



**II. FISCAL IMPACT ANALYSIS**

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

| <b>Fiscal Years</b>      | <b><u>2017</u></b> | <b><u>2018</u></b> | <b><u>2019</u></b> | <b><u>2020</u></b> | <b><u>2021</u></b> |
|--------------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| Capital Expenditures     | _____              | _____              | _____              | _____              | _____              |
| Operating Costs          | _____              | _____              | _____              | _____              | _____              |
| External Revenues        | _____              | _____              | _____              | _____              | _____              |
| Program Income (County)  | _____              | _____              | _____              | _____              | _____              |
| In-Kind Match (County)   | _____              | _____              | _____              | _____              | _____              |
| <b>Net Fiscal Impact</b> | *                  | _____              | _____              | _____              | _____              |

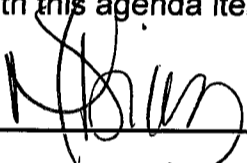
**# ADDITIONAL FTE POSITIONS (Cumulative)** \_\_\_\_\_

Is Item Included In Current Budget? Yes \_\_\_\_\_ No \_\_\_\_\_

Budget Account Exp No: Fund \_\_\_ Department \_\_\_ Unit \_\_\_ Object  
 Rev No: Fund \_\_\_ Department \_\_\_ Unit \_\_\_ Rev Source

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

\*There is no fiscal impact associated with this agenda item.

Departmental Fiscal Review: \_\_\_\_\_  


**III. REVIEW COMMENTS**

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

\_\_\_\_\_   
 OFMB ✓ 3/10 23 3/10 3/13

\_\_\_\_\_   
 Contract Administration 3/16/17

**B. Legal Sufficiency:**

\_\_\_\_\_   
 Assistant County Attorney 3/24/17

**C. Other Department Review:**

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

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



Removal of Special Conditions Related to Financial Clearance GAN



All Active

Change Requested

Approved

Denied

Draft

Create Grant Adjustment

Help/Frequently Asked Questions

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GRANT ADJUSTMENT NOTICE

| Grantee Information         |  |                               |                         |
|-----------------------------|--|-------------------------------|-------------------------|
| <b>Grantee Name:</b>        | Palm Beach County Board of County Commissioners                              | <b>Project Period:</b>        | 10/01/2016 - 09/30/2019 |
| <b>Grantee Address:</b>     | 301 N. Olive Avenue West Palm Beach, 33401                                   | <b>Program Office:</b>        | OVC                     |
| <b>Grantee DUNS Number:</b> | 07-847-0481  | <b>Grant Manager:</b>         | Mary Atlas-Terry        |
| <b>Grantee EIN:</b>         | 59-6000785   | <b>Application Number(s):</b> | 2016-40314-FL-XV        |
| <b>Vendor #:</b>            | 596000078  | <b>Award Number:</b>          | 2016-XV-GX-K018         |
| <b>Project Title:</b>       | Palm Beach County's Enhanced Response to DUI/Impaired Driving Related Deaths | <b>Award Amount:</b>          | \$579,965.00            |

**Removal of Special Conditions Related to Financial Clearance**

| Supplement 00                       |                          |                         |          |
|-------------------------------------|--------------------------|-------------------------|----------|
|                                     | Special Condition Number | Special Condition Title | Status   |
| <input checked="" type="checkbox"/> | Special Condition 53     | Conditional Clearance   | Inactive |

**Current Grantee Budget**

| Categories                        | Total           |
|-----------------------------------|-----------------|
| A. Personnel                      | \$260216        |
| B. Fringe Benefits                | \$119034        |
| C. Travel                         | \$12774         |
| D. Equipment                      | \$2800          |
| E. Supplies                       | \$2904          |
| F. Construction                   | \$0             |
| G. Contractual                    | \$162197        |
| H. Other                          | \$20040         |
| <b>TOTAL DIRECT COST</b>          | <b>\$579965</b> |
| <b>INDIRECT COST</b>              | <b>\$0</b>      |
| <b>TOTAL PROJECT COST</b>         | <b>\$579965</b> |
| <b>FEDERAL FUNDS APPROVED</b>     | <b>\$579965</b> |
| <b>NON-FEDERAL FUNDS APPROVED</b> | <b>\$0</b>      |
| <b>PROGRAM INCOME</b>             | <b>\$0</b>      |

**\*Required Justification for Removal**

Final Clearance  
Match is not required for this grant program. ^  
The line item labeled "Contractual" may include v  
contracts, subawards, or consultants.  
Approval of this budget does not include approval

**Attachments:**

None

**Actions:**

Close

| Printer Friendly Version |                            |          |                    |           |
|--------------------------|----------------------------|----------|--------------------|-----------|
| Audit Trail:             |                            |          |                    |           |
| Description:             | Role:                      | User:    | Timestamp:         | Note:     |
| Approved-Final           | OC - Accounting Supervisor | FoxM     | 11/28/2016 4:40 PM | View Note |
| Submitted                | OCFMD - Supervisor         | stewartg | 11/17/2016 1:56 PM | View Note |
| Draft                    | OCFMD - Financial Analyst  | stewartg | 11/17/2016 1:56 PM | View Note |
|                          |                            |          |                    |           |

<https://grants.ojp.usdoj.gov/gmsexternal/gan/processGAN.st?gan...> 2/13/2017

Attachment # 1  
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