

## **AGENDA ITEM**

January 11, 2018

TO: Mayor Teresa Jacobs

and

**Board of County Commissioners** 

THRU: Lonnie C. Bell, Jr. Director,

Family Services Department

FROM: Sonya L. Hill, Manager

**Head Start Division** 

Contact: Khadija Pirzadeh, (407) 836-8912

Sonya Hill, (407) 836-7409

SUBJECT: Orange County Head Start Program

Application for Federal Assistance related to

Use of Carryover Funds FY2017-2018

BCC Meeting 1/23/18 Consent Agenda/All Districts

Annually, Orange County is awarded a federal grant to administer the Head Start Program. Attached is a copy of the FY 2016-2017 Department of Health and Human Services Administration for Children and Families Notice of Award in the amount of \$12,860,452. Also attached is a copy of the Federal Financial Report, which indicates an unobligated balance of \$28,067. The Office of Head Start Region IV approved \$28,090.33 for the purchase of a vehicle in August 2017.

The Head Start Division requests approval to use \$28,093.33 of carryover grant funds for the purchase of a vehicle in FY2017-18. In addition, the program requests approval to use an estimated \$5,000 to cover any price differences or additional costs. The vehicle will allow staff to conveniently transport classroom furniture, supplies, and materials from the warehouse to all Head Start sites. The Head Start Policy Council approved use of carryover grant funds at their meeting on December 21, 2017.

Head Start Application for Federal Assistance related to Use of carryover funds FY2017-2018 Page 2 January 11, 2018

ACTION REQUESTED: Approval of Orange County Head Start Program Application for Federal Assistance related to use of carryover funds FY2017-18 in the estimated amount of \$28,093.33 to purchase a vehicle and approval to use an estimated \$5,000 to cover any price differences or additional costs.

SH/kp Attachments

C: Randy Singh, Assistant County Administrator Cristina Berrios, Assistant County Attorney, County Attorney's Office John Petrelli, Manager, Risk Management Division Yolanda S. Brown, Manager, Fiscal Division, Family Services Department Jamille Clemens, Grants Supervisor, Finance Division Patria Morales, Grants Coordinator, Office of Management & Budget

BCC Mtg. Date: Jan 23, 2018

ORANGE COUNTY HEAD START PROGRAM

APPLICATION FOR FEDERAL ASSISTANCE RELATED TO

**USE OF CARRYOVER FUNDS FY2017-18** 

October 1, 2017 through September 30, 2018

Orange County, the non-federal entity, is proposing to carryover funds, in the

amount of \$28,090.33, to cover the purchase of a vehicle for Orange County Head

Start. Currently, Head Start staff is using a large refrigerated truck, which is practical for

large deliveries, but not cost-efficient for daily operational deliveries from the warehouse

to twenty-two (22) Head Start sites. To that end, the program will purchase a vehicle

that allows staff to conveniently transport classroom furniture, supplies, and materials.

Orange County Head Start (OCHS) requested permission in the 2016 - 2017

budget to purchase a vehicle. Head Start received approval to purchase a Ford Super

Duty F-250 XL Truck from the County in May 2017. Staff acquired a dealership that

could provide us with the specification needed through the use of competitive bids

throughout Florida. The vehicle prices exceeded \$25,000 that OCHS was approved for,

therefore the program needed to obtain prior approval for the additional costs.

Region IV Office of Head Start approved \$28,090.33 for the purchase of a

vehicle in August 2017. However, upon contact with the vendor, the price had expired

and the new price for FY 2018 had not been released. OCHS attempted to use a

second vendor, but the vehicle price was not the same. Unfortunately, fiscal year ended

and OCHS had still not purchased a vehicle.

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Rather than waiting another fiscal year to request money for a vehicle, OCHS proposes to use \$28,090.33, which may be rolled over from the 2016-2017 to the 2017 - 2018 Fiscal Year. In addition, Head Start is requesting prior approval to use 2017-2018 funds in the estimated amount of \$5,000 for any price differences or additional costs from 2017 to 2018. This request will also allow OCHS to meet the internal county requirements and expedite the purchase process.

#### FEDERAL FINANCIAL REPORT

(Follow form instructions) 2. Federal Grant or Other Identifying Number Assigned by Federal Agency 1. Federal Agency and Organizational Element Page of to Which Report is Submitted (To report multiple grants, use FFR Attachment) US DEPT OF HEALTH & HUMAN SERVICES 04 CH010230-02-03 pages 3. Recipient Organization (Name and complete address including Zip code) ORANGE COUNTY BOARD OF COUNTY COMMISSIONERS PO BOX 38 ORLANDO, FL 32802 6. Report Type 4a. DUNS Number 4b FIN 5. Recipient Account Number or Identifying Number 7. Basis of Accounting (To report multiple grants, use FFR Attachment) □ Quarterly ☐ Semi-Annual □ Annual X Cash 

