

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

AGENDA ITEM SUMMARY

Meeting Date: May ²⁰ 8, 2008

[X] Consent [] Regular
[] Ordinance [] Public Hearing

Department

Submitted By: PUBLIC SAFETY

Submitted For: YOUTH AFFAIRS

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to A) ADOPT a resolution of the Board of County Commissioners, Palm Beach County, Florida, establishing the Highridge Family Center Activity Fund and establishing procedures for reimbursement of expenses; and **B) APPROVE** a budget amendment of \$15,000 in the High Ridge Activity Fund to establish budget.

Summary: The Division of Youth Affairs has found that juvenile residents at Highridge Family Center respond more effectively to the program when incentives for good behavior are in place. This resolution establishes a fund that will be funded from activity fee collected from parents of juvenile enrollees and will pay for such things as shirts, movie rentals, field trips, pizza night and other expenses that are not budgeted and solely benefit the juvenile residents of the program. The current activity fee is \$75 for the three month residential program. Payment of the fee is voluntary and is not a requirement to enrollment. **Countywide (DW)**

Background and Policy Issues: Highridge Family Center provides a three-month free residential treatment program serving at-risk families for adolescent children ages 11 through 16 years. The Center has a capacity for 72 children in six dormitory style houses (12 children in each house with three houses for boys and three houses for girls), and a Palm Beach County School District Alternative school. Each family is requested to pay a voluntary \$75 activity fee to the Center for various recreational activities during the residential treatment period. The Center operates Monday through Friday providing meals, counseling and educational services.

Attachments:

1. Resolution
2. Budget Amendments (1436)
3. Activity Fund PPM

Approved by:

Assistant County Administrator

Date _____

4/28/08
Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact

Fiscal Years	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>
Capital Expenditures					
Operating Costs	<u>15,000</u>	<u>21,600</u>			
External Revenues	<u>(15,000)</u>	<u>(21,600)</u>			
Program Income (County)					
In-Kind Match (County)					
Net Fiscal Impact	<u>0</u>	<u>0</u>			
# ADDITIONAL FTE POSITIONS (Cumulative)	<u>0</u>	<u>0</u>			

Is Item Included In Current Budget? Yes No X

Budget Account No.: Fund 1440 Department 660 Unit 8240 Object various Program

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

Funding from the Highridge Activity Fund will come from the \$75 collected from parents of enrollees to the three month residential program. Payment of the activity fee is not a requirement for enrollment in the program. No advalorem impact.

C. Departmental Fiscal Review:

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Dev. and Control Comments:

atwillhite 5-5-08 Don J. Jacobs 5/5/08
 OFMB Contract Administration
 5/5/08 4/30/08 5/5/08

B. Legal Sufficiency:

5/6/08
 Assistant County Attorney

C. Other Department Review:

 Department Director

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

RESOLUTION NO. R-2008-

**RESOLUTION OF THE BOARD OF COUNTY
COMMISSIONERS OF PALM BEACH COUNTY,
FLORIDA, ESTABLISHING THE HIGHRIDGE
ACTIVITY FUND AND ESTABLISHING PROCEDURES
FOR REIMBURSEMENT OF EXPENSES.**

WHEREAS, the Division of Youth Affairs has found that juvenile residents at Highridge Family Center respond more effectively to the rehabilitation program when there are incentives for good behavior; and

WHEREAS, funds are needed to purchase items and pay expenses solely for the benefit of juvenile residents such as sports equipment, t-shirts, movie rentals, field trips and pizza night and that provide incentive for good behavior of the juvenile residents at the facility;

WHEREAS, there are insufficient funds in the budget to purchase these items; and

WHEREAS, Highridge Family Center desires to create an activity fund to purchase these items;

WHEREAS, payment of the activity fee is voluntary and is not a requirement for enrollment in the program; and

WHEREAS, parents can request a proportional refund of the activity fee should the juvenile resident not complete the three month program.

**NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY
COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, that:**

1. The Division of Youth Affairs is authorized to establish a special revenue fund called the "Highridge Activity Fund."
2. The Palm Beach County Department of Public Safety, Division of Youth Affairs is responsible for the administration of the Fund.
3. This Fund will be funded from the activity fee collected from the parents of juvenile enrollees into the Highridge Residential Facility. Payment of the activity fee is voluntary and is not a requirement for enrollment into the program.
4. The Division of Youth Affairs will set the amount of the Activity Fee and establish policies and procedures for the disbursement and refund of monies from the Fund through direct payment from the Fund and through reimbursement of a petty cash account.
5. A Petty cash account will be established with the approval of the Department Director.
6. The primary use of the Highridge Activity Fund is to pay for expenses that provide incentives for good behavior and solely benefit the juvenile residents of High Ridge Family Center.

The foregoing resolution was offered by Commissioner _____ who moved its adoption. The motion was seconded by Commissioner _____ and upon being put to a vote was as follows:

ADDIE L. GREENE, Chair
JOHN F. KOONS, Vice-Chair
KAREN T. MARCUS
MARY MCCARTY
BURT AARONSON
ROBERT KANJIAN
JESS R. SANTAMARIA

The Chair thereupon declared the Resolution duly passed adopted this _____ day of _____, 2008.

