



**II. FISCAL IMPACT ANALYSIS**

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

Fiscal Years	2014	2015	2016	2017	2018
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
<b>NET FISCAL IMPACT</b>	<u>_____*</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
<b># ADDITIONAL FTE POSITIONS (Cumulative)</b>	_____	_____	_____	_____	_____
<b>Is Item Included in Current Budget:</b>	Yes _____	No _____			
<b>Budget Account No:</b>	Fund _____	Dept _____	Unit _____	Object _____	
	Program _____				

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

\* No fiscal impact. Conveyance of the modular will save County approximately \$50,000 in removal and disposal fees.

**C. Departmental Fiscal Review: \_\_\_\_\_**

**III. REVIEW COMMENTS**

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

*[Signature]*  
 OFMB *[Signature]* 9/27/13  
 9/26/13

*[Signature]*  
 Contract Development and Control 9/27/13  
 9-27-13 *[Signature]*

**B. Legal Sufficiency:**

*[Signature]* 9/30/13  
 Assistant County Attorney

**C. Other Department Review:**

*[Signature]* 9/20/13 FAMO

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

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

TWP 46

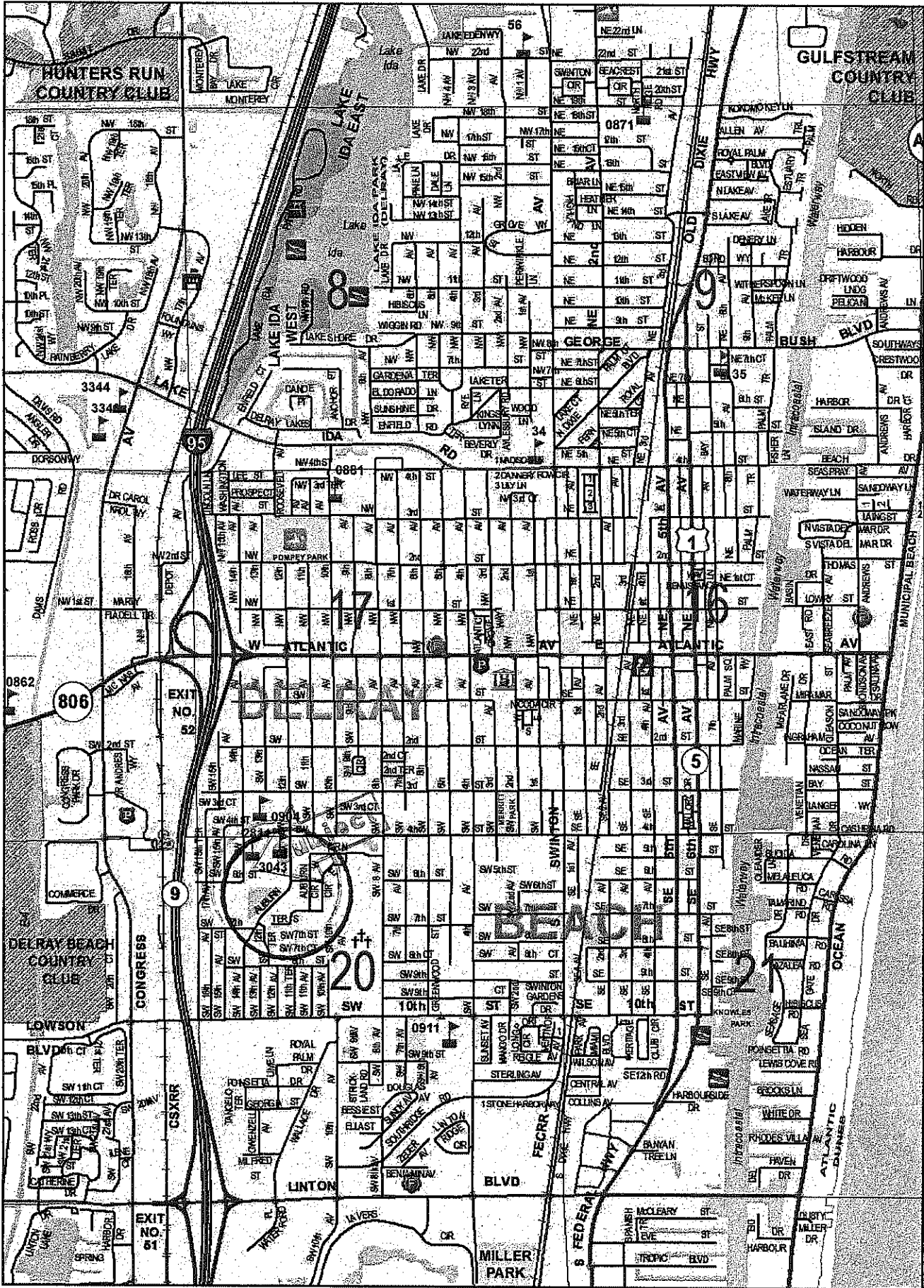
TWP 46

TWP 46

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RNG 43

See pg 118

RNG 43

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LOCATION MAP

II

**BILL OF SALE**

**KNOW ALL MEN BY THESE PRESENTS**, that **PALM BEACH COUNTY**, a political subdivision of the State of Florida, whose address is 301 North Olive Avenue, West Palm Beach, FL 33401, party of the first part, for and in consideration of the sum of **TEN AND NO/100's (\$10.00) DOLLARS**, in lawful money (and other good and valuable considerations) to it paid by **CITY of DELRAY BEACH**, a Florida municipal corporation, party of the second part, the receipt and sufficiency