Accrual 06-479-7251 59-6000773 7007 X Final 8. Project/Grant Period Reporting Period End Date From: (Month, Day, Year) To: (Month, Day, Year) (Month, Day, Year) October 1, 2016 September 30, 2017 September 30, 2017 10. Transactions Cumulative (Use lines a-c for single or multiple grant reporting) Federal Cash (To report multiple grants, also use FFR Attachment): a. Cash Receipts b. Cash Disbursements c. Cash on Hand (line a minus b) (Use lines d-o for single grant reporting) Federal Expenditures and Unobligated Balance: d. Total Federal funds authorized \$12,860,452.00 e. Federal share of expenditures \$12,832,385,00 Federal share of unliquidated obligations \$0.00 \$12 832 385 00 Total Federal share (sum of lines e and f) h. Unobligated balance of Federal funds (line d minus g) \$28,067.00 Recipient Share: \$3,208,096,25 i. Total recipient share required \$3,208,096.25 Recipient share of expenditures k. Remaining recipient share to be provided (line i minus j) \$0.00 Program Income: \$1,693.17 I. Total Federal program income earned m. Program income expended in accordance with the deduction alternative \$0.00 n. Program income expended in accordance with the addition alternative \$1,693.17 o. Unexpended program income (line I minus line m or line n) \$0.00 f. Federal Share b Rate c. Period From Period To e. Amount Charged а. Туре 11. Indirect 10/1/2016 9/30/2017 12,719,103 2.631.582 106,329 Provisional 20.69% Expense g. Totals: 12,719,103 2,631,582 12. Remarks: Attach any explanations deemed necessary or Information required by Federal sponsoring agency in compliance with governing legislation: Expenses for PA 20 \$122,891; Expenses for PA 22 \$12,712,561; Admin Expenses \$1,273,016.96; Transportation expenses \$0; Disability expense \$381,054.15 and USDA Reimbursement \$1,407,933.55 13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalities. (U.S. Code, Title 218, Section 1001) c. Telephone (Area code, number and extension) a. Typed or Printed Name and Title of Authorized Certifying Official 407-836-5705 AJIT LALCHANDANI, ORANGE COUNTY ADMINISTRATOR d Email address Janet.Lusk@occompt.com b. Signature of Authorized Certifying Official e. Date Report Submitted (Month, Day, Year) dakhandar. 12/21/2017 13:43 14 Agency use only

Standard Form 425
OMB Approval Number: 0348-0061
Expiration Date: 10/31/2011

Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of Information is estimated to everage 1.5 hours per response, including time for reviewing instructions, searching existing date 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 ( 0348-0061). Washington, DC 20503.

### DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES NOTICE OF AWARD

SAI NUMBER:

PMS DOCUMENT NUMBER:

AWARDING OFFICE: Office of Head Start				2. ASSISTANCE TYPE: Discretionary Grant			<b>O.:</b> -02-03	- 1	. AMEND. NO.
								ITV.	
				FOF ACTION: 7. AWARD ce of Funds 42 USC 98					
				JECT PERIOD: 10. CAT NO.:					
10/01/2016 THRU 09/3	/2015 THRU 09/30/2020 93.600								
11. RECIPIENT ORGANIZATION: ORANGE COUNTY BOARD OF COMMISSIONERS 201 S Rosalind Ave Orlando, FL 32801-3527 Grantee Authorizing Official: Teresa Jacobs , Mayor						ROJECT / PF D START	ROGRAM	TITLI	≣:
13. COUNTY:	15. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR:								
Orange	07				Lonnie C. Bell				
	16. APPROVED BUDGET:			17. AWARD COMPUTATION:  A NON-FEDERAL SHARE\$ 3,215,113.00 20%					
Personnel	\$ 7,178,	509.00	A. NON-FEDERAL SHARE\$ 3,215,113.00 20%   B. FEDERAL SHARE\$ 12,860.452.00 80%						
Fringe Benefits	\$ 3,157,	383.00							
Travel	\$	0.00	18. FEDERAL SHARE COMPUTATION:  A TOTAL FEDERAL SHARE						
Equipment	\$ 123,	360.00	A. TOTAL FEDERAL SHARE\$ 12,860,452.00  B. UNOBLIGATED BALANCE FEDERAL SHARE\$ 0.00						
Supplies	\$ 318.0	•			FED. SHARE AWARDED THIS BUDGET PERIOD\$ 10,824,1				
Contractual		792.00						\$	2,036,266.00
Facilities/Construction	\$	0.00					-		2,030,200.00
Other			20. FEDERAL \$ AWARDED THIS PROJECT PERIOD: \$ 25.				25,594,790.00		
	, ,,,,,,	055.00						•	20,00 .,, 00.00
Direct Costs	\$ 12,754,	122.00	21. AUTHORIZED TREATMENT OF PROGRAM INCOME:						
Indirect Costs At % of \$	\$ 106,	330.00	Additional Costs						
In Kind Contributions	\$	0.00	22. APPLICANT EIN:			23. PAYEE EIN:		24. OBJECT CLASS:	
Total Approved Budget \$ 12,860,452.00			596000773 1591101610A1 41.51			1.51			
Total Approved Budget	φ 12,06U,			NEODINATION			DUNG	00.	1707054
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ORGN DOCUMENT NO.	APPROPRIA			I NO.		EW AMT.	UNOB	LIG.	NONFED %
04CH01023002	75-17-1 75-17-1			14122 14120		017,832.00 \$18,434.00			
04CH01023002	15-11-	1536	7-602	<del>14</del> 120	•	\$18,434.00	,		

