

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact

Fiscal Years	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>
Personal Services	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
Grants and Aids	_____	_____	_____	_____	_____
Capital Expenditures	_____	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
Net Fiscal Impact	=====	=====	=====	=====	=====

ADDITIONAL FTE

POSITIONS (Cumulative)	0	0	0	0	0
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Is Item Included In Current Budget? Yes X No _____

Does this item include the use of federal funds? Yes X No _____

Budget Account Exp No: Fund 1436 Dept. 662 Unit 5699 Obj. VAR Prog. SMTNN ✓
GY18

Rev No: Fund 1436 Dept. 662 Unit 5699 Rev. 3129 Prog. SMTREV ✓

GY18

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

Grant: 17-20 DOJ 2nd Chance Act Grant 2017-CZ-BX-0003

Fund: Justice Service Grant Fund

Unit: Adult Reentry

No Fiscal Impact

C. Departmental Fiscal Review: [Signature] 9/17/18

III. REVIEW COMMENTS

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

[Signature] 9/12/18
OFMB
9/19/18

[Signature] 9/26/18
Contract Dev. And Control
9/26/18

B. Legal Sufficiency:

[Signature] 9/27/18
Assistant County Attorney

C. Other Department Review:

Department Director

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



US DEPARTMENT OF JUSTICE
OFFICE OF JUSTICE PROGRAMS
GRANT ADJUSTMENT NOTICE

Grantee Information					
Grantee Name:	Palm Beach County Board of County Commissioners	Project Period:	10/01/2017 - 09/30/2020	GAN Number:	003
Grantee Address:	301 N. Olive Avenue West Palm Beach, 33401	Program Office:	BJA	Date:	07/19/2018
Grantee DUNS Number:	07-847-0481	Grant Manager:	Jennifer L Lewis		
Grantee EIN:	59-6000785	Application Number(s):	2017-H0701-FL-CY		
Vendor #:	596000078	Award Number:	2017-CZ-BX-0003		
Project Title:	Criminal Justice Initiative	Award Amount:	\$850,000.00		

Change Grantee Contact or Alternate Contact/Principal Investigator

Contact			
Either New Point of Contact Information or New Alternate Point of Contact Information is required.			
Current Point of Contact Information	New Point of Contact Information		
Prefix	Mr.	*Prefix	Mrs.
Prefix (Other)		Prefix (Other)	
First Name	Craig	*First Name	Jessica
Middle Initial		Middle Initial	
Last Name	Spatara	*Last Name	Hidalgo
Suffix		Suffix	
Suffix (Other)		Suffix (Other)	
Title	Sr. Program Coordinator	*Title	Reentry Coordinator
Address Line 1	301 North Olive Avenue	*Address Line 1	301 North Olive Avenue
Address Line 2		Address Line 2	
City	West Palm Beach	*City	West Palm Beach
State	Florida	*State	Florida
Zip	33401 -	*Zip	33401 - 4700
Phone	(561) 355-2326 Ext	*Phone	(561) 355-2155 Ext
Fax	(561) 355-4941	Fax	
Email	CSpatara@pbcgov.org	*Email	JHidalgo@pbcgov.org
Alternate Contact/Principal Investigator			

Current Alternate Point of Contact Information		New Alternate Point of Contact Information	
Prefix	Chairman	*Prefix	Mr.
Prefix (Other)		Prefix (Other)	
First Name		*First Name	
Middle Initial		Middle Initial	
Last Name		*Last Name	
Suffix		Suffix	
Suffix (Other)		Suffix (Other)	
Title		*Title	
Address Line 1		*Address Line 1	
Address Line 2		Address Line 2	
City		*City	
State	Alabama	*State	Florida
Zip	-	*Zip	-
Phone	Ext	*Phone	Ext
Fax		Fax	
Email		*Email	
Comments/Additional Information			
^ v			
Attachments:			
None			
		Print	
Audit Trail:			
Description:	Role:	User:	Timestamp:
Approved-Final	PO - Grant Manager	lewisjen	07/19/2018 10:40 AM
Submitted	PO - Grant Manager	NBishop	07/18/2018 3:48 PM