | St | udent | Total Hours | Staff Cost |           |
|--------|--|-------------|----|--------|----|-------|----|-------|-------------|------------|-----------|
|        | ERM Staff Time                         | \$<br>87.37 | \$ | 55.01  | \$ | 65.14 | \$ | 11.00 | By Task     |            | By Task   |
| Task 7 | Climate Change                         |             |    |        |    |       |    |       |             |            |           |
|        | 7a - Interagency coordination/planning | 10          |    | 10     |    |       |    |       | 20          | \$         | 1,423.80  |
|        | 7b - Report research and development   | 20          |    | 100    |    |       |    |       | 120         | \$         | 7,248.40  |
|        | 7c - Brochure development              | 20          |    | 40     |    |       |    |       | 60          | \$         | 3,947.80  |
|        |  |             |    |        |    |       |    |       | 200         | \$         | 12,620.00 |

50% of ERM Staff Time is in-kind services & 50% is included in Federal Request as noted below. \$ 12,620.00

50% ERM Staff Time Contribution \$

Total Management Costs \$

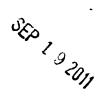
12,620.00

6,310.00

Total Federal Request \$

6,310.00

<sup>\*</sup>Please note this budget reflects FY2014 billing rates. The rates for FY2015 will not be finalized until September 2015 when the County budget is approved.





# INTEROFFICE MEMORANDUM Palm Beach County Environmental Resources Management

DATE:

September 16, 2011

TO:

Robert Weisman

County Administrator

FROM:

Richard E. Walesky, Director

Environmental Resources Management

SUBJECT: REQUEST FOR DELEGATION OF APPROVAL AUTHORITY

On September 13, 2011 agenda item 3.L.5, the County Commission approved the County Administrator, or his designee, to sign all future time extensions, task assignments, certifications, and other forms associated with this contract, and necessary minor amendments that do not change the scope of work or terms and conditions of this contract.

This memorandum is my formal request for designation of me or Deputy Director Robert Robbins to sign the work orders for the above mentioned projects. If you agree, please sign below and return this memorandum. I am available to answer any questions you may have concerning this request. Thank you in advance for your consideration.

APPROVED:

Robert Weisman, County Administrator

DATE: \_ \(\f\langle\lan

REW:ds

Attachment