Agenda Item #: **35-2**

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

| Meeting Date: September 12, 2006 Department Submitted For: FIRE RESCUE | [X] | Consent Workshop | [] | Regular Public Hearing |
|---|---|---|--|--|
| I. EXE | CUTIV | VE BRIEF | 335== 1 | :====================================== |
| Motion and Title: | | | | |
| Staff recommends motion to app Children's Services Council of Palm Be to \$50,000 for the Drowning Preventi period October 1, 2006 to September 3 | each C ion Co | County providing calition effective | n of . ng the ve Oct | Agreement with the County funding of upober 1, 2006 for the |
| Summary: The Drowning Prevention Coalition processor. However, the program is function Services Council (CSC) of Palm Beach Memorandum of Agreement provides Services Council of Palm Beach Council of up to \$50,000 for the Drowning Funding of this program for FY 2007 is I the amount of \$150,000. Countywide (SB) | ded by h Cou s the ty's ag Preven | y multiple soun nty and the C terms and c preement to pr tion Coalition | rces incounty's ounty's ondition for the county in the cou | cluding the Children's general fund. This ns of the Children's funding to the County am. The additiona |
| Background and Justification: The Palm Beach County Drowning Preseach County Fire Rescue on October Prevention Coalition office space within funding sources for this program in FY fund in the amount of \$150,000 and the of Palm Beach County in the amount of | er 1, 2 Palm / 2007 e agree | 2000. The re Beach County are a transfe ement with the | locatio y Fire-F r from | n gave the Drowning Rescue. The primary the County's genera |
| Attachments: | | | | |
| 1. Memorandum of Agreement, Ch | ildren's | s Services Cou | uncil of | Palm Beach County |
| | :==== | ======================================= | ====: | 9.7 N |
| Approved By: Approved By: Fire-Rescue |) nec | © inistrator | 8 | 7-7-06 Date Date |

II. FISCAL IMPACT ANALYSIS

| Capita Opera Exteri Progr In-Kin | Five Year Summary I Years al Expenditures ating Costs hal Revenues am Income (County) hd Match (County) FISCAL IMPACT | 2006 | npact: 2007 50,000 50,000) 0 | 2008 | 2009 | 2010 |
|--|---|-----------------------------|---------------------------------|-------------------------|---------------------------------------|----------|
| | ODITIONAL FTE SITIONS (Cumulative | | | | | |
| ls Iter | n Included in Propose | ್ಲಿಂಗ ed Budget? | Yes_ | XX No | | |
| • | | | Dept <u>440</u> Ui | | | |
| В. | Expenditures: Recommended Sou | | - | | bject: Various pact: | |
| This a | agreement with the Chagreed funding for the | nildren's Sei Drowning P | rvices Council revention Coa | of Palm Bea alition. | ch County rep | oresents |
| C. | Departmental Fisca | I Review: _ | Joh A.W. | /r | · · · · · · · · · · · · · · · · · · · | |
| | III. REVIEW COMMI | <u>ENTS</u> | | | | |
| Α. | OFMB Fiscal and/or This item is includ | | | | nts: | |
| В. | OFMB Legal Sufficiency: | 8:11-06 8/11/00 (| The do | Contract Dev | Jand Control | F/14) |
| | Assistant County | MATTONNEY | -06 | County p | complies with cur olicies. | rent |
| C. | Other Department R | Review: | · . | | | |
| | Department D | Director | | | | |

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

MEMORANDUM OF AGREEMENT

| This Agreement, entered into as of this | day of | 2006 by and between the |
|--|------------------------|--------------------------|
| Children's Services Council of Palm Beach | County (hereinafter | referred to as "CSC"), a |
| political subdivision of the State of Florida an | d Palm Beach Coun | ty Board of County |
| Commissioners, a political subdivision of the | State of Florida, (her | reinafter referred to as |
| "PBCBCC"), effective October 1, 2006 ("Effe | ctive Date") to Septe | mber 30, 2007. |

CSC has agreed to fund up to \$50,000 to PBCBCC for the **Drowning Prevention Initiative** for the period October 1, 2006 through September 30, 2007. The CSC funds will be combined with funding from the PBCBCC.

