

ORIGINAL DOCUMENT IS OVER 50 PAGES;
CAN BE VIEWED IN THE OFFICE OF THE COUNTY
ATTORNEY OR THE MINUTES DEPARTMENT.

Agenda Item # **3D2**

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

Meeting Date:	February 4, 2020	<input checked="" type="checkbox"/> Consent	<input type="checkbox"/> Regular
		<input type="checkbox"/> Ordinance	<input type="checkbox"/> Public Hearing
Submitted by:	County Attorney's Office		
Submitted for:	Department of Housing and Economic Sustainability		

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to Receive and File: the official transcript for the closing of \$40,015,000 Palm Beach County, Florida Revenue Bonds (Provident Group – PBAU Properties LLC – Palm Beach Atlantic University Housing Project), Series 2019A and \$740,000 Palm Beach County, Florida Revenue Bonds (Provident Group – PBAU Properties LLC – Palm Beach Atlantic University Housing Project), Series 2019B (Taxable) (the “Bonds”).

Summary: In accordance with County PPM CW-0-051, all delegated contracts, agreements, and grants must be submitted by the initiating Department as a receive and file agenda item. The attached Bond Transcript is the official transcript for the issuance of the Bonds. District 7 (DB)

Background and Justification: The attached bond transcript is being received and filed per County policy.

Attachment(s):

1. Bond Transcripts (may be viewed in the Office of the County Attorney or the Office of the Clerk and Comptroller Palm Beach County)

Recommended By: _____

County Attorney

Date

12/11/19

Approved By: _____

N/A

Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2020	2021	2022	2023	2024
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	* _____	_____	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	0 _____	_____	_____	_____	_____

Is Item Included in Proposed Budget? Yes ___ No X
 Does this item include the use of federal funds? Yes ___ No X

Budget Account No.: Fund ___ Dept ___ Unit ___ Rev Source ___

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

* There is no fiscal impact associated with the receipt and filing of this Business Associate Agreement.

C. Departmental Fiscal Review: _____

III. REVIEW COMMENTS

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

[Signature] 12/12/19
 OFMB *[Signature]*

[Signature] 12/13/19
 Contract Development and Control
 12/13/19 *[Signature]*

B. Legal Sufficiency

[Signature] 12/11/2019
 Assistant County Attorney

C. Other Department Review:

 Department Director

(THIS SUMMARY IS NOT TO BE USED AS A BASIS FOR PAYMENT.)