

SUGGESTED AGENDA

TAYLOR COUNTY BOARD OF COUNTY COMMISSIONERS
PERRY, FLORIDA

TUESDAY, SEPTEMBER 19, 2023

Immediately following the 2nd/Final Budget Hearing

201 E. GREEN STREET
TAYLOR COUNTY ADMINISTRATIVE COMPLEX
OLD POST OFFICE

CONFERENCE LINE: 1-917-900-1022

ACCESS CODE: 32347#

THIS IS NOT A TOLL-FREE NUMBER AND YOU MAY BE SUBJECT TO
LONG DISTANCE CHARGES, ACCORDING TO YOUR LONG-
DISTANCE PLAN.

When the chairperson opens the meeting for public comment, please follow the below
instructions:

If you wish to speak please dial *5. The moderator will unmute your line when it is your turn to
speak, and notify you by announcing the last 4 digits of your telephone number. Please
announce your name and address. You will be allowed to speak for 3 minutes.

NOTICE IS HEREBY GIVEN, PURSUANT TO FLORIDA STATUTES
286.0105, THAT ANY PERSONS DECIDING TO APPEAL ANY MATTER
CONSIDERED AT THIS MEETING WILL NEED A RECORD OF THE
MEETING AND MAY NEED TO ENSURE THAT A VERBATIM RECORD OF
THE PROCEEDINGS IS MADE, WHICH RECORD INCLUDES THE
TESTIMONY AND EVIDENCE UPON WHICH THE APPEAL IS TO BE
BASED.

ANY PERSON WISHING TO ADDRESS THE BOARD REGARDING AN
AGENDAED ITEM WILL BE GIVEN THREE (3) MINUTES FOR COMMENT.
A COMMENTER MAY ONLY SPEAK ONE (1) TIME FOR EACH AGENDAED
ITEM.

1. Prayer
2. Pledge of Allegiance
3. Approval of Agenda

CONSENT ITEMS:

4. THE BOARD TO CONSIDER APPROVAL OF LEASE AMENDMENT NO. P00023 WITH THE VETERAN'S ADMINISTRATION AS AGENDAED BY LAWANDA PEMBERTON, COUNTY ADMINISTRATOR.
5. THE BOARD TO CONSIDER APPROVAL OF CHANGE ORDER #1 FOR REHABILITATION WORK THROUGH THE SHIP PROGRAM AND APPROVAL FOR EXCEEDING THE COST LIMITS FOR THE SHIP LOCAL HOUSING ASSISTANCE PLAN FOR THE HOME OF JAMES AND IDA CHESTER AS AGENDAED BY JAMI EVANS, GRANTS COORDINATOR.
6. THE BOARD TO CONSIDER APPROVAL OF BY-LAWS FOR 2023-2024 FOR THE LOCAL COORDINATING BOARD (LCB) FOR THE TRANSPORTATION DISADVANTAGED AS AGENDAED BY THE GRANTS COORDINATOR.
7. THE BOARD TO CONSIDER APPROVAL OF GRIEVANCE PROCEDURES FOR FY 2023-2024 FOR THE LOCAL COORDINATING BOARD FOR THE TRANSPORTATION DISADVANTAGED AS AGENDAED BY THE GRANTS COORDINATOR.
8. THE BOARD TO CONSIDER APPROVAL OF ANNUAL CORE CONTRACT BETWEEN THE FLORIDA DEPARTMENT OF HEALTH AND THE TAYLOR COUNTY BOARD OF COUNTY COMMISSIONERS AS AGENDAED BY TONYA HOBBY, TAYLOR COUNTY HEALTH DEPARTMENT ADMINISTRATOR.
9. THE BOARD TO CONSIDER APPROVAL OF THE REMOVAL OF FIXED ASSETS DISPOSITIONS, AS AGENDAED BY THE CLERK OF COURT.

COUNTY STAFF ITEMS:

10. THE BOARD TO CONSIDER APPROVAL OF FLORIDA MUNICIPAL INSURANCE TRUST FIRE FIGHTER CANCER BENEFIT PROGRAM AS AGENDAED BY DAN CASSEL, FIRE CHIEF.

11. THE BOARD TO DISCUSS VOLUNTEER FIRE FIGHTER PROGRAM AS AGENDAED BY THE FIRE CHIEF.

COUNTY ADMINISTRATOR ITEMS:

12. THE COUNTY ADMINISTRATOR TO DISCUSS INFORMATIONAL ITEMS.
13. COMMENTS AND CONCERNS FROM THE PUBLIC FOR NON-AGENDAED ITEMS:
14. BOARD INFORMATIONAL ITEMS:

Motion to Adjourn

FOR YOUR INFORMATION:

- THE AGENDA AND ASSOCIATED DOCUMENTATION, IF APPLICABLE, IS AVAILABLE TO THE PUBLIC ON THE FOLLOWING WEBSITE:

www.taylorcountygov.com

- IF YOU ARE A PERSON WITH A DISABILITY WHO NEEDS ANY ACCOMODATION IN ORDER TO PARTICIPATE IN THIS PROCEEDING, YOU ARE ENTITLED, AT NO COST TO YOU, TO THE PROVISION OF CERTAIN ASSISTANCE. PLEASE CONTACT MARSHA DURDEN, ASSISTANT COUNTY ADMINISTRATOR, 201 E. GREEN STREET, PERRY, FLORIDA, 850-838-3500, EXT.7, WITHIN TWO (2) WORKING DAYS OF THIS PROCEEDING.
- BALLOTS USED TO APPOINT CITIZENS TO ADVISORY COMMITTEES AND ADVISORY BOARDS ARE AVAILABLE FOR PUBLIC INSPECTION AFTER THE MEETING AND ARE RETAINED AS PART OF THE PUBLIC RECORD.

TAYLOR COUNTY BOARD OF COMMISSIONERS

County Commission Agenda Item

SUBJECT/TITLE:



The Board to consider the approval of lease amendment No. P00023 with the Veteran's Administration.

MEETING DATE REQUESTED:

September 19, 2023

Statement of Issue: To continue VA clinic lease

Recommended Action: Approve

Fiscal Impact: \$12,854.28 lease received

Budgeted Expense: Yes

Submitted By: LaWanda Pemberton, County Administrator

Contact: 850-838-3500 ext. 6

SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

History, Facts & Issues: These supplemental agreements are for years 1 and 4 of 5 year lease option for leasing of the VA Clinic in Perry. This clinic provides VA services directly in Taylor County.

Options: Approve/ Not Approve

Attachments: Supplemental agreement

US DEPARTMENT OF VETERANS AFFAIRS

LEASE AMENDMENT

LEASE AMENDMENT NO. P00023

TO LEASE NO. VA248-13-L-0077

ADDRESS OF PREMISES

PERRY VA CLINIC
1224 NORTH PEACOCK AVENUE
none
none
PERRY FL 32347

THIS AMENDMENT is made and entered into between
TAYLOR, COUNTY OF
whose address is

201 E GREEN ST

PERRY FL 32347

hereinafter called the Lessor, and the UNITED STATES OF AMERICA, hereinafter called the Government:
WHEREAS, the parties hereto desire to amend the above Lease.

NOW THEREFORE, these parties for good and valuable consideration, the receipt and sufficiency of which is hereby
acknowledged, covenant and agree that the said Lease is amended, effective 10-01-2023 as follows:

In accordance with GSAR 570.401, Renewal Options, this Supplemental Lease Agreement is issued to exercise the Lease
option year four (4) out of five (5) from October 1, 2023 through September 30, 2024 at the annual rate of
\$12,854.28 for the 1,586 net usable square feet for the leased property above. Monthly lease
payments will be paid in arrears.

Notwithstanding anything to the contrary, contained in this Lease, the Government may terminate this Lease,
in whole or in part by giving a 60 days written notice to the Lessor. The effective date of such termination shall
be the first calendar day occurring after such 90 days. If this Lease is terminated, the Government shall be liable
only for rent payments due and owing to the Lessor prior to, but not including, the effective date of termination.

All other terms and conditions remain the same.

This Lease Amendment contains 1 pages.

All other terms and conditions of the lease shall remain in force and effect.

IN WITNESS WHEREOF, the parties subscribed their names as of the below date.

FOR THE LESSOR:

Signature: _____
Name: _____
Title: _____
Entity Name: _____
Date: _____

FOR THE GOVERNMENT:

Signature: _____
Name: Sibyl Graham
Title: Lease Contracting Officer
Department of Veterans Affairs
Date: _____

SIBYL

SIBYL GRAHAM

2023.09.06

GRAHAM 07:49:21 -04'00'

WITNESSED FOR THE LESSOR BY:

Signature: _____
Name: _____
Title: _____
Date: _____

TAYLOR COUNTY BOARD OF COMMISSIONERS

County Commission Agenda Item

SUBJECT/TITLE:

Board to approve Change Order #1 in the amount of \$7,704.00 to the contract for rehabilitation work through the SHIP Program for the home of James and Ida Chester.
Board also to approve exceeding the arbitrary cost limits for the SHIP Local Housing Assistance Plan (LHAP).

MEETING DATE REQUESTED:

September 19, 2023

Statement of Issue:

Board to approve Change Order #1 in the amount of \$7,704.00 to the contract for rehabilitation work through the SHIP Program for the home of James and Ida Chester. Board also to approve exceeding the arbitrary cost limits for the SHIP Local Housing Assistance Plan (LHAP).

Recommended Action:

Approve change order and approve exceeding the cost limits in the SHIP LHAP.

Fiscal Impact:

N/A. The change order will be 100% funded through the SHIP Program.

Budgeted Expense:

Not Applicable

Submitted By:

Jami Evans, Grants Coordinator

Contact:

Jami Evans

SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

History, Facts & Issues: On August 14, 2023, Mr. Chester contacted the contractor and advised him that the current A/C unit stopped working. The contractor had an A/C company inspect the unit. They determined it is leaking refrigerant at the evaporator coil and recommend replacing it as it is 12 years old. The new system will have a 1 year labor warranty and 10 year parts warranty.

Attachments:

Change Order #1

TAYLOR COUNTY
STATE HOUSING INITIATIVES PARTNERSHIP (SHIP) PROGRAM
CONTRACT FOR REHABILITATION WORK
CHANGE ORDER #1

Owner: James and Ida Chester

Contractor: Jerry Walters Construction, Inc.

Job Address: 1310 S. Sparrow Street - Perry, FL 32348

The Contract for Rehabilitation Work entered into on August 1, 2023, by and between the above Owner and Contractor and approved by the local government, is hereby amended to include the following changes, additions and/or deletions to the work (attach additional sheets if needed):

| Item # | Spec # | Description of Work | Location | Price |
|--------|--------|---------------------|----------|---------|
| | | Replace HVAC System | | 6420.00 |
| | | 20% | | 1284.00 |
| | | | | |
| | | | | |
| | | | TOTAL | 7704.00 |

This Change Order hereby becomes an integral part of the Contract, pursuant the Contract. The Contract amount is hereby amended by \$ 7704.00 for a new total of \$ 64994.00

The additional cost will be covered by \$ _____ in private funds and \$ 7704.00 in SHIP funds.
The work completion deadline: ✓ is not extended; _____ is extended to _____.

☒ Occupancy of the structure will be as originally contracted;
____ The structure will be vacant for an additional _____ days.

Jerry Walters 8/23/23
Contractor/Date

James B. Chester
Owner/Date

JR 08/25/2023
Housing Rehab. Spec./Date

Local Government Represent./Date

TAYLOR COUNTY BOARD OF COMMISSIONERS

County Commission Agenda Item

SUBJECT/TITLE:



Board to review and approve the By-Laws for 2023-2024 for the Local Coordinating Board (LCB) for the Transportation Disadvantaged.

MEETING DATE REQUESTED:

September 19, 2023

Statement of Issue: Board to review and approve the By-Laws for 2023-2024 for the Local Coordinating Board for the Transportation Disadvantaged.

Recommended Action: Approve LCB By-Laws for 2023-2024

Budgeted Expense: Not Applicable

Submitted By: Jami Evans, Grants Coordinator

Contact: Jami Evans

SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

History, Facts & Issues: The terms of the Transportation Disadvantaged Planning Grant require the Local Coordinating Board for the Transportation Disadvantaged to maintain By-Laws and update them on an annual basis. The agencies and groups represented on the LCB are a requirement of the Florida Commission for the Transportation Disadvantaged.

Attachments: 2023-2024 By-Laws for the LCB

Taylor County
Transportation Disadvantaged
Local Coordinating Board
By-Laws 2023-2024



Updated September 19, 2023

Pam Feagle, Chairman
Local Coordinating Board of the Transportation Disadvantaged

OUR MISSION: To ensure the availability of efficient, cost-effective, and quality transportation services for transportation disadvantaged persons.

Our Vision and Values: To provide the best possible transportation services to the transportation disadvantaged population, providing a viable program to assist in the improvement of the quality of life of our citizens.

SECTION 1: PREAMBLE

The following sets forth the by-laws which shall serve to guide the proper functioning of the Taylor County Transportation Disadvantaged Local Coordinating Board. The intent is to provide procedures and policies for fulfilling the requirements of Chapter 427, Florida Statutes, Rule 41-2, Florida Administrative Code (FAC), LCB and Planning Agency Operating Guidelines (August 2017) and subsequent laws setting forth requirements for the coordination of transportation services to the transportation disadvantaged. The by-laws also adhere to the policies and procedures as set forth by the Taylor County Board of County Commissioners for County appointed and approved Committees and Advisory Boards.

SECTION II: NAME AND PURPOSE OF BOARD

- A. Name.** The name of the Coordinating Board shall be the **Taylor County Transportation Disadvantaged Local Coordinating Board (LCB)**, hereinafter referred to as the Board.
- B. Purpose.** The purpose of the Board is to identify local service needs, assist in planning for said needs, assist with the selection and annual review of a Community Transportation Coordinator (CTC), provide information, advice, and direction to the CTC on the provision of services to the transportation disadvantaged and assist in the development of the local Transportation Disadvantaged Service Plan (TDSP).

SECTION III: MEMBERSHIP, APPOINTMENT, TERM OF OFFICE, AND TERMINATION OF MEMBERSHIP

- A. Voting Members.** In accordance with Chapter 427.0157, Florida Statutes, all members of the Board shall be appointed by and/or approved by the Taylor County Board of County Commissioners.

The following agencies or groups shall be represented on the Board as voting members:

1. A County Commissioner or other elected official from the service area.
2. A local representative from the Florida Department of Transportation.
3. A local representative from the Florida Department of Children and Family Services.
4. A person over sixty (60) years of age representing the elderly in the county.
5. The County's Veterans Service Officer or a person recommended by the local Veterans Service Officer representing the Veteran's in the County.
6. A local representative for children at risk.
7. A local representative from the Florida Department of Elder Affairs.

8. A representative of the Regional Workforce Development Board (Career Source of North Florida.)
9. A representative of the local medical community (local health department, long term care facilities, hospitals, assisted living facilities, kidney dialysis centers, etc.)
10. A person representing the disabled of the county.
11. A representative of the public education community which could include but not be limited to, a representative of the local School Board, school transportation services, or Head Start where the school district is responsible.
12. A person who is recognized by the Florida Association for Community Action representing the economically disadvantaged.
13. Two citizens advocate representatives with one who uses the transportation services as their primary means of transportation.
14. A representative of the Florida Agency for Health Care Administration.

B. Alternate Members. The designated agencies shall name one (1) alternate who may vote only in the absence of that member on a one-vote-per-member basis.

C. Technical Advisors - Non-voting Members. Additional non-voting members may be appointed by the Board of County Commissioners or by majority vote of the LCB to provide technical advice as necessary.

D. Terms of Appointment. Except for the Chairperson and agency representative, the members of the board shall be appointed for three (3) year terms. Members may be reappointed if requested by the agency or group the member is representing and if approved by the Board of County Commissioners. Terms are staggered to prevent a significant turnover during a particular period.

E. Termination of Membership. Any member of the Board may resign at any time by notice in writing to the LCB Chairman. If the member is from an Agency required by the Florida Commission for the Transportation Disadvantaged, the Agency shall be responsible for appointing a new member and their alternate. The Planning Grant Manager shall be notified by the Agency as to the new appointment(s). Attendance is required at scheduled meetings, except for reasons of an unavoidable nature. In each instance of an unavoidable absence, the member should ensure their alternate will attend. The Board of County Commissioners upon recommendation of the Planning Grant Manager shall review and consider rescinding the appointment of any voting member of the Board who fails to attend three (3) consecutive meetings. The County/Planning Agency shall maintain an attendance roster for each LCB meeting. This roster shall be submitted to the TD Commission with each quarterly report. The Taylor County LCB will follow the Advisory Committee Attendance Policy approved by the Taylor County Board of County Commissioners and guidelines of the Florida Commission for the Transportation Disadvantaged.

SECTION IV: OFFICERS AND DUTIES

- A. Number.** The officers of the Local Coordinating Board shall be a Chairperson and a Vice-Chairperson.
- B. Chairperson.** The Chairperson shall preside at all meetings, and in the event of his/her absence, or at his/her direction; the Vice-Chairperson shall assume the duties and powers of the Chairperson. The Chairperson will be the appointee of the Taylor County Board of County Commissioners. The Chairperson will serve until their elected term of office expires or otherwise replaced by the Board of County Commissioners. The Chairperson is responsible for the minutes of the meeting and for all meeting notices and agendas. The Chairperson shall work closely with the Planning Grant Manager planning meetings, reviewing required submissions under the terms of the grant contracts, and other meetings or events required for the Local Coordinating Board to be effective and in compliance with the Florida Commission for the Transportation Disadvantaged rules and regulations.
- C. Vice-Chairperson.** The Local Coordinating Board shall hold an organizational meeting each year for the purpose of electing a Vice-Chairperson. The Vice-Chairperson shall be elected by a majority vote of a quorum of the members of the Board and voting at the organizational meeting. The Vice-Chairperson shall serve for a term of one year starting at the following meeting. LCB members can serve more than one term as Vice-Chairperson, but not for consecutive terms. The annual organizational meeting is held at the 1st quarter meeting in (normally September) to elect a Vice-Chairperson for the upcoming new fiscal/grant reporting year. If there is a tie vote for the Vice-Chairperson at the organizational meeting, a coin toss will be exercised at that time to determine the Vice-Chairperson.

