

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2009	2010	2011	2012	2013
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	<u>50,000</u>	_____	_____	_____	_____
External Revenues	<u>(50,000)</u>	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u> 0 </u>	_____	_____	_____	_____

ADDITIONAL FTE POSITIONS (Cumulative) _____

Is Item Included in Current Budget? Yes XX No

Budget Account No.: Fund 1300 Dept 440 Unit 4244 Object _____



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

This agreement with the Children's Services Council of Palm Beach County represents their agreed funding for the Drowning Prevention Coalition.

C. Departmental Fiscal Review: 

III. REVIEW COMMENTS

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

<u></u> 10-9-08 OFMB 10/8/08	<u></u> Contract Dev. and Control
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B. Legal Sufficiency:

 10/19/08
 Assistant County Attorney

This item complies with current County policies.

C. Other Department Review:

 Department 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 _____ 2008 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 and **Palm Beach County Board of County Commissioners**, a political subdivision of the State of Florida, (hereinafter referred to as "PBCBCC"), effective retroactively to, October 1, 2008 ("Effective Date") to September 30, 2009.

CSC has agreed to fund up to **\$50,000** to PBCBCC for the **Drowning Prevention Initiative** for the period October 1, 2008 through September 30, 2009. 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, 2009 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, 2009, and the PBCBCC agrees to refund any of CSC's money advanced but not expended by September 30, 2009 within 45 days.
4. A final financial compilation report accounting for all funds expended will be provided to CSC no later than November 15, 2009.

CSC and the PBCBCC agree to comply with the terms of this MOA.

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

ATTEST:

CHILDREN' SERVICES COUNCIL OF
PALM BEACH COUNTY

By: [Signature]
Witness

By: [Signature]
Gaetana D. Ebbole
Chief Executive Officer

Date: 9/25/08

Date: 9/25/08

ATTEST:

PALM BEACH COUNTY, FLORIDA BY
ITS BOARD OF COUNTY
COMMISSIONERS

By: _____
Deputy Clerk

By: _____

Date: _____

Date: _____

APPROVED AS TO FORM AND LEGAL SUFFICIENCY

By: _____
Assistant County Attorney

Date: _____

APPROVED AS TO TERMS AND CONDITIONS

By: [Signature]
Palm Beach County Fire-Rescue

Date: 9/26/08

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: ____ / ____ / ____

Agency: Palm Beach County Board of County Commissioners
 Program: Drowning Prevention

Contract/MOA #: 542

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)			
Total			
Amount paid by other sources			
CSC amount			
CSC%			

Advance Funds Received _____

Prior Advance Repayment _____

Advance Balance _____

Advance Payment This Period _____

Net CSC Funds Requested _____

CERTIFICATION

The undersigned certify that the information contained in this report is a true and accurate representation of the use of CSC funds as of the date of this report.

Prepared by:

NAME/TITLE

DATE

Approved by:

NAME/TITLE

DATE

EXHIBIT 'B'

Progress Report Form

EXHIBIT 'B'

Contract #: 542

Date Prepared by Provider: _____

CHILDREN'S SERVICES COUNCIL OF PALM BEACH COUNTY
PROGRESS REPORT FORM – Palm Beach County Board of County Commissioners/Drowning 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.