



**II. FISCAL IMPACT ANALYSIS**

**B. Five Year Summary of Fiscal Impact:**

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

Is Item Included In Current Budget? Yes  No

**Budget Account No.:**

Fund \_\_\_\_\_ Department \_\_\_\_\_ Unit \_\_\_\_\_ Object \_\_\_\_\_

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

**NO FISCAL IMPACT**

C. Departmental Fiscal Review: *Buffy*

**III. REVIEW COMMENTS**

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

*No fiscal impact*  
*Jim Don* 1-30-09  
OFMB  
*(14D) SW CN 1/30/09*

*Jim J. Jacob* 1/30/09  
Contract Dev. and Control

**B. Legal Sufficiency:**

*Marken R. Pitt* 2/2/09  
Assistant County Attorney

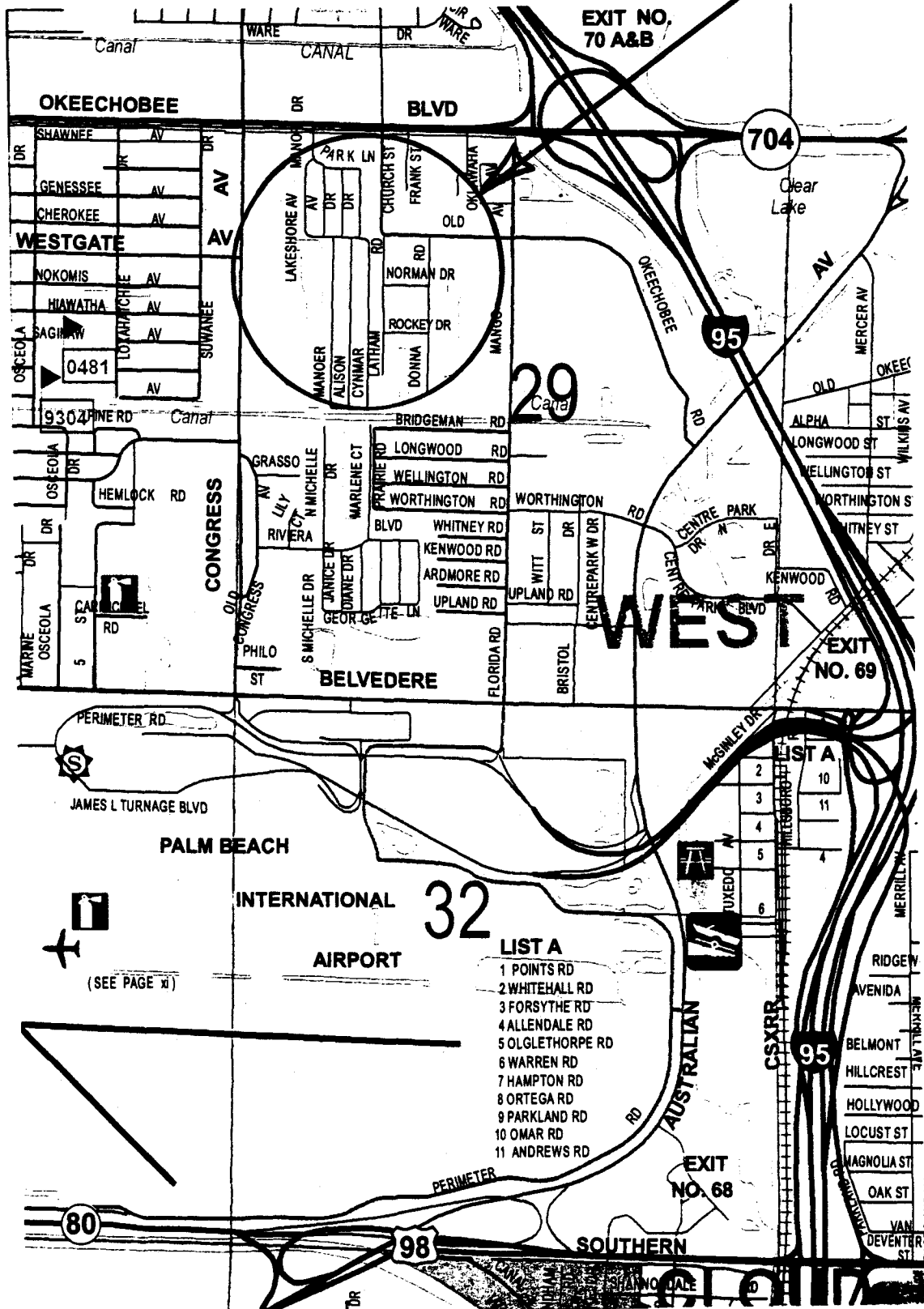
*This modification complies with our review requirements.*

