

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: January 4, 2022

Consent Regular
 Ordinance Public Hearing

Department:

Submitted By: Facilities Development & Operations

Submitted For: Parks and Recreation/Administration

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to: name the east recreation room at the West Jupiter Recreation Center to "The Edna W. Runner Youth Activities Room."

Summary: At the request of Commissioner Maria G. Marino and approval of the Board of County Commissioners (Board) sitting in session on December 7, 2021, staff was given direction to name the east recreation room at the West Jupiter Recreation Center after Edna W. Runner. Ms. Runner has served the youth of Palm Beach County, specifically in the Limestone Creek community for many decades contributing positively to thousands of children's lives. Ms. Runner is the founder and Executive Director of the Edna W. Runner Tutorial Center with a mission to provide a safe and nurturing environment for at-risk students and families so they may pursue academic and personal excellence. (FDO Admin) District 1 (AH)

Background & Policy Issues: Naming of county facilities is covered by PPM CW-O-044. The West Jupiter Recreation Center is located at 6401 Indiantown Rd. Jupiter, FL 33458.

Recommended by: *Carrie P. Ayala Colley* 12/16/2021
Department Director Date

Approved by: *Bill J. Buler* 12/29/2021
for County Administrator (Date)

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2021	2022	2023	2024	2025
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____
Is Item Included in Current Budget:		Yes	_____	No	<u>X</u>
Does this item include use of federal funds?		Yes	_____	No	<u>X</u>

Budget Account No.: Fund ___ Department ___ Unit ___
 Object ___ Program N/A

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

C. Departmental Fiscal Review: [Signature]
 (FDO)

III. REVIEW COMMENTS

A. OFMB Fiscal And/Or Contract Development and Control Comments:

[Signature] 12/14/21
 OFMB 21A 12-14-21 BC 12/14

[Signature] 12/28/21
 Contract Development & Control
 12-28-21 [Signature]

B. Legal Sufficiency:

[Signature] for
 Assistant County Attorney Anne Helfant

C. Other Departmental Review:

[Signature]

REVISED 09/2003
 ADM FORM 01

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