

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS AGENDA ITEM SUMMARY

Meeting Date: June 16, 2009		(X) Consent () Ordinance	() Regular () Public Hearing		
Depar	rtment:				
	Submitted By:	<u>Clerk & Comptroller</u>			
	Submitted For	: <u>Finance Department</u>			
EXEC	SUTIVE BRIEF				
A.	Motion and Ti	tle:			
	Staff recommon fiscal year 200	ends motion to approve: State Revo 9-2010.	enue Sharing application for the		
В.	Summary:				
	Each unit of loconsidered for	ocal government is required to file any funds to be distributed under th	an application in order to be e Revenue Sharing Act.		
С. в	ackground and	Justification: Section 218.26(4),	FS states:		
	certified inform file timely infor	duty of each agency and unit of local ation to the Department pursuant to mation." This application must be s ATER THAN JUNE 30, 2009.	the administration of this part to		
	Rescue Admi	ave been reviewed for compliance nistrator; Rick Bradshaw, Sheriff nd Elizabeth Bloeser, OFMB Directo	Sharon R. Bock, Clerk &		
D. A	- 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	al applications: . of Revenue, 1 for the official files o	of BCC)		
Reco	ommended: 🖔	Shamoo Ramon Chessna	n 6/8/09		
		Shannon Ramsey-Chessman, Chief Operating Officer of Finance	Date		
Appr	oved:	Assistant County Administrator	Date		

II. FISCAL IMPACT ANALYSIS

A.	Five Year Summary of Fiscal Impact:						
Fiscal	Years	2007	2008	2009	2010	2011	
Opera	al Expenditures ting Costs ting Revenues						
Is item	n included in current	budget?	Yes	No			
Budge	et Account No.: Fund	d Agend	cy Org	Objec	t		
Repor	ting Category						
B. C.	Recommended Departmental F	÷	inds/Summar	y of Fiscal Imp	pact:		
		III.	REVIEW COI	<u>MMENTS</u>			
Α.	A. OFMB Budget and/or Contract Dev. And Control Comments: The fiscal impact is indeterminable at this time.						
	OFMB/ Budget (J9 19	Contract De	velopment and	Control	
B.	Legal Sufficiency:						
	Assistant County A	Attorney	11/09				
C.	Other Department	Reviews:					
	Departmen	t Director					

THIS SUMMARY IS NOT TO BE USED AS A BASIS FOR PAYMENT.



Application for Revenue Sharing 2009-2010 State Fiscal Year (Chapter 218, Part II Florida Statutes)

Application deadline is June 30, 2009 Mail completed original application to:

Department of Revenue Revenue Accounting Subprocess P.O. Box 6609 Tallahassee, FL 32399-6609 (850) 487-1150

revenueaccounting@dor.state.fl.us

Please TYPE or PRINT	가는 사용하다 사용함께 경우 사용 배양하지 않는다. 1987년 - 1987년			
Name of County PALM BEACH				
	OR			
Name of Municipality	County			
Telephone Number <u>561-355-2959</u>				
Fax Telephone Number 561-355-3806				
Mayor or Chairman of Governing Body	John F. Koons, Chairman, Board of County Commissioners			
Chief Fiscal Officer	Sharon R. Bock, Clerk & Comptroller			
E-mail Address				
Official Mailing Address	P.O. Box 4036			
	West Palm Beach, FL 33402			
Federal Employer I.D. Number 59-60007 Please complete the questions below year.	(required for new participants only). to determine your eligibility to participate in Revenue Sharing for this fiscal			
1. Have you submitted your financial states as required by s. 218.32, F.S.?	atements for fiscal year ending 09/30/07 to the Department of Financial Services			
(Y Yes	No			
2. Have you made provisions for annual s. 11.45, F.S.? Yes PS	I postaudits of your financial accounts as provided by No			
3 16/09 Date of Audit Report	9/30/2008 Fiscal Year-End			

3.	Have you reported on your most recent financial statement revenues equivalent to three mills calculated based on your 1973 taxable values? This revenue should be net of debt service or special millages approved by the voters. The revenue can be generated by a combination of ad valorem tax, utility tax, occupational license tax, or a payment from the county as allowed by s. 125.01, Florida Statutes.					
	(No No					
4.	If you have a law enforcement department, answer the questions below: (If you have a contracted or strictly volunteer department, skip to question 5)					
(A) Have your law enforcement officers, as defined by s. 943.10(1), F.S., met the qualifications for emestablished by the Criminal Justice Standards and Training Commission, and do you compensate annual salary rate of six thousand dollars (\$6,000) or more?						
	✓ Yes					
	(B) Does the salary structure and salary plans for law enforcement officers meet the requirements of Chapter 943 F.S.? Reference (5.943.22(g) per DOR					
•	Yes No					
5.	If you have a fire department, answer the questions below: (If you have a contracted or strictly volunteer department, skip to question 6)					
	(A) Have your firefighters, as defined by s. 633.30(1), F.S., met the requirements stated in s. 633.34, 633.35, and 633.382 F.S.					
	Yes No					
	(B) Does your fire department employ any full-time firefighters, who currently have either a bachelor's degree or associate degree from a college or university which is applicable to fire department duties, if the degree is not a requirement for their current position?					
	Yes No					
	(C) If so, are these firefighters currently receiving supplemental compensation for those degrees?					
	Yes No					
6.	Are dependent special districts budgeted separately from the general budget of your government? Do they meet the provisions for annual postaudit of their financial accounts in as provided by s. 11.45(3), F.S.?					
714) Yes No Does Not Apply					
7. E	Have you met the requirements of s. 200.065, F.S., if applicable? (The annual certification must be within 30 days of adoption of an ordinance or resolution establishing a final property tax levy or, if no property tax is levied, not later than November 1.					
	Yes No					
to of	e portion of revenue sharing funds which, according to Part II, Chapter 218, F.S., would otherwise be distributed a unit of local government which has not certified compliance or has otherwise failed to meet the requirements s. 200.065, F.S., shall be deposited in the General Revenue Fund for the 12 months following a determination of ncompliance by the department.)					