CSC, as one of the funders of Drowning Prevention Initiative, agrees to transfer funds to PBCBCC in accordance with the following schedule and terms:

- 1. Transfers from CSC to the PBCBCC for expenditures made prior to September 30, 2007 will be made in accordance with the following procedures:
 - a) A written request for funds from CSC by the PBCBCC specifying the amount requested based upon the attached Exhibit "A" (Financial Reporting on Expenditures & Request for Reimbursement form).
 - b) The Financial Reporting on Expenditures & Request for Reimbursement form will outline how the previously advanced funds have been spent, and will be accompanied by an outline for which additional funds will be spent, as well as, the nature of both categories of expenses.
 - c) The request will be submitted to CSC in sufficient time as to allow 10 working days for processing.
- 2. The PBCBCC shall submit to the Council reports of effectiveness and include statistics and data on the number of persons served. Said reports shall be made on the Progress Report Form (Exhibit "B") from the effective date of this Agreement on a quarterly basis.
- 3. No transfers will be made by CSC pursuant to this Memorandum of Agreement for expenditures made after September 30, 2007, and the PBCBCC agrees to refund any of CSC's money advanced but not expended by September 30, 2007 within 45 days.
- 4. A final financial compilation report accounting for all funds expended will be provided to CSC no later than November 15, 2007.

IN WITNESS WHEREOF, the undersigned parties have executed this Agreement on the day and year first above written.

| ATTEST: | CHILDREŅ'S SERVICES COUNCIL OF |
|-------------------------------|--------------------------------|
| | PALM BEACH COUNTY |
| By: L. R. | By Lulle |
| Witness | Gaetana D. Ebbole, |
| | Chief Executive Officer |
| Date: 1/37/02 | Date: # 31 or |
| ATTEST: | |
| SHARON R. BOCK, | PALM BEACH COUNTY, FLORIDA BY |
| Clerk & Comptroller | IT'S BOARD OF COUNTY |
| | COMMISSIONERS |
| | |
| By: | Rv |
| By: | By: Tony Masilotti, Chairman |
| 1 3 4 4 | |
| Date: | Date: |
| | |
| APPROVED AS TO FORM | APPROVED AS TO TERMS AND |
| AND LEGAL SUFFICIENCY | CONDITIONS |
| | |
| By: Assistant County Attorney | By: Jeranti |
| Assistant County Attorney | Palm Beach County Fire-Rescue |
| Date: | Date: |
| | |

EXHIBIT 'A'

Financial Reporting on Expenditures & Request for Reimbursement form

Children's Services Council of Palm Beach County

Financial Reporting on Expenditures & Request for Reimbursement

For Period Ending: ____ / ____ / _____ /

Contract/MOA #:

DATE

Palm Beach County Board of County Commissioners

Agency:

| Program: <u>Drowning Prevention</u> | | | |
|---|--|-------------------------------------|--|
| Description | Total Program | Expenses for the Period// to | Total Expenses to Date |
| Personnel | | | |
| (i) Salaries | | | |
| (ii) Fringe Benefits | | | |
| Travel | | | |
| | | | |
| Supplies | | | |
| Rent | | | |
| Capital Expenses | | | |
| | | | |
| Other Costs | | | |
| (i) | | | |
| (i) (iii) | | | |
| (III) | | | |
| Total | | | |
| Amount paid by other sources | | | |
| CSC amount | | | Three to the second sec |
| CSC% | | | |
| Advance Funds Received | | | |
| Prior Advance Repayment | 4-1 | _ | |
| Advance Balance | W1 | <u> </u> | |
| Advance Payment This Period | | <u> </u> | |
| Net CSC Funds Requested | | | |
| CERTIFICATION The undersigned certfy that the information contained in this | report is a true and accurate representation | on of the use of CSC funds as of th | e date of this report. |
| Prepared by: | | | |
| NAME/ | TITLE | DATE | |
| Approved | | | |

NAME/TITLE

EXHIBIT 'B'

Progress Report Form

| Co | n | tr | a | C | t | # | |
|----|---|----|---|---|---|---|--|
| | | | | | | | |

| | | Date Prepared by Provi | ider: |
|---------------|--|------------------------|---------------|
| ROGRESS REPOR | CHILDREN'S SERVICES C RT FORM – Palm Beach Coun | | ng Prevention |

| REPORTING PERIOD: | |
|--------------------------|--|
| | |

| PROJECT OBJECTIVES | ACCOMPLISHMENTS: THIS REPORTING PERIOD | ACCOMPLISHMENTS TO DATE | CHALLENGES/ CORRECTIVE ACTIONS TAKEN |
|--------------------|--|----------------------------|--|
| 1. | • | | |
| | | | |
| 2. | | | |
| | | | |
| 3. | | | |
| | | | |

*NOTE: This form is required for all Progress Reports/Final Reports.