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

PALM BEACH COUNTY, FLORIDA, BY
ITS BOARD OF COUNTY COMMISSIONERS

SHARON R. BOCK, CLERK & COMPTROLLER

BY: _____
COUNTY ATTORNEY

BY: _____
DEPUTY CLERK

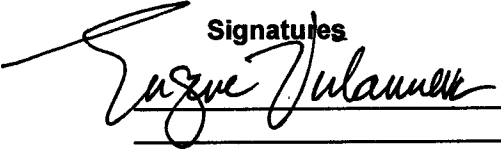
BOARD OF COUNTY COMMISSIONERS
PALM BEACH COUNTY, FLORIDA
BUDGET AMENDMENT

FUND 1440 - HIGH RIDGE ACTIVITY FUND

Use this form to provide budget for items not anticipated in the budget.

ACCT.NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	CURRENT BUDGET	INCREASE	DECREASE	ADJUSTED BUDGET	EXPENDED/ ENCUMBERED AS OF 4/23/08	REMAINING BALANCE
HIGH RIDGE ACTIVITY								
REVENUES								
660-8240-6999	OTHER MISCELLANEOUS REVENUES			15,000		15,000		
	TOTAL REVENUES & BALANCES	<u>0</u>	<u>0</u>	<u>15,000</u>		<u>15,000</u>		
EXPENDITURES								
660-8240-5201	MATERIAL/SUPPLIES - OPERATING			10,000		10,000		
660-8240-5248	CLOTHING & WEARING APPAREL			5,000		5,000		
	TOTAL APPROPRIATION & EXPENDITURES	<u>0</u>	<u>0</u>	<u>15,000</u>		<u>15,000</u>		

PUBLIC SAFETY ADMINISTRATION
INITIATING DEPARTMENT/DIVISION
Administration/Budget Department Approval
OFMB Department - Posted

Signatures _____ Date 4/23/08
 _____

By Board of County Commissioners
At Meeting of 5/6/2008

Deputy Clerk to the
Board of County Commissioners

TO: Highridge Family Center Staff
FROM: Department Director
SUBJECT: Activity Fee Fund

SOP:

ISSUE DATE

01/21/08

EFFECTIVE DATE

PURPOSE

To establish policies and procedures of collection, safeguarding, recording and reporting of the Activity Fee collected at Highridge Family Center.

POLICY

The Activity Fee is collected to provide various incentives and rewards to juvenile residents of the Highridge Family Center. The fee pays for expenses of the juvenile residents. This fund is used solely for the benefit of the juvenile residents and is not used for any other purpose. Common uses of this fund are t-shirt purchases, pizza and meal expenses, movie rentals, purchase of sundry items, etc.

The Activity Fee of \$75 is collected on admission to Highridge Family Center. If a family is experiencing financial hardship, the fee may be collected in increments, reduced, or waived. No family will be denied services due to inability to pay the Activity Fee.

PROCEDURES

1. Resolution 2008-_____ establishes the Highridge Activity Fund to pay for expenses that solely benefit and provide incentives for good behavior to the juvenile residents of Highridge Family Center.
2. A petty cash fund of \$500 will be established to pay for valid Highridge Activity Fund expenses.
3. The Chief of Residential Clinical Services will designate the custodian of the petty cash fund through a formal memorandum duly signed.
4. The custodian will keep the petty cash fund at her office under lock and key and ensure that all paid expenses are valid and have proper receipts and documentation.
5. Families are advised of the Activity Fee during the intake assessment and are reminded to bring \$75 cash on the night of admission. During registration, the custodian collects the Activity Fee and provides a receipt to the family. Receipts must

be issued for all collection of activity fees.

6. Activity Fees received shall be deposited by the custodian in the County's bank account as soon as possible. Copies of receipts issued and the deposit ticket shall be immediately forwarded to the Department Finance Director for Cash Receipt (CR) processing.
7. At the end of each month, the petty cash custodian shall complete and submit the "Request for Reimbursement of Petty Cash" (Attachment 1). Copies of the receipts will be attached with the request. The Chief of Residential Clinical Services will sign and forward the request to the Department Director for approval and submission to the Clerk - Finance Department for reimbursement.
8. The Clerk - Finance Department will review the request and if approved, will issue a check in the name of the custodian to reimburse the expenses. The custodian will cash the check and replenish the amount in the petty cash fund.
9. The Department Fiscal Manager may conduct an audit of the petty cash fund at any time.

REQUEST FOR REIMBURSEMENT OF
PETTY CASH FUND

DEPARTMENT: _____
DEPT. HEAD: _____
SUPERVISOR: _____

CUSTODIAN: _____

LIST OF EXPENDITURES

Receipt Number	Date of Receipt	Description of Purchase	Account Number	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL EXPENDITURES				\$ 0.00

P.C. CUSTODIAN (Signature)

P.C. SUPERVISOR (Signature)

DATE

DEPARTMENT HEAD (Signature)

DATE

With the signing of this form, I hereby certify that I have approved the above expenditures from the Petty Cash Fund and that they are in compliance with PBC's Petty Cash Policy.

RECAP OF EXPENDITURES:
(by Account No.)

Account No.	Amount
_____	_____
_____	_____
_____	_____
_____	_____
*TOTAL EXPENDITURES	\$ 0.00
TOTAL P.C. FUND AMOUNT	\$ _____
Subtract Balance on Hand	_____
*TOTAL EXPENDITURES	\$ 0.00
*TOTALS SHOULD BALANCE	_____

SPECIAL INSTRUCTIONS:

ATTACH ORIGINAL PETTY CASH
RECEIPTS AND SALES SLIPS TO
THIS FORM.

ATTACHMENT 1