

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

**Meeting Date:** March 10, 2020       **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:

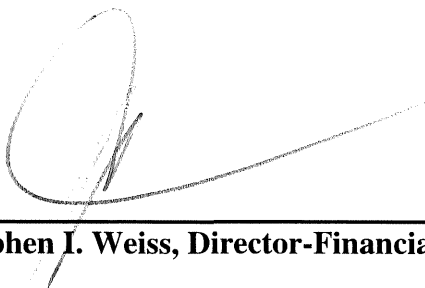
<b>Meeting Type</b>	<b>Meeting Date</b>
Regular	September 10, 2019
Regular	October 8, 2019
Regular	October 22, 2019
Joint Sunshine Board Meeting	November 21, 2019

**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 Section 286.011(2) Florida Statutes 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:**  \_\_\_\_\_ **2/14/2020**  
**Stephen I. Weiss, Director-Financial Services**      **Date**

**Approved by:** N/A \_\_\_\_\_ **Date**  
**Assistant County Administrator**

**II. FISCAL IMPACT ANALYSIS**

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

Fiscal years	2020	2021	2022	2023	2024
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:**

_____	_____
<b>OFMB</b>	<b>Contract Dev. and Control</b>

**2. LEGAL SUFFICIENCY:**

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

**3. OTHER DEPARTMENT REVIEW:**

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