

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2024	2025	2026	2027	2028
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 X

Does this item include the use of federal funds? Yes _____ No X

Does this item include the use of state funds? Yes _____ No X

Budget Account No.:

Fund 0001 Department 380 Unit 3241 Object _____ Program _____

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

C. Department Fiscal Review:

S. King

III. REVIEW COMMENTS

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

Sara Mule 12/18/23
 OFMB 9/11/23 DA 12/12/23 12/21/23
Contract Development & Control

B. Legal Sufficiency:

JA 12/27/23
Assistant County Attorney

C. Other Department Review:

Department Director



Florida Department of Agriculture and Consumer Services
 Division of Agricultural Environmental Services
ANNUAL CERTIFIED BUDGET FOR ARTHROPOD CONTROL

Submit to:
 Mosquito Control Program
 3125 Conner Blvd, Suite E
 Tallahassee, FL 32399-1650

WILTON SIMPSON
 COMMISSIONER

Rule 5E-13.027, F.A.C.
 Telephone: (850) 617-7911; Fax (850) 617-7939

County or District Palm Beach County

FISCAL YEAR: 2023-2024

RECEIPTS

Acct #	Description	TOTAL	LOCAL	STATE
311	Ad Valorem (Current/Delinquent)	\$3,350,317.00	\$3,350,317.00	
334.1	State Grant	\$0.00	\$0.00	\$0.00
362	Equipment Rentals	\$0.00	\$0.00	\$0.00
337	Grants and Donations	\$0.00	\$0.00	\$0.00
361	Interest Earnings	\$0.00	\$0.00	\$0.00
364	Equipment and/or Other Sales	\$0.00	\$0.00	\$0.00
369	Misc./Refunds (prior yr expenditures)	\$0.00	\$0.00	\$0.00
380	Other Sources	\$0.00	\$0.00	\$0.00
389	Loans	\$0.00	\$0.00	\$0.00
TOTAL RECEIPTS		\$3,350,317.00	\$3,350,317.00	\$0.00
Beginning Fund Balance		\$0.00	\$0.00	\$0.00
Total Budgetary Receipts & Balances		\$3,350,317.00	\$3,350,317.00	\$0.00

EXPENDITURES

Acct #	Uniform Accounting System Transaction	TOTAL	LOCAL	STATE
10	Personal Services	\$984,384.00	\$984,384.00	\$0.00
20	Personal Services Benefits	\$458,607.00	\$458,607.00	\$0.00
30	Operating Expense	\$824,000.00	\$824,000.00	\$0.00
40	Travel & Per Diem	\$9,300.00	\$9,300.00	\$0.00
41	Communication Serv	\$0.00	\$0.00	\$0.00
42	Freight Services	\$100.00	\$100.00	\$0.00
43	Utility Service	\$13,000.00	\$13,000.00	\$0.00
44	Rentals & Leases	\$128,952.00	\$128,952.00	\$0.00
45	Insurance	\$28,708.00	\$28,708.00	\$0.00
46	Repairs & Maintenance	\$48,158.00	\$48,158.00	\$0.00
47	Printing and Binding	\$0.00	\$0.00	\$0.00
48	Promotional Activities	\$0.00	\$0.00	\$0.00
49	Other Charges	\$439,857.00	\$439,857.00	\$0.00
51	Office Supplies	\$4,299.00	\$4,299.00	\$0.00
52.1	Gasoline/Oil/Lube	\$55,992.00	\$55,992.00	\$0.00
52.2	Chemicals	\$334,950.00	\$334,950.00	\$0.00
52.3	Protective Clothing	\$1,980.00	\$1,980.00	\$0.00
52.4	Misc. Supplies	\$15,870.00	\$15,870.00	\$0.00
52.5	Tools & Implements	\$1,200.00	\$1,200.00	\$0.00
54	Publications & Dues	\$960.00	\$960.00	\$0.00
55	Training	\$0.00	\$0.00	\$0.00
60	Capital Outlay	\$0.00	\$0.00	\$0.00
71	Principal	\$0.00	\$0.00	\$0.00
72	Interest	\$0.00	\$0.00	\$0.00
81	Aids to Government Agencies	\$0.00	\$0.00	\$0.00
83	Other Grants and Aids	\$0.00	\$0.00	\$0.00
89	Contingency (Current Year)	\$0.00	\$0.00	\$0.00
99	Payment of Prior Year Accounts	\$0.00	\$0.00	\$0.00
TOTAL BUDGET AND CHANGES		\$3,350,317.00	\$3,350,317.00	\$0.00
0.001	Reserves - Future Capital Outlay	\$0.00	\$0.00	\$0.00
0.002	Reserves - Self-Insurance	\$0.00	\$0.00	\$0.00
0.003	Reserves - Cash Balance to be Carried Forward	\$0.00	\$0.00	\$0.00
0.004	Reserves - Sick and Annual Leave Trans Out	\$0.00	\$0.00	\$0.00
TOTAL RESERVES ENDING BALANCE		\$0.00	\$0.00	\$0.00
TOTAL BUDGETARY EXPENDITURES AND RESERVES BALANCES		\$3,350,317.00	\$3,350,317.00	\$0.00
ENDING FUND BALANCE		\$0.00	\$0.00	\$0.00

I certify that the budget shown was adopted on this _____ Day of _____ 20_____

SIGNED: _____
 Chairman of the Board, or Clerk of Circuit Court

Approved as to form and legal sufficiency:
Isl Scott A. Stone
 Assistant County Attorney

APPROVED: State of Florida Department of Agriculture and Consumer Services, Mosquito Control Program

SIGNED: _____
 Mosquito Control Program