



**FISCAL IMPACT ANALYSIS**

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

Fiscal Years	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>
Personal Services	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
Capital Expenditures	_____	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
<b>Net Fiscal Impact</b>	<u>0*</u>	_____	_____	_____	_____

**# ADDITIONAL FTE**

<b>POSITIONS (Cumulative)</b>	0	0	0	0	0
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Is Item Included In Current Budget? Yes \_\_\_\_\_ No X  
 Does this item include the use of federal funds? Yes \_\_\_\_\_ No X  
 Budget Account Exp No: Fund \_\_\_\_\_ Dept. \_\_\_\_\_ Unit \_\_\_\_\_ Obj. \_\_\_\_\_  
 Rev No: Fund \_\_\_\_\_ Dept. \_\_\_\_\_ Unit \_\_\_\_\_ Rev. \_\_\_\_\_

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

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

C. Departmental Fiscal Review: \_\_\_\_\_

**III. REVIEW COMMENTS**

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

[Signature] 12/3/19  
 RP OFMB 12/2  
 12/2

[Signature] 12/5/19  
 Contract Dev. And Control  
 12/4/19 TW

**B. Legal Sufficiency:**

[Signature]  
 Assistant County Attorney

**C. Other Department Review:**

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

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

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS  
BOARDS/COMMITTEES APPLICATION**

*The information provided on this form will be used in considering your nomination. Please COMPLETE SECTION II IN FULL. Answer "none" or "not applicable" where appropriate. Please attach a biography or resumé to this form.*

**Section I (Department):** (Please Print)

Board Name: Emergency Medical Services Advisory council Advisory  Not Advisory   
 At Large Appointment or  District Appointment /District #: \_\_\_\_\_  
 Term of Appointment: 3 Years. From: \_\_\_\_\_ To: 09/30/22  
 Seat Requirement: EMS Educator Seat #: 8  
 \*Reappointment or  New Appointment  
 or  to complete the term of \_\_\_\_\_ Due to:  resignation  other  
 Completion of term to expire on: \_\_\_\_\_

\*When a person is being considered for reappointment, the number of previous disclosed voting conflicts during the previous term shall be considered by the Board of County Commissioners: \_\_\_\_\_

**Section II (Applicant):** (Please Print)  
**APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT**

Name: Palermo Tina  
 Last First Middle  
 Occupation/Affiliation: EMS Program Director  
 Owner  Employee  Officer   
 Business Name: Medical Career Academy  
 Business Address: 7751-1 N. Military Trail  
 City & State Palm Beach Gardens, FL Zip Code: 33410  
 Residence Address: 8623 140<sup>th</sup> Ave N  
 City & State WPB Zip Code: 33412  
 Home Phone: ( 561 ) 346-5257 Business Phone: (561) 283-0400 Ext. \_\_\_\_\_  
 Cell Phone: ( 561 ) 346-5257 Fax: ( 561 ) 429-8903  
 Email Address: tina@mcaedu.org

Mailing Address Preference:  Business  Residence

Have you ever been convicted of a felony: Yes \_\_\_\_\_ No X  
 If Yes, state the court, nature of offense, disposition of case and date: \_\_\_\_\_

Minority Identification Code:  Male  Female  
 Native-American  Hispanic-American  Asian-American  African-American  Caucasian

Section II Continued:

**CONTRACTUAL RELATIONSHIPS:** Pursuant to Article XIII, Sec. 2-443 of the Palm Beach County Code of Ethics, advisory board members are prohibited from entering into any contract or other transaction for goods or services with Palm Beach County. Exceptions to this prohibition include awards made under sealed competitive bids, certain emergency and sole source purchases, and transactions that do not exceed \$500 per year in aggregate. These exemptions are described in the Code. This prohibition does not apply when the advisory board member's board provides no regulation, oversight, management, or policy-setting recommendations regarding the subject contract or transaction and the contract or transaction is disclosed at a public meeting of the Board of County Commissioners. To determine compliance with this provision, it is necessary that you, as a board member applicant, identify all contractual relationships between Palm Beach County government and you as an individual, directly or indirectly, or your employer or business. This information should be provided in the space below. If there are no contracts or transactions to report, please verify that none exist. Staff will review this information and determine if you are eligible to serve or if you may be eligible for an exception or waiver pursuant to the code.

<u>Contract/Transaction No.</u>	<u>Department/Division</u>	<u>Description of Services</u>	<u>Term</u>
<u>Example: (R#XX-XX/PO XX)</u>	<u>Parks &amp; Recreation</u>	<u>General Maintenance</u>	<u>10/01/00-09/30/2100</u>
<u>R2016-1808</u>	<u>Palm Beach County</u>	<u>Provide clinical/field experience for students</u>	<u>12/0616-9/30/21</u>

(Attach Additional Sheet(s), if necessary)

OR

NONE

NOT APPLICABLE/  
(Governmental Entity)

**ETHICS TRAINING:** All board members are required to read and complete training on Article XIII, the Palm Beach County Code of Ethics, and read the State Guide to the Sunshine Amendment, Article XIII, and (the training requirement can be found on the web at: <http://www.palmbeachcountyethics.com/training.htm>). Ethics training is on-going, and pursuant to PPM CW-P-79 is required before appointment, and upon reappointment.

By signing below I acknowledge that I have read, understand, and agree to abide by Article XIII, the Palm Beach County Code of Ethics, and I have received the required Ethics training (in the manner checked below):

By watching the training program on the Web, DVD or VHS on 7/22 2019  
By attending a live presentation given on \_\_\_\_\_, 20\_\_\_\_

AND

By signing below I acknowledge that I have read, understand and agree to abide by the Guide to the Sunshine Amendment & State of Florida Code of Ethics:

\*Applicant's Signature: \_\_\_\_\_ Printed Name: Jan. Blumenthal Date: 10/14/19

Any questions and/or concerns regarding Article XIII, the Palm Beach County Code of Ethics, please visit the Commission on Ethics website [www.palmbeachcountyethics.com](http://www.palmbeachcountyethics.com) or contact us via email at [ethics@palmbeachcountyethics.com](mailto:ethics@palmbeachcountyethics.com) or (561) 355-1915.

Return this FORM to:  
Lynette Schurter, Palm Beach County Emergency Management  
20 S. Military Trail, WPB, FL 33415

**Section III (Commissioner, if applicable):**

Appointment to be made at BCC Meeting on: \_\_\_\_\_

Commissioner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pursuant to Florida's Public Records Law, this document may be reviewed and photocopied by members of the public.

Revised 02/01/2016