



## II. FISCAL IMPACT ANALYSIS


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

| Fiscal Years                              | 2015               | 2016  | 2017  | 2018  | 2019  |
|---|--------------------|-------|-------|-------|-------|
| Capital Expenditures                      | _____              | _____ | _____ | _____ | _____ |
| Operating Costs                           | <u>\$668,440</u>   | _____ | _____ | _____ | _____ |
| External Revenues                         | <u>(\$668,440)</u> | _____ | _____ | _____ | _____ |
| Program Income (County)                   | _____              | _____ | _____ | _____ | _____ |
| In-Kind Match (County)                    | _____              | _____ | _____ | _____ | _____ |
| <b>NET FISCAL IMPACT</b>                  | <u>\$0</u>         | _____ | _____ | _____ | _____ |
| No. ADDITIONAL FTE POSITIONS (Cumulative) | _____              | _____ | _____ | _____ | _____ |

Is Item Included In Current Budget? Yes X No \_\_\_\_\_  
 Budget Account No.: Fund 0001 Department 150 Unit 1335  
 Object various Revenue Source 3168

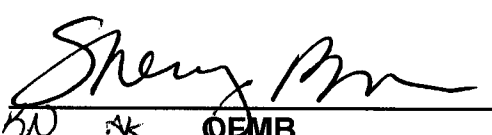
### B. Recommended Sources of Funds/Summary of Fiscal Impact:

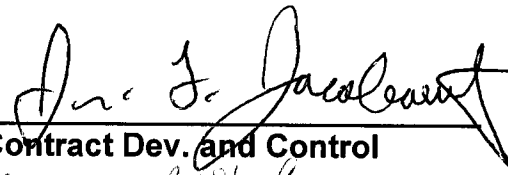
Actual expenses and reimbursements vary based on the number of sites that participate, number of operating days for each site and the number of children fed daily.

C. Departmental Fiscal Review: 

## III. REVIEW COMMENTS

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

  
 5/15 AK QEMB 5/15/15

 5/20/15  
 Contract Dev. and Control 5-20-15 B. Wheeler

### B. Legal Sufficiency:

  
 Assistant County Attorney

### C. Other Department Review:

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

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



ADAM H. PUTNAM  
COMMISSIONER

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: 04-0781

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.

AUTHORIZED SIGNERS:

|  |  |                                 |
|--|--|---------------------------------|
| <u>Amanda Grunwald</u><br>Type of Print Name | <u>Program Specialist</u><br>Type or Print Title                                 | <u>[Signature]</u><br>Signature |
| <u>James Green</u><br>Type of Print Name     | <u>Director of Outreach &amp; Community Programming</u><br>Type or Print Title   | <u>[Signature]</u><br>Signature |
| <u>Michelle Liska</u><br>Type of Print Name  | <u>Director of Finance, Contracting &amp; Admin Svcs.</u><br>Type or Print Title | <u>[Signature]</u><br>Signature |
| <br>Type of Print Name                       | <br>Type or Print Title  | <br>Signature                   |

I certify that the person(s) above are authorized to operate the program and/or sign the claim for reimbursement.

AUTHORIZED REPRESENTATIVE:

|  |  |
|--|--|
| <u>Tammy K Fields, Director</u><br>Type or Print Name & Title of Authorized Representative | <u>[Signature]</u><br>Signature of Authorized Representative |
| <u>Youth Services Department</u>   |  |
| <u>3-31-15</u><br>Date signed  |  |