

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2011	2012	2013	2014	2015
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
Operating Revenues	_____	_____	_____	_____	_____
Is item included in current budget?	* See below				
	Yes _____	No _____			
Budget Account No.:	Fund _____	Agency _____	Org. _____	Object _____	
Reporting Category	_____				

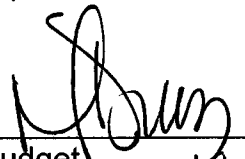
B. Recommended sources of Funds/Summary of Fiscal Impact:

C. Departmental Fiscal Review:

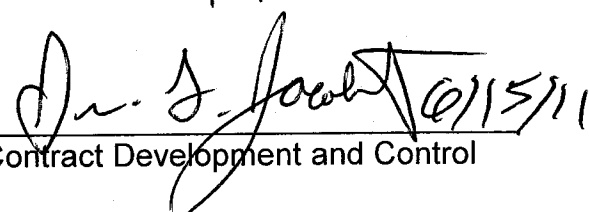
III. REVIEW COMMENTS

A. OFMB Budget and/or Contract Dev. And Control Comments:

* No Fiscal Impact as this is a state revenue sharing application

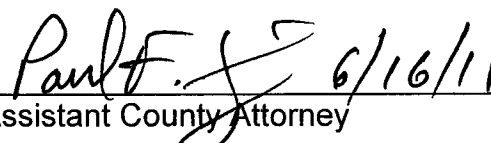


 OFMB/ Budget
 6/15/2011
 6/13/11
 6/13/11



 Contract Development and Control
 6/15/11

B. Legal Sufficiency:



 Assistant County Attorney
 6/16/11

C. Other Department Reviews:

Department Director

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



Application for Revenue Sharing 2011-2012 State Fiscal Year
(Chapter 218, Part II Florida Statutes)

DR-700218
R. 01/11

Application deadline is June 30, 2011
Mail completed original application to:

Department of Revenue
Revenue Accounting Subprocess
P.O. Box 6609
Tallahassee, FL 32314-6609
850-617-8586
REVENUEACCOUNTING@dor.state.fl.us

Please TYPE or PRINT

Name of County PALM BEACH

OR

Name of Municipality _____ County _____

Telephone Number (561) 355-2959

Fax Telephone Number (561) 355-3806

Mayor or Chairman of Governing Body Karen T. Marcus, Chair, 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. 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 09/30/09 to the Department of Financial Services as required by s. 218.32, F.S.?

Yes MAN No

2. Have you made provisions for annual postaudits of your financial accounts as provided by s. 11.45, F.S.?

Yes MAN No

3/28/11
Date of Audit Report

9/30/10
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.

Yes *EB* 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 employment as established by the Criminal Justice Standards and Training Commission, and do you compensate them at an annual salary rate of six thousand dollars (\$6,000) or more?

Yes *EB* No

(B) Does the salary structure and salary plans for law enforcement officers meet the requirements of Chapter 943 F.S.?

Yes *EB* 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 *EB* 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 *EB* No

(C) If so, are these firefighters currently receiving supplemental compensation for those degrees?

Yes *EB* 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.?

Yes *EB* No Does Not Apply

7. 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 *EB* No

The portion of revenue sharing funds which, according to Part II, Chapter 218, F.S., would otherwise be distributed to a unit of local government which has not certified compliance or has otherwise failed to meet the requirements of s. 200.065, F.S., shall be deposited in the General Revenue Fund for the 12 months following a determination of 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.

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

Yes

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.

Signed: Sharon R. Bardo Date: 6-10-11
Chief Fiscal Official

Signed: _____ Date: _____
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 32314-6609
850-617-8586
REVENUEACCOUNTING@dor.state.fl.us

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY
Paul F. J.
COUNTY ATTORNEY