

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

**Meeting Date:** July 2, 2019       **Consent**       **Regular**  
 **Workshop**       **Public Hearing**

**Department Submitted By:**      Clerk & Comptroller, Palm Beach County

**Submitted For:**      Sharon R. Bock, Clerk & Comptroller

**I. EXECUTIVE BRIEF**

**A. Motion and Title:**

Staff recommends motion to approve the following final minutes of the Board of County Commissioners' meetings:

<b>Meeting Type</b>	<b>Meeting Date</b>
Regular	April 16, 2019
Regular	May 7, 2019
Zoning	May 23, 2019

**B. Background and Justification:**

The minutes of the Board of County Commissioners' (BCC) meetings had been previously distributed by e-mail to each commissioner's office for review. These minutes are being submitted for approval for inclusion in the official records in the Clerk and Comptroller's office in accordance with Florida Statutes 286.011(2) and the BCC Rules and Procedure R2013-0109, Section II-K.

**C. Attachments:**

The minutes are available for inspection in the Clerk & Comptroller's Board Services office, 2<sup>nd</sup> Floor, Governmental Center, at 301 N. Olive Avenue. Summary minutes can be viewed on the Clerk & Comptroller's website at: <http://www.mypalmbeachclerk.com/minutes.aspx>

**Recommended by:**  \_\_\_\_\_ **6/12/2019**  
**Stephen I. Weiss, Director-Financial Services**      **Date**

**Approved by:** \_\_\_\_\_  
**Assistant County Administrator**      **Date**

**II. FISCAL IMPACT ANALYSIS**

**1. FIVE YEAR SUMMARY OF FISCAL IMPACT: No cash match required**

Fiscal years	2019	2020	2021	2022	2023
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-kind Match (County)	_____	_____	_____	_____	_____
<b>NET FISCAL IMPACT</b>	_____	_____	_____	_____	_____
No. additional FTE Positions (Cumulative)	_____	_____	_____	_____	_____

Is item included in current Budget? Yes \_\_\_\_\_ No \_\_\_\_\_

Budget Account No.: Fund \_\_\_\_\_ Agency \_\_\_\_\_ Org. \_\_\_\_\_ Object \_\_\_\_\_

Reporting Category \_\_\_\_\_

**2. RECOMMENDED SOURCES OF FUNDS/SUMMARY OF FISCAL IMPACT:**

**3. DEPARTMENTAL FISCAL REVIEW: \_\_\_\_\_**

**III. REVIEW COMMENTS**

**1. OFMB FISCAL AND/OR CONTRACT DEV. AND CONTROL COMMENTS:**

_____	_____
OFMB	Contract Dev. and Control

**2. LEGAL SUFFICIENCY:**

\_\_\_\_\_  
Assistant County Attorney

**3. OTHER DEPARTMENT REVIEW:**

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