

PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: May 2, 2023 ( X ) Consent ( ) Regular  
( ) Workshop ( ) Public Hearing

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

Submitted For: Joseph Abruzzo, Clerk of the Circuit Court & Comptroller

I. EXECUTIVE BRIEF

**Motion and Title:**

Staff recommends motion to approve the following final minutes of the Board of County Commissioners' meetings:

<u>Meeting Date</u>	<u>Meeting Type</u>
October 27, 2022	Zoning
November 22, 2022	Final
November 22, 2022	Reorganizational
November 22, 2022	Workshop
November 28, 2022	Zoning/Comp plan
December 20, 2022	Regular

**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.

**Attachments:**

The minutes are available for inspection in the Clerk of the Circuit Court & Comptroller's Board Services office, Room 203.2, 2nd Floor, Weisman Governmental Center, at 301 N. Olive Avenue.

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



Liana B Figueroa, Manager - Finance Services

4/13/22

Date

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

Assistant County Administrator

Date

**II. FISCAL IMPACT ANALYSIS**

**A. Five-Year Summary of Fiscal Impact:**

<u>Fiscal Years</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2026</u>	<u>2027</u>
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
<b>NET FISCAL IMPACT</b>	_____	_____	_____	_____	_____
Number of additional FTE positions (Cumulative)	_____	_____	_____	_____	_____
Is item included in Current Budget?				Yes _____	No _____

Budget Account No.: Fund \_\_\_\_\_ Agency \_\_\_\_\_ Org. \_\_\_\_\_ Object \_\_\_\_\_  
 Reporting Category \_\_\_\_\_

**B. Recommended Sources of Funds/Summary of 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