# PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

### **AGENDA ITEM SUMMARY**

Meeting Date: Jul		[X] Consent [ ] Workshop	[]Regular []Public Hearing
Department Submitted By: Co Submitted For: Hi	ommunity Service uman Services Di	<u>98</u>	
		ECUTIVE BRIEF	=======================================
Motion and Title: S	taff recommends	motion to:	
<b>A) approve</b> Summ with the Florida Dep Wellness (DACS); a	artment of Agricult	Program for Childrenture and Consumer S	Authorized Signature Form Services, Food, Nutrition and
<b>B) delegate</b> signate the Summer Food Solution for program operation	Service Program for	r Children Authorized	itor, or his designee, to sign d Signature Form with DACS
C) delegate authorapplications, reimbu	ority to the Cour rsement requests,	nty Administrator, o and reports to DACS	or his designee to submit selectronically.
(SFSP) Authorized SFSP Application, re 2012, the BCC ratif between the Spons	Signature Form. Tequired forms and sided the Chair's signor and DACS for onger required.	The form authorizes submit claims for reingnature on permane SFSP. A new ar The only documen	ervice Program for Children County staff to submit the mbursement. On August 14, nt Agreement (R2012-1089) nual grant submission and trequired annually is the (TKF)
18 and under cou comparable to those Programs. Meals a approved SFSP sites	ald receive nutrition  It is served under the  It is provided at no  It is is.  It is not be  It is	ous meals during e National School L charge to all childre Human Services has a Sponsor of the p	ensure that all children age school vacations that are unch and School Breakfasten 18 years and younger at participated in the SFSP for rogram operating under the SDA) and DACS.
Attachments: Sumn	ner Food Service F	Program for Children	Authorized Signature Form
Recommended By:	Department Direct	tor.	6/5/54 Data
Approved By:	Assistant County		Date/ Date

### **II. FISCAL IMPACT ANALYSIS**

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

Fiscal Years	2014	2015	2016	2017	2018
Capital Expenditures					
Operating Costs					
External Revenue					
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT	0	0			
# ADDITIONAL FTE POSITIONS (Cumulative)					
Is Item Included In Curre Budget Account No.: FundDeptUr	nit	Progr	am Code		ram Period:
B. Recommended Sc	ources of Fund	ıs/Summary	of Fiscal ir	npact:	
C. Departmental Fisc		Malhotra, D	irector of Fir	nancial & Su	pport Svcs.
	III. REVIE	EW COMME	NTS		
A. OFMB Fiscal and/	or Contract Ad	Iministratio	n Comment	s:	
OFMB KAN AK	y Galany	Contra	act Dev. and	Control neck	(6(121)
, З. Legal Sufficiency:	,				
Chief Assistant Con	unty Attorney	46/14			
C. Other Department	Review:				
Department Directo	or				

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



## Florida Department of Agriculture and Consumer Services Food, Nutrition and Wellness

## SUMMER FOOD SERVICE PROGRAM FOR CHILDREN AUTHORIZED SIGNATURE FORM

Sponsor Name: Palm Beach County Board of County Commissioners

Agreement Number: <u>04-0781</u>

**AUTHORIZED SIGNERS:** 

Please type or print the names, titles, and signatures of persons authorized to sign the application, agreements, documents, forms and claim for reimbursement. All authorized signers, authorized representatives, and program contacts must be legal employees of the institution. These individuals cannot be FSMC employees.

Georgiana Devine	Program & Contract N	<b>Janager</b>	Malluen	LP_
Type of Print Name	Type or Print Ti	tle	Signature	
Claudia Tuck Type of Print Name	Human Services Direct		Signature	
Taruna Malhotra  Type of Print Name	Director of Finance &  Type or Print Ti	Support	Mad_ Signature	
Thomas Eaton	Financial Analyst III Type or Print Ti	tla.	J. Signature	
Type of Print Name	- )			1
Type of Print Name				
Type of Print Name				
		rogram and/or sign	the claim for reimbursem	ent.
I certify that the person(s) above  AUTHORIZED REPRESENT	are authorized to operate the pr	rogram and/or sign	the claim for reimbursem	ent.
I certify that the person(s) above  AUTHORIZED REPRESENT	are authorized to operate the pr		the claim for reimbursem	ent.
I certify that the person(s) above  AUTHORIZED REPRESENT  Priscilla A. Taylor, Mayor	are authorized to operate the pr			ent.
I certify that the person(s) above  AUTHORIZED REPRESENT  Priscilla A. Taylor, Mayor  Type or Print Name & Title of Au	are authorized to operate the practical areas and areas authorized to operate the practical areas are also are a			
I certify that the person(s) above  AUTHORIZED REPRESENT  Priscilla A. Taylor, Mayor	are authorized to operate the property of the	Signature of A	Authorized Representative	TERMS
I certify that the person(s) above  AUTHORIZED REPRESENT  Priscilla A. Taylor, Mayor  Type or Print Name & Title of Au  APPROVED AS TO FO  LEGAL SUFFICIENCY	are authorized to operate the property of the	Signature of A  ATTEST: SHARON R. CLERK AND	Authorized Representative  BOCK COMPTROLLER	TERMS
I certify that the person(s) above  AUTHORIZED REPRESENT  Priscilla A. Taylor, Mayor  Type or Print Name & Title of Au  APPROVED AS TO FO  LEGAL SUFFICIENCY	are authorized to operate the property of the	Signature of A  ATTEST: SHARON R. CLERK AND	Authorized Representative BOCK	AND CONDITIONS