

PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: August 17, 2021 ( X ) Consent ( ) Regular  
( ) Workshop ( ) Public Hearing

Submitted by: Clerk of the Circuit Court & Comptroller, Palm Beach County

Submitted for: Tax Collector, Palm Beach County

I. EXECUTIVE BRIEF

**Motion and Title:**

**Staff recommends motion to Receive and File:** two of Palm Beach County’s annual financial reports for fiscal year ended September 30, 2020.

- A. The Units of Local Government – Annual Financial Report (AFR).
- B. Annual Financial Audit Report (AFAR), including the Single Audit Report.

**Summary:**

The Units of Local Government Report is an Annual Financial Report which serves to generate input to the state. The Annual Financial Audit Report is a special annual financial report defined in Chapter 10.550 of the rules of the Auditor General. This report is required to be filed annually with the Auditor General in compliance with Section 11.45, Florida Statutes and includes the Single Audit Report. Countywide (DB)

**Background and Justification:**

Reports are submitted annually pursuant to law and are filed with the Board of County Commissioners.

**Attachments:**

- 1. Copy of the Units of Local Government Annual Financial Report (AFR) for fiscal year ended September 30, 2020.
- 2. Annual Financial Audit Report (AFAR) for fiscal year ended September 30, 2020. (Due to the bulk of the report, the full copy may be viewed in the Board Services Department of the Constitutional Clerk & Comptroller’s Office.)

Recommended by: \_\_\_\_\_

  
Felicia Landerman, Treasurer

7/30/21  
Date

Approved by: \_\_\_\_\_

N/A  
Assistant County Administrator

Date

**II. FISCAL IMPACT ANALYSIS**

**A. FIVE-YEAR SUMMARY OF FISCAL IMPACT:**

<b><u>Fiscal Years</u></b>	<b><u>2021</u></b>	<b><u>2022</u></b>	<b><u>2023</u></b>	<b><u>2024</u></b>	<b><u>2025</u></b>
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	_____	_____	_____	_____	_____
Number of 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 No.:	Fund _____	Dept. _____	Unit _____	Object _____	Revenue Source _____

**B. RECOMMENDED SOURCES OF FUNDS/SUMMARY OF FISCAL IMPACT:**  
No Fiscal Impact.

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

**III. REVIEW COMMENTS**

**A. OFMB FISCAL AND/OR CONTRACT DEVELOPMENT AND CONTROL COMMENTS:**

\_\_\_\_\_ OFMB \_\_\_\_\_ Contract Dev. and Control

**B. LEGAL SUFFICIENCY:**

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

**C. OTHER DEPARTMENT REVIEW:**

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