

II. FISCAL IMPACT ANALYSIS

A. FIVE YEAR SUMMARY OF FISCAL IMPACT:

FISCAL YEAR	2007	2008	2009	2010	2011
CAPITAL EXPENDITURES	_____	_____	_____	_____	_____
OPERATING COSTS	<u>22,146</u>	_____	_____	_____	_____
EXTERNAL REVENUES	_____	_____	_____	_____	_____
PROGRAM INCOME (County)	_____	_____	_____	_____	_____
CASH MATCH (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>22,146</u>	=====	=====	=====	=====

OF ADDITIONAL FTE POSITIONS _____

IS ITEM IN CURRENT BUDGET? YES X NO _____

BUDGET ACCOUNT NO.: FUND 1506 AGENCY 762 ORG. 7669 OBJECT 3129

B. RECOMMENDED SOURCES OF FUNDS/SUMMARY OF FISCAL IMPACT:

LLEBG Fund 1506

C. DEPARTMENTAL FISCAL REVIEW: _____

III. REVIEW COMMENTS

A. OFMB FISCAL AND/OR CONTRACT ADMINISTRATION COMMENTS:

OFMB [Signature] 2-7-07
 mg 2/7/07
 [Signature] 2-6-07
 [Signature] 2/8/07
 CONTRACT ADMINISTRATION

B. LEGAL SUFFICIENCY:

[Signature] 2/12/07
 ASSISTANT COUNTY ATTORNEY

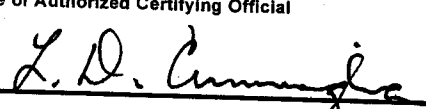
C. OTHER DEPARTMENT REVIEW:

INFORMATION SYSTEM SERVICES

FINANCIAL STATUS REPORT

(Short Form)

(Follow Instructions on next page)

1. Federal Agency and Organizational Element to which Report is Submitted U.S. Dept. of Justice Office of Justice Programs (OJP)		2. Grant or Award Number Assigned by OJP 2004LBBX0117		OMB Approval No. 1121-0264 <small>Expires: 01/3/2006</small>	Page 1	of 1 pages	
3. Recipient Organization (Name and complete address, including ZIP code) PALM BEACH, COUNTY OF 301 NORTH OLIVE AVENUE WEST PALM BEACH , FL 33401							
4. Vendor Number 596000789		5. Recipient internal code or Identifying Number (if any) [REDACTED]		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/15/2004			To: (Month, Day, Year) 10/14/2006		9. Period Covered by this Report From: (Month, Day, Year) 10/01/2006		To: (Month, Day, Year) 10/14/2006
10. Transactions:				I Previously Reported	II This Period	III Cumulative	
a. Total outlays				\$234,463.42	\$1,643.06	\$236,106.48	
b. Recipient share of outlays				\$0.00	\$0.00	\$0.00	
c. Federal share of outlays				\$234,463.42	\$1,643.06	\$236,106.48	
d. Total unliquidated obligations						\$0.00	
e. Recipient share of unliquidated obligations						\$0.00	
f. Federal share of unliquidated obligations						\$0.00	
g. Total Federal share (Sum of lines c and f)						\$236,106.48	
h. Total Federal funds authorized for this funding period						\$258,252.00	
i. Unobligated balance of Federal funds (Line h minus line g)						\$22,145.52	
11. Indirect Expense		a. Type of Rate (place "x" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
		b. Rate 0.00%	c. Base \$0.00	d. Total Amount \$0.00		e. Federal Share \$0.00	
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.							
A. Block/Formula passthrough \$0.00				PROGRAM INCOME:			
B. Federal Funds Subgranted \$0.00				C. Forfelt \$0.00	E. Expended \$0.00		
				D. Other \$8,430.74	F. Unexpended \$8,430.74		
13. Certification I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.							
Typed or Printed Name and Title L. Diana Cunningham, Executive Director					Telephone (Area code, number and extension) (561) 355-4943		
Signature of Authorized Certifying Official 					Date Report Submitted 01/12/2007		

DOJ Standard Form 269a (REV 2002)

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