



**II. FISCAL ANALYSIS IMPACT**

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

Fiscal Years	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenue	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	_____	* see below	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____
Is Item Included in Current Budget:		Yes _____	No <u>X</u>		
Budget Account No.:	Fund _____	Dept. _____	Unit. _____	Obj. _____	
	Program Code _____				


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


\* No Fiscal Impact

Departmental Fiscal Review: \_\_\_\_\_

**III. REVIEW COMMENTS**

**A. OFMB Fiscal and/or Contract Administration Comments:**

  
 VA \_\_\_\_\_  
 3/2/10 pr OFMB  
 3/2/10

  
 Contract Administration \_\_\_\_\_  
 3/3/10  
 6/3/10

**B. Legal Sufficiency:**

  
 \_\_\_\_\_  
 3/4/10  
 Assistant County Attorney

This Contract complies with our contract review requirements.

**C. Other Department Review:**

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

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

**Palm Beach County Court  
Community Service Program  
Public Agency Application**

Name of Agency: Palm Beach County Community Services Department

(This must be the full legal name of the Agency as it appears on its organizing instrument)

Street Address: 810 Datura Street  
West Palm Beach, FL 33401

Mailing Address: \_\_\_\_\_

Telephone: ( 561 ) 355-4703

Contact Person: Michele Bruno

When Available: Mon - Fri

Title: Administrative Secretary

Statement of

Purpose: To provide court ordered community service population with community services hours by volunteering at the Community Services Department.

**I HEREBY CERTIFY THAT THE AGENCY IS (CHECK ONE):**

- 1. The United States of America, or an agency or instrumentality thereof, or the State of Florida, or any agency or political subdivision thereof; or
- 2. An organization created by (I) the Constitution of the United States or of the State of Florida, the charter or other organizing instrument of any political subdivision or instrumentality as applicable of either, or, or (II) an Act of Congress, the Florida Legislature, the legislative body of any political subdivision or instrumentality of either; or
- 3. An organization described in the Section 501C (3), Internal Revenue Code of 1986 (as amended)

**If the Agency enjoys 501C (3) status, please attach a copy of the most recent favorable determination letter issued by the Internal Revenue Service.** Upon execution of this document, the agency certifies that the favorable determination has not been revoked and that no event has occurred which could cause a revocation of said determination.

Please list a brief description of services

needed: Filing, greeter, telephones, receptionist, mailings, typing and other clerical tasks.

Please list the day of the week and times community service workers can best be utilized by your agency:

Weekdays: Monday - Friday

Hours: 8 - 5

Weekends: \_\_\_\_\_

Hours: \_\_\_\_\_

Since many of our community service workers are employed, could evening and / or weekend days and times be arranged?

Yes, if prearranged: \_\_\_\_\_

Absolutely not: X

Will your agency be in need of community service workers on a continual referral basis, or primarily for specific projects as they may arise?

Yes

MINIMUM AGE ACCEPTED: 18

General

Comments: The Department of Community Services is comprised of three divisions and several Independent programs. It provides staff and administrative support for various health and human service boards and community initiatives.

By: \_\_\_\_\_  
Signature Title

Notarize Below and return to:

**Palm Beach County Court  
Community Service Program  
205 N. Dixie Highway, Suite 2.2400  
West Palm Beach, Florida 33401**

APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY  
*[Signature]*  
COUNTY ATTORNEY

**STATE OF FLORIDA  
COUNTY OF PALM BEACH**

The foregoing instrument was acknowledged before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_

by \_\_\_\_\_, who is personally known to me or who has produced

\_\_\_\_\_ as identification and who did / did not take an oath.

(SEAL)

\_\_\_\_\_ ( Signature of person taking acknowledgment )

\_\_\_\_\_ ( Name of Officer taking acknowledgment )

\_\_\_\_\_ ( Title or Rank )

\_\_\_\_\_ ( Serial number, if any )

**THE ABOVE MUST BE NOTARIZED**

**Palm Beach County Court  
Community Service Program  
Public Agency Agreement**

THIS AGREEMENT, dated this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_,

has been read and understood as evidence by the execution hereof by an individual to so sign on behalf of:

\_\_\_\_\_, hereinafter "AGENCY".

**WHEREAS**, from time to time the Courts of the 15<sup>th</sup> Judicial Circuit direct defendants to perform a certain number of hours of community service; and

**WHEREAS**, community services is performed by said defendants at various public agencies who meet established criteria; and

**WHEREAS**, the services are performed at no cost to the public agencies.

**WITNESSETH:**

For and in consideration of the referral of defendants to perform services for the AGENCY and or other good and valuable consideration designated below, the receipt of which is hereby acknowledged, AGENCY agrees that :

1. The Courts of the 15<sup>th</sup> Judicial Circuit may direct defendants to perform community services for AGENCY at no cost to AGENCY.
2. **AGENCY**, agrees to monitor and oversee the work performed by any defendant sent by the Palm Beach County Court Community Service Program and to accurately report, in a form approved by the Palm Beach County Court Community Service Program, the number of hours each defendant works.
3. **AGENCY**, understands and agrees that the Palm Beach County Community Service Program, the Courts of the 15<sup>th</sup> Judicial Circuit, Palm Beach County and its Board of County Commissioners, and each of their agents, employees, and elected officials, are not responsible for the detail, manner and / or method of any defendants' performance of services.
4. The **AGENCY**, County, Community Service Program, and Courts of the 15<sup>th</sup> Judicial Circuit, to the extent permitted by law, shall be responsible for its own negligence or willful misconduct or the negligence or willful misconduct of its agents, employees and officials. Nothing contained herein shall be deemed a waiver of sovereign immunity or the liability limits set forth in Florida Statutes Section 786.28.
5. The **Agency**, may terminate this agreement upon thirty ( 30 ) days written notice and reject any referral prior to or during the assigned Community Service if the AGENCY determines it is in its best interest.

**ATTEST:**

**BY:** \_\_\_\_\_

**PUBLIC AGENCY**

**BY:**  \_\_\_\_\_

**ITS:** \_\_\_\_\_

APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY

  
\_\_\_\_\_  
COUNTY ATTORNEY