



**II. FISCAL IMPACT ANALYSIS**

**A. 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: *[Signature]*

**III. REVIEW COMMENTS**

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

*No fiscal impact*  
*[Signature]* 3-2-09 *[Signature]* 3/3/09  
 OFMB *(NO)* Contract Dev. and Control  
*2/2/09* *2/25/09* *5/2/09*

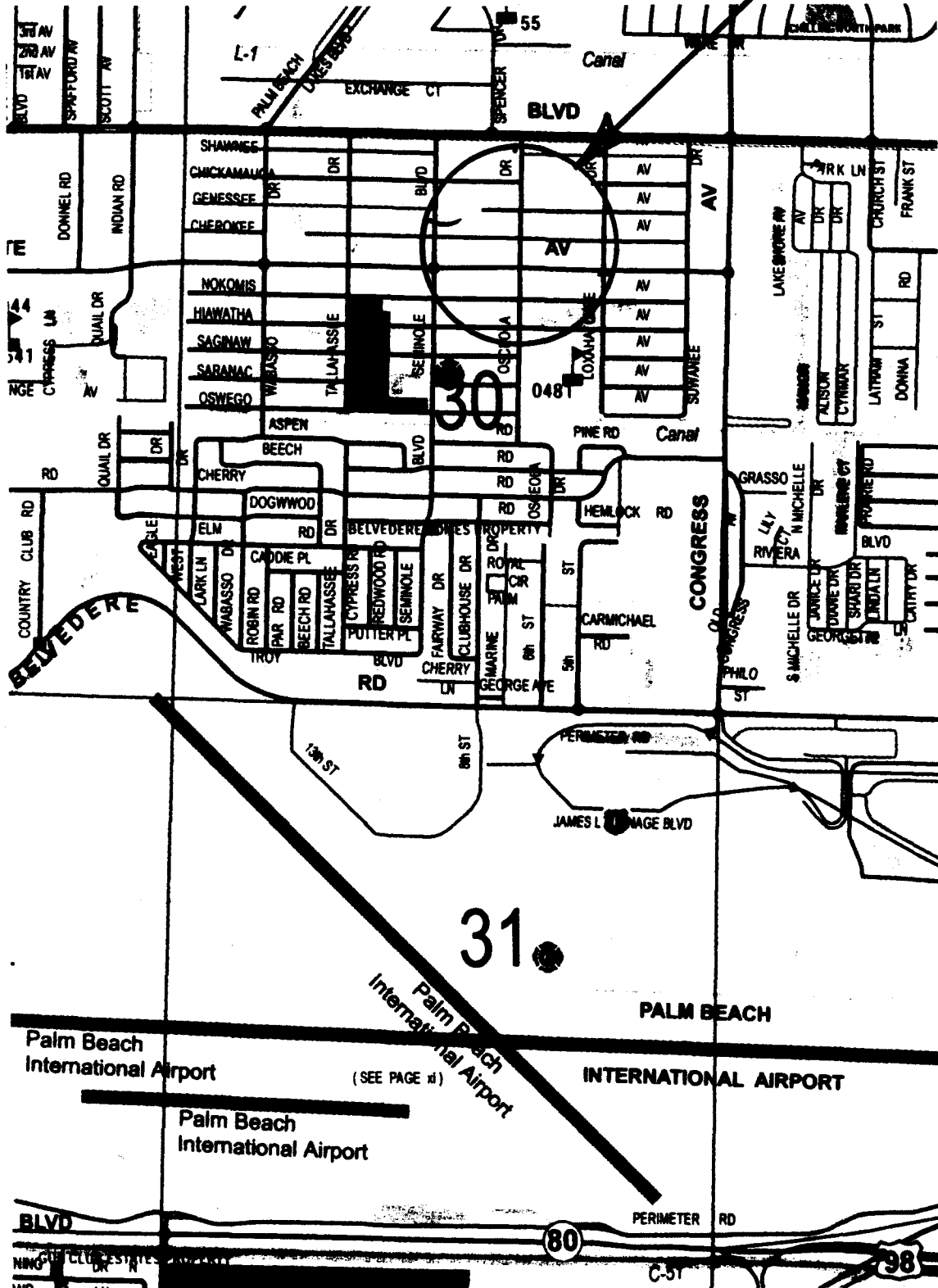
**B. Legal Sufficiency:**

*[Signature]* 3/10/09  
 Assistant County Attorney

**C. Other Department Review:**

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

# PROJECT LOCATION WESTGATE DRAINAGE STUDY PROJECT NO. 2009054



LOCATION SKETCH



RECEIVED  
12/22/08

STATE OF FLORIDA

**DIVISION OF EMERGENCY MANAGEMENT**

CHARLIE CRIST  
Governor

W. CRAIG FUGATE  
Director

December 17, 2008

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

Re: **FEMA Project Number 1561-116-R**  
**Palm Beach County, Westgate-Belvedere Community North, Drainage Project**

Dear Mr. Michel:

Enclosed is the executed Hazard Mitigation Grant Program contract modification number one (1) (DEM No. 08HM-3G-10-60-01-042) between Palm Beach County and the Division of Emergency Management. Additional assistance is available regarding your Project on the Florida Division of Emergency Management Website: <http://www.floridadisaster.org/brm/hmcp.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.

Please forward all Requests for Reimbursement (Attachment D) to the Division of Emergency Management at the following address:

Division of Emergency Management  
Florida Recovery Office  
Velma Ellis, Project Manager  
36 Skyline Drive  
Lake Mary, Florida 32746-6201

If you have any specific questions regarding the contract or the Request for Reimbursement form, please call Maleather Y. Ross at (850) 921-2319.

Respectfully,

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

MEA:km/r

Enclosure

**RECEIVED**  
9/29/08

Agreement Number: 08HM-3G-10-60-01-042

Project Number: 1561-116-R

**MODIFICATION NUMBER ONE 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, the Division of Emergency Management (hereinafter "the DEM") and Palm Beach County (hereinafter "the Recipient") to reinstate and extend the agreement between them dated October 8, 2007 and numbered DCA Contract No. 08HM-3G-10-60-01-042; (hereinafter "the Agreement").

WHEREAS, the Agreement expired on March 15, 2008; and

WHEREAS, the parties desire to reinstate and extend the Agreement to December 15, 2008 in order for the Recipient to complete the Scope of Work, as set forth in Attachment A.

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

- A. Paragraph (3) of the Agreement is hereby deleted in its entirety, and the following paragraph substituted in its place for all intents and purposes:

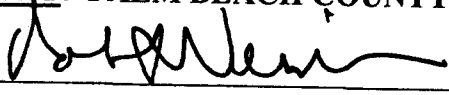
This Agreement shall begin October 8, 2007 and shall end December 15, 2008, unless terminated earlier in accordance with the provisions of paragraph (12) of this Agreement.

- B. 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 the Modification, effective as of the date of the last execution of this Modification by both parties.

C. 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 caused this Modification to be executed by their duly authorized undersigned officials on the dates set forth below.

**RECIPIENT: PALM BEACH COUNTY**

BY: 

Name and Title: Robert Weisman, County Administrator

Date: 10/15/2008

Federal Employer I.D. 59-6000785

**STATE OF FLORIDA**

**DIVISION OF EMERGENCY MANAGEMENT**

BY: 

Name and Title: W. Craig Fugate, Director

Date: 11/12/2008