26. REMARKS: (Continued on separate sheets)

27. SIGNATURE - ACF GRANTS OFFICER	DATE:	28. SIGNATURE(S) CERTIFYING FUND AVAILABILITY			
Ms. Cheryl Pressley	08/24/2017	Mr. Omar Barrett	08/23/2017		
29. SIGNATURE AND TITLE - PROGRAM OFF	CIAL(S)	DATE:			
Captain Robert Bialas - Regional Program N	lanager	08/24/2017			

SAI NUMBER:

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES NOTICE OF AWARD

PMS DOCUMENT NUMBER:

1. AWARDING OFFICE: Office of Head Start		2. ASSISTAN Discretionar		3. AWARD NO.: 04CH010230-02-03		4. AMEND. NO.
		OF ACTION: e of Funds			AWARD AUTHORIT USC 9801 ET SEQ	Y:
8. BUDGET PERIOD: 10/01/2016 THRU 09/30/2017		JECT PERIOD: 1/2015 T	HRU 09/30/20	020	10. CAT NO.: 93.600	
11. RECIPIENT ORGANIZATION:						

ORANGE COUNTY BOARD OF COMMISSIONERS

#### STANDARD TERMS

1. Paid by DHHS Payment Management System (PMS), see attached for payment information. This award is subject to the requirements of the HHS Grants Policy Statement (HHS GPS) thatare applicable to you based on your recipient type and the purpose of this award.

This includes requirements in Parts I and II (available at http://www.hhs.gov/grants/grants/policiesregulations/index.html of the HHS GPS. Although consistent with the HHS GPS, any applicable statutory or regulatory requirements, including 45 CFR Part 75, directly apply to this award apart from any coverage in the HHS GPS. This award is subject to requirements or limitations in any applicable Appropriations Act. This award is subject to the requirements of Section 106 (g) of the trafficking VictimsProtection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to http://www.acf.hhs.gov/discretionary-post-award-requirements. This award is subject to the Federal Financial Accountability and Transparency Act (FFATA or Transparency) of 2006 subaward and executive compensation reporting requirements. For the full text of the award term, go to http://www.acf.hhs.gov/discretionary-post-award-requirements.This award is subject to requirements as set forth in 2 CFR 25.110 Central Contractor Registration (CCR) and DATA Universal Number System (DUNS). For full text go to http://www.acf.hhs.gov/discretionarypost-award-requirements.

Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the HHS awarding agency, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuityviolations potentially affecting the federal award. Subrecipients must disclose, in a timelymanner, in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violationspotentially affecting the federal award. Disclosures must be sent in writing to the awarding agency and to the HHS OIG at the following addresses:

The Administration for Children for Children and Families U.S. Department of Health and Human ServicesOffice of Grants ManagementATTN: Grants Management Specialist330 C Street, SW., Switzer Building Corridor 3200 Washington, DC 20201 AND

U.S. Department of Health and Human ServicesOffice of Inspector GeneralATTN: Mandatory Grant Disclosures, Intake Coordinator330 Independence Avenue, SW, Cohen BuildingRoom 5527Washington, DC 20201Fax: (202) 205-0604 (Include "Mandatory Grant Disclosures" in subject line) or Email: MandatoryGranteeDisclosures@oig.hhs.gov

Failure to make required disclosures can result in any of the remedies described in 45 CFR75.371 Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180& 376 and 31 U.S.C. 3321).

This award is subject to the requirements as set forth in 45 CFR Part 87. This award is subject to HHS regulations codified at 45 CFR Chapter XIII, Parts 1301, 1302, 1303, 1304 and 1305. Attached are terms and conditions, reporting requirements, and payment instructions. Initial expenditure of funds by the grantee constitutes acceptance of this award.

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# FAMILY SERVICES DEPARTMENT HEAD START DIVISION

2100 East Michigan Street • Orlando, FL 32806-4914 407-836-6590 • Fax: 407-836-7420 • http://www.orangecountyfl.net

December 21, 2017

On behalf of the Orange County Head Start Policy Council, my signature signifies that the members of the committee have participated in grant participation to include the approval of the carryover of funds in the amount of \$28,090.33 to purchase a vehicle during the 2017-2018 Fiscal Year. During the meeting held on December 21, 2017 the policy council voted to approve.

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Dexter Nelson, Policy Council Chairperson