SECTION V: BOARD MEETINGS

- A. Regular Meetings.** The Board shall meet as often as necessary in order to meet its responsibilities. However, as required by Chapter 427.0157, Florida Statutes, the Board shall meet at least quarterly. The Board currently meets in September, December, March and June in concurrence with the State of Florida and Commission for the Transportation Disadvantaged fiscal year.
- B. Meeting Standards.** All meetings including committee meetings shall function under the "Government in the Sunshine Law". All meetings will provide an opportunity for public comment.
- C. Parliamentary Procedures.** The Local Coordinating Board will conduct business using parliamentary procedures as set forth and followed by the Taylor County Board of County Commissioners.
- D. Quorum and Voting.** At all meetings of the Board, the presence in person of a majority of voting members shall be necessary and sufficient to constitute a quorum for the transaction of business. In the absence of a quorum, those present may without notice, other than by announcement at the meeting, recess the meeting from time to time, until a

quorum may be present. A quorum shall consist of at least 5 members of the Board. At all meetings of the Board at which a quorum is present, all matters, except as otherwise expressly required by law or these by-laws, shall be decided by the vote of a majority of the members of the Board present. Roll Call votes will be held and documented when needed. As required by Chapter 286.012, all Board members, including the Chairperson of the Board, must vote on all official actions taken by the Board unless there appears to be a possible conflict of interest with a member or members of the Board. Prior to the vote being taken, member(s) must publicly state to the Board the nature of his or her interest in the matter on which the vote is taken. Within fifteen days of the vote, the member(s) shall disclose the nature of his or her interest as public record.

- E. Notice of Meetings.** Notices and tentative agenda packages shall be sent to all Board Members, other interested parties, and the largest circulating newspaper in the designated area at least one week prior to the Board meeting. Such notice shall state the date, time, and the place of the meeting.

SECTION VI: STAFF

- A. General.** The County Commission shall provide the Local Coordinating Board with sufficient staff support and resources to enable the Board to fulfill its responsibilities as set forth in Chapter 427.0157 Florida Statutes and the Local Coordinating Board and Planning Agency Operating Guidelines (August 2017). These responsibilities include providing sufficient staff to manage and oversee the operations of the local program, assist in scheduling meetings, preparing meeting agenda packets, and other necessary administrative duties as required by the Local Coordinating Board within the limit of resources available.

SECTION VII: BOARD DUTIES

- A. Board Duties.** The Local Coordinating Board member duties, with the assistance of the Planning Grant staff, shall include but not be limited to duties as specified in Chapter 427, Florida Statutes and Rule 41-2. FAC.
1. Maintain official meeting minutes, including an attendance roster, reflecting official action and provide a copy to the State Commission and maintain a copy in the County Planning Grant Managers files.
 2. Review and approve the selection of the Community Transportation Coordinator (CTC) and the Memorandum of Agreement between the CTC and the TD Commission.
 3. Annually review, make recommendations, and approve the Transportation Disadvantaged Service Plan (TDSP) and annual updates to the TDSP. Ensure all appropriate parties are included in the process including the public, the planning agency, and the CTC.
 4. Annually evaluate the CTC's performance in general and relative to insurance, safety requirements and standards as referenced in Rule 41-2, 006, FAC, and results of standards in the most recent TDSP. The LCB shall set an annual percentage goal increase (or establish a percentage) for the number of trips

provided within the system to be on public transit where such services are available. (There is currently no other public transit service in Taylor County). The LCB shall utilize the Commission's Quality Assurance Performance Evaluation Tool to evaluate the performance of the CTC. This evaluation Tool and Summary will be submitted to the Commission upon approval by the LCB.

5. In cooperation with the CTC, review and provide recommendations to the Commission and the Taylor County Board of County Commissioners, on all applications for local government, state or federal funds relating to transportation of the transportation disadvantaged in the designated service area to ensure that any expenditures within the designated service area are provided in the most cost effective and efficient manner (427.0157(3), FS). The accomplishment of this requirement shall include the development and implementation of a process by which the Local Coordinating Board and CTC have an opportunity to become aware of any federal, state, or local government funding requests and provide recommendations regarding the expenditure of such funds. Such funds may include expenditures for operating, capital, or administrative needs. Such a process should include at least:
 - A. The review of applications to ensure that they are consistent with the TDSP. This review shall consider:
 - a. The need for the requested funds or services;
 - b. Consistency with local government comprehensive plans;
 - c. Coordination with local transit agencies, including the CTC;
 - d. Consistency with the TDSP;
 - e. Whether such funds are adequately budgeted amounts for the services expected; and,
 - f. Whether such funds will be spent in a manner consistent with the requirements of coordinated transportation laws and regulations.
 - B. Notify the Commission of any unresolved funding requests without delays in the application process.
6. When requested, assist the CTC in establishing eligibility guidelines and trip priorities.
7. Review coordination strategies for service provision to the transportation disadvantaged in the designated service area to seek innovative ways to improve cost effectiveness, efficient, safety, operating hours, and types of service in an effort to increase ridership to a broader population (427.0157(5) FS). Such strategies should include:
 - A. Evaluation of multi county or regional transportation opportunities. Supporting inter- and intra-county agreements to improve coordination as a way to reduce costs for service delivery, maintenance, insurance, or other identified strategies; and
 - B. Seeking the involvement of the private and public sector, volunteers, public transit, school districts, elected officials, and others in any plan for improved service delivery.

8. Appoint a Grievance Committee to serve as mediators to process and investigate complaints from agencies, users, potential users of the system, and the CTC in the County designated service area. The committee will make recommendations to the Board and address issues in a timely manner. Grievance procedures approved by the Local Coordinating Board and the Board of County Commissioners and in compliance with the Transportation Disadvantaged Commission standards, shall be followed.
9. Annually review coordination contracts (if applicable) to advise the CTC whether the continuation of said contract provides the most cost effective and efficient transportation available (41-2.008(3) FAC).
10. Annually hold a minimum of one (1) public hearing/workshop. This must be a separate meeting from a quarterly LCB meeting and must have its own agenda and minutes, for the purpose of receiving input on unmet needs or other issues that relate to local transportation services.
11. All LCB members will be trained in and comply with the requirements of Section 112.3143, Florida Statutes, concerning voting conflicts of interest (41-2.012(5)(d) FAC).
12. Work cooperatively with regional workforce development boards established in Chapter 445 to provide assistance in the development of innovative transportation services for participants in the welfare transition program (427.0157(7), FS).

SECTION VIII: COMMITTEES

- A. **Committees.** Committees shall be designated by the Chairperson as necessary to investigate and report on specific subject areas of interest to the Local Coordinating Board and to deal with administrative and legislative procedures.

SECTION IX: COMMUNICATIONS WITH OTHER ENTITIES AND AGENCIES

- A. **General.** The Board of County Commissioners authorizes the Local Coordinating Board to communicate directly with other agencies and entities as necessary to carry out its duties and responsibilities in accordance with Rule 41-2 FAC.

SECTION X: CERTIFICATIONS

The undersigned hereby certifies that the Taylor County Board of County Commissioners has reviewed and approved a full, true, and correct copy of the By-Laws of the Local Coordinating Board of the Transportation Disadvantaged on the 19th day of September, 2023.

Jamie English, Chairman
Taylor County Board of County Commissioners

**Pam Feagle, Chairman
Local Coordinating Board for the
Transportation Disadvantaged**

TAYLOR COUNTY BOARD OF COMMISSIONERS

County Commission Agenda Item

SUBJECT/TITLE:



Board to review and approve Grievance Procedures for FY 2023-2024 for the Local Coordinating Board for the Transportation Disadvantaged.

MEETING DATE REQUESTED:

September 19, 2023

Statement of Issue: Board to review and approve the Grievance Procedures for FY 2023-2024 for the Local Coordinating Board (LCB) for the Transportation Disadvantaged.

Recommended Action: Approve the FY 2023-2024 Grievance Procedures for the Taylor County Transportation Disadvantaged Program.

Budgeted Expense: Not Applicable

Submitted By: Jami Evans, Grants Coordinator

Contact: Jami Evans

SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

History, Facts & Issues: The terms of the Transportation Disadvantaged Planning Grant require the Local Coordinating Board for the Transportation Disadvantaged to maintain Grievance Procedures and update them on an annual basis. The Grievance Procedures are in full compliance with the Florida Commission for the Transportation Disadvantaged Grievance Procedures.

Attachments: Grievance Procedures FY 2023-2024



GRIEVANCE PROCEDURES 2023 – 2024
TAYLOR COUNTY LOCAL COORDINATING BOARD
FOR THE TRANSPORTATION DISADVANTAGED
Updated September 19, 2023

The Taylor County Local Coordinating Board (LCB) for the Transportation Disadvantaged appointed by the Taylor County Board of County Commissioners has established formal complaint/grievance procedures for the local transportation disadvantaged program. The County is required to have formal complaint/grievance procedures as specified by the Commission for the Transportation Disadvantaged pursuant to Chapter 427, Florida Statute and Rule 41-2.012, Florida Administrative Code (F.A.C) and the Local Coordinating Board and Planning Agency Operating Guidelines (August 2017). The Grievance Procedures are in compliance with Florida Commission for the Transportation Disadvantaged Local Grievance Guidelines for Transportation Disadvantaged Services (February 2010) and Florida Commission Transportation Disadvantaged Grievance Procedures (May 2015). The following rules and procedures shall constitute the grievance process to be used by the Coordinated Community Transportation Disadvantaged system in Taylor County.

SECTION 1. DEFINITIONS

As used in these rules and procedures the following words and terms shall have the meanings assigned therein. Additional program definitions can be found in Chapter 427, Florida Statutes and Rule 41-2, Florida Administrative Code.

- 1.1 Community Transportation Coordinator (CTC): means a transportation coordinator recommended by an appropriate Designated Official Planning Agency or a Metropolitan Planning Organization, if so applicable, as provided for in Section 427.015(1), Florida Statutes in an area outside the purview of a Metropolitan Planning Organization and approved by the Commission, to ensure that coordinated transportation services are provided to serve the transportation disadvantaged population in a designated service area. (The CTC for Taylor County is Big Bend Transit, Inc.)
- 1.2 Designated Official Planning Agency (DOPA): means the official body or agency designated by the Commission to fulfill the functions of transportation disadvantaged planning in areas not covered by a Metropolitan Planning Organization and approved by the Commission, to ensure that coordinated transportation services are provided to serve the transportation disadvantaged population in a designated service area. (Taylor County Board of County Commissioners is the DOPA for Taylor County.)
- 1.3 Transportation Disadvantaged (TD) (User): means “Those persons who because of physical or mental disability, income status, age, or who for other reasons are unable to transport themselves or to purchase transportation and are, therefore, dependent on others to obtain access to employment, health care, education, shopping, social activities, or other life-sustaining activities, or children who are handicapped or high risk or at-risk” as defined in Section 411.202, Florida Statutes.
- 1.4 Agency: means an official, officer, commission, authority, council, committee, department, division, bureau, board, section, or any other unit or entity of the state or of a city, town, municipality, county, or other local governing body or a private nonprofit entity providing transportation services as all or part of its charter.

- 1.5 **Transportation Operator:** means one or more public, private for profit or private nonprofit entities engaged by the community transportation coordinator to provide service to transportation disadvantaged persons pursuant to a Transportation Disadvantaged Service Plan (TDSP)
- 1.6 **Service Complaint:** Means routine incidents that occur on a daily basis, are reported to the driver or dispatcher, or to other individuals involved with the daily operations, and are resolved within the course of a reasonable time period suitable to the complainant. Local service complaints are driven by the inability of the Community Transportation Coordinator (CTC) or transportation operators, not local service standards established by the Community Transportation Coordinator, Local Coordinating Board, and the Taylor County Board of County Commissioners. Big Bend Transit is both the CTC and the operator. Big Bend Transit does not use outside operators at this time. All service complaints shall be recorded and reported by the CTC to the LCB.
- 1.7 **Formal Grievance:** A written complaint to document any concerns or an unresolved service complaint regarding the operation or administration of TD services by the CTC, DOPA, or LCB. The Grievant, in their formal complaint, should demonstrate or establish their concerns as clearly as possible.
- 1.8 **Administrative Hearing Process:** Chapter 120, Florida Statutes.
- 1.9 **Ombudsman Program:** A toll-free telephone number established and administered by the Commission for the Transportation Disadvantaged to enable persons to access information and/or file complaints/grievances regarding transportation services provided under the coordinated effort of the Community Transportation Coordinator.

SECTION 2. OBJECTIVES

- 2.1 The objective of the grievance process shall be to serve as a mediator to hear and investigate and make recommendations in a timely manner on formal written complaints/grievances that are not resolved between the CTC and/or individual agencies working with the CTC and the customer. It is not the objective of the grievance process to “adjudicate” or have “determinative” powers. The objective shall be to assist in providing a resolution for the improvement of services.
- 2.2 The CTC, and its service operation and other subcontractors must post the contact person’s name and telephone number in each vehicle regarding the reporting of complaints.
- 2.3 Rider brochures and other rider documents shall provide information on the complaint and grievance process including the TD Helpline Service when local resolution does not occur.
- 2.4 All materials pertaining to the grievance process will be made available, upon request, in a format accessible to all citizens including persons with disabilities.
- 2.5 A written copy of the grievance procedure shall be available to anyone upon request. The request shall be made to the CTC, Official Planning Agency, or the Commission for the Transportation Disadvantaged.

- 2.6 Apart from this grievance process, aggrieved parties with proper standing may also have recourse through Chapter 120, Florida Statutes Administrative Hearing Process or the judicial court system.

SECTION 3. COMPOSITION OF GRIEVANCE COMMITTEE AND TERMS

- 3.1 The Taylor County Local Coordinating Board shall appoint five (5) of its voting members to the Grievance Committee. The Grievance Committee will serve as a mediator to process and investigate complaints from agencies, users, potential users of the system, and the CTC in the designated service area and make recommendations to the LCB.
- 3.2 Members shall be appointed by the Chairperson of the LCB.
- 3.3 The Grievance Committee shall include one representative of client/rider.
- 3.4 The Chairperson of the LCB reserves the right to make reappointments should any conflict of interest arise.
- 3.5 The Planning Grant Manager or his/her designee shall also serve on the Grievance Committee.
- 3.6 Members of the Grievance Committee shall be appointed for a two (2) year term. Term limits of the grievance committee shall coincide with term limits of the Local Coordinating Board if applicable.
- 3.7 A member of the Grievance Committee may be removed for cause and/or conflict of interest by the LCB Chairperson who appointed him/her. Vacancies on the committee shall be filled in the same manner as the original appointment. The appointment to fill a vacancy shall only be for the remainder of the unexpired term being filled.
- 3.8 The Grievance Committee shall elect a Chairperson and Vice-Chairperson. The Chair and Vice-Chair shall serve for a one (1) year term but may serve consecutive terms.
- 3.9 A quorum of three (3) voting members shall be required for official action by the grievance committee. Meetings shall be held at such times as the necessitated by formally filed grievances.

SECTION 4. GRIEVANCE PROCESS

- 4.1 Grievance procedures will be those as specified by the Local Coordinating Board, developed from guidelines of the Commission for the Transportation Disadvantaged, and approved by the LCB as set forth below. The grievance procedures are for the purpose of fact-finding and not exercising adjudicative powers. It should be understood that these procedures are for the purpose of "hearing", "advising" and "making recommendations" on issues related to service delivery and administration of the transportation disadvantaged program in the Taylor County service area.
- 4.2 Apart from the grievance procedures outlined below, aggrieved parties with proper standing may also have recourse through the Commission for the Transportation Disadvantaged Chapter 120, Florida Statutes Administrative Hearing Process, or the judicial court system.

4.3 Service Complaints. All service complaints should be recorded and reported by the Community Transportation Coordinator (CTC) to the Local Coordinating Board. The CTC should also include statistics on service complaints. Service complaints may include but not be limited to:

- a. Late trips (late pick up or drop off)
- b. No show by transportation operator
- c. No show by client/rider
- d. Client/rider behavior
- e. Driver behavior
- f. Passenger comfort/discomfort
- g. Service denial (refusing service to rider without an explanation as to why – such as the client may not qualify, lack of TD funds, etc.)
- h. Unsafe driving
- i. Others as deemed appropriate by the Local Coordinating Board

4.4 Formal Grievance. The client/rider, in their formal complaint, should demonstrate or establish their concerns as clearly as possible. The formal grievance process shall be open to addressing concerns by any person or agency including but not limited to: purchasing agencies, users, and potential users, private for-profit operators, private non-profit operators, the Community Transportation Coordinator, the Designated Official Planning Agency, elected officials and drivers. Formal grievances may include but are not limited to:

- a. Chronic or recurring or unresolved service complaints
- b. Violations of specific laws governing the provisions of the TD Services (i.e., Chapter 427, F.S., Rule 41-2 FAC and accompanying documents, Sunshine Law and ADA)
- c. Denial of service
- d. Suspension of service
- e. Unresolved safety issues
- f. Contract disputes (if applicable)
- g. Coordination of disputes
- h. Bidding disputes
- i. Agency compliance
- j. Conflicts of interest
- k. Supplanting of funds
- l. Billing and/or account procedures
- m. Others as deemed appropriate by the Local Coordinating Board

4.5 All formal grievances filed must be written and at a minimum contain the following:

- a. Name and address of the client/rider
- b. A statement of the grounds for the grievance and supporting documentation, made in a clear and concise manner. This shall include efforts made by the client to resolve the issue.
- c. An explanation of the relief desired by the client.

If the client does not supply the above information to substantiate the grievance, no further action shall be taken.