of which are hereby acknowledged, has granted, bargained, sold, transferred, set over and delivered, and by these presents does grant, bargain, sell, transfer, set over and deliver unto the party of the second part, its successors and assigns, the property described as follows:

See **Exhibit "A"** attached hereto and made a part hereof.

TO HAVE AND TO HOLD the same unto the party of the second part, forever.

THE DESCRIBED PROPERTY IS SOLD "AS-IS" WITHOUT ANY WARRANTIES, EXPRESS OR IMPLIED, AS TO THE CONDITION OF SUCH PROPERTY. BY ACCEPTING THIS BILL OF SALE, PARTY OF THE SECOND PART REPRESENTS THAT PARTY OF THE SECOND PART HAS PERSONALLY INSPECTED THE DESCRIBED PROPERTY AND ACCEPTS THE PROPERTY "AS-IS".

IN WITNESS WHEREOF, the party of the first part has set his and/or her hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 2013.

**ATTEST:**

**SHARON R. BOCK**  
**CLERK & COMPTROLLER**

**PALM BEACH COUNTY, a political**  
**subdivision of the State of Florida**


By: \_\_\_\_\_  
Deputy Clerk

By: \_\_\_\_\_  
Steven L. Abrams, Mayor

(OFFICIAL SEAL)

**APPROVED AS TO FORM**  
**AND LEGAL SUFFICIENCY**

**APPROVED AS TO TERMS AND**  
**CONDITIONS**

By:   
Assistant County Attorney

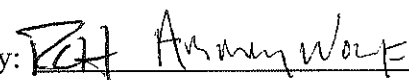
By:   
Department Director

EXHIBIT "A"

PROPERTY

Four Modular Units

Classroom Double Long Modular Units 1 & 2  
Manufacturer SPACE MASTER, Tavares, FL  
Manufacturer Serial Number 6493A (North Half) & 6493B (South Half)  
Nation Trailer Association Seal Number F2-76180 & F2-76181  
State of Florida Department of Community Affairs Number MB No. 9192

Classroom and Kitchen Double Long Modular Units 3 & 4  
Manufacturer SPACE MASTER, Tavares, FL  
Manufacturer Serial Number 6494A (North Half) & 6494B (South Half)  
Nation Trailer Association Seal Number F2-76182 & F2-76183  
State of Florida Department of Community Affairs Number MB No. 9193

