

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2009	2010	2011	2012	2013
Capital Expenditures					
Operating Costs		\$500,000			
External Revenues		<\$250,000>			
Program Income (County)					
In-Kind Match (County)					
NET FISCAL IMPACT		\$250,000			
# ADDITIONAL FTE POSITIONS (Cumulative)		0			

Is Item Included In Current Budget? Yes ___ No X

Budget Account No.: Fund 1341 Department 542 Unit. 5101 Object Various

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

FDOT (pass through from Federal) \$250,000

C. Departmental Fiscal Review:

John Murphy

III. REVIEW COMMENTS

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

Grant and match to be included in the FY 2010 budget.

John D. [Signature] 12-24-08
 28-12-10-08 OFMB SK CN 12/16/08
 12/19/08

John J. [Signature] 12/24/08
 Contract Dev. and Control

B. Legal Sufficiency:

Donna Raney 12-30-08
 Assistant County Attorney

C. Other Department Review:

 Department Director

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, APPROVING THE SUBMISSION OF A SECTION 5311 GRANT APPLICATION TO THE FLORIDA DEPARTMENT OF TRANSPORTATION (FDOT) AND THE SUBMITTAL OF A NON-URBANIZED AREA PROGRAM ASSURANCE; ESTABLISHING AN EFFECTIVE DATE.

WHEREAS, the Palm Beach County Board of Commissioners has the authority to apply for and accept grants, and to make purchases and/or expend funds pursuant to grant awards made by FDOT, as authorized by state and federal law;

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

1. FDOT requires that grant applicants submit a resolution showing the applicant's intention to apply for a federally funded grant under 49 U.S.C. Section 5311.
2. The Board of County Commissioners does hereby approve the submission of a grant application, in the amount of \$250,000 of Federal funds to be passed through FDOT for non-urbanized (rural) Palm Beach County, and other related supporting documents and assurance(s) to FDOT, and acknowledges that the grant will require a match by Palm Beach County in the amount of \$250,000.
3. The Chairperson is authorized to sign the application, and to execute and file with such application any assurances or other documents required by the Florida Department of Transportation effectuating the purposes of Title VI of the Civil Rights Act of 1964.
4. That Palm Beach County, through its Chairperson, is authorized to set forth and execute affirmative disadvantaged business enterprise policies in connection with the project's procurement needs.

This resolution shall take effect immediately upon its adoption.

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

- | | | |
|--------------|---|-------|
| (District 2) | Commissioner John F. Koons, Chairman | _____ |
| (District 5) | Commissioner Burt Aaronson, Vice Chairman | _____ |
| (District 1) | Commissioner Karen T. Marcus | _____ |
| (District 3) | Commissioner Shelley Vana | _____ |
| (District 4) | Commissioner Mary McCarty | _____ |
| (District 6) | Commissioner Jess R. Santamaria | _____ |
| (District 7) | Commissioner Addie L. Greene | _____ |

The Chairperson thereupon declared the resolution duly passed and adopted this _____ day of _____, 2009.

APPROVED AS TO FORM AND LEGAL SUFFICIENCY

PALM BEACH COUNTY, FLORIDA,
by its BOARD OF COMMISSIONERS
Sharon R. Bock, Clerk and Comptroller

By: _____
County Attorney

By: _____
Deputy Clerk

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED January 2009	Applicant Identifier
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Palm Beach County Board of Commissioners	Organizational Unit: Department: Palm Tran
Organizational DUNS: 043901110	Division:
Address: Street: 3201 Electronics Ways	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Claudia
City: West Palm Beach	Middle Name
County: Palm Beach	Last Name Salazar
State: Florida Zip Code 33407	Suffix:
Country: USA	Email: csalazar@pbcgov.org

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 59-1356408	Phone Number (give area code) 561-841-4241	Fax Number (give area code) 561-656-7443
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8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>	7. TYPE OF APPLICANT: (See back of form for Application Types) B. County Other (specify)
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 20-509	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FDOT 2009 Section 5311 Operating Assistance for Rural Areas
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Palm Beach County, Florida	9. NAME OF FEDERAL AGENCY: Federal Transit Administration

13. PROPOSED PROJECT Start Date: 10/1/2009 Ending Date: 90/30/2010	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 16, 19, 22 and 23 b. Project 16, 19, 22 and 23
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15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 250,000.00	a. Yes <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant \$ 250,000.00	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$.00	<input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$.00	
g. TOTAL \$ 500,000.00	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix	First Name John F.	Middle Name
Last Name Koons	Suffix	
b. Title Chairman, Palm Beach County Board of Commissioners	c. Telephone Number (give area code) 561-355-2202	
d. Signature of Authorized Representative	e. Date Signed	

PALM BEACH COUNTY BOARD OF COMMISSIONERS
PALM TRAN
5311
Grant Application

EXHIBIT I
FTA Section 5333 (b) Assurance

Single Audit Act

(Note By signing the following assurance, the recipient of Section 5311 and/or 5311(f) assistance assures it will comply with the labor protection provisions of 49 U.S.C. 5333(b) by one of the following actions: (1) signing the Special Warranty for the Non-Urbanized Area Program; (2) agreeing to alternative comparable arrangements approved by the Department of Labor (DOL); or (3) obtaining a waiver from the DOL.)

The Palm Beach County Board Of County Commissioners (hereinafter referred to as the "Recipient") HEREBY ASSURES that the "Special Section 5333 (b) Warranty for Application to the Small Urban and Rural Program" has been reviewed and certified to the Florida Department of Transportation that it will comply with its provisions and all its provisions will be incorporated into any contract between the recipient and any sub-recipient which will expend funds received as a result of an application to the Florida Department of Transportation under the FTA Section 5311 Program.

Dated _____ (Name of Title of Authorized Representative)
 _____ (Signature of Authorized Representative)

Note: All applicants must complete the following form and submit it with the above Assurance.

LISTING OF RECIPIENTS, OTHER ELIGIBLE SURFACE TRANSPORTATION PROVIDERS, AND LABOR ORGANIZATIONS REPRESENTATIVES EMPLOYEES OF SUCH PROVIDERS, IF ANY (See Appendix for Example)

1 Identify Recipients of Transportation Assistance under this Grant.	2 Site Project by Name, Description, and Provider (e.g. Recipient, other Agency, or Contractor)	3 Identify Other Eligible Surface Transportation Providers (Type of Service)	4 Identify Unions (and Providers) Representing Employees of Providers in Columns 1, 2, and 3.
Palm Tran	5311 Operating Funds Non-Urbanized Palm Beach County	None	ATU Local 1577