

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact

Fiscal Years	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
Net Fiscal Impact	<u><i>* See below</i></u>	_____	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included In Current Budget? Yes X No _____

Budget Account Exp No: Fund 1427 Department 662 Unit 7285 Object Various
 Rev No: Fund 1427 Department 662 Unit 7285 Source 3129

B. Recommended Sources of Funds/Summary of Fiscal Impact:
 Grant – State Homeland Security Grant
 Fund – Emergency Management
 Unit – State Homeland Security Grant Program 2009-2012

☞ Since this is only a grant extension, there is no fiscal impact associated with this agenda item.

Departmental Fiscal Review: *Stephanie Seinoke 10/25/12*

III. REVIEW COMMENTS

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

[Signature] *10/30/12*
 OFMB *JA 10/29* *OK 10/29/12* *10/29/12* *[Signature]*

[Signature] *10/31/12*
 Contract Administration

B. Legal Sufficiency:

[Signature] *11/1/12*
 Assistant County Attorney

C. Other Department Review:

 Department Director

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

MODIFICATION #2 TO SUBGRANT AGREEMENT BETWEEN
THE DIVISION OF EMERGENCY MANAGEMENT AND
PALM BEACH COUNTY EMERGENCY MANAGEMENT

This Modification is made and entered into by and between the State of Florida, Division of Emergency Management ("the Division"), and Palm Beach County Emergency Management ("the Recipient") to reinstate and to modify the Division's Contract Number 10DS-39-10-60-01-319, dated March 15, 2010 ("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 State Homeland Security Grants Program of \$111,725; and

WHEREAS, the Agreement expired on July 31, 2012; and

WHEREAS, the Division and the Recipient desire to reinstate the Agreement and extend the terms 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, Period of Agreement, is hereby amended to have an expiration date for the Agreement of August 31, 2012. Final requests for reimbursement should be submitted no later than thirty (30) days after the termination date of the contract. Any requests received after September 30, 2012 may, in the discretion of the Division, not be reimbursed from this Agreement.
3. All provisions of the Agreement being modified and any attachments in conflict with this Modification shall be and are hereby changed to conform with this Modification, effective on the date of 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 Modification as of the dates set out below.

RECIPIENT: PALM BEACH COUNTY
EMERGENCY MANAGEMENT

DIVISION OF EMERGENCY MANAGEMENT

By: *Vince Bonvento*

By: *Mike DeLong*

Name and Title: *Vince Bonvento, Director*
of Public Safety

Name and Title: *Bryan W. Koon, Director*

Date: *8-7-2012*

Date: *8/24/12*

JB

Approved as to form and legal sufficiency

By: *Candace E. Edlberg*
Assistant County Attorney



STATE OF FLORIDA

DIVISION OF EMERGENCY MANAGEMENT

RICK SCOTT
Governor

BRYAN W. KOON
Director

August 27, 2012

**RETURN RECEIPT
CERTIFIED MAIL #70111570000103129376**

Mr. William Weinshank
Palm Beach County Emergency Management
20 South Military Trail
West Palm Beach, Florida 33415

RE: Agreement 10DS-39-10-60-01-319

Dear Mr. Weinshank:

Enclosed is your copy of the fully executed Modification #2, Agreement # 10DS-39-10-60-01-319 for extension of your Agreement until August 31, 2012. Please make this modification a part of your agreement file. Under Section (13)(c), Notice and Contact, of this Agreement, Matthew A. Cronin was identified as the Representative of the Recipient responsible for the administration of this Agreement. Therefore, it is your responsibility to thoroughly read, understand and oversee the compliance of all the conditions within this Agreement.

Attached are the complete package of forms identified in Section (7) (a) through (e). It is very important that these reports be fully completed and remitted within the time frames specified under Section (7). Failure to supply this information in a timely manner can cause non-compliance of this Agreement or a delay in processing your reimbursement requests. If you have any questions in this regard, please contact me at (850) 410-1271 or by E-mail: carolyn.washington@em.myflorida.com.

Sincerely,

Carolyn Washington
Community Assistance Consultant
Division of Emergency Management
Directors Office Grants Section

/cw

Enclosure