

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY**

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Meeting Date: April 19, 2016	<input checked="" type="checkbox"/>	Consent	<input type="checkbox"/>	Regular
	<input type="checkbox"/>	Ordinance	<input type="checkbox"/>	Public Hearing

Department

Submitted By: Youth Services

Submitted For: Outreach and Community Programming Division

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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) for the period beginning January 1, 2016 through December 31, 2016.


Summary: The Summer Food Service Program for Children Authorized Signature Form (Form) has been fully executed on behalf of the Board of County Commissioners (Board) by the Director of Youth Services, in accordance with Resolution R2014-0910. DACs requires the updated Form, for the County to operate the Summer Food Service Program (Program) and to be authorized to submit claims for the FY2016 Program. On August 14, 2012, the Board ratified the Mayor's signature on a permanent Agreement (R2012-1089), with DACs for the Program. This year's meal service period is from June 6, 2016 through August 12, 2016, in the amount of \$668,440. No County match is required. Countywide (HH)

Background and Justification: The Program 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 provided at no charge at approved Program sites. The County has participated in the Program for more than twenty years serving as the sponsor for the Program operating under the authority of the United States Department of Agriculture and DACs. It is anticipated that the same or more meals will be served this summer. Although no County match is required, actual expenses and reimbursements vary based on the number of sites that participate, number of operating days for each site and the number of meals served.

Attachment: Authorized Signature Form

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Recommended by:

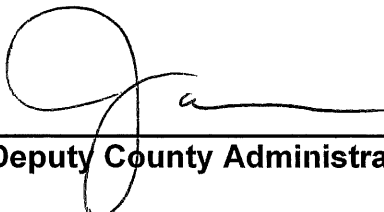


Department Director

3/23/16

Date

Approved By:



Deputy County Administrator

3/31/16

Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact

Fiscal Years	2016	2017	2018	2019	2020
Capital Expenditures					
Operating Costs	\$668,440				
External Revenue	(\$668,440)				
Program Income (County)					
In-Kind Match (County)					
NET FISCAL IMPACT	\$0				

No. ADDITIONAL FTE POSITIONS (Cumulative)					
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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:

The funding source is the Florida Department of Agriculture and Consumer Services (DACCS). No County match is required. Actual expenses and reimbursements vary based on the number of sites that participate, number of operating days for each site and the number of meals served daily.

C. Departmental Fiscal Review: Unnecessary Expense

III. REVIEW COMMENTS

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

[Signature]
 OFMB KP SE 3/24
 JB 3/25
 NK 3/25/16

[Signature] 3/30/16
 Contract Development & Control
 3/30/16

B. Legal Sufficiency:

[Signature]
 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>Keianna Williams</u> Type of Print Name	<u>Program Coordinator, Palm Beach County Youth Services</u> Type or Print Title	<u></u> Signature
<u>James Green</u> Type of Print Name	<u>Director of Outreach & Community Programming, Palm Beach County Youth Services</u> Type or Print Title	<u></u> Signature
<u>Michelle Liska</u> Type of Print Name	<u>Director of Finance, Contracting & Administrative Services, Palm Beach County Youth Services</u> Type or Print Title	<u></u> Signature
 Type of Print Name	 Type or Print Title	 Signature

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

AUTHORIZED REPRESENTATIVE:
Tammy K. Fields, Director, Palm Beach County
Youth Services Department

Type or Print Name & Title of Authorized Representative

Signature of Authorized Representative

3/10/16
Date signed

Approved As To Form and Legal Sufficiency

County Attorney