4.6 The following steps shall be taken after a formal grievance has been filed:

Step One: The customer shall first contact the Community Transportation Coordinator (CTC) or the entity which they have a complaint. Big Bend Transit, Inc. is the Taylor County CTC and can be contacted at 850-574-6266. Locally, complaints may be made at 850-584-5566. The customer may also contact the Commission for the Transportation Disadvantaged Ombudsman representative at 1-800-983-2435. The CTC will attempt to mediate and resolve the grievance. Minimum guidelines for the CTC include:

- a. All CTC and transportation subcontractors (not applicable at this time) must make a written copy of their procedures and rider policies available to anyone, upon request.
- b. All CTC and transportation subcontractors (not applicable at this time) must post the contact person and telephone number for access to information regarding reporting service complaints or filing a formal grievance in each of their vehicles in plain view of riders.
- c. Grievance procedures must specify a minimum amount of days (not to exceed 15 working days) to respond to Grievant in writing noting the date the grievance was received and date by which a decision will be made.
- d. The CTC will render a decision in writing, giving the complainant an explanation of the facts that lead to the CTC's decision and provide a method or ways to bring about a resolution.
- e. All documents pertaining to the grievance process will be made available, upon request, in a format accessible to all persons including those with disabilities.
- f. The CTC Board of Directors, owners or whoever is legally responsible must receive a copy of the grievance and response.

Step Two: If mediation with the CTC and/or the applicable entity is not successful, the CTC or the client may file an official complaint with the Planning Grant Manager or their designee of the Designated Official Planning Agency. Taylor County Board of Commissioners is the DOPA and the Planning Grant Manager can be reached at 850-838-3553.

Step Three: The Planning Grant Manager or their designee on behalf of the DOPA will make every effort to resolve the grievance by arranging a meeting between the involved parties in an attempt to assist them in reaching an amicable resolution. The meeting shall take place within seven (7) working days of receipt of all evidence regarding the grievance. The representative of the DOPA shall prepare a report regarding the meeting outcome. The report shall be sent to the client and the Chair of the Grievance Committee within seven (7) working days of the meeting.

Step Four: If the representative of the DOPA is unsuccessful at resolving the grievance through the process outlined in Step Three, the customer may request, in writing, that their grievance be heard by the Grievance Committee. This request shall be made within seven (7) working days of receipt of the report prepared as a result of the mediation meeting under Step Three and sent to the DOPA represented by the Local Coordinating Board (LCB) Chairman.

Step Five: Upon receipt of the written request for the grievance to be heard by the Grievance Committee, the LCB Chairman shall have fifteen (15) working days to contact Grievance Committee members and set up a grievance hearing date and location. The client and all parties involved shall be notified of the hearing date and location at least seven (7) working days prior to the hearing date by certified mail, return receipt requested.

Step Six: Upon conclusion of the hearing, the Grievance Committee must submit a written report of the hearing proceedings to the LCB Chairperson within ten (10) working days. The report must outline the grievance and the Grievance Committee's findings and recommendations. If the grievance is resolved through the hearing process in the above outlined steps, the grievance process will end. The final report will be forwarded to the members of the LCB.

Step Seven: If the grievance has not been resolved as outlined in the above steps, the client may request, in writing, that their grievance be heard by the full LCB. This request must be made in writing and sent to the LCB Chairman within five (5) working days of receipt of the Grievance Committee Hearing report. The client may make their request for a hearing before the LCB immediately following the Grievance Committee hearing, however until the final report is prepared from that meeting; the time frames established for notification of meeting herein apply.

Step Eight: The DOPA/ LCB Chairman shall have fifteen (15) working days to set a meeting date. LCB members shall have at least ten (10) working days notice of such meeting. The meeting shall be advertised as so appropriate in the news media and/or other mandated publications. The Grievance Committee's report must be received by the DOPA/ LCB Chairman within seven (7) working days of the hearing. The report shall then be forwarded to the client, members of the Grievance Committee, members of the Local Coordinating Board and all other persons/agencies directly involved in the grievance process.

Step Nine: The result/recommendations of the Local Coordinating Board hearing shall be outlined in a final report to be completed within seven (7) working days of the hearing. The report shall then be forwarded to the customer, members of the Local Coordinating Board, and all other persons/agencies directly involved in the grievance process.

If the grievance has not been resolved as outlined in these grievance procedures, the client/rider may exercise their adjudicative rights, use the Administrative Hearing Process outlined in Chapter 120, Florida Statutes, or request their grievance be heard by the Commission for the Transportation Disadvantaged through the Ombudsman Program established herein and the Commissions Grievance Process outlined in Section 5.

SECTION 5. COMMISSION FOR THE TRANSPORTATION DISADVANTAGED GRIEVANCE PROCESS

- 5.1 If the Local Coordinating Board does not resolve the grievance, the client will be informed of his/her right to file a formal grievance with the Ombudsman Program provided by the Commission for the Transportation Disadvantaged. The client may begin this process by contacting the Commission through the TD Helpline at 1-800-983-2435 or 850-410-5700 or by mail to: Florida Commission for the Transportation Disadvantaged, 605 Suwannee Street MS-49, Tallahassee, FL 32399-0450 or by email at www.dot.state.fl.us/ctd. Hearing or speech impaired clients may call, 711 (Florida only) Florida Relay System or 850-410-5708

for TTY. Upon request of the client, the Commission will provide the client with an accessible copy of the Commission's Grievance Procedures. The Ombudsman Program is available to anyone requesting assistance to resolve complaints or grievances.

All of the steps outlined in Section 4 must be attempted in the listed order before a grievance will move to the next step in the formal grievance process with the Commission for the Transportation Disadvantaged. The client should be sure to try and have as many details as possible when filing a complaint, such as dates, times, names, vehicle numbers, etc.

- 5.2 Chapter 427, F.S. does not expressly confer the power or authority for the Commission for the Transportation Disadvantaged to "hear and determine" a grievance between two third parties. The Commission for the Transportation Disadvantaged can listen to grievances, and it can investigate them from a fact-finding perspective. It cannot be the "judge" or "arbiter" of the grievance in the sense of determining that one party's version of the facts is right and the other is wrong and order the wrong party to somehow compensate the right party. On the other hand, the grievance may bring to light a problem within "the system". Similarly, if the grievance showed that one of the parties with whom the Commission for the Transportation Disadvantaged contracts was acting so aberrantly as to not be in compliance with its contract, the Commission for the Transportation Disadvantaged could exercise whatever contractual rights it has to correct the problem.

Accordingly, the Commission for the Transportation Disadvantaged may take part in the grievance process, if it wants to, for purposes of listening to the grieving parties and gathering the facts of the matter. It may not decide the grievance, where doing so would amount to an exercise of adjudicative powers.

- 5.3 Medicaid transportation service complaints, grievances, or appeals should be addressed through the Statewide Medicaid Managed Care (SMMC) System. The SMMC has a complaint process which can be accessed online at <http://www.ahca.myflorida.com/SMMC>. Complaints can also be made by calling 1-877-711-3662.
- 5.4 If the Commission is unable to resolve the grievance, the client will be referred to the Office of Administrative Appeals or other legal venues appropriate to the specific nature of the grievance.

Grievance Procedures Process Chart at the Local Level

| Type | Time Frame to File | Provide Transportation Services During Review | Time Frame to Resolve | Extension Time Frame | Time Frame to Send Written Notification of Resolution | Next Step (if any) |
|-----------|---|---|----------------------------|-----------------------------|--|---|
| Complaint | Ninety (90) working days from the date of the incident that precipitated the complaint. | Yes | Fifteen (15) working days. | Ten (10) working days. | Five (5) working days from the date of the complaint. | File a grievance. |
| Grievance | Ninety (90) working days from the date of the action that precipitated the grievance to be filed. | Yes | Ninety (90) working days. | Fourteen (14) working days. | Seven (7) working days from the date of the resolution of the grievance. | File grievance with the Florida Commission for the Transportation Disadvantaged |

NAMES AND ADDRESSES OF PERSONS/ENTITIES REFERENCED IN GRIEVANCE PROCEDURES

Big Bend Transit, Inc.
P.O. Box 1721
Tallahassee, Florida 32302
Contact: Shawn Mitchell- Transportation Manager
Phone: 850-574-6266
smitchell@bigbendtransit.org

Taylor County Planning Grant Manager
201 East Green St.
Perry, Florida 32347
Contact: Jami Evans
Phone: 850-838-3553
grants.assist@taylorcountygov.com

Taylor County Local Coordinating Board Chairperson: Pam Feagle
Taylor County Board of County Commissioners
201 East Green St.
Perry, Florida 32347
Phone: 850-838-3500 ext 107

Florida Commission for the Transportation Disadvantaged Helpline 800-983-2435
or
Florida Commission for the Transportation Disadvantaged
605 Suwannee Street, MS-49
Tallahassee, FL 32399-0450
or
www.fdot.gov/ctd

You may also contact CTDOmbudsman@dot.state.fl.us for further information about Grievance Procedures.

For Hearing and Speech impaired call 711 (Florida only) Florida Relay System or 850-410-5708 for TTY

Americans with Disabilities Act (ADA) 800-514-0301 (Voice) and 800-514-0383 (TTY)

Disability Rights Florida 800-342-0823

CERTIFICATION

The undersigned hereby certifies that they are the Chairperson of the Transportation Disadvantaged Local Coordinating Board and that the foregoing is a full, true and correct copy of the Grievance/Complaint Rules and Procedures of this Board as reviewed and adopted on the 21st day of September, 2023.

Pam Feagle, Chairperson
Local Coordinating Board for the Transportation Disadvantaged

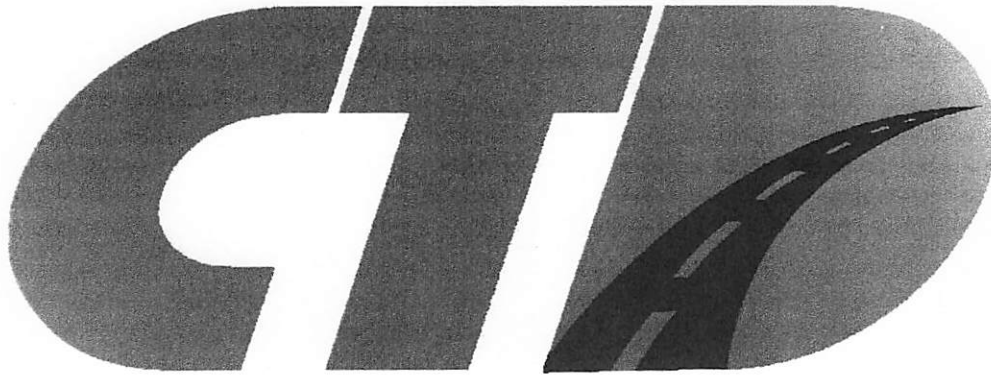
**APPROVED BY THE TAYLOR COUNTY BOARD OF COMMISSIONERS, THE OFFICIAL
DESIGNATED PLANNING AGENCY**

Jamie English, Chairman
Taylor County Board of County Commissioners

September 19, 2023
Date

Attachment 1: TD Local Grievance Guidelines for Transportation Disadvantaged Services
Attachment 2: Florida Commission for the Transportation Disadvantaged Grievance Procedures

Florida Commission for the



Transportation Disadvantaged

LOCAL GRIEVANCE GUIDELINES FOR TRANSPORTATION DISADVANTAGED SERVICES

Prepared by the

Commission for the Transportation Disadvantaged
605 Suwannee Street, Mail Station 49
Tallahassee, Florida 32399-0450
Toll Free (800) 983-2345
(850) 410-5700

Updated February 2010

I. INTRODUCTION

The Commission for the Transportation Disadvantaged oversees, through contractual arrangements, a coordinated system of local transportation disadvantaged service providers in the state. At the local level Community Transportation Coordinators are responsible for the provision of service. The service area for which the Community Transportation Coordinator is responsible is, at a minimum, an entire county, but can include more than one county. The Community Transportation Coordinator can be a transportation operator and actually provide transportation service, or it can form a network of providers by contracting all or some of the service to other transportation operators.

Another key entity involved in the development, monitoring, support, and evaluation of the local service delivery system is the local Coordinating Board. Each county or service area has a local Coordinating Board to provide information, guidance and advice on the local coordinated system.

The purpose of these guidelines is to provide information and uniform guidance in regard to local grievance practices and procedures. It is to be applied by Community Transportation Coordinators and local Coordinating Boards in developing and implementing their local grievance procedures.

It is the intent of the Commission for the Transportation Disadvantaged to encourage resolution of grievances at the local level, and to educate the passengers, funding agencies, and any other interested parties about the grievance process(es).

II. FORMAL GRIEVANCE VS. SERVICE COMPLAINTS

As you develop your Grievance process(es), it is very important that we define and delineate the differences between what a formal grievance is, pursuant to Chapter 427 F.S. and Rule 41-2 F.A.C., and what daily service complaints are. Daily service complaints are routine in nature, occur once or several times in the course of a days' service, and are usually resolved immediately within the control center of the Community Transportation Coordinator. However, if left or unresolved, a routine service complaint can mushroom into a formal grievance. Further discussion of the differences between a Formal Grievance and a Service Complaint follows:

A. SERVICE COMPLAINT

Service complaints are routine incidents that occur on a daily basis, are reported to the driver or dispatcher, or to other individuals involved with the daily operations, and are resolved within the course of a reasonable time period suitable to the complainant. Local service complaints are driven by the inability of the Community Transportation Coordinator or transportation operators, not local service standards established by the Community Transportation Coordinator and local Coordinating Board. If the Community Transportation Coordinator is also an operator, their statistics on service complaints should be

included. Local standards should be developed regarding the reporting and parameters of service complaints.

Example:

Service Complaints may include but are not limited to:

- Late trips (late pickup and or late dropoff)
- No-show by transportation operator
- No-show by client
- Client behavior
- Driver behavior
- Passenger discomfort
- Service denial (refused service to client without an explanation as to why, i.e. may not qualify, lack of TD funds, etc.)

B. FORMAL GRIEVANCE

A formal grievance is a written complaint to document any concerns or an unresolved service complaints regarding the operation or administration of TD services by the Transportation Operator, Community Transportation Coordinator, designated official planning agency (DOPA), or local Coordinating Board. The Grievant, in their formal complaint, should demonstrate or establish their concerns as clearly as possible.

Example:

Formal Grievances may include but are not limited to:

- Chronic or reoccurring or unresolved Service Complaints
(Refer to description of service complaints)
- Violations of specific laws governing the provision of TD services i.e. Chapter 427 F.S., Rule 41-2 FAC and accompanying documents, Sunshine Law, ADA.
- Contract disputes (Agencies/Operators)
- Coordination disputes
- Bidding disputes
- Agency compliance
- Conflicts of interest
- Supplanting of funds
- Billing and /or accounting procedures

Again, these guidelines are to be used to focus on the minimum requirements in drafting and finalizing the formal grievances. This is a guide to assist in setting local standards for determining the process(es) to resolve formal grievances.

III. HEARING AND DETERMINING A GRIEVANCE

There is a distinct difference between "hearing" a grievance, and "hearing and determining" a grievance. There is no bar to a person or entity listening to or "hearing" a grievance. An entity may even investigate them, from a purely fact-finding perspective, as long as it does not, in the course of its investigation, impose requirements on third parties that are not supported by statute or contractual agreement.

However, when an entity makes a determination of the rights, duties, privileges, benefits, or legal relationships of a specified person or persons, it is exercising "adjudicative" or "determinative" powers. Deciding a grievance between two independent parties may fall within these parameters, depending on the nature of the grievance.

It should be noted that Chapter 427, F.S. grants no adjudicative powers to anyone. However, Rule 41-2, F.A.C. does provide for grievance processes at the local level:

1. LOCAL COORDINATING BOARD GRIEVANCE PROCESS

Rule 41-2.012(5)(f), F.A.C., provides for the local Coordinating Board to appoint a grievance committee to serve as a mediator to process and investigate complaints from agencies, users, potential users of the system and the Community Transportation Coordinator in the designated service area, and make recommendations to the local Coordinating Board (LCB) for improvement of service. Whereas the committee makes recommendations to the local Coordinating Board, and the local Coordinating Board is also an advisory body, neither entity has the authority to "hear and determine" a grievance. They only have the authority to "hear" and advise. It should be noted that even though the local Coordinating Board does not have determinative powers, the recognition of problems by the various members of the local Coordinating Board is a very useful mechanism to resolve many issues. In addition, it should be noted that since the local Coordinating Board is involved in the development and approval of the Transportation Disadvantaged Service Plan, and the annual evaluation of the Community Transportation Coordinator, there is considerable avenue for the local Coordinating Board to influence changes where needed.

This authority to hear and advise is the grievance procedure that is currently in place by all local Coordinating Boards and is a part of the Commission for the Transportation Disadvantaged planning grant deliverables. This procedure should not imply "determinative" powers, nor should the Commission for the Transportation Disadvantaged be included in the process as a final arbiter. However, the Commission for the Transportation Disadvantaged could be the recipient of a recommendation by the local Coordinating Board in matters pertaining to "the system" or matters within the contractual control of the Commission for the Transportation Disadvantaged. Further the Commission for the Transportation Disadvantaged may choose to listen to a grievance, with the

understanding that the Commission for the Transportation Disadvantaged is limited in its authority to rule on the grievance.

2. COMMUNITY TRANSPORTATION COORDINATOR GRIEVANCE PROCESS

The Transportation Disadvantaged Service Plan must be developed consistently with the Coordinated Transportation Contracting Instructions, incorporated by reference in Rule 41-2.002(27), F.A.C. Pursuant to these instructions, the Operations Element must contain at a minimum, the step-by-step process that the Community Transportation Coordinator uses to address "Service Complaints" and "Formal Grievances". The "Formal Grievance" part of this is intended to be the step-by-step process which allows for "hearing and determination" activities within the Community Transportation Coordinator's organization.

Therefore, it will provide steps by which a formal written grievance can be "heard" and a "determinative" action can be taken. The Community Transportation Coordinator's grievance procedure should ultimately end at its Board of Directors, Board of County Commissioners, Owner or whoever else is legally responsible for the actions of the Community Transportation Coordinator.

