

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

| Fiscal Years | 2023 | 2026 | 2026 | 2026 | 2027 |
|--------------------------|-------------|------|------|------|------|
| Capital Expenditures | | | | | |
| Operating Costs | \$132,038 | | | | |
| External Revenue | (\$132,038) | | | | |
| Program Income (County) | | | | | |
| In-Kind Match (County) | | | | | |
| NET FISCAL IMPACT | 0 | | | | |

| | | | | | |
|---|--|--|--|--|--|
| No. ADDITIONAL FTE POSITIONS (Cumulative) | | | | | |
|---|--|--|--|--|--|

Is Item Included In Current Budget? Yes X No
 Does this Item include the use of federal funds? Yes X No

Budget Account No.:

Fund 1101 Dept. 143 Unit 1435 Object 8201 Program Code ES25 Program Period GY22 \$82,380.28
 Fund 1160 Dept. 143 Unit 1447 Object 8201 Program Code ESCV25 Program Period GY19 \$32,038
 Fund 0001 Dept. 148 Unit 1359 Object 8201 Program Code Program Period \$17,619.72

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

HUD Emergency Solutions Grant

DocuSigned by:

Julie Dowe
 05AC9C7CC5BC444

C. Departmental Fiscal Review:

Julie Dowe, Director, Financial & Support Svcs.

III. REVIEW COMMENTS

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

Steve Matis 4/27/2023
 OFMB MS 4/27

J. J. Janssen 4/28/23
 Contract Development and Control
 MS 4/28/23

B. Legal Sufficiency:

M. H. Hvizd 4/11/2023 for H. Hvizd
 Assistant County Attorney

C. Other Department Review:

 Department Director

This summary is not to be used as a basis for payment.

BUDGET AVAILABILITY STATEMENT

REQUEST DATE: 04/06/2023

REQUESTED BY: Julie Dowe

PHONE: 561-355-9922

PROJECT TITLE: Emergency Solutions Grant

ORIGINAL CONTRACT AMOUNT: N/A

BCC RESOLUTION#: n/a

REQUESTED AMOUNT: \$114,418.28

DATE: n/a

CSA or CHANGE ORDER NUMBER: n/a

LOCATION: Community Services

BUILDING NUMBER: 810 Datura Street

DESCRIPTION OF WORK/SERVICE LOCATION: ESG FY23 Contracts

PROJECT/W.O. NUMBER: n/a

CONSULTANT/CONTRACTOR: The Salvation Army

PROVIDE A BRIEF STATEMENT OF THE SCOPE OF SERVICES TO BE PROVIDED BY THE CONSULTANT/CONTRACTOR: Emergency Shelter and homeless prevention services

| | |
|-----------------------|-----------------|
| CONSTRUCTION | \$ |
| PROFESSIONAL SERVICES | \$ \$114,418.28 |
| STAFF COSTS* | \$ |
| EQUIP. / SUPPLIES | \$ |
| CONTINGENCY | \$ |
| TOTAL | \$ \$114,418.28 |

BUDGET ACCOUNT NUMBER(S) (Specify distribution if more than one and order in which funds are to be used):

FUND: 1101 DEPT: 143 UNIT: 1435 OBJ: 8201 Prg Cd/Period: ES25/GY22 \$82,380.2

 1160 143 1447 8201 ESCV25/GY19-\$32,038

IDENTIFY FUNDING SOURCE FOR EACH ACCOUNT: (check and provide detail for all that apply)

- Ad Valorem (Amount \$ _____) Infrastructure Sales Tax (Amount \$ _____)
- State (source/type: _____ Amount \$ _____) Federal (source/type: _____ Amount \$ _____)
- Grant (source/type: _____ Amount \$ _____) Impact Fees: (Amount \$ _____)
- Other (source/type: _____ Amount \$ _____)

Department: Department of Housing and Economic Development

BAS APPROVED BY: _____

DATE 4/26/2023

ENCUMBRANCE NUMBER:  _____