**C. Other Department Review:**

\_\_\_\_\_  
Department Director

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

# PROJECT LOCATION LAKESIDE MOBILE HOME PARK PROJECT NO. 2008910



**LOCATION SKETCH**



STATE OF FLORIDA

## DIVISION OF EMERGENCY MANAGEMENT

CHARLIE CRIST  
Governor

W. CRAIG FUGATE  
Director

January 6, 2009

RECEIVED  
1/9/09

Mr. Elizee Michel  
Redevelopment Specialist  
Palm Beach County  
160 Australian Avenue, Suite 500  
West Palm Beach, Florida 33406

Re: FEMA Project Number 1561-136-R, Palm Beach County, Lakeside Mobile Home Park, Drainage

Dear Mr. Michel:

Enclosed are four copies of the proposed modification agreement between Palm Beach County and the Division of Emergency Management (DEM). The official representative, as listed below, will need to sign the signature page of each modification. All four (4) copies of the modification should then be sent to the Tallahassee address listed below for full execution no later than ninety (90) days after receipt of this letter. One fully executed modification will be returned to Palm Beach County for its files. Additional assistance is available regarding your Project on the Florida Division of Emergency Management Website:

<http://www.floridadisaster.org/brm/hmgrp.htm>. Please reference the heading: 'Grant Management Tools Listed Below', which contains sample documents that will provide guidance for completing requests for reimbursement, reporting requirements and supporting documents containing important points, and subgrantee close-out checklists.

**Official Representatives:**

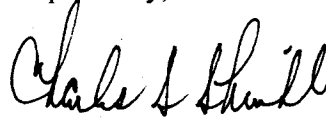
County:	Chairman of the Board of Commissioners
City:	Mayor
Indian Tribe:	Chief or President
Water Management District:	Chairman
Non-Profit:	Chairman of the Board

If there is an official that is not listed above who is authorized to sign the modifications for your organization, please provide a copy of the organization's resolution or charter that specifically identifies the person or position that is authorized to sign.

Mr. Elizee Michel  
January 6, 2009  
Page Two

If you have questions regarding this modification or who is authorized to sign it, please call Jose Montanez on 407-268-8386 or Velma Ellis on 407-268-8630.

Respectfully,



*For*  
Miles E. Anderson, Community Program Manager  
Bureau of Recovery and Mitigation  
Mitigation Section

MEA/jm/ve/j

Enclosures

Agreement Number: 08HM-3G-10-60-01-027  
Project Number: 1561-136-R

**MODIFICATION TO SUBGRANT AGREEMENT BETWEEN  
THE DIVISION OF EMERGENCY MANAGEMENT AND  
PALM BEACH COUNTY**

This Modification Number One is made and entered into by and between the State of Florida, Division of Emergency Management, ("the Division"), and Palm Beach County ("Recipient") to modify DEM Contract Number 08HM-3G-10-60-01-027, dated November 5, 2007 ("the Agreement").

WHEREAS, the Division and the Recipient have entered into the Agreement, pursuant to which the Division has provided a subgrant to Recipient under the Hazard Mitigation Grant Program of \$114,750.00; and

WHEREAS, the Agreement expired on June 5, 2008; and

WHEREAS, the Division and the Recipient desire to reinstate the Agreement and to extend the term of the Agreement.

NOW, THEREFORE, in consideration of the mutual promises of the parties contained herein, the parties agree as follows:

1. The Agreement is hereby reinstated as though it had never expired.
2. Paragraph 3 of the Agreement is hereby amended to read as follows:

This Agreement shall begin upon execution by both parties, and shall end March 5, 2009, unless terminated earlier in accordance with the provisions of paragraph (12) of this Agreement.

3. All provisions of the Agreement being modified and any attachments thereto in conflict with this Modification shall be and are hereby changed to conform with this Modification, effective as of the date of the last execution of this Modification by both parties.
4. All provisions not in conflict with this Modification remain in full force and effect, and are to be performed at the level specified in the Agreement.

IN WITNESS WHEREOF, the parties hereto have executed this document as of the dates set out below.

**RECIPIENT: PALM BEACH COUNTY**

**DIVISION OF EMERGENCY MANAGEMENT**

By: \_\_\_\_\_

By: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: W. Craig Fugate, Director

Date: \_\_\_\_\_

Date: \_\_\_\_\_