

II. 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>
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
Net Fiscal Impact	_____*	_____	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included In Current Budget? Yes ___ No ___
 Does this item include the use of federal funds? Yes ___ No ___
 Budget Account Exp No: Fund ___ Department ___ Unit ___ Object ___
 Rev No: Fund ___ Department ___ Unit ___ Rev Source ___

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

Grant:
 Fund:
 Unit:

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

Departmental Fiscal Review: (NC) [Signature] 4/19/20

III. REVIEW COMMENTS

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

[Signature] 5/19/2020
PC/19 5/19
 OFMB LM
5/19

[Signature] 5/20/2020
 Contract Administration
5/20/2020 TW

B. Legal Sufficiency:

Jean-Adel Williams
 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:	10/01/2016 - 09/30/2020
Grantee Address:	301 N. Olive Avenue West Palm Beach, 33401	Program Office:	OVC
Grantee DUNS Number:	07-847-0481	Grant Manager:	Mary Atlas-Terry
Grantee EIN:	59-6000785	Application Number(s):	2016-40314-FL-XV
Vendor #:	596000078	Award Number:	2016-XV-GX-K018
Project Title:	Palm Beach County's Enhanced Response to DUI/Impaired Driving Related Deaths	Award Amount:	\$579,965.00

RSC - Programmatic Requirements

Supplement 00			
	Special Condition Number	Special Condition Title	Status
✓	Special Condition 52	Revised time-task plan	Inactive

***Required Justification for Removal**
 Grantee addressed special condition #52 when they requested a no-cost extension. This revised time task plan has been approved.

Attachments:
 None

[Print](#)

Audit Trail:

Description:	Role:	User:	Timestamp:
Approved-Final	PO - GAN 1st Line Supervisor	FobianJ	01/28/2020 3:51 PM
Submitted	PO - GAN 1st Line Supervisor	AtlasM	01/28/2020 3:45 PM
Draft	PO - Grant Manager	AtlasM	01/28/2020 3:43 PM