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Agenda Item #: 3-C-6

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS AGENDA ITEM SUMMARY

	[X] Consent [] Workshop and Public Works becoment Division	[]Regular []Public		
I. EXEC	CUTIVE BRIEF			
Motion and Title: Staff recommends (Agreement) with the Loxahatchee R regarding open cuts in Palm Beach Courthoroughfare roads.	liver Environmental Co	ontrol District (District)		
SUMMARY: The District has agreed to the County regarding open cuts in Count it not be required to provide surety for the 3605 and EL-O-3606, but instead be Agreement requiring them to make any Similar agreements have been executed districts.	y roads. However, the December open cuts, as required bound by the terms required repairs upon	District is requesting that by County PPM EL-O- and conditions of this request by the County.		
District 1 (MRE)				
Background and Justification: The Co be posted for any construction in County the pavement. The District had reque Agreement which would relieve the Dis make any required repairs upon request effect until termination by either party.	rights-of-way that result sted that the County strict from posting sure	ts in the open cutting of instead enter into an ty but require them to		
The proposed Agreement is consistent vas the Florida Interlocal Cooperation Act	vith Section 163.01 of F of 1969.	Florida Statutes, known		
Attachments:				
 Interlocal Agreement (two originals with Insurance Certificate dated 12-01-15 Loxahatchee River Environmental Conference 	•	ed 03-17-16		
Recommended by: DEPARTMENT DI	RECTOR	04/18/2016 Date		
Approved by:	Unla	4/26/16		
ASSISTANT COUN	TY ADMINISTRATOR	Date		

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II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2016	2017	2018	2019	2020
Capital Expenditures	<u>\$ -0-</u>				
Operating Costs	-0-	-0-	-0-	-0-	
External Revenues	-0-	-0-	-0-	-0-	-0-
Program Income (County)	-0-	-0-	-0-	-0-	-0-
In-Kind Match (County)	-0-	-0-	-0-	-0-	-0-
NET FISCAL IMPACT	\$ **	-0-	-0-	-0-	-0-
# ADDITIONAL FTE					
POSITIONS (Cumulative)					

Is Item Included in Current Budget? Yes No

Budget Acct No.: Fund___ Dept.___ Unit__ Object Program

Recommended Sources of Funds/Summary of Fiscal Impact:

**This item has no fiscal impact.

C. Departmental Fiscal Review:	. Alle Kovalainen	
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III. REVIEW COMMENTS

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

Shu	uxm.	
Bullo	OLMB 36 mgs	

B. Approved as to Form and Legal Sufficiency:

Assistant County Attorney

C. Other Department Review:

Department Director

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