Agenda Item #: 3BB-2

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date:	June 2, 2015	[X] []	Consent Ordinance	[]	Regular Public Hearing
Department:	Youth Services Department				
Submitted By:	Youth Services Department				
Submitted For:	nitted For: Outreach and Community Programming Division				

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to receive and file: Summer Food Service Program for Children Authorized Signature Form with the Florida Department of Agriculture and Consumer Services, Food, Nutrition and Wellness (DACS).

Summary: In accordance with County PPM CW-0-051, all delegated contracts, agreements and grants must be submitted by the initiating Department as a receive and file agenda item. The Summer Food Service Program for Children Authorized Signature Form has been fully executed on behalf of the Board of County Commissioners (Board) by the County Administrator/Director/Assistant Director of the Youth Services Department in accordance with Resolution R2014-0910. DACS requires an updated Summer Food Services Program for Children (SFSP) Authorized Signature Form. The form authorizes County staff to submit the SFSP Application, required forms and submit claims for reimbursement. On August 14, 2012, the BCC ratified the Chair's signature on permanent Agreement (R2012-1089) between the Sponsor and DACS for SFSP. A new annual grant submission and agreement is no longer required. The only document required annually is the Authorized Signature Form. No County funds are required. Countywide (HH)

Background and Justification (or Policy Issues): SFSP was established to ensure that all children age 18 and under could receive nutritious meals during school vacations that are comparable to those served under the National School Lunch and School Breakfast Programs. Meals are provides at no charge to all children 18 years and younger at approved SFSP sites. The County has participated in the SFSP for the past twenty-two years serving as Sponsor for the program operating under the authority of the United States Department of Agriculture (USDA) and DACS.

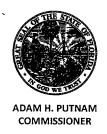
Attachments:

Summer Food Service Program for Children Authorized Signature Form

Recommended	by: lo A	5/14/15
	Department Director	/ / Date
Approved By:	Car	5/21/15
	Assistant County Administrator	Date

II. FISCAL IMPACT ANALYSIS

A. F	ive Year Summary of	Fiscal Impa	ct:			
	Fiscal Years	2015	2016	2017	2018	2019
Oper Exte Prog	tal enditures rating Costs rnal Revenues ram Income (County) nd Match (County)	\$668,440 (\$668,440)				
NE	FISCAL IMPACT	\$0				
	ADDITIONAL FTE SITIONS (Cumulative)		•			
Budg	m Included In Currenget Account No.: ct <u>various</u> Reven		Depar	Notment <u>150</u>	_ Unit <u>133</u>	<u>85</u>
B.	Recommended Sou	rces of Fund	ds/Summar	y of Fiscal In	npact:	
	Actual expenses and participate, number of fed daily.	of operating d	ays for each	site and the	umber of sites number of chi	that Idren
C.	Departmental Fiscal Review: Mucheure Des me					
		III. <u>REVI</u>	EW COMME	ENTS		
A.	OFMB Fiscal and/or	r Contract Do	ev. and Cor	ntrol Comme	nts:	
•	Sherry 1. 5/15 six OFMB	m	Cont	ract Dev. am	Jacolowi Control	5120115
В.	Legal Sufficiency:					
	Xeline C. Ajui Assistant County A	ttorney				
C.	Other Department F	Review:				
	Department D	Director				



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

SUMMER FOOD SERVICE PROGRAM FOR CHILDREN AUTHORIZED SIGNATURE FORM

Sponsor Name: Palm	1 Beach	Country	Boardof	County	Commissioners
Agreement Number:					

agreements, documents, forms a	and claim for reimbursement.	authorized to sign the application, All authorized signers, authorized nstitution. These individuals cannot
AUTHORIZED SIGNERS:		
Amanda Grunuald Type of Print Name	Program Specialist	- Chical Signature
Jumes Green Type of Print Name	Dire for of Outrack & Common Type or Print Title	Signature
Michelle Liska Type of Print Name	Type or Print Title Programmy Director of Finance, Congracting of Admin Type or Print Title SVC9.	Chuchette Signature Signature
Type of Print Name	Type or Print Title	Signature
I certify that the person(s) above are a	uthorized to operate the program and/or	r sign the claim for reimbursement.
AUTHORIZED REPRESENTATIV	Æ:	
Tammy K Fields, Dire	ctor	
Tammy K Fields, Dire Type or Print Name & Title of Authorize Youth Services T	d Representative Signate	fre of Authorized Representative
•	<u>3-31-15</u> Date signed	

DACS-01741 01/12