

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

| | | | |
|---------------|-----------------|---|---|
| Meeting Date: | August 19, 2025 | <input checked="" type="checkbox"/> Consent | <input type="checkbox"/> Regular |
| | | <input type="checkbox"/> Workshop | <input type="checkbox"/> Public Hearing |
| Department: | Fire Rescue | | |

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to delegate authority to the County Administrator or designee to execute documents related to probate or other administrative processes where donations to Palm Beach County Fire Rescue are bequeathed through an Estate, Will or Trust.

Summary: From time to time, Palm Beach County Fire Rescue (PBCFR) receives unsolicited donations through those who name PBCFR as a beneficiary in their Estate, Will or Trust. Through probate or other administrative processes, the County, through its Fire Rescue Department, may be requested to sign documents as part of the process to receive the bequest. Such documents may include, for example, Consent to Appointment of a Personal Representative or Trustee and Waiver of Bond, Waiver of Service of Notice of Administration, Acknowledgement of Receipt of the Bequest, and other documents relating to the probate or other administrative processes. Countywide (SB)

Background and Justification: Fire Rescue has been named as a beneficiary in wills and/or trusts in the past and may be in the future. Receiving delegated authority to sign documents related to probate and other administrative processes will allow Fire Rescue to expeditiously execute such documents to accept donations in a timely manner.

Recommended by:  6-28-2025
Assistant Fire Chief Date

Approved by:  6/24/2025
Fire Rescue Administrator Date

Approved by:  7/9/2025
Assistant County Administrator Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

| Fiscal Years | 2025 | 2026 | 2027 | 2028 | 2029 |
|--|-------|-------|-------|-------|-------|
| Capital Expenditures | _____ | _____ | _____ | _____ | _____ |
| Operating Costs | _____ | _____ | _____ | _____ | _____ |
| External Revenues | _____ | _____ | _____ | _____ | _____ |
| Program Income (County) | _____ | _____ | _____ | _____ | _____ |
| In-Kind Match (County) | _____ | _____ | _____ | _____ | _____ |
| NET FISCAL IMPACT | * 0 | _____ | _____ | _____ | _____ |
| # ADDITIONAL FTE POSITIONS (Cumulative) | 0 | _____ | _____ | _____ | _____ |

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 1300 Dept 440 Unit _____ Rvsc _____/Object

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

* There is no fiscal impact at this time.

C. Departmental Fiscal Review: Ramona Magierowski 6/27/25

III. REVIEW COMMENTS

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

Joe Mave 7/1/2025
OFMB
QA 7/1
VS 7/1

Brenda Bracht 7/2/25
Contract Development and Control
LG 7/2/25

B. Legal Sufficiency

Ken Bue 7/3/25
Assistant County Attorney

C. Other Department Review:

Department Director

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