Apart from these grievance processes, aggrieved parties with proper standing may also have recourse through the Chapter 120, F.S., administrative hearings process or the judicial court system.

IV. MINIMUM REQUIREMENTS FOR FORMAL GRIEVANCE PROCEDURES BY COMMUNITY TRANSPORTATION COODINATOR & LOCAL COORDINATING BOARD

The following paragraphs contain minimum requirements for the development of grievance procedures by the Community Transportation Coordinator and local Coordinating Board as authorized by the Commission for the Transportation Disadvantaged pursuant to Chapter 427, Florida Statutes and Rule 41-2, F.A.C.

Formal grievance processes by the LCB or Community Transportation Coordinator shall be open to addressing concerns by any person or agency including but not limited to: Purchasing agencies, Users, Potential users, Private-for-profit operators, Private-nonprofit operators, Community Transportation Coordinator's, designated official planning agencies, Elected officials, and drivers.

A. The minimum guidelines for the local Coordinating Board's formal grievance procedures are:

1. The local Coordinating Board's formal grievance procedures should state that all grievances filed must be written and contain the following:

- The Name and Address of the complainant;
- A statement of the grounds for the grievance and supplemented by supporting documentation, made in a clear and concise manner; and
- An explanation by the complainant of the improvements needed to address the complaint.

2. All local Coordinating Board's must make a written copy of their grievance procedures available known to anyone, upon request.
3. Local Coordinating Board's grievance procedures should make known to whom and where grievances are to be sent.
4. The local Coordinating Board's grievance procedures must specify a maximum amount of days (not to exceed 60) that the local Coordinating Board has to respond to Grievant.
5. The local Coordinating Board will render a response in writing providing explanation or recommendations regarding the grievance.
6. The local Coordinating Board grievance subcommittee must review all grievances and report accordingly to the full local Coordinating Board.
7. All documents pertaining to the grievance process will be made available, upon request, in a format accessible to persons with disabilities.
8. If the local Coordinating Board receives a grievance pertaining to the operation of services under the Community Transportation Coordinator, that grievance should be passed on to the Community Transportation Coordinator for their response to be included in the local Coordinating Board's response.

B. The minimum guidelines for the Community Transportation Coordinator's formal grievance procedures regarding service and administrative complaints are:

1. The Community Transportation Coordinator's grievance procedures should state that all grievances filed must be written and contain the following:
 - The name and address of the complainant;
 - A statement of the grounds for the grievance and supplemented by supporting documentation, made in a clear and concise manner;
 - An explanation of the relief desired by the complainant.
2. All Community Transportation Coordinators and transportation subcontractors (including coordination contractors) must make a

written copy of their grievance procedures and rider policies available to anyone, upon request.

3. All Community Transportation Coordinators and transportation subcontractors (including coordination contractors) must post the contact person and telephone number for access to information regarding reporting service complaints or filing a formal grievance in each of their vehicles in plain view of riders.
4. Grievance procedures must specify a minimum amount of days (not to exceed 15 working days) to respond to Grievant in writing noting the date of receipt and the date by which a decision will be made.
5. The Community Transportation Coordinator will render a decision in writing, giving the complainant an explanation of the facts that lead to the Community Transportation Coordinator's decision and provide a method or ways to bring about a resolution.
6. All documents pertaining to the grievance process will be made available, upon request, in a format accessible to persons with disabilities.
7. The Board of Directors, Owners, or whoever is legally responsible must receive a copy of the grievance and response.

The desire to integrate the Community Transportation Coordinator and local Coordinating Board formal grievance process(es) is a local option. Any desire to involve the Commission for the Transportation Disadvantaged can be accomplished only after the local process is completed. The last step in every local process must be to refer the grievant to the Commission for the Transportation Disadvantaged Grievance Procedures. These procedures were established to address grievances that are brought to the Commission. To file a grievance with the Commission, the customer may begin the process by contacting the Commission through the TD Helpline at (800) 983-2435 or via mail at: Florida Commission for the Transportation Disadvantaged; 605 Suwannee Street, MS-49; Tallahassee, FL 32399-0450 or by email at www.dot.state.fl.us/ctd Upon request, the Commission will provide the customer with an accessible copy of the Commission's Grievance Procedures.

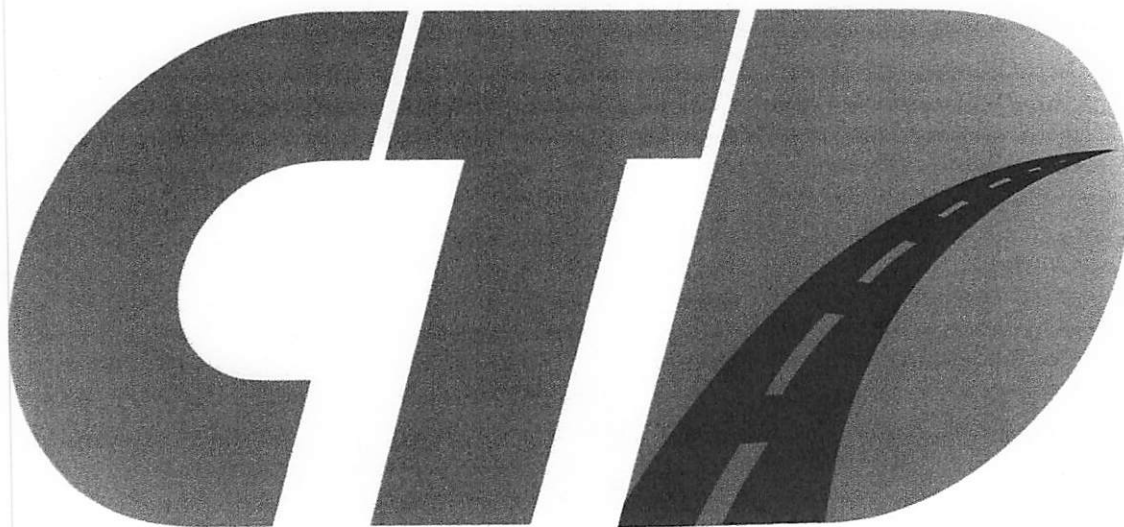
However, Chapter 427, F.S. does not expressly confer the power or authority for the Commission for the Transportation Disadvantaged to "hear and determine" a grievance between two third parties. The Commission for the Transportation Disadvantaged can listen to grievances and it can investigate them from a fact-finding perspective. It cannot be the "judge" or "arbiter" of the grievance in the sense of determining that one party's version of the facts is right and the other is wrong, and order the wrong party to somehow compensate the right party. On the other hand, the grievance may bring to light a problem within "the system". Similarly, if the grievance showed that one of the parties

with whom the Commission for the Transportation Disadvantaged contracts was acting so aberrantly as to not be in compliance with its contract, the Commission for the Transportation Disadvantaged could exercise whatever contractual rights it has to correct the problem.

Accordingly, the Commission for the Transportation Disadvantaged ' may take part in the grievance process, if it wants to, for purposes of listening to the grieving parties and gathering the facts of the matter. It may not decide the grievance, where doing so would amount to an exercise of adjudicative powers.

Medicaid complaints, appeals, and grievances will be addressed through the Medicaid Grievance System. All procedures must include a referral to Medicaid Fair Hearing, which are conducted through the Department of Children and Families.

Florida Commission for the



Transportation Disadvantaged

Grievance Procedures

Revised 05/26/2015

FLORIDA COMMISSION FOR THE TRANSPORTATION DISADVANTAGED
605 SUWANNEE STREET, MS-49
TALLAHASSEE, FL 32344



GRIEVANCE PROCEDURES

PURPOSE:

The intent of this procedure is to provide the Commission with guidelines to follow when grievances are presented to the Commission.

HISTORY/BACKGROUND:

The CTD program is centered on local involvement and control. All service complaints and grievances are encouraged to be addressed/resolved through local processes and appropriate channels. The Commission requires all local systems to have written procedures for addressing/resolving complaints and grievances. Complaints are defined by CTD as any documented customer concern involving timeliness, vehicle condition, quality of service, personnel behavior, and other operational policies. ***This does not pertain to issues concerning eligibility.*** Grievances are defined as unresolved complaints.

All issues which pertain to TD eligibility are referred to the local Appeals Process that is provided through the local Coordinating Board. Issues regarding ADA eligibility are referred to the appropriate Transit System and are not heard by the Commission. Individuals with ADA concerns may also be referred to the Americans with Disabilities Act toll-free information line, 800-514-0301 (voice), 800-514-0383 (TTY).

A complaint and grievance are required to have two processes which address how each will be addressed. Filing a complaint locally is always the first step. If the complaint is not resolved to the complaint's satisfaction, generally the next step in the local process would be to file a written grievance with the LCB. Once a grievance has been addressed by the LCB, then the Commission would consider hearing the grievance.

In some cases the local procedures will have a referral to the CTD's Ombudsman Program/TD Helpline as the last step in the complaint procedures. In these cases the Ombudsman Staff would attempt to assist the grievant; however, the grievance would not be heard by the CTD until the grievance had been addressed by the LCB.

It is due to this process, the Commission decided there needed to be procedures in place for addressing grievances that are brought to the Commission.



GRIEVANCE PROCEDURES

AUTHORITY:

Chapter 427.015(2), F.S. states "the recommendation or termination of any CTC shall be subject to approval by the CTD".

Chapter 427, F.S. does not expressly confer the power or authority for the CTD to hear and determine a grievance between two third parties. The CTD can listen to grievances and it can investigate them from a fact-finding perspective. It can not be the judge or arbiter of the grievance in the sense of determining that one party's version of the facts is right and the other is wrong, and order the wrong party to somehow compensate the right party. On the other hand, the grievance may bring to light a problem within the system. Similarly, if the grievance showed that one of the parties within the CTD contracts was acting so aberrantly as to not be in compliance with its contract, the CTD could exercise whatever contractual rights it has to correct the problem.

Apart from these grievance processes, aggrieved parties with proper standing may also have recourse through the Chapter 120, F.S., administrative hearings process or the judicial court system.

SCOPE:

These procedures are required to be used by parties who wish to file a grievance with Commission related to transportation disadvantaged services provided in the State of Florida.

REFERENCES:

The Commission requires each local transportation system to have established local complaint and grievance procedures. Local grievance procedures are included in each local Transportation Disadvantaged Service Plan. A copy of the local grievance procedures may be obtained by requesting them from the CTC, Official Planning Agency, or Commission. A copy of the Commission's Grievance Procedures may be obtained by requesting them from the Florida Commission for Transportation Disadvantaged, 605 Suwannee Street, MS 49, Tallahassee, FL 32399-0450.

FORMS:

There is no form required at this time. The grievance must be in a written format and include all the background information and specifics regarding the grievance.



GRIEVANCE PROCEDURES

PROCEDURES:

1. All grievances submitted to the CTD must have first been submitted to and responded to by the local complaint and grievance processes.
2. All grievances must be submitted to the CTD in writing. The customer may begin this process by contacting the Commission through the CTD Helpline at (800) 983-2435 or via mail at: Florida Commission for the Transportation Disadvantaged; 605 Suwannee St., MS-49; Tallahassee, FL 32399-0450 or by email at www.dot.state.fl.us/ctd. Upon request of the customer, the Commission will provide the customer with an accessible copy of the Commission's Grievance Procedures.
3. An acknowledgement of having received the grievance will be sent out immediately by the CTD. The official response to the grievance by the CTD will be in writing within 30 days. Depending upon the factors involving resolving the grievance this deadline could be extended with notice to the grievant by the CTD.
4. All grievances submitted to the CTD will be forwarded to the Ombudsman Staff who will research the grievance and notify the CTD Executive Director and Ombudsman Committee Chair who will make recommendations on how the CTD will proceed.
5. The grievant and local representatives will be notified the Committee will be discussing the grievance at a certain time and place. If they so choose, they may attend the Ombudsman Committee meeting where they will be provided an opportunity to present information. CTD's legal counsel may be requested to attend. The Committee may conduct meetings/reviews at the local level or by conference call for the convenience of the consumer, as needed. The CTC, LCB Members, and others who are involved in the local transportation system may be requested to participate.
6. The decisions rendered by the Ombudsman Committee concerning a grievance will be reported to the Commission at the next scheduled meeting.
7. The Ombudsman Committee Chair may choose to bring the grievance directly to the Commission.
8. As a result of the grievance, Special Reviews, Operational Studies, and Legal Reviews may be conducted by the CTD, or authorized agents, in effort to address or resolve issues.
9. The customer also has the right to file a formal grievance with the Office of Administrative Appeals or other venues.

TAYLOR COUNTY BOARD OF COMMISSIONERS

County Commission Agenda Item

SUBJECT/TITLE:



Board to review and approve Grievance Procedures for FY 2022-2023 for the Local Coordinating Board for the Transportation Disadvantaged.

MEETING DATE REQUESTED:

October 3, 2022

Statement of Issue: Board to review and approve the Grievance Procedures for FY 2022-2023 for the Local Coordinating Board (LCB) for the Transportation Disadvantaged.

Recommended Action: Approve the FY 2022-2023 Grievance Procedures for the Taylor County Transportation Disadvantaged Program.

Budgeted Expense: Not Applicable


Submitted By: Jami Evans, Grants Coordinator

Contact: Jami Evans

SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

History, Facts & Issues: The terms of the Transportation Disadvantaged Planning Grant require the Local Coordinating Board for the Transportation Disadvantaged to maintain Grievance Procedures and update them on an annual basis. The Grievance Procedures are in full compliance with the Florida Commission for the Transportation Disadvantaged Grievance Procedures.

Attachments: Grievance Procedures FY 2022-2023

| TAYLOR COUNTY BOARD OF COMMISSIONERS | |
|--|--|
| County Commission Agenda Item | |
| SUBJECT/TITLE:  | Tonya Hobby, Administrator to request approval of the annual Core Contract between the Florida Department of Health in Taylor County and the Taylor Board of County Commissioners. |
| MEETING DATE REQUESTED: | September 19,2023 |

Statement of Issue: This agenda item requests Board approval of the annual core contract with Florida Department of Health in Taylor County.

Recommended Action: Approval of Core Contract

Fiscal Impact: \$50,000

Budgeted Expense: Yes

Submitted By: Racheal Faglie or Tonya Hobby

Contact: Racheal Faglie or Tonya Hobby (850) 584-5087

SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

History, Facts & Issues: As required by Florida Statutes we are required to enter into an annual agreement known and the Core Contract. This agreement is between the BOCC and the health department outlining the fiscal and service responsibilities that both parties will perform. The Core Contract has boilerplate language where no changes have been made and it is the language that has been used in previous years.

- Options:**
- 1. Approval
 - 2. Disapproval

Attachments: Core Contract with Attachments

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Vision: To be the Healthiest State in the Nation

INTEROFFICE MEMORANDUM

DATE: September 5, 2023

TO: Ty Gentle, Director
Office of Budget and Revenue Management

FROM: Tonya Hobby
Administrator/Director
Taylor County Health Department

SUBJECT: Core Contract Certification for 2023-2024

INFORMATION ONLY

- ☐ I certify that no changes have been made to the Core Contract document or attachments by the Taylor County Health Department.
- ☒ I certify that the following changes have been made to the Core Contract document or attachments by the Taylor County Health Department (**requires Deputy General Counsel review and signature below**):

| Page | Paragraph | Document Changes |
|------|-----------|--|
| 6 | 7.c. | The CHD is responsible for the costs of fuel, maintenance, and repair of vehicles used for CHD operations. |
| | | |
| | | |

| Page | Section | Attachment Changes |
|------|---------|--|
| | | (State exact changes to language or format.) |
| | | |
| | | |


- ☒ I certify that Attachment IV is complete and lists all facilities currently utilized by the Taylor County Health Department.



Signature (Administrator/Director)

9/6/23

Date



Signature (Deputy General Counsel)

September 6, 2023

Date

**CONTRACT BETWEEN
TAYLOR COUNTY BOARD OF COUNTY COMMISSIONERS
AND
STATE OF FLORIDA DEPARTMENT OF HEALTH
FOR OPERATION OF THE
TAYLOR COUNTY HEALTH DEPARTMENT
CONTRACT YEAR 2023-2024**

This contract is made and entered into between the State of Florida, Department of Health ("State"), and the Taylor County Board of County Commissioners ("County"), through their undersigned authorities, effective October 1, 2023. State and County are jointly referred to as the "parties".

RECITALS

A. Pursuant to Chapter 154, Florida Statutes, the intent of the legislature is to "promote, protect, maintain, and improve the health and safety of all citizens and visitors of this state through a system of coordinated county health department services."

B. County Health Departments were created throughout Florida to satisfy this legislative intent through the "promotion of the public's health, the control and eradication of preventable diseases, and the provision of primary health care for special populations."

C. Taylor County Health Department ("CHD") is one of the created County Health Departments.

D. It is necessary for the parties hereto to enter into this contract to ensure coordination between the State and the County in the operation of the CHD.

NOW, THEREFORE, in consideration of the mutual promises set forth herein, the sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

1. **RECITALS**. The parties mutually agree that the foregoing recitals are true and correct and incorporated herein by reference.

2. **TERM**. The parties mutually agree that this contract shall be effective from October 1, 2023, through September 30, 2024, or until a written contract replacing this contract is entered into between the parties, whichever is later, unless this contract is otherwise terminated according to the termination provisions outlined in paragraph 8. below.

