

Meeting Date: November 21, 2006 ☒ Consent ☐ Regular
☐ Workshop ☐ Public Hearing

Submitted For: Ryan White Title I

Date _____

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2006	2007	2008	2009	2008
Capital Expenditures	<u>0</u>	_____	_____	_____	_____
Operating Costs	<u>0</u>	_____	_____	_____	_____
External Revenues	<u>0</u>	_____	_____	_____	_____
Program Income (County)	<u>0</u>	_____	_____	_____	_____
In-Kind Match (County)	<u>0</u>	_____	_____	_____	_____
NET FISCAL IMPACT	<u>0</u>	_____	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)					

Is Item Included in Current Budget? Yes _____ No

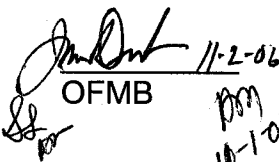
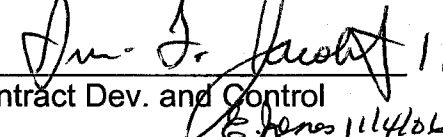
Budget Account No.: Fund _____ Agency _____ Org. _____ Object _____
Program Code various

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

C. Departmental Fiscal Review:

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

 11-2-06
OFMB
10-1-06
 11/6/06
Contract Dev. and Control
11/4/06

B. Legal Sufficiency:

This amendment complies with our review requirements.

 11/7/06
Assistant County Attorney

C. Other Department Review:

Department Director

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

AMENDMENT #0001

THIS AMENDMENT, entered into between the State of Florida, Department of Health, hereinafter referred to as the "department," and Palm Beach County Board of County Commissioners, hereinafter referred to as the "provider," amends contract # PB220.


1. Part A., page 1, Section E, Paragraph 1, is hereby amended to add: "A budget revision that changes line item amounts in the contract budget may be approved by the contract manager and contract manager's supervisor and becomes effective when signed by the contract manager and contract manager's supervisor. The total amount available for this cost reimbursement contract will remain the same. A budget revision may be requested at any time during the contract period."
2. This amendment shall begin on October 15, 2006, or the date on which the amendment has been signed by both parties, whichever is later.

All provisions in the contract and any attachments thereto in conflict with this amendment shall be and are hereby changed to conform with this amendment.

All provisions not in conflict with this amendment are still in effect and are to be performed at the level specified in the contract.

This amendment and all its attachments are hereby made a part of the contract.

IN WITNESS WHEREOF, the parties hereto have caused this 1 page amendment to be executed by their officials thereunto duly authorized.

PROVIDER: Palm Beach County Board of County Commissioners	STATE OF FLORIDA DEPARTMENT OF HEALTH
SIGNED BY:	SIGNED BY: 
NAME: Tony Masilotti	NAME: Jean Marie Malecki, MD, MPH, FACPM
TITLE: Chairman	TITLE: Director
	Palm Beach County Health Department
DATE:	DATE: 10/4/06

FEDERAL ID NUMBER:

59-60000785

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