

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact

Fiscal Years	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
Net Fiscal Impact	<u>0</u>	_____	_____	_____	_____

ADDITIONAL FTE POSITIONS (Cumulative) 0 0 0 0 0

Is Item Included In Current Budget? Yes X No _____

Budget Account Exp No: Fund 1507 Department 762 Unit 7699 Object _____
 Rev No: Fund 1507 Department 762 Unit 7699 RevSc _____

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

Fund:
Unit:
Grant:

No Fiscal Impact

Departmental Fiscal Review: *[Signature]*

III. REVIEW COMMENTS

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

[Signature]
 OFMB
 3/10

[Signature] 3/22/16
 Contract Administration
 3/22/16

B. Legal Sufficiency:

[Signature] 3/22/16
 Assistant County Attorney

C. Other Department Review:

 Department Director

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



Change Project Period GAN



[All Active](#)

US DEPARTMENT OF JUSTICE
OFFICE OF JUSTICE PROGRAMS

[Change Requested](#)

GRANT ADJUSTMENT NOTICE

[Approved](#)

Grantee Information			
Grantee Name:	Palm Beach County Board of County Commissioners	Project Period:	10/01/2012 - 09/30/2016
Grantee Address:	301 North Olive Avenue West Palm Beach, 33401	Program Office:	BJA
Grantee DUNS Number:	07-847-0481	Grant Manager:	Zafra Stork
Grantee EIN:	59-6000785	Application Number(s):	2012-H1926-FL-CZ 2013-H5424-FL-D2
Vendor #:	596000078	Award Number:	2012-CZ-BX-0016
Project Title:	Regional and State Transitional Offender Reentry (RESTORE) Initiative	Award Amount:	\$2,250,000.00

[Denied](#)

[Draft](#)

[Create Grant Adjustment](#)

[Help/Frequently Asked Questions](#)

Change Project Period				
Current Grant Period:	Month: 41 Day: 30	New Grant Period:	Month: 47 Day: 29	
Project Start Date:	10/01/2012	*New Project Start Date:	10/01/2012	
Project End Date:	03/31/2016	*New Project End Date:	09/30/2016	
*Required Justification for Change Project Period:				
Palm Beach County is requesting an extension in order to realize the full benefit of the awarded dollars. There is an unobligated balance of \$229,178. Administrative issues delayed the start of activities associated with this				
Attachments:				
Filename:	User:	Timestamp:	Action:	
Updated- Project Timeline (Attachment 1).docx	PBCBCCPROGRAM	11/13/2015 4:48 PM	Delete Attachment	
Actions:				
<input type="button" value="Close"/>				
<input type="button" value="Printer Friendly Version"/>				
Audit Trail:				
Description:	Role:	User:	Timestamp:	Note:
Approved-Final	OCFMD - Financial Analyst	SYSTEM_USER	11/23/2015 12:00 PM	View Note
Submitted	PO - Grant Manager	PBCBCCPROGRAM	11/13/2015 4:51 PM	View Note
Change Requested	PO - Grant Manager	storkz	11/10/2015 3:01 PM	View Note
Change Requested	EXTERNAL - External User	storkz	11/10/2015 3:01 PM	View Note
Submitted	PO - Grant Manager	PBCBCCPROGRAM	11/10/2015 12:53 PM	View Note



US DEPARTMENT OF JUSTICE
OFFICE OF JUSTICE PROGRAMS

GRANT ADJUSTMENT NOTICE

Grantee Information			
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Budget Modification			
* All editable Budget fields must contain a numeric value.			
Categories	Approved Budget	Requested Changes to Budget	Revised Budget
A. Personnel	\$235211	\$-1563	\$233648
B. Fringe Benefits	\$52662	\$280	\$52942
C. Travel	\$8998	\$-745	\$8253
D. Equipment	\$0	\$0	\$0
E. Supplies	\$9388	\$-9388	\$0
F. Construction	\$0	\$0	\$0
G. Contractual	\$4165673	\$13446	\$4179119
H. Other	\$2030	\$-2030	\$0
TOTAL DIRECT COST	\$4473962	\$0	\$4473962
Total Direct Costs = (Sum of lines A-H)			
INDIRECT COST	\$26038	\$0	\$26038
TOTAL PROJECT COST	\$4500000	\$0	\$4500000
Total Project Costs = Total Direct Costs + Indirect Cost			
Total Project Costs = Federal Funds Approved + Non-Federal Funds + Program Income			
FEDERAL FUNDS APPROVED	\$2250000		\$2250000

NON-FEDERAL FUNDS APPROVED	\$2250000	\$0	\$2250000
PROGRAM INCOME	\$0	\$0	\$0
*Required Justification for Budget Modification			
We are requesting to move dollars based on the 12 month extension. Palm Beach County has contributed \$250,000 towards this project so that it may continue for another 12 months. This adjustment reallocates grant dollars to			
Attachments:			
Filename:	User:	Timestamp:	
2012-CZ-BX-0016 -BUDGET 2012-15 (REVISED December 2015).docx	PBCBCCPROGRAM	12/08/2015 1:52 PM	
Print			
Audit Trail:			
Description:	Role:	User:	Timestamp:
Approved-Final	OCFMD - Supervisor	islercyn	01/13/2016 4:09 PM
Submitted	PO - Grant Manager	PBCBCCPROGRAM	12/08/2015 1:53 PM
Change Requested	PO - Grant Manager	storkz	12/08/2015 8:38 AM
Please revise calculation of fringe benefits: Program manager: \$5,895.53 x 34.4% = \$2,028 x 19 = \$38,533 not \$38,086 Analyst: \$4,341.00 X 34.4% = \$1,493 x 13 = \$19,409 not \$19,576.			
Change Requested	EXTERNAL - External User	storkz	12/08/2015 8:38 AM
Please revise calculation of fringe benefits: Program manager: \$5,895.53 x 34.4% = \$2,028 x 19 = \$38,533 not \$38,086 Analyst: \$4,341.00 X 34.4% = \$1,493 x 13 = \$19,409 not \$19,576.			
Submitted	PO - Grant Manager	PBCBCCPROGRAM	12/04/2015 4:54 PM
Draft	EXTERNAL - External User	PBCBCCPROGRAM	11/13/2015 4:57 PM
Draft	EXTERNAL - External User	PBCBCCPROGRAM	11/13/2015 4:56 PM