Classroom and Office Double Long Modular Units 5 & 6  
Manufacturer SPACE MASTER, Tavares, FL  
Manufacturer Serial Number 6495A (West Half) & 6495B (East Half)  
Nation Trailer Association Seal Number F2-76184 & F2-7685  
State of Florida Department of Community Affairs Number MB No. 9194

Office Unit 7  
Manufacturer TLB, P.O. Box 2046, Alma, GA 31510  
Manufacturer Serial Number TLB-1450AB  
WHC Third Party Certification Label No-70708 & 70709  
State of Florida Department of Community Affairs Number Mb No. 023108

**REQUEST TO TRANSFER ASSETS TO FIXED ASSETS MGT OFFICE  
PALM BEACH COUNTY**



OFMB/FINANCIAL MANAGEMENT DIVISION  
FIXED ASSETS MANAGEMENT OFFICE  
Form #2

DEPARTMENT/DIVISION NAME Community Services Head Start / Community Action	CUSTODIAN CODE Head Start 5530 Community Action (CAP) 5531	DATE
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ASSET NUMBER	DESCRIPTION	REASON CODE	CONDITION CODE	FAMO UPDATE REFERENCE	Z # ASSIGNED	ASSIGNED TO		
						INV	STORE	SCRAP
M0507100000000	Classroom Double Long Modular Units 1 & 2 Manufacturer SPACE MASTER, Tavares, FL Manufacturer Serial Number 6493A (North Half) & 6493B (South Half) Nation Trailer Association Seal Number F2-76180 & F2-76181 Fla Depart of CA Number MB No. 9192	4	3					
M0650900000000	Classroom and Kitchen Double Long Modular Units 3 & 4 Manufacturer SPACE MASTER, Tavares, FL Manufacturer Serial Number 6494A (North Half) & 6494B (South Half) Nation Trailer Association Seal Number F2-76182 & F2-76183 Fla Depart of CA Number MB No. 9193	4	3					
M0507200000000	Classroom and Office Double Long Modular Units 5 & 6 Manufacturer SPACE MASTER, Tavares, FL Manufacturer Serial Number 6495A (West Half) & 6495B (East Half) Nation Trailer Association Seal Number F2-76184 & F2-7685 Fla Depart of CA Number MB No. 9194	4	3					
M0659100000000	Office Unit 7 (CAP) Manufacturer TLB, P.O. Box 2046, Alma, GA 31510 Manufacturer Serial Number TLB-1450AB WHC Third Party Certification Label No-70708 & 70709 Fla Depart of CA Number Mb No. 023108	4	3					

**REASON CODES**  
1 - EXCESS    2 - OBSOLETE    3 - OTHER SURPLUS (specify)    4 - STATUTORY/PUBLIC PURPOSE/BCC ACTION (Describe in Comments section below)

**CONDITION CODES**  
1 - NEW    2 - GOOD    3 - FAIR    4 - POOR    5 - BROKEN/SERVICEABLE    6 - BROKEN/BEYOND REPAIR    7 - OTHER (Specify)