3. **SERVICES MAINTAINED BY THE CHD**. The parties mutually agree that the CHD shall provide those services as outlined in Part III of Attachment II hereof, to maintain the following three levels of service pursuant to section 154.01(2), Florida Statutes, as defined below:

a. "Environmental health services" are those services that are organized and operated to protect the health of the general public by monitoring and regulating activities in the environment that may contribute to the occurrence or transmission of disease. Environmental health services shall be supported by available federal, state, and local funds and shall include

those services mandated on a state or federal level. Examples of environmental health services include but are not limited to, food hygiene, safe drinking water supply, sewage, and solid waste disposal, swimming pools, group care facilities, migrant labor camps, toxic material control, radiological health, and occupational health.

b. "Communicable disease control services" are those services that protect the health of the general public through the detection, control, and eradication of diseases that are transmitted primarily by human beings. Communicable disease services shall be supported by available federal, state, and local funds and shall include those services mandated on a state or federal level. Such services include, but are not limited to, epidemiology, sexually transmissible disease detection and control, HIV/AIDS, immunization, tuberculosis control, and maintenance of vital statistics.

c. "Primary care services" are acute care and preventive services that are made available to well and sick persons who are unable to obtain such services due to lack of income or other barriers beyond their control. These services are provided to benefit individuals, improve the collective health of the public, and prevent and control the spread of disease. Primary health care services are provided at home, in group settings, or in clinics. These services shall be supported by available federal, state, and local funds and shall include services mandated on a state or federal level. Examples of primary health care services include but are not limited to first contact acute care services; chronic disease detection and treatment; maternal and child health services; family planning; nutrition; school health; supplemental food assistance for women, infants, and children; home health; and dental services.

4. **FUNDING.** The parties further agree that funding for the CHD will be handled as follows:

a. The funding to be provided by the parties and any other sources is outlined in Part II of Attachment II hereof. This funding will be used as shown in Part I of Attachment II.

i. The State's appropriated responsibility (*direct contribution excluding any state fees, Medicaid contributions, or any other funds not listed on the Schedule C*) as provided in Attachment II, Part II is an amount not to exceed \$1,600,950 (*State General Revenue, State Funds, Other State Funds and Federal Funds listed on the Schedule C*). The State's obligation to pay under this contract is contingent upon an annual appropriation by the Legislature.

ii. The County's appropriated responsibility (*direct contribution excluding any fees, other cash, or local contributions*) as provided in Attachment II, Part II is an amount not to exceed \$50,000 (*amount listed under the "Board of County Commissioners Annual Appropriations section of the revenue attachment*).

b. Overall expenditures will not exceed available funding or budget authority, whichever is less, (either the current year or from surplus trust funds) in any service category. Unless requested otherwise, any surplus at the end of the term of this contract in the County Health Department Trust Fund that is attributed to the CHD shall be carried forward to the next contract period.

c. Either party may establish service fees as allowed by law to fund activities of the CHD. Where applicable, such fees shall be automatically adjusted to at least the Medicaid fee schedule.

d. Either party may increase or decrease funding of this contract during the term hereof by notifying the other party in writing of the amount and purpose for the change in funding. If the State initiates the increase or decrease, the CHD will revise Attachment II and send a copy of the revised pages to the County and the State's Office of Budget and Revenue Management. If the County initiates the increase or decrease, the County shall notify the CHD in writing. The CHD will then revise Attachment II and send a copy of the revised pages to the State's Office of Budget and Revenue Management.

e. The name and address of the official payee to whom payments shall be made is:

County Health Department Trust Fund
Taylor County Health Department
1215 North Peacock Ave
Perry, FL 32347

5. CHD DIRECTOR or ADMINISTRATOR. Both parties agree the director or administrator of the CHD shall be a State employee or under contract with the State and will be under the day-to-day direction of the State's Deputy Secretary for County Health Systems. The director or administrator shall be selected by the State with the concurrence of the County. The director or administrator of the CHD shall ensure that non-categorical sources of funding are used to fulfill public health priorities in the community and the Long-Range Program Plan.

6. ADMINISTRATIVE POLICIES AND PROCEDURES. The parties hereto agree that the following standards should apply in the operation of the CHD:

a. The CHD and its personnel shall follow all State policies and procedures, except to the extent permitted for the use of County purchasing procedures as outlined in subparagraph b., below. All CHD employees shall be State or State-contract personnel subject to State personnel laws, rules, and procedures. Employees will report time in the Health Management System compatible format by program component as specified by the State.

b. The CHD shall comply with all applicable provisions of federal and state laws and regulations relating to its operation with the exception that the use of County purchasing procedures shall be allowed when it will result in a better price or service and no statewide purchasing contract has been implemented for those goods or services. In such cases, the CHD director or administrator must sign a justification, therefore, and all County purchasing procedures must be followed in their entirety, and such compliance shall be documented. Such justification and compliance documentation shall be maintained by the CHD following the terms of this contract. State procedures must be followed for all leases on facilities not enumerated in Attachment IV.

c. The CHD shall maintain books, records, and documents following the Generally Accepted Accounting Principles, as promulgated by the Governmental Accounting Standards Board, and the requirements of federal or state law. These records shall be maintained as

required by the State's Policies and Procedures for Records Management and shall be open for inspection at any time by the parties and the public, except for those records that are not otherwise subject to disclosure as provided by law which is subject to the confidentiality provisions of paragraphs 6.i. and 6.k., below. Books, records, and documents must be adequate to allow the CHD to comply with the following reporting requirements:

- i.* The revenue and expenditure requirements in the Florida Accounting Information Resource System; and
- ii.* The client registration and services reporting requirements of the minimum data set as specified in the most current version of the Client Information System/Health Management Component Pamphlet; and
- iii.* Financial procedures specified in the State's Accounting Procedures Manuals, Accounting memoranda, and Comptroller's memoranda; and
- iv.* The CHD is responsible for assuring that all contracts with service providers include provisions that all subcontracted services be reported to the CHD in a manner consistent with the client registration and service reporting requirements of the minimum data set as specified in the Client Information System/Health Management Component Pamphlet.

d. All funds for the CHD shall be deposited in the County Health Department Trust Fund maintained by the state treasurer. These funds shall be accounted for separately from funds deposited for other CHDs and shall be used only for public health purposes in Taylor County.

e. That any surplus or deficit funds, including fees or accrued interest, remaining in the County Health Department Trust Fund account at the end of the contract year shall be credited or debited to the State or County, as appropriate, based on the funds contributed by each and the expenditures incurred by each. Expenditures will be charged to the program accounts by State and County based on the ratio of planned expenditures in this contract and funding from all sources is credited to the program accounts by State and County. The equity share of any surplus or deficit funds accruing to the State and County is determined each month and at the contract year-end. Surplus funds may be applied toward the funding requirements of each party in the following year. However, in each such case, all surplus funds, including fees and accrued interest, shall remain in the trust fund until accounted for in a manner that clearly illustrates the amount which has been credited to each party. The planned use of surplus funds shall be reflected in Attachment II, Part I of this contract, with special capital projects explained in Attachment V.

f. There shall be no transfer of funds between the three levels of services without a contract amendment unless the CHD director or administrator determines that an emergency exists wherein a time delay would endanger the public's health and the State's Deputy Secretary for County Health Systems have approved the transfer. The State's Deputy Secretary for County Health Systems shall forward written evidence of this approval to the CHD within 30 days after an emergency transfer.

g. The CHD may execute subcontracts for services necessary to enable the CHD to carry out the programs specified in this contract. Any such subcontract shall include all aforementioned audit and record-keeping requirements.

h. At the request of either party, an audit may be conducted by an independent certified public accountant on the financial records of the CHD, and the results made available to the parties within 180 days after the close of the CHD fiscal year. This audit will follow requirements contained in OMB Circular A-133, as revised, and may be in conjunction with audits performed by the County government. If audit exceptions are found, then the director or administrator of the CHD will prepare a corrective action plan and a copy of that plan and monthly status reports will be furnished to the contract managers for the parties.

i. The CHD shall not use or disclose any information concerning a recipient of services except as allowed by federal or state law or policy.

j. The CHD shall retain all client records, financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to this contract for five years after termination of this contract. If an audit has been initiated and audit findings have not been resolved at the end of five years, the records shall be retained until the resolution of the audit findings.

k. The CHD shall maintain the confidentiality of all data, files, and records that are confidential under the law or are otherwise exempted from disclosure as a public record under Florida law. The CHD shall implement procedures to ensure the protection and confidentiality of all such records and shall comply with sections 384.29, 381.004, 392.65, and 456.057, Florida Statutes, and all other state and federal laws regarding confidentiality. All confidentiality procedures implemented by the CHD shall be consistent with the State's Information Security Policies, Protocols, and Procedures. The CHD shall further adhere to any amendments to the State's security requirements and shall comply with any applicable professional standards of practice concerning client confidentiality.

l. The CHD shall abide by all State policies and procedures, which by this reference are incorporated herein as standards to be followed by the CHD.

m. The CHD shall establish a system through which applicants for services and current clients may present grievances over denial, modification, or termination of services. The CHD will advise applicants of the right to appeal a denial or exclusion from services, of failure to take account of a client's choice of service, and right to a fair hearing to the final governing authority of the CHD. Specific references to existing laws, rules, or program manuals are included in Attachment I of this contract.

n. The CHD shall comply with the provisions contained in the Civil Rights Compliance and Non-Discrimination Certificate, hereby incorporated into this contract as Attachment III.

o. The CHD shall submit quarterly reports to the County that shall include at least the following:

- i.* The DE385L1 Contract Management Variance Report and the DE580L1 Analysis of Fund Equities Report; and
- ii.* A written explanation to the County of service variances reflected in the year-end DE385L1 report if the variance exceeds or falls below 25 percent of the planned expenditure amount for the contract year. However, if the amount of the service-specific variance between actual and planned expenditures does not exceed three percent of the total planned expenditures for the level of service in which the type of service is included, a variance explanation is not required. A copy of the written explanation shall be sent to the State's Office of Budget and Revenue Management.

p. The dates for the submission of quarterly reports to the County shall be as follows unless the generation and distribution of reports are delayed due to circumstances beyond the CHD's control:

- i.* March 1, 2024, for the reporting period of October 1, 2023, through December 31, 2023; and
- ii.* June 1, 2024, for the reporting period of October 1, 2023, through March 31, 2024; and
- iii.* September 1, 2024, for the reporting period of October 1, 2023 through June 30, 2024; and
- iv.* December 1, 2024, for the reporting period of October 1, 2023 through September 30, 2024.

7. FACILITIES AND EQUIPMENT. The parties mutually agree that:

a. CHD facilities shall be provided as specified in Attachment IV to this contract and the County shall own the facilities used by the CHD unless otherwise provided in Attachment IV.

b. The County shall ensure adequate fire and casualty insurance coverage for County-owned CHD offices and buildings and all furnishings and equipment in CHD offices through either a self-insurance program or insurance purchased by the County.

c. All vehicles will be transferred to the ownership of the County and registered as County vehicles. The County shall ensure insurance coverage for these vehicles is available through either a self-insurance program or insurance purchased by the County. All vehicles will be used solely for CHD operations. Vehicles purchased through the County Health Department Trust Fund shall be sold at fair market value when they are no longer needed by the CHD and the proceeds returned to the County Health Department Trust Fund.

8. **TERMINATION.**

a. **Termination at Will.** This contract may be terminated by either party without cause upon no less than 180 calendar days' notice in writing to the other party unless a lesser time is mutually agreed upon in writing by both parties.

b. **Termination Because of Lack of Funds.** In the event funds to finance this contract become unavailable, either party may terminate this contract upon no less than 24 hours' notice.

c. **Termination for Breach.** This contract may be terminated by either party for a material breach of an obligation hereunder, upon no less than 30 days' notice. Waiver of a breach of any provisions of this contract shall not be deemed to be a waiver of any other breach and shall not be construed to be a modification of the terms of this contract.

9. **MISCELLANEOUS.** The parties further agree:

a. **Availability of Funds.** If this contract, any renewal hereof, or any term, performance, or payment hereunder, extends beyond the CHD fiscal year beginning July 1, 2024, it is agreed that the performance and payment under this contract are contingent upon an annual appropriation by the Legislature, under section 287.0582, Florida Statutes.

b. **Contract Managers.** The name and addresses of the contract managers for the parties under this contract are as follows:

For the State:

Racheal L Faglie
Name
Business Manager
Title
1215 North Peacock Ave

Perry, Florida 32347
Address

racheal.faglie@flhealth.gov
Email Address
(850) 223-5106
Telephone

For the County:

LaWanda Pemberton
Name
County Administrator
Title
201 E Green Street

Perry, Florida 32347
Address

lpemberton@taylorcountygov.com
Email Address
(850) 838-3500
Telephone

If different contract managers are designated after the execution of this contract, the name, address, email address, and telephone number of the new representative shall be furnished in writing to the other parties and attached to the originals of this contract.

c. **Captions.** The captions and headings contained in this contract are for the convenience of the parties only and do not in any way modify, amplify, or give additional notice of the provisions hereof.

d. Notices. Any notices provided under this contract must be delivered by certified mail, return receipt requested, in person with proof of delivery, or by email to the email address of the respective party identified in Section 9.b., above.

In WITNESS THEREOF, the parties hereto have caused this eight-page contract, with its attachments as referenced, including Attachment I (two pages), Attachment II (four pages), Attachment III (one page), Attachment IV (one page), and Attachment V (one page), to be executed by their undersigned officials as duly authorized effective the 1st day of October 2023.

**BOARD OF COUNTY COMMISSIONERS
FOR TAYLOR COUNTY**

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

SIGNED BY: _____

SIGNED BY: _____

NAME: Jamie English

NAME: Joseph A. Ladapo, M.D., Ph.D.

TITLE: Chairman

TITLE: State Surgeon General

DATE: _____

DATE: _____

ATTESTED TO:

SIGNED BY: _____

SIGNED BY: _____

NAME: Gary Knowles D.C.

NAME: Tonya Hobby

TITLE: Clerk of Courts

TITLE: CHD Director or Administrator

DATE: _____

DATE: _____

ATTACHMENT I
TAYLOR COUNTY HEALTH DEPARTMENT
PROGRAM SPECIFIC REPORTING REQUIREMENTS AND PROGRAMS REQUIRING
COMPLIANCE WITH THE PROVISIONS OF SPECIFIC MANUALS

Some health services must comply with specific program and reporting requirements in addition to the Personal Health Coding Pamphlet (DHP 50-20), Environmental Health Coding Pamphlet (DHP 50-21) and FLAIR requirements because of federal or state law, regulation or rule. If a county health department is funded to provide one of these services, it must comply with the special reporting requirements for that service. The services and the reporting requirements are listed below:

| <u>Service</u> | <u>Requirement</u> |
|---|--|
| 1. Sexually Transmitted Disease Program | Requirements as specified in F.A.C. 64D-3, F.S. 381 and F.S. 384. |
| 2. Dental Health | Periodic financial and programmatic reports as specified by the program office. |
| 3. Special Supplemental Nutrition Program for Women, Infants and Children (including the WIC Breastfeeding Peer Counseling Program) | Service documentation and monthly financial reports as specified in DHM 150-24* and all federal, state and county requirements detailed in program manuals and published procedures. |
| 4. Healthy Start/ Improved Pregnancy Outcome | Requirements as specified in the 2007 Healthy Start Standards and Guidelines and as specified by the Healthy Start Coalitions in contract with each county health department. |
| 5. Family Planning | Requirements as specified in Public Law 91-572, 42 U.S.C. 300, et seq., 42 CFR part 59, subpart A, 45 CFR parts 74 & 92, 2 CFR 215 (OMB Circular A-110) OMB Circular A-102, F.S. 381.0051, F.A.C. 64F-7, F.A.C. 64F-16, and F.A.C. 64F-19. Requirements and Guidance as specified in the Program Requirements for Title X Funded Family Planning Projects (Title X Requirements)(2014) and the Providing Quality Family Planning Services (QFP): Recommendations of CDC and the U.S. Office of Population Affairs published on the Office of Population Affairs website. Programmatic annual reports as specified by the program office as specified in the annual programmatic Scope of Work for Family Planning and Maternal Child Health Services, including the Family Planning Annual Report (FPAR), and other minimum guidelines as specified by the Policy Web Technical Assistance Guidelines. |
| 6. Immunization | Periodic reports as specified by the department pertaining to immunization levels in kindergarten and/or seventh grade pursuant to instructions contained in the Immunization Guidelines-Florida Schools, Childcare Facilities and Family Daycare Homes (DH Form 150-615) and Rule 64D-3.046, F.A.C. In addition, periodic reports as specified by the department pertaining to the surveillance/investigation of reportable vaccine-preventable diseases, adverse events, vaccine accountability, and assessment of immunization |

ATTACHMENT I (Continued)

- levels as documented in Florida SHOTS and supported by CHD Guidebook policies and technical assistance guidance.
7. **Environmental Health** Requirements as specified in Environmental Health Programs Manual 150-4* and DHP 50-21*
8. **HIV/AIDS Program** Requirements as specified in F.S. 384.25 and F.A.C. 64D-3.030 and 64D-3.031. Case reporting should be on Adult HIV/AIDS Confidential Case Report CDC Form DH2139 and Pediatric HIV/AIDS Confidential Case Report CDC Form DH2140.
- Requirements as specified in F.A.C. 64D-2 and 64D-3, F.S. 381 and F.S. 384. Socio-demographic and risk data on persons tested for HIV in CHD clinics should be reported on Lab Request DH Form 1628 in accordance with the Forms Instruction Guide. Requirements for the HIV/AIDS Patient Care programs are found in the Patient Care Contract Administrative Guidelines.
9. **School Health Services** Requirements as specified in the Florida School Health Administrative Guidelines (May 2012). Requirements as specified in F.S. 381.0056, F.S. 381.0057, F.S. 402.3026 and F.A.C. 64F-6.
10. **Tuberculosis** Tuberculosis Program Requirements as specified in F.A.C. 64D-3 and F.S. 392.
11. **General Communicable Disease Control** Carry out surveillance for reportable communicable and other acute diseases, detect outbreaks, respond to individual cases of reportable diseases, investigate outbreaks, and carry out communication and quality assurance functions, as specified in F.A.C. 64D-3, F.S. 381, F.S. 384 and the CHD Epidemiology Guide to Surveillance and Investigations.
12. **Refugee Health Program** Programmatic and financial requirements as specified by the program office.

*or the subsequent replacement if adopted during the contract period.