I certify that all information is accurate and true to the best of my knowledge. I further certify that I will promptly report to the Department of Revenue any changes in the above information. I also realize that failure to provide timely information required, allows the Department to utilize the best information available. If no such information is available, the Department will take necessary action including disqualification, either partial or entire, and you will waive your right to challenge the determination of the Department to your share of funds, if any, beyond your minimum entitlement, according to the privilege of receiving shared revenues from the Revenue Sharing Trust Funds.

Do you believe that you have complied with ALL eligibility requirements as listed above?

No

If the answer to question above is (NO), please provide an attachment of the revenue necessary to meet your obligations because of pledges or assignments or trusts entered into which obligated funds received from revenue sharing.

igned:

Chief Fiscal Official

Date:

Date:

Signed: _____ Mayor or Chairman of Governing Body

Mail completed original application to address shown below. Florida Department of Revenue

Revenue Accounting Subprocess PO Box 6609 Tallahassee FL 32399-6609

APPROVED AS TO FORM AND LEGAL SUFFICIENCY

COUNTY ATTORNEY



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revenue accounting @dor. state. fl. us

Please TYPE or PRINT						
Name of County PALM	 -					
		OR				
Name of Municipality		County				
Telephone Number	561-355-2959					
Fax Telephone Number	561-355-3806					
Mayor or Chairman of G	Soverning Body	John F. Koons, Chairman, Board of County Commissioners				
Chief Fiscal Officer		Sharon R. Bock, Clerk & Comptroller				
E-mail Address						
Official Mailing Address		P.O. Box 4036				
		West Palm Beach, FL 33402				
Check here if the address represents a change from the previous application.						
Federal Employer I.D. N	Federal Employer I.D. Number 59-6000785 (required for new participants only).					
Please complete the questions below to determine your eligibility to participate in Revenue Sharing for this fiscal year.						
1. Have you submitted your financial statements for fiscal year ending 09/30/07 to the Department of Financial Services as required by s. 218.32, F.S.?						
(Yes	No				
2. Have you made pro s. 11.45, F.S.?	, and the production of the pr					
(Yes PSI ONO					
31 Date	$\frac{3/16/09}{\text{Date of Audit Report}} \qquad \frac{9/3 - \sqrt{2008}}{\text{Fiscal Year-End}}$					

3.	your The	r 1973 taxable revenue can b	values? This r	evenue shoul / a combinati	ld be net of debt on of ad valorem	service or special	to three mills calcu millages approved ccupational license	d by the voters.
	4	(7	Yes		No			
4.			enforcement de nent, skip to q		swer the questio	ns below: (If you	have a contracted	or strictly
		established by	the Criminal Ju	ustice Standa		Commission, an	e qualifications for d d do you compensa	
			Yes		O No			
	(B)	Does the salar Chapter 943 F	y structure and .S.? Referen	l salary plans nロー F.S.C	for law enforcen	nent officers meet) per DOR	t the requirements	of
	,		Yes		○ No			
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	lf yo	u have a fire d artment, skip	lepartment, ans to question 6)	wer the ques	stions below: (If	you have a conti	racted or strictly v	volunteer .
		Have your fire 633.382 F.S.	fighters, as defi	ned by s. 63	3.30(1), F.S., met	the requirements	stated in s. 633.34	, 633.35, and
			Yes		No			
		associate deg		ge or univers			ave either a bachelo artment duties, if th	
			Yes		No			
	(C)	If so, are these	firefighters cui	rrently receiv	ing supplemental	compensation fo	or those degrees?	
	,		Yes		No			
\int_{1}^{6}						general budget of provided by s. 1	your government? 1.45(3), F.S.?	Do they meet the
01			Yes		No	Doe	s Not Apply	
7. G	ador	e you met the otion of an ord November 1.	requirements o linance or resol	f s. 200.065, ution establis	F.S., if applicable hing a final prop	? (The annual ce erty tax levy or, if	ertification must be no property tax is	within 30 days of levied, not later
			Yes		No			
to	a unit	of local gover	nment which h	as not certifie	ed compliance of	has otherwise fa	would otherwise be iled to meet the re- hs following a deter	quirements

noncompliance by the department.)

I certify that all information is accurate and true to the best of my knowledge. I further certify that I will promptly report to the Department of Revenue any changes in the above information. I also realize that failure to provide timely information required, allows the Department to utilize the best information available. If no such information is available, the Department will take necessary action including disqualification, either partial or entire, and you will waive your right to challenge the determination of the Department to your share of funds, if any, beyond your minimum entitlement, according to the privilege of receiving shared revenues from the Revenue Sharing Trust Funds.

If the answer to question above is (NO), please provide an attachment of the revenue necessary to meet your obligations because of pledges or assignments or trusts entered into which obligated funds received from revenue sharing.

Signed:

Chief Fiscal Official

Do you believe that you have complied with ALL eligibility requirements as listed above?

Date:

Date:

Signed: Mayor or Chairman of Governing Body

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COUNTY ATHORNEY