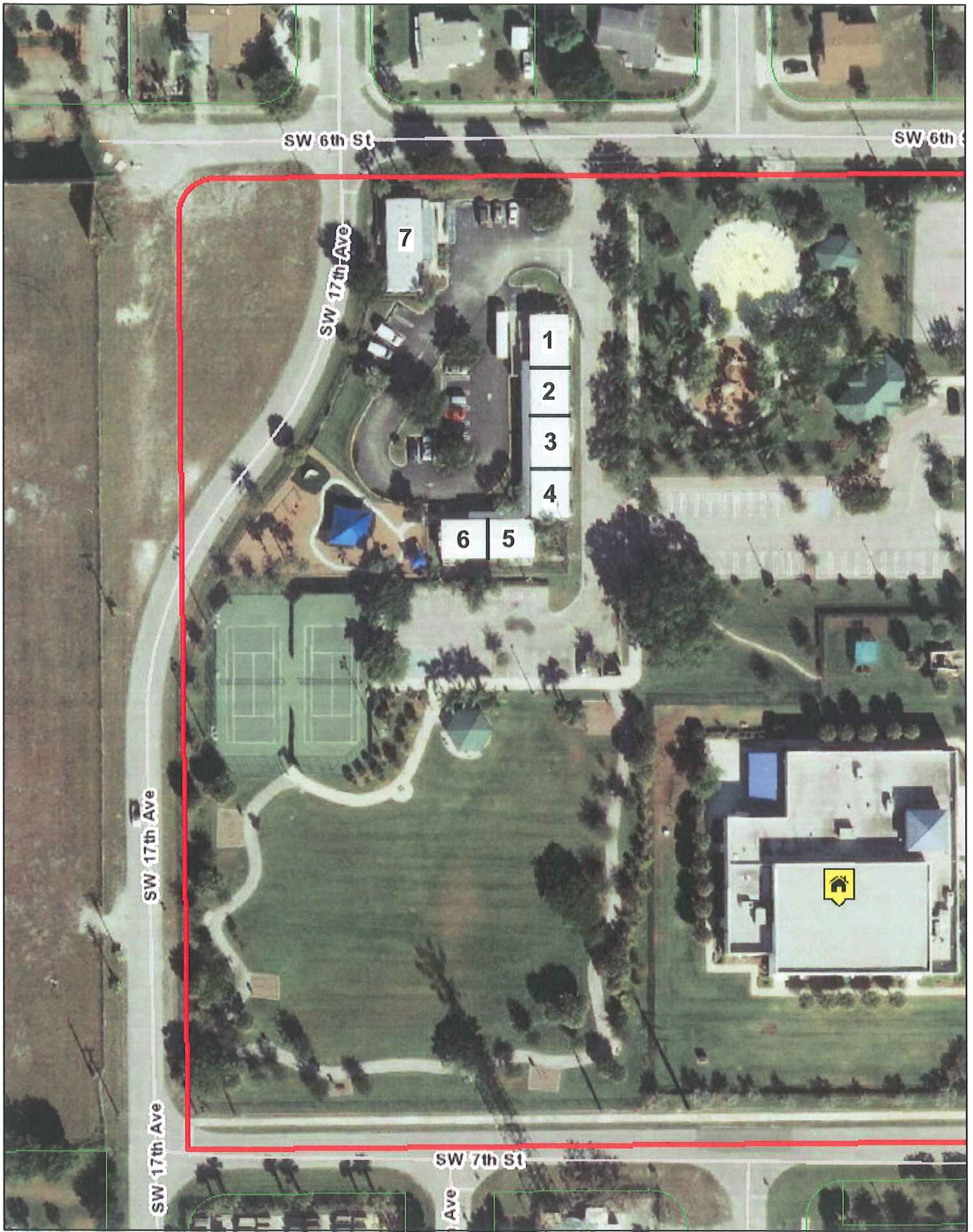
COMMENTS (Provide details on Reason Code #4, Transfers, Trade-ins, Bond or Grant Funded Asset Information (attach documentation as necessary) Scrapping and Thefts required here) REQUESTED BY - ORIGINATING DEPARTMENT: Lease Agreement (96-984D) Section 4.04 Surrender (attached) provides upon termination title to all remaining alterations revert to City (landlord). On July 24, 2013 The Board approved a notice of lease cancellation to Lease Agreement (R2013-0981), On August 15, 2013 City approved acceptance of the modular's in "As-Is" condition along with all alterations and improvements on date of County surrender.

APPROVAL - FIXED ASSETS MANAGEMENT OFFICE

*Asset #'s have been verified by FAMO staff.*

ORIGINATOR Kerette Penny Baker    DATE 9/16/13  
INVENTORY OFFICER \_\_\_\_\_    DATE \_\_\_\_\_  
CUSTODIAN [Signature]    DATE 9/16/13

INVENTORY OFFICER [Signature]    DATE 9/20/13  
WAREHOUSE \_\_\_\_\_    DATE \_\_\_\_\_



**Delray Beach Head Start - Catherine Strong Park**