ATTACHMENT II

TAYLOR COUNTY HEALTH DEPARTMENT

Part II, Sources of Contributions to County Health Department

October 1, 2023 to September 30, 2024

| | State CHD Trust Fund (cash) | County CHD Trust Fund | Total CHD Trust Fund (cash) | Other Contribution | Total |
|---|-----------------------------------|-----------------------------|-----------------------------------|-----------------------|----------------|
| 1. GENERAL REVENUE - STATE | | | | | |
| 015040 CHD - TB COMMUNITY PROGRAM | 16,689 | 0 | 16,689 | 0 | 16,689 |
| 015040 FAMILY PLANNING GENERAL REVENUE | 33,523 | 0 | 33,523 | 0 | 33,523 |
| 015040 PRIMARY CARE PROGRAM | 112,960 | 0 | 112,960 | 0 | 112,960 |
| 015040 RACIAL & ETHNIC DISPARITIES - CHD EXPENSES | 52,000 | 0 | 52,000 | 0 | 52,000 |
| 015040 SCHOOL HEALTH SERVICES | 72,514 | 0 | 72,514 | 0 | 72,514 |
| 015050 CHD GENERAL REVENUE NON-CATEGORICAL | 519,273 | 0 | 519,273 | 0 | 519,273 |
| GENERAL REVENUE TOTAL | 806,959 | 0 | 806,959 | 0 | 806,959 |
| 2. NON GENERAL REVENUE - STATE | | | | | |
| 015010 ENVIRONMENTAL BIOMEDICAL WASTE PROGRAM | 1,021 | 0 | 1,021 | 0 | 1,021 |
| 015010 TOBACCO STATE AND COMMUNITY INTERVENTIONS | 136,482 | 0 | 136,482 | 0 | 136,482 |
| 015010 CESSATION TREATMENT AND COUNSELING | 213 | 0 | 213 | 0 | 213 |
| 015010 TOBACCO STATE & COMMUNITY HEALTHY BABY | 10,000 | 0 | 10,000 | 0 | 10,000 |
| NON GENERAL REVENUE TOTAL | 147,716 | 0 | 147,716 | 0 | 147,716 |
| 3. FEDERAL FUNDS - STATE | | | | | |
| 007000 COMPREHENSIVE COMMUNITY CARDIO - PHBG | 35,000 | 0 | 35,000 | 0 | 35,000 |
| 007000 STRENGTHENING STD PREVENTION AND CONTROL | 31,413 | 0 | 31,413 | 0 | 31,413 |
| 007000 ELC COVID ENHANCED DETECTION EXPANSION GRANT | 40,125 | 0 | 40,125 | 0 | 40,125 |
| 007000 FAMILY PLANNING TITLE X - GRANT | 15,624 | 0 | 15,624 | 0 | 15,624 |
| 007000 HEALTH DISPARITIES GRANT COVID-19 | 23,367 | 0 | 23,367 | 0 | 23,367 |
| 007000 PUBLIC HLTH INFRASTRUCTURE & WORKFORCE/CENTRAL 1 | 107,696 | 0 | 107,696 | 0 | 107,696 |
| 007000 HEART - PREVENT & MGT | 3,333 | 0 | 3,333 | 0 | 3,333 |
| 007000 INFANT MORTALITY | 12,307 | 0 | 12,307 | 0 | 12,307 |
| 007000 IMMUNIZATION ACTION PLAN | 2,625 | 0 | 2,625 | 0 | 2,625 |
| 007000 CHD GENERAL REVENUE NON-RECURRING | 50,386 | 0 | 50,386 | 0 | 50,386 |
| 007000 BASE COMMUNITY PREPAREDNESS CAPABILITY | 88,226 | 0 | 88,226 | 0 | 88,226 |
| 007000 AIDS PREVENTION | 22,928 | 0 | 22,928 | 0 | 22,928 |
| 015075 SCHOOL HEALTH SERVICES | 213,245 | 0 | 213,245 | 0 | 213,245 |
| FEDERAL FUNDS TOTAL | 646,275 | 0 | 646,275 | 0 | 646,275 |
| 4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE | | | | | |
| 001020 CHD STATEWIDE ENVIRONMENTAL FEES | 9,912 | 0 | 9,912 | 0 | 9,912 |
| 001092 ON SITE SEWAGE DISPOSAL PERMIT FEES | 50,000 | 0 | 50,000 | 0 | 50,000 |
| 001092 CHD STATEWIDE ENVIRONMENTAL FEES | 3,312 | 0 | 3,312 | 0 | 3,312 |
| 001206 ON SITE SEWAGE DISPOSAL PERMIT FEES | 770 | 0 | 770 | 0 | 770 |
| 001206 SANITATION CERTIFICATES (FOOD INSPECTION) | 402 | 0 | 402 | 0 | 402 |
| 001206 SEPTIC TANK RESEARCH SURCHARGE | 95 | 0 | 95 | 0 | 95 |
| 001206 PUBLIC SWIMMING POOL PERMIT FEES-10% HQ TRANSFER | 300 | 0 | 300 | 0 | 300 |
| 001206 DRINKING WATER PROGRAM OPERATIONS | 9 | 0 | 9 | 0 | 9 |
| 001206 REGULATION OF BODY PIERCING SALONS | 15 | 0 | 15 | 0 | 15 |
| 001206 ONSITE SEWAGE TRAINING CENTER | 30 | 0 | 30 | 0 | 30 |
| 001206 MOBILE HOME & RV PARK FEES | 10 | 0 | 10 | 0 | 10 |

ATTACHMENT II

TAYLOR COUNTY HEALTH DEPARTMENT

Part II, Sources of Contributions to County Health Department

October 1, 2023 to September 30, 2024

| | State CHD Trust Fund (cash) | County CHD Trust Fund | Total CHD Trust Fund (cash) | Other Contribution | Total |
|--|-----------------------------------|-----------------------------|-----------------------------------|-----------------------|---------|
| FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL | 64,855 | 0 | 64,855 | 0 | 64,855 |
| 5. OTHER CASH CONTRIBUTIONS - STATE: | | | | | |
| | 0 | 0 | 0 | 0 | 0 |
| 090001 DRAW DOWN FROM PUBLIC HEALTH UNIT | 0 | 0 | 0 | 0 | 0 |
| OTHER CASH CONTRIBUTION TOTAL | 0 | 0 | 0 | 0 | 0 |
| 6. MEDICAID - STATE/COUNTY: | | | | | |
| 001057 CHD CLINIC FEES | 0 | 5,325 | 5,325 | 0 | 5,325 |
| 001148 CHD CLINIC FEES | 0 | 61,150 | 61,150 | 0 | 61,150 |
| MEDICAID TOTAL | 0 | 66,475 | 66,475 | 0 | 66,475 |
| 7. ALLOCABLE REVENUE - STATE: | | | | | |
| | 0 | 0 | 0 | 0 | 0 |
| ALLOCABLE REVENUE TOTAL | 0 | 0 | 0 | 0 | 0 |
| 8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE | | | | | |
| ADAP | 0 | 0 | 0 | 8,685 | 8,685 |
| PHARMACY DRUG PROGRAM | 0 | 0 | 0 | 2,849 | 2,849 |
| WIC PROGRAM | 0 | 0 | 0 | 809,796 | 809,796 |
| BUREAU OF PUBLIC HEALTH LABORATORIES | 0 | 0 | 0 | 2,370 | 2,370 |
| IMMUNIZATIONS | 0 | 0 | 0 | 6,553 | 6,553 |
| OTHER STATE CONTRIBUTIONS TOTAL | 0 | 0 | 0 | 830,253 | 830,253 |
| 9. DIRECT LOCAL CONTRIBUTIONS - BCC/TAX DISTRICT | | | | | |
| 008005 CHD LOCAL REVENUE & EXPENDITURES | 0 | 50,000 | 50,000 | 0 | 50,000 |
| DIRECT COUNTY CONTRIBUTIONS TOTAL | 0 | 50,000 | 50,000 | 0 | 50,000 |
| 10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY | | | | | |
| 001077 CHD CLINIC FEES | 0 | 11,100 | 11,100 | 0 | 11,100 |
| 001094 CHD LOCAL ENVIRONMENTAL FEES | 0 | 21,395 | 21,395 | 0 | 21,395 |
| 001110 VITAL STATISTICS CERTIFIED RECORDS | 0 | 29,952 | 29,952 | 0 | 29,952 |
| FEES AUTHORIZED BY COUNTY TOTAL | 0 | 62,447 | 62,447 | 0 | 62,447 |
| 11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY | | | | | |
| 001029 CHD CLINIC FEES | 0 | 1,072 | 1,072 | 0 | 1,072 |
| 001090 CHD CLINIC FEES | 0 | 250 | 250 | 0 | 250 |
| 008050 SCHOOL HEALTH CLINICS FUNDED BY SCHOOL BOARD | 0 | 54,813 | 54,813 | 0 | 54,813 |
| 010300 MIGRANT LABOR HOUSING INSPECTION H-2A PROGRAM | 0 | 486 | 486 | 0 | 486 |
| 011001 CHD HEALTHY START COALITION CONTRACT | 0 | 121,625 | 121,625 | 0 | 121,625 |
| 011001 HEALTHY START MEDIPASS WAIVER - COALITION TO CHD | 0 | 64,147 | 64,147 | 0 | 64,147 |
| 090002 DRAW DOWN FROM PUBLIC HEALTH UNIT | 0 | 58,700 | 58,700 | 0 | 58,700 |
| OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL | 0 | 183,693 | 183,693 | 0 | 183,693 |
| 12. ALLOCABLE REVENUE - COUNTY | | | | | |
| | 0 | 0 | 0 | 0 | 0 |

ATTACHMENT II

TAYLOR COUNTY HEALTH DEPARTMENT

Part II, Sources of Contributions to County Health Department

October 1, 2023 to September 30, 2024

| | State CHD Trust Fund (cash) | County CHD Trust Fund | Total CHD Trust Fund (cash) | Other Contribution | Total |
|---|-----------------------------------|-----------------------------|-----------------------------------|-----------------------|-----------|
| COUNTY ALLOCABLE REVENUE TOTAL | 0 | 0 | 0 | 0 | 0 |
| 13. BUILDINGS - COUNTY | | | | | |
| ANNUAL RENTAL EQUIVALENT VALUE | 0 | 0 | 0 | 0 | 0 |
| OTHER (Specify) | 0 | 0 | 0 | 0 | 0 |
| UTILITIES | 0 | 0 | 0 | 0 | 0 |
| BUILDING MAINTENANCE | 0 | 0 | 0 | 0 | 0 |
| GROUNDS MAINTENANCE | 0 | 0 | 0 | 0 | 0 |
| INSURANCE | 0 | 0 | 0 | 0 | 0 |
| OTHER (Specify) | 0 | 0 | 0 | 0 | 0 |
| OTHER (Specify) | 0 | 0 | 0 | 0 | 0 |
| BUILDINGS TOTAL | 0 | 0 | 0 | 0 | 0 |
| 14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY | | | | | |
| EQUIPMENT / VEHICLE PURCHASES | 0 | 0 | 0 | 0 | 0 |
| VEHICLE INSURANCE | 0 | 0 | 0 | 0 | 0 |
| VEHICLE MAINTENANCE | 0 | 0 | 0 | 0 | 0 |
| OTHER COUNTY CONTRIBUTION (SPECIFY) | 0 | 0 | 0 | 0 | 0 |
| OTHER COUNTY CONTRIBUTION (SPECIFY) | 0 | 0 | 0 | 0 | 0 |
| OTHER COUNTY CONTRIBUTIONS TOTAL | 0 | 0 | 0 | 0 | 0 |
| GRAND TOTAL CHD PROGRAM | 1,665,805 | 362,615 | 2,028,420 | 830,253 | 2,858,673 |

ATTACHMENT II
TAYLOR COUNTY HEALTH DEPARTMENT
PART I. PLANNED USE OF COUNTY HEALTH DEPARTMENT TRUST FUND BALANCES

| | Estimated State Share of CHD Trust Fund Balance | Estimated County Share of CHD Trust Fund Balance | Total |
|---|---|--|--------|
| 1. CHD Trust Fund Ending Balance 09/30/23 | 180080 | 159732 | 349812 |
| 2. Drawdown for Contract Year October 1, 2023 to September 30, 2024 | 0 | 58700 | 58700 |
| 3. Special Capital Project use for Contract Year October 1, 2023 to September 30, 2024 | 0 | 0 | 0 |
| 4. Balance Reserved for Contingency Fund October 1, 2023 to September 30, 2024 | 180080 | 218432 | 408512 |

Special Capital Projects are new construction or renovation projects and new furniture or equipment associated with these projects, and mobile health vans.

ATTACHMENT III
TAYLOR COUNTY HEALTH DEPARTMENT
CIVIL RIGHTS COMPLIANCE AND NON-DISCRIMINATION CERTIFICATE

1. The CHD agrees to complete the Civil Rights Compliance Questionnaire, DH Forms 946 A and B (or the subsequent replacement if adopted during the contract period), if so requested by the Department.
2. The CHD assures that it will comply with the Omnibus Budget Reconciliation Act of 1981, P.L. 97-35, which prohibits discrimination on the basis of sex and religion in programs and activities receiving or benefiting from federal financial assistance.
3. **Assurance of Civil Rights Compliance:** The CHD hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.); Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.); Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794); the Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.); Title II and Title III of the Americans with Disabilities Act (ADA) of 1990, as amended by the ADA Amendment Act of 2008 (42 U.S.C. 12131-12189) and as implemented by Department of Justice regulations at 28 CFR Parts 35 and 36; Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency" (August 11, 2000); all provisions required by the implementing regulations of the U.S. Department of Agriculture (7 CFR Part 15 et seq.); and FNS directives and guidelines to the effect that no person shall, on the ground of race, color, national origin, age, sex, or disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity for which the agency receives Federal financial assistance from FNS; and hereby gives assurance that it will immediately take measures necessary to effectuate this agreement.

By providing this assurance, the CHD agrees to compile data, maintain records and submit records and reports as required to permit effective enforcement of the nondiscrimination laws, and to permit Department personnel during normal working hours to review and copy such records, books and accounts, access such facilities, and interview such personnel as needed to ascertain compliance with the non-discrimination laws. If there are any violations of this assurance, the Department of Agriculture shall have the right to seek judicial enforcement of this assurance.

This assurance is given in consideration of and for the purpose of obtaining any and all Federal financial assistance, grants, and loans of Federal funds, reimbursable expenditures, grant or donation of Federal property and interest in property, the detail of Federal personnel, the sale and lease of, and the permission to use Federal property or interest in such property or the furnishing of services without consideration or at a nominal consideration, or at a consideration that is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale, lease, or furnishing of services to the recipient, or any improvements made with Federal financial assistance extended to the Program applicant by USDA. This includes any Federal agreement, arrangement, or other contract that has as one of its purposes the provision of cash assistance for the purchase of food, and cash assistance for purchase or rental of food service equipment or any other financial assistance extended in reliance on the representations and agreements made in this assurance. This assurance is binding on the CHD, its successors, transferees, and assignees as long as it receives or retains possession of any assistance from the Department. The person or persons whose signatures appear below are authorized to sign this assurance on the behalf of the CHD.

4. **Confidentiality of Data, Files, and Records:** The CHD agrees to restrict the use and disclosure of confidential USDA, Women, Infant, and Children (WIC) applicant and participant information as specified in 7 CFR § 246.26(d)(1)(i) in accordance with 7 CFR § 246.26(d)(1)(ii), as applicable.

Attachment IV
Fiscal Year - 2023 - 2024
Taylor County Health Department
Facilities Utilized by the County Health Department

| Complete Location (Street Address, City, Zip) | Facility Description And Official Building Name (if applicable) (Admin, Clinic, Envrn Hlth, etc.) | Lease/ Agreement Number | Type of Agreement (Private Lease thru State or County, other - please define) | Complete Legal Name of Owner | SQ Feet | Employee Count (FTE/OPS/ Contract) |
|---|--|--|---|--|--------------------|---|
| 1215 N. Pascoek Ave/ Perry, FL 32347 | Main Facility | | County Owned | Taylor County Board of County Commissioners | 15630 | 21 |
| 400 N. Clark Street/ Perry, FL 32347 | Perry Primary Clinic | | County Owned | Taylor County School Board | 100 | 1 |
| 1600 E. Green Street/Perry, FL 32347 | Taylor County Elementary School | | County Owned | Taylor County School Board | 100 | 1 |
| 610 E. Lafayette Street/ Perry, FL 32347 | Taylor County Middle School | | County Owned | Taylor County School Board | 100 | 1 |
| 900 Johnson Strippling Rd/ Perry, FL 32347 | Taylor County High School | | County Owned | Taylor County School Board | 100 | 1 |
| 1209 1st Ave. S/ Steinhatchee. FL 32347 | Steinhatchee School | | County Owned | Taylor County School Board | 100 | 1 |

Facility - a fixed site managed by DOH/CHD personnel for the purpose of providing or supporting public health services. Includes county-owned, state-owned, and leased facilities. Includes DOH/CHD warehouse and administrative sites. Includes facilities managed by DOH/CHD that may be shared with other organizations. Does not include schools, jails or other facilities where DOH/CHD staff are out-posted or sites where services are provided on an episodic basis.

**ATTACHMENT V
TAYLOR COUNTY HEALTH DEPARTMENT
SPECIAL PROJECTS SAVINGS PLAN**

CASH RESERVED OR ANTICIPATED TO BE RESERVED FOR PROJECTS

| <u>CONTRACT YEAR</u> | <u>STATE</u> | <u>COUNTY</u> | <u>TOTAL</u> |
|----------------------|--------------|---------------|--------------|
| 2022-2023* | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> |
| 2023-2024** | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> |
| 2024-2025*** | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> |
| 2025-2026*** | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> |
| PROJECT TOTAL | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> |

SPECIAL PROJECTS CONSTRUCTION/RENOVATION PLAN

PROJECT NUMBER: _____

PROJECT NAME: _____

LOCATION/ADDRESS: _____

PROJECT TYPE: NEW BUILDING _____ ROOFING _____
 RENOVATION _____ PLANNING STUDY _____
 NEW ADDITION _____ OTHER _____

SQUARE FOOTAGE: _____ 0

PROJECT SUMMARY: *Describe scope of work in reasonable detail.*

START DATE *(Initial expenditure of funds)* : _____

COMPLETION DATE: _____

DESIGN FEES: \$ 0

CONSTRUCTION COSTS: \$ 0

FURNITURE/EQUIPMENT: \$ 0

TOTAL PROJECT COST: \$ 0

COST PER SQ FOOT: \$ 0

Special Capital Projects are new construction or renovation projects and new furniture or equipment associated with these projects and mobile health vans.

* Cash balance as of 9/30/23

** Cash to be transferred to FCO account.

*** Cash anticipated for future contract years.

2022 / 2023 Fixed Asset Disposition Forms

| <u>Asset#</u> | <u>Item</u> | <u>Department</u> |
|---------------|-------------------------------|-------------------|
| 9024 | Doctor's Office Building -D | DMH |
| 6896 | Dishwasher | Jail |
| 7451 | Smart 911 | Jail |
| 7495 | Frequentis Protect 911 System | Jail |
| 7373 | Computer | Chamber |
| 5940 | Axim GPS Field Computer | Health Dept |
| 5941 | Axim GPS Field Computer | Health Dept |
| 6730 | Integrated Office | Health Dept |
| 7596 | Sealant Unit | Health Dept |
| 7180 | Polycom Video Equipment | Health Dept |
| 7181 | Dental Chair | Health Dept |
| 7595 | Server | Health Dept |
| 7597 | Server w/ Processor | Health Dept |
| 7598 | Server w/ Processor | Health Dept |
| 6254 | GPS | E911 |
| 6660 | Software Upgrade | E911 |
| 6837 | Sentinel Command Post | E911 |
| 6918 | T1 - Steinhatchee 911 | E911 |
| 6919 | T1 - Steinhatchee 911 | E911 |
| 7454 | Battery | E911 |
| 7618 | Logging Recorder | E911 |
| 5550 | Positron Power 911 | E911 |
| 6752 | Laptop | E911 |
| 6753 | Point to Point DDL | E911 |
| 6759 | Selective Router | E911 |
| 6931 | 911 Database | E911 |
| 6932 | 911 Routing Memory | E911 |
| 7023 | 911 Answering Position | E911 |
| 7024 | 911 Answering Position | E911 |
| 7141 | Instant Radio Recall | E911 |
| 7142 | Instant Radio Recall | E911 |

| | |
|------------------------------|------|
| 7143 Instant Radio Recall | E911 |
| 7318 911 Sys Phone Card | E911 |
| 7336 911 Addressing Software | E911 |
| 7363 GIS Mapping Software | E911 |



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

9024
Clerk Asset Number:

Board Asset Number:

FROM: DMH
Department Name

DEPT _____
Number

DATE: 8-8-23

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

| | | |
|--|--------|---------------|
| Name of Item | Room # | Make |
| Doctors' office Bldg-D | | |
| Model | Year | Serial Number |
| | | |
| Other Description: This is Bldg at 1224 N Peacock This is Now a VA office | | |
| Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below. | | |

DISPOSITION DATA

Type of Disposition: _____

**** Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) _____

Location: (required) 1224 N Peacock Ave

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: _____ Date _____

Amanda Grey
Department Head

Chairman Signature

County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number: _____

6896

Board Asset Number: _____

FROM: Jail
Department Name

DEPT 0200
Number

DATE: 9-12-23

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

| | | |
|---|---------------------|------------------------------------|
| Name of Item <u>Dishwasher</u> | Room # | Make <u>Hobart</u> |
| Model <u>AM15-2</u> | Year <u>2007</u> | Serial Number <u>23-1098381</u> |
| Other Description: | | |
| Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' please explain reason to allow disposition below. | | |

DISPOSITION DATA

Type of Disposition: Replaced

**** Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) Replaced - no longer worked correctly

Location: (required) Jail

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: _____ Date _____

See attached form
Department Head

Chairman Signature _____

County Administrator Approval _____

Date Removed From Asset Records

Fixed Assets Manager

| ASSET ID | IMPROVEMENT | DESCRIPTION | CATEGORY | NO LABEL | DEPARTMENT |
|----------|-------------|----------------------|----------|-----------------|----------------------|
| 10077 | 000 | DISHWASHER | OFFICE | | 0200 |
| 5559 | 000 | GRAPHIC CONTROL PANE | COMM | | 0200 |
| 5962 | 000 | WATER COOLER | EQUIP | | 0200 |
| 5964 | 000 | SUBMERSIBLE PUMP | EQUIP | | 0200 |
| 5965 | 000 | SUBMERSIBLE PUMP | EQUIP | | 0200 |
| 5985 | 000 | ICE MAKER | EQUIP | | 0200 |
| 5992 | 000 | 6X12 ENCLOSED TRAILE | EQUIP | Drug Task Force | 0200 Disposition |
| 6894 | 000 | DRYER | EQUIP | | 0200 |
| 6895 | 000 | DRYER | EQUIP | | 0200 |
| * 6896 | 000 8077 | DISHWASHER | EQUIP | | 0200 8/22/23 |
| 6917 | 000 | COMPUTER ENCLOSURE | OFFICE | | 0200 |
| 6947 | 000 | PORTABLE AC UNIT | HVAC | | 0200 |
| 6948 | 000 | PORTABLE AC UNIT | HVAC | | 0200 |
| 6983 | 000 | GRAPHIC PANEL C-1 | COMPUTER | | 0200 |
| 6984 | 000 | GRAPHIC PANEL C-2 | COMPUTER | | 0200 |
| 7022 | 000 | DRAIN SNAKE / CLEAN | EQUIP | | 0200 |
| 7151 | 000 | 3 TON AIR CONDITIONE | HVAC | | 0200 |
| 7155 | 000 | MUFFIN MONSTER GRIND | EQUIP | GRINDER - | 0200 |
| 7451 | 000 | SMART 911 | COMPUTER | LICENSE & | 0200 233 Disposition |
| 7455 | 000 | WASHER | EQUIP | FY 2012/20 | 0200 |
| 7495 | 000 | FREQUENTIS PROTECT 9 | COMPUTER | FY 2012/20 | 0200 Disposition |
| 7572 | 000 | AC UNIT | HVAC | FY 2013/20 | 0200 |
| 7907 | 000 | AIR CONDITIONER | EQUIP | | 0200 |
| 9005 | 000 | CNTY JAIL BLDGS&LAND | BLDG1 | OLD JAIL R | 0200 |
| 9005 | 001 | RE-ROOF JAIL | ROOF | | 0200 Repaired |
| 9005 | 002 | MINI-SPLIT HEAT PUMP | BLDG1 | COMPUTER R | 0200 |
| 9005 | 003 | MINI SPLIT HEATH PUM | BLDG1 | COMMUNICAT | 0200 |
| 9005 | 004 | WATER HEATER | OTHERIMP | FYE 2012 | 0200 |
| 9005 | 005 | WATER HEATER | OTHERIMP | FYE 2012 | 0200 |
| 9005 | 006 | RELOCATE DISPATCH | OTHERIMP | INSTALL CI | 0200 ??? |
| 9248 | 000 | CONTROLLER FOR TRANE | EQUIP | | 0200 |
| 9249 | 000 | CONDENSER-SWILL COOL | EQUIP | | 0200 |
| 9290 | 000 | CHILLER @ JAIL | HVAC | | 0200 |
| 9312 | 000 | DOOR PANEL CONTROL S | EQUIP | | 0200 |
| 9327 | 000 | BOILER | EQUIP | | 0200 |
| 9328 | 000 | BOILER | EQUIP | | 0200 |

* 6896 Replaced with 8077 10077

5992 Not here - DTF

7495 Don't know what this is

9005 Don't know what this is



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number: _____

7451
Board Asset Number: _____

FROM: Jail
Department Name _____

DEPT 0200
Number _____

DATE: 9-30-23

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

| | | |
|---|--------|---------------|
| Name of Item <u>Smart 911</u> | Room # | Make |
| Model | Year | Serial Number |
| Other Description: | | |
| Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' please explain reason to allow disposition below. | | |

DISPOSITION DATA

Type of Disposition: Replaced

**** Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) Replaced / upgraded

Location: (required) _____

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: _____ Date _____

[Signature]
Department Head

Chairman Signature

County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number: _____

7495
Board Asset Number: _____

FROM: Tail
Department Name

DEPT 0200
Number

DATE: 9-30-23

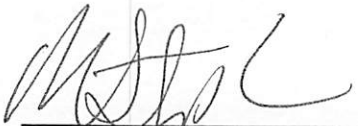
To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

| | | |
|---|--------|---------------|
| Name of Item <u>Frequentis Protect 911 System</u> | Room # | Make |
| Model | Year | Serial Number |
| Other Description: | | |
| Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' please explain reason to allow disposition below. | | |

DISPOSITION DATA

| | |
|---|---|
| Type of Disposition: <u>Replaced</u> | |
| ** Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately. | |
| Explanation for Disposal: (required) <u>Replaced / Upgraded</u> | |
| Location: (required) _____ | |
| APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> By the Taylor County Board of Commission: _____ Date _____ | |
|  _____ Department Head | _____ Chairman Signature _____ County Administrator Approval |

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number: _____

1373

Board Asset Number: _____

FROM: Chamber of Commerce
Department Name

DEPT 1302
Number

DATE: 9-12-23

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

| | | |
|--|--------------------------------|--------------------------------|
| Name of Item <u>Computer</u> | Room # <u>Dawn's Office</u> | Make <u>Dell</u> |
| Model <u>Inspiron 500</u> | Year <u>2012</u> | Serial Number <u>WRXTR1</u> |
| Other Description: <u>County paid \$500.00</u> | | |
| Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below. | | |

DISPOSITION DATA

| | |
|---|-------------------------------------|
| Type of Disposition: <u>Junked</u> | |
| ** Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately. | |
| Explanation for Disposal: (required) <u>No longer works (crashed)</u> | |
| Location: (required) <u>Chamber of Commerce</u> | |
| APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> By the Taylor County Board of Commission: _____ Date _____ | |
| Chairman Signature _____ | |
| <u>See attached email</u> Department Head | County Administrator Approval _____ |

Date Removed From Asset Records

Fixed Assets Manager

Carley Ondash

From: taylorchamber@fairpoint.net
Sent: Monday, September 11, 2023 4:08 PM
To: Carley Ondash
Subject: RE: Fixed Assets Inventory FY 22/23

Lap top is here #6420
Storage shed is here #7154
Fryers are at the cook shed. #7346, #7347, #7348
Computer crashed – it's gone #7373 - disposition filled out

Dawn V. Perez, Executive Director

Perry-Taylor County Chamber of Commerce & Tourism Office
Keep Taylor County Beautiful
PO Box 892
Perry, FL 32348
850-584-5366
(Cell) 850-843-0992

From: Carley Ondash <c.ondash@taylorclerk.com>
Sent: Monday, July 31, 2023 3:22 PM
To: Dawn Taylor <taylorchamber@fairpoint.net>
Cc: Dannielle Welch <dwelch@taylorclerk.com>; Pemberton, Lawanda <LPemberton@taylorcountygov.com>
Subject: Fixed Assets Inventory FY 22/23

Hi Dawn! It's that time again for fixed assets ☺

Attached is the Chamber of Commerce's Fixed Assets inventory list for FY 22/23. Please fill this out, sign and date, and have this returned to Finance by September 11, 2023 at 5pm

NOTE: Any fixed assets that were disposed of in **FY 21/22** will still show on the list because they are purged from the system the year after they are disposed. Please write Previously Disposed on any assets that already have forms filled out that were sent to the board for approval. Also – If you have any assets that you want disposed, please write that on this sheet and send a disposition form that has already been filled out. Then, we will present them before the board for approval of disposition.

Thanks so much!

Carley Ondash
Accounts Payable Deputy Clerk
850-838-3506 (Ext.119)

Gary Knowles
Taylor County Clerk of Circuit Court
108 N. Jefferson Street
Perry, FL 32347
P.O. Box 620
Perry, FL 32348



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number: _____

5940 & 5941

Board Asset Number: _____

FROM: Taylor County Health Dept

DEPT _____

DATE: 09/12/23

Department Name

Number

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

| | | |
|--|--------|---------------|
| Name of Item <u>AXIM GPS Field Computer</u> | Room # | Make |
| Model | Year | Serial Number |
| Other Description: | | |
| Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below. | | |

DISPOSITION DATA

| | |
|--|--|
| Type of Disposition: _____ | |
| ** Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately. | |
| Explanation for Disposal: (required) <u>not located past 2 years</u> | |
| Location: (required) _____ | |
| APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> By the Taylor County Board of Commission: _____ Date _____ | |
| <u>[Signature]</u> Department Head | _____ Chairman Signature |
| | _____ County Administrator Approval |

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number: _____

6730
Board Asset Number: _____

FROM: Taylor County Health Dept
Department Name

DEPT _____
Number

DATE: 09/12/23

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

| | | |
|---|--------|---------------|
| Name of Item <u>Integrated Office</u> | Room # | Make |
| Model | Year | Serial Number |
| Other Description: | | |
| Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' please explain reason to allow disposition below. | | |

DISPOSITION DATA

Type of Disposition: _____

**** Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) No longer in possession - see inventory form

Location: (required) _____

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: _____ Date _____

[Signature]
Department Head

Chairman Signature

County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number: _____

7596
Board Asset Number: _____

FROM: Taylor County Health Dept
Department Name

DEPT _____
Number

DATE: 09/12/23

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

| | | |
|--|--------|---------------|
| Name of Item <u>Sealant Unit</u> | Room # | Make |
| Model | Year | Serial Number |
| Other Description: | | |
| Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below. | | |

DISPOSITION DATA

Type of Disposition: transfer to another CHD

**** Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) transferred to Wakulla CHD for use in

Location: (required) Wakulla CHD their Dental Dept.

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission _____
Date _____

[Signature]
Department Head

Chairman Signature

County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number: _____

7180

Board Asset Number: _____

FROM: Health Dept.
Department Name

DEPT 0380
Number

DATE: 9-12-23

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

| | | |
|---|----------------------|------------------------|
| Name of Item <u>Polycom Video Equip.</u> | Room # <u>150</u> | Make <u>Polycom</u> |
| Model <u>HDX7002XL</u> | Year <u>2010</u> | Serial Number |
| Other Description: | | |
| Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' please explain reason to allow disposition below. | | |

