



**FISCAL IMPACT ANALYSIS**

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

Fiscal Years	2016	2017	2018	2019	2020
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
Operating Revenues	_____	_____	_____	_____	_____
External Revenues (Grants)	(\$132,101.40)	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
<b>NET FISCAL IMPACT</b>	<b>(\$132,101.40)</b>	_____	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included in Current Budget? Yes \_\_\_ No X

Budget Account No: Fund 4100 Department 120 Unit 1110 Object 3149  
Reporting Category \_\_\_\_\_

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

Approval of this item will result in the amendment of the FY 2016 Airport's Operating Budget for the receipt of \$132,101.40 of funding from the Transportation Security Administration. Also included is an increase to Airport Reserves of \$132,101.40. This funding is a reimbursement for FY 2016 Expenditures.

C. Departmental Fiscal Review: \_\_\_\_\_  
*Fred Amelio*

**III. REVIEW COMMENTS**

**A. OFMB Fiscal and/or Contract Development and Control Comments:**

*Sharon Pines* 11/10/16  
OFMB 11/19/16

*Dr. J. Janssen* 11/15/16  
Contract Dev. and Control  
11/15/16

**B. Legal Sufficiency:**

*Anne Delmont* 11/16/16  
Assistant County Attorney


**C. Other Department Review:**

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

**AWARD MODIFICATION**



**Transportation Security Administration**

<b>1</b>	<b>MODIFICATION NUMBER</b>	<b>2</b>	<b>AWARD NUMBER</b>	<b>3</b>	<b>REQUISITION NUMBER</b>
Modification No. <b>P00001</b>		Agreement No. <b>HSTS02-16-H-SLR765</b>		<b>2116206SLR538</b>	
<b>4</b>	<b>RECIPIENT</b>	<b>5</b>	<b>ISSUED BY</b>		
Name & Address: <b>PBI</b>  <b>PALM BEACH INTNL AIRPORT FL</b> 1000 James L. Turnage Blvd West Palm Beach, Florida <b>33406</b>  Mr. Bruce V. Pelly, <b>561-471-7474</b>		Name & Address: Kurt Allen Transportation Security Administration 701 S. 12th Street Arlington VA 20598-6025 E-mail: <b>kurt.allen@tsa.dhs.gov</b> Phone: <b>571-227-3259</b>			
<b>6</b>	<b>APPLICATION TITLE</b>				
<b>Law Enforcement Officer Reimbursement Agreement Program</b>					
<b>08/01/2016</b>					
<b>7</b>	<b>AWARD PERIODS</b>	<b>8</b>	<b>FISCAL DATA</b>		
Project Period: <b>02/01/2016</b> to <b>12/31/2018</b> <input checked="" type="checkbox"/> remains unchanged _____ revised to _____		Appropriation: <b>5AV167A000D2016ADE010GE000031006100616SLR-5903001114020000-4101</b> <b>\$132,101.40</b> <b>Obligated: \$132,101.40</b> Authorized UDO: EIN: <b>596000785</b> DUNS: <b>078470481</b>			
Funding Period: <b>08/01/2016</b> to <b>12/31/2016</b> Effective Date: Date of signature by Contracting Officer					
<b>9</b>	<b>DESCRIPTION OF MODIFICATION</b>				
Under the authority of Article XII –Changes and or Modifications, the purpose of Modification <b>P00001</b> to <b>HSTS02-16-H-SLR765</b> is to provide funding for activities supported by the TSA LEO Reimbursement Program.					
In accordance with Article XII –Changes and or Modifications of <b>HSTS02-16-H-SLR765</b> , the Contracting Officer hereby adds <b>\$132,101.40</b> to this award;					
The purpose of this modification is to provide additional funding through 31 December 2016 for the Law Enforcement Officer Reimbursement Program as outlined in the OTA with the PALM BEACH INTNL AIRPORT FL (PBI).					
Except as modified herein, all other terms and conditions remain unchanged.					
End of Modification <b>P00001</b>					
<b>10</b>	<b>AUTHORIZED SIGNATURES</b>				
<b>NOT REQUIRED</b>					
Recipient's Signature _____	Date _____				
<b>NOT REQUIRED</b>		Contracting Officer _____			
TYPED NAME AND TITLE _____		September 15, 2016			
		TYPED NAME AND TITLE _____			

16-1211

**BUDGET AMENDMENT**  
**BOARD OF COUNTY COMMISSIONERS**  
**PALM BEACH COUNTY, FLORIDA**

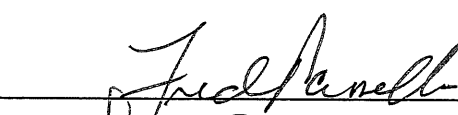
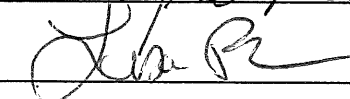
Page 1 of 1 pages

Advantage Document Numbers:  
 BGEX 110916/353  
 BGRV 110916/97

Fund 4100 Airport Operating Fund

Use this form to provide budget for items not anticipated in the budget.

ACCT.NUMBER	ACCOUNT NAME	ADOPTED BUDGET	CURRENT BUDGET	INCREASE	DECREASE	ADJUSTED BUDGET	EXPENDED/ ENCUMBERED AS OF 09/30/2016	REMAINING BALANCE
<b>Revenues</b>								
120-1110-3149	Federal Grant Other-Transport	0	277,717	132,101	0	409,818		
	<b>Total Receipts and Balances</b>	<u>79,572,312</u>	<u>82,323,281</u>	<u>132,101</u>	<u>0</u>	<u>82,455,382</u>		
<b>Expenditures</b>								
120-9900-9901	Contingency Reserves	8,880,876	11,971,729	132,101	0	12,103,830		12,103,830
	<b>Total Appropriations &amp; Expenditures</b>	<u>79,572,312</u>	<u>82,323,281</u>	<u>132,101</u>	<u>0</u>	<u>82,455,382</u>		

	<b>Signatures</b>	<b>Date</b>	<b>By Board of County Commissioners</b>
OFMB		11-9-16	At Meeting of
INITIATING DEPARTMENT/DIVISION		11/14/16	November 22, 2016
Administration/Budget Department Approval			Deputy Clerk to the Board of County Commissioners
OFMB Department - Posted			

Attachment # 2