DISPOSITION DATA

Type of Disposition: Surplus

**** Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) Returned to OIT

Location: (required) _____

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: _____ Date _____

Chairman Signature _____

See attached sheet
Department Head

County Administrator Approval _____

Date Removed From Asset Records

Fixed Assets Manager

| ASSET ID | IMPROVEMENT | DESCRIPTION | CATEGORY | NO LABEL | DEPARTMENT | INVENTORIED DATE |
|----------|-------------|-----------------------|----------|------------|------------|-----------------------------------|
| 3081 | 000 | AA7-022-222-AUTOCCLAV | OFFICE | | 0380 | 8/8/2023 |
| 3624 | 000 | MICROSCOPE | OFFICE | | 0380 | 8/8/2023 |
| 5118 | 000 | TIMUS 2S VISION SCRE | COMPUTER | | 0380 | 8/8/2023 |
| 5126 | 000 | DOWN HOME OIL PAINTI | OFFICE | | 0380 | 8/7/2023 |
| 5127 | 000 | CLOWN OIL PAINTING | OFFICE | | 0380 | 8/7/2023 |
| 5310 | 000 | WORK STATION MODULE | OFFICE | | 0380 | 8/7/2023 |
| 5311 | 000 | WORK STATION MODULE | OFFICE | | 0380 | 8/7/2023 |
| 5312 | 000 | WORK STATION MODULE | OFFICE | | 0380 | 8/7/2023 |
| 5530 | 000 | EIKI PROJECTOR | OFFICE | | 0380 | 09/12/23 - Room 120 |
| 5787 | 000 | FETAL MONITOR | EQUIP | | 0380 | 8/8/2023 |
| 5804 | 000 | LASER LEVEL | EQUIP | | 0380 | 8/7/2023 |
| 5940 | 000 | AXIM GPS FIELD COMPU | COMPUTER | | 0380 | No longer in possession ✓ |
| 5941 | 000 | AXIM GPS FIELD COMPU | COMPUTER | | 0380 | No longer in possession ✓ |
| 6730 | 000 | INTEGRATED OFFICE | OFFICE | | 0380 | No longer in possession ✓ |
| 6731 | 000 | VITAL SIGN MONITOR W | COMPUTER | | 0380 | 8/8/2023 |
| 6732 | 000 | VITAL SIGN MONITOR W | COMPUTER | | 0380 | 8/8/2023 |
| 6755 | 000 | EXPLORER | AUTO | | 0380 | 8/7/2023 |
| 6776 | 000 | AUDIOMETER | COMPUTER | | 0380 | 09/12/23 -PP5 |
| 6777 | 000 | TUTMUS W/ PEDIATRIC | COMPUTER | | 0380 | 09/12/23 -Steinhatchee |
| 6810 | 000 | TRUCK | AUTO | HEALTH DEP | 0380 | 8/7/2023 |
| 6890 | 000 | 2007 JEEP LIBERTY | AUTO | | 0380 | 8/7/2023 |
| 7004 | 000 | EKG MACHINE | EQUIP | | 0380 | 8/7/2023 |
| 7084 | 000 | DENTAL VACUUM SYSTEM | EQUIP | | 0380 | 8/8/2023 |
| 7085 | 000 | FETAL MONITOR | EQUIP | | 0380 | 09/12/23 -Room 214 |
| 7086 | 000 | AUTOCCLAVE | EQUIP | | 0380 | 8/7/2023 |
| 7087 | 000 | USB MODULE FOR SENSO | EQUIP | | 0380 | 8/8/2023 |
| 7089 | 000 | CONSOLE MOUNT LIGHT | EQUIP | | 0380 | 09/12/23 -Room 104 |
| 7090 | 000 | INSTRUMENT HOLDER | EQUIP | | 0380 | 09/12/23 -Room 104 |
| 7092 | 000 | DENTAL LIGHT | EQUIP | | 0380 | 8/8/2023 |
| 7093 | 000 | DENTAL LIGHT | EQUIP | | 0380 | 8/8/2023 |
| 7094 | 000 | 3 POSITION INSTRUMEN | EQUIP | | 0380 | 09/12/23 -Room 209 |
| 7095 | 000 | 3 POSITION INSTRUMEN | EQUIP | | 0380 | 8/8/2023 |
| 7096 | 000 | DELIVERY SYSTEM | EQUIP | | 0380 | 8/8/2023 |
| 7097 | 000 | DELIVERY SYSTEM | EQUIP | | 0380 | 8/8/2023 |
| 7098 | 000 | CHAIR | EQUIP | | 0380 | 8/8/2023 |
| 7099 | 000 | CHAIR | EQUIP | | 0380 | 8/8/2023 |
| 7100 | 000 | PANARAMIC X-RAY MACH | EQUIP | | 0380 | 8/8/2023 |
| 7101 | 000 | USB MODULE FOR SENSO | EQUIP | | 0380 | 8/8/2023 |
| 7102 | 000 | SINGLE PUMP | EQUIP | | 0380 | 8/8/2023 |
| 7103 | 000 | SENER SYS #1 | EQUIP | | 0380 | 8/8/2023 |
| 7104 | 000 | X-RAY MACHINE 66" DB | EQUIP | | 0380 | 8/8/2023 |
| 7105 | 000 | X-RAY MACHINE 66" DB | EQUIP | | 0380 | 8/8/2023 |
| 7106 | 000 | X-RAY MACHINE 66" DB | EQUIP | | 0380 | 8/8/2023 |
| 7107 | 000 | X-RAY MACHINE 66" DB | EQUIP | | 0380 | 8/8/2023 |
| 7108 | 000 | TWIN HEAD 230V PUMP | EQUIP | | 0380 | 8/8/2023 |
| 7109 | 000 | AUTOCCLAVE | EQUIP | | 0380 | 8/8/2023 |
| 7112 | 000 | INTRAORAL SENSOR SIZ | EQUIP | | 0380 | 8/8/2023 |
| 7178 | 000 | 52 INCH SAMSUNG MONI | COMPUTER | 52IN PROFE | 0380 | 8/7/2023 |
| 7179 | 000 | CART FOR PORTABLE PO | OFFICE | | 0380 | 8/7/2023 |
| 7180 | 000 | POLYCOM VIDEO EQUIPM | COMPUTER | | 0380 | Surplus- returned to OIT ✓ |
| 7181 | 000 | DENTAL CHAIR | OFFICE | | 0380 | Removed-replaced with new chair ✓ |
| 7182 | 000 | REFRIGERATOR | EQUIP | | 0380 | 09/12/23 -Room 209 |
| 7183 | 000 | COLPOSCOPY MACHINE | EQUIP | | 0380 | 8/7/2023 |
| 7324 | 000 | SENSOR | EQUIP | | 0380 | 8/8/2023 |
| 7594 | 000 | HEAT PUMP | HVAC | 7 1/2 TON | 0380 | 8/7/2023 |
| 7595 | 000 | SERVER | COMPUTER | | 0380 | Surplus-outdated ✓ |
| 7596 | 000 | SEALANT UNIT | EQUIP | PORTABLE U | 0380 | No longer in possession / |
| 7597 | 000 | SERVER W/ PROCESSOR | COMPUTER | | 0380 | Surplus-outdated |
| 7598 | 000 | SERVER W/ PROCESSOR | COMPUTER | | 0380 | Surplus-outdated |
| 7599 | 000 | XRAY SENSOR | EQUIP | SIZE 1, RE | 0380 | 8/8/2023 |
| 7614 | 000 | SPOT VISION SCRENER | EQUIP | | 0380 | 09/12/23 -Room 209 |
| 7716 | 000 | DODGE MINI VAN | AUTO | TAYLOR HD | 0380 | 8/7/2023 |
| 7895 | 000 | SUV-CHEVROLET EQUINO | AUTO | | 0380 | 8/7/2023 |
| 9078 | 000 | LAND - HEALTH DEPART | LAND | | 0380 | 8/7/2023 |
| 9079 | 000 | BUILDING - HEALTH DE | BLDG1 | | 0380 | 8/7/2023 |
| 9080 | 000 | PORTABLE BUILDING HE | BLDG2 | DONATED BY | 0380 | 8/7/2023 |

9/12/23 - Approved Rachael Fagerio



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number: _____

7181

Board Asset Number: _____

FROM: Health Dept.
Department Name

DEPT 0380
Number

DATE: 9-12-23

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

| | | |
|---|----------------------|---------------------------------|
| Name of Item <u>Dental Chair</u> | Room # <u>104</u> | Make <u>Midmar</u> |
| Model | Year <u>2010</u> | Serial Number <u>V877618</u> |
| Other Description: | | |
| Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' please explain reason to allow disposition below. | | |

DISPOSITION DATA

| | |
|---|--|
| Type of Disposition: <u>Replaced</u> | |
| ** Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately. | |
| Explanation for Disposal: (required) <u>Replaced w/ new chair</u> | |
| Location: (required) <u>Health Dept.</u> | |
| APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> By the Taylor County Board of Commission: _____ Date _____ | |
| <u>See attached sheet</u> Department Head | _____ Chairman Signature |
| | _____ County Administrator Approval |

Date Removed From Asset Records

Fixed Assets Manager

| ASSET ID | IMPROVEMENT | DESCRIPTION | CATEGORY | NO LABEL | DEPARTMENT | INVENTORIED DATE |
|----------|-------------|----------------------|----------|------------|------------|-----------------------------------|
| 3081 | 000 | AA7-022-222-AUTOCLAV | OFFICE | | 0380 | 8/8/2023 |
| 3624 | 000 | MICROSCOPE | OFFICE | | 0380 | 8/8/2023 |
| 5118 | 000 | TIMUS 2S VISION SCRE | COMPUTER | | 0380 | 8/8/2023 |
| 5126 | 000 | DOWN HOME OIL PAINTI | OFFICE | | 0380 | 8/7/2023 |
| 5127 | 000 | CLOWN OIL PAINTING | OFFICE | | 0380 | 8/7/2023 |
| 5310 | 000 | WORK STATION MODULE | OFFICE | | 0380 | 8/7/2023 |
| 5311 | 000 | WORK STATION MODULE | OFFICE | | 0380 | 8/7/2023 |
| 5312 | 000 | WORK STATION MODULE | OFFICE | | 0380 | 8/7/2023 |
| 5530 | 000 | EIKI PROJECTOR | OFFICE | | 0380 | 09/12/23 - Room 120 |
| 5787 | 000 | FETAL MONITOR | EQUIP | | 0380 | 8/8/2023 |
| 5804 | 000 | LASER LEVEL | EQUIP | | 0380 | 8/7/2023 |
| 5940 | 000 | AXIM GPS FIELD COMPU | COMPUTER | | 0380 | No longer in possession ✓ |
| 5941 | 000 | AXIM GPS FIELD COMPU | COMPUTER | | 0380 | No longer in possession ✓ |
| 6730 | 000 | INTEGRATED OFFICE | OFFICE | | 0380 | No longer in possession ✓ |
| 6731 | 000 | VITAL SIGN MONITOR W | COMPUTER | | 0380 | 8/8/2023 |
| 6732 | 000 | VITAL SIGN MONITOR W | COMPUTER | | 0380 | 8/8/2023 |
| 6755 | 000 | EXPLORER | AUTO | | 0380 | 8/7/2023 |
| 6776 | 000 | AUDIOMETER | COMPUTER | | 0380 | 09/12/23 -PPS |
| 6777 | 000 | TUTMUS W/ PEDIATRIC | COMPUTER | | 0380 | 09/12/23 -Steinhatchee |
| 6810 | 000 | TRUCK | AUTO | HEALTH DEP | 0380 | 8/7/2023 |
| 6890 | 000 | 2007 JEEP LIBERTY | AUTO | | 0380 | 8/7/2023 |
| 7004 | 000 | EKG MACHINE | EQUIP | | 0380 | 8/7/2023 |
| 7084 | 000 | DENTAL VACUUM SYSTEM | EQUIP | | 0380 | 8/8/2023 |
| 7085 | 000 | FETAL MONITOR | EQUIP | | 0380 | 09/12/23 -Room 214 |
| 7086 | 000 | AUTOCLAVE | EQUIP | | 0380 | 8/7/2023 |
| 7087 | 000 | USB MODULE FOR SENSO | EQUIP | | 0380 | 8/8/2023 |
| 7089 | 000 | CONSOLE MOUNT LIGHT | EQUIP | | 0380 | 09/12/23 -Room 104 |
| 7090 | 000 | INSTRUMENT HOLDER | EQUIP | | 0380 | 09/12/23 -Room 104 |
| 7092 | 000 | DENTAL LIGHT | EQUIP | | 0380 | 8/8/2023 |
| 7093 | 000 | DENTAL LIGHT | EQUIP | | 0380 | 8/8/2023 |
| 7094 | 000 | 3 POSITION INSTRUMEN | EQUIP | | 0380 | 09/12/23 -Room 209 |
| 7095 | 000 | 3 POSITION INSTRUMEN | EQUIP | | 0380 | 8/8/2023 |
| 7096 | 000 | DELIVERY SYSTEM | EQUIP | | 0380 | 8/8/2023 |
| 7097 | 000 | DELIVERY SYSTEM | EQUIP | | 0380 | 8/8/2023 |
| 7098 | 000 | CHAIR | EQUIP | | 0380 | 8/8/2023 |
| 7099 | 000 | CHAIR | EQUIP | | 0380 | 8/8/2023 |
| 7100 | 000 | PANARAMIC X-RAY MACH | EQUIP | | 0380 | 8/8/2023 |
| 7101 | 000 | USB MODULE FOR SENSO | EQUIP | | 0380 | 8/8/2023 |
| 7102 | 000 | SINGLE PUMP | EQUIP | | 0380 | 8/8/2023 |
| 7103 | 000 | SENDER SYS #1 | EQUIP | | 0380 | 8/8/2023 |
| 7104 | 000 | X-RAY MACHINE 66" DB | EQUIP | | 0380 | 8/8/2023 |
| 7105 | 000 | X-RAY MACHINE 66" DB | EQUIP | | 0380 | 8/8/2023 |
| 7106 | 000 | X-RAY MACHINE 66" DB | EQUIP | | 0380 | 8/8/2023 |
| 7107 | 000 | X-RAY MACHINE 66" DB | EQUIP | | 0380 | 8/8/2023 |
| 7108 | 000 | TWIN HEAD 230V PUMP | EQUIP | | 0380 | 8/8/2023 |
| 7109 | 000 | AUTOCLAVE | EQUIP | | 0380 | 8/8/2023 |
| 7112 | 000 | INTRAORAL SENSOR SIZ | EQUIP | | 0380 | 8/8/2023 |
| 7178 | 000 | 52 INCH SAMSUNG MONI | COMPUTER | 52IN PROFE | 0380 | 8/7/2023 |
| 7179 | 000 | CART FOR PORTABLE PO | OFFICE | | 0380 | 8/7/2023 |
| 7180 | 000 | POLYCOM VIDEO EQUIPM | COMPUTER | | 0380 | Surplus- returned to OIT ✓ |
| 7181 | 000 | DENTAL CHAIR | OFFICE | | 0380 | Removed-replaced with new chair ✓ |
| 7182 | 000 | REFRIGERATOR | EQUIP | | 0380 | 09/12/23 -Room 209 |
| 7183 | 000 | COLPOSCOPY MACHINE | EQUIP | | 0380 | 8/7/2023 |
| 7324 | 000 | SENSOR | EQUIP | | 0380 | 8/8/2023 |
| 7594 | 000 | HEAT PUMP | HVAC | 7 1/2 TON | 0380 | 8/7/2023 |
| 7595 | 000 | SERVER | COMPUTER | | 0380 | Surplus-outdated ✓ |
| 7596 | 000 | SEALANT UNIT | EQUIP | PORTABLE U | 0380 | No longer in possession ✓ |
| 7597 | 000 | SERVER W/ PROCESSOR | COMPUTER | | 0380 | Surplus-outdated |
| 7598 | 000 | SERVER W/ PROCESSOR | COMPUTER | | 0380 | Surplus-outdated |
| 7599 | 000 | XRAY SENSOR | EQUIP | SIZE 1, RE | 0380 | 8/8/2023 |
| 7614 | 000 | SPOT VISION SCRENER | EQUIP | | 0380 | 09/12/23 -Room 209 |
| 7716 | 000 | DODGE MINI VAN | AUTO | TAYLOR HD | 0380 | 8/7/2023 |
| 7895 | 000 | SUV-CHEVROLET EQUINO | AUTO | | 0380 | 8/7/2023 |
| 9078 | 000 | LAND - HEALTH DEPART | LAND | | 0380 | 8/7/2023 |
| 9079 | 000 | BUILDING - HEALTH DE | BLDG1 | | 0380 | 8/7/2023 |
| 9080 | 000 | PORTABLE BUILDING HE | BLDG2 | DONATED BY | 0380 | 8/7/2023 |

9/12/23 - Approved Rachael Fagerio



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number: _____

7595
Board Asset Number: _____

FROM: Health Dept
Department Name

DEPT 0380
Number

DATE: 9-12-23

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

| | | |
|---|----------------------|---------------------------------|
| Name of Item <u>Server</u> | Room # <u>120</u> | Make <u>Dell</u> |
| Model <u>Poweredge T620</u> | Year <u>2015</u> | Serial Number <u>4GHBBZ1</u> |
| Other Description: | | |
| Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' please explain reason to allow disposition below. | | |

DISPOSITION DATA

Type of Disposition: Surplus

**** Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) Outdated

Location: (required) Health Dept.

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: _____ Date _____

Chairman Signature

See attached form
Department Head

County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager

| ASSET ID | IMPROVEMENT | DESCRIPTION | CATEGORY | NO LABEL | DEPARTMENT | INVENTORIED DATE |
|----------|-------------|-----------------------|----------|------------|------------|-----------------------------------|
| 3081 | 000 | AA7-022-222-AUTOC LAV | OFFICE | | 0380 | 8/8/2023 |
| 3624 | 000 | MICROSCOPE | OFFICE | | 0380 | 8/8/2023 |
| 5118 | 000 | TIMUS 2S VISION SCRE | COMPUTER | | 0380 | 8/8/2023 |
| 5126 | 000 | DOWN HOME OIL PAINTI | OFFICE | | 0380 | 8/7/2023 |
| 5127 | 000 | CLOWN OIL PAINTING | OFFICE | | 0380 | 8/7/2023 |
| 5310 | 000 | WORK STATION MODULE | OFFICE | | 0380 | 8/7/2023 |
| 5311 | 000 | WORK STATION MODULE | OFFICE | | 0380 | 8/7/2023 |
| 5312 | 000 | WORK STATION MODULE | OFFICE | | 0380 | 8/7/2023 |
| 5530 | 000 | EIKI PROJECTOR | OFFICE | | 0380 | 09/12/23 - Room 120 |
| 5787 | 000 | FETAL MONITOR | EQUIP | | 0380 | 8/8/2023 |
| 5804 | 000 | LASER LEVEL | EQUIP | | 0380 | 8/7/2023 |
| 5940 | 000 | AXIM GPS FIELD COMPU | COMPUTER | | 0380 | No longer in possession ✓ |
| 5941 | 000 | AXIM GPS FIELD COMPU | COMPUTER | | 0380 | No longer in possession ✓ |
| 6730 | 000 | INTEGRATED OFFICE | OFFICE | | 0380 | No longer in possession ✓ |
| 6731 | 000 | VITAL SIGN MONITOR W | COMPUTER | | 0380 | 8/8/2023 |
| 6732 | 000 | VITAL SIGN MONITOR W | COMPUTER | | 0380 | 8/8/2023 |
| 6755 | 000 | EXPLORER | AUTO | | 0380 | 8/7/2023 |
| 6776 | 000 | AUDIOMETER | COMPUTER | | 0380 | 09/12/23 - PP5 |
| 6777 | 000 | TUTMUS W/ PEDIATRIC | COMPUTER | | 0380 | 09/12/23 - Steinhatchee |
| 6810 | 000 | TRUCK | AUTO | HEALTH DEP | 0380 | 8/7/2023 |
| 6890 | 000 | 2007 JEEP LIBERTY | AUTO | | 0380 | 8/7/2023 |
| 7004 | 000 | EKG MACHINE | EQUIP | | 0380 | 8/7/2023 |
| 7084 | 000 | DENTAL VACUUM SYSTEM | EQUIP | | 0380 | 8/8/2023 |
| 7085 | 000 | FETAL MONITOR | EQUIP | | 0380 | 09/12/23 - Room 214 |
| 7086 | 000 | AUTOClave | EQUIP | | 0380 | 8/7/2023 |
| 7087 | 000 | USB MODULE FOR SENSO | EQUIP | | 0380 | 8/8/2023 |
| 7089 | 000 | CONSOLE MOUNT LIGHT | EQUIP | | 0380 | 09/12/23 - Room 104 |
| 7090 | 000 | INSTRUMENT HOLDER | EQUIP | | 0380 | 09/12/23 - Room 104 |
| 7092 | 000 | DENTAL LIGHT | EQUIP | | 0380 | 8/8/2023 |
| 7093 | 000 | DENTAL LIGHT | EQUIP | | 0380 | 8/8/2023 |
| 7094 | 000 | 3 POSITION INSTRUMEN | EQUIP | | 0380 | 09/12/23 - Room 209 |
| 7095 | 000 | 3 POSITION INSTRUMEN | EQUIP | | 0380 | 8/8/2023 |
| 7096 | 000 | DELIVERY SYSTEM | EQUIP | | 0380 | 8/8/2023 |
| 7097 | 000 | DELIVERY SYSTEM | EQUIP | | 0380 | 8/8/2023 |
| 7098 | 000 | CHAIR | EQUIP | | 0380 | 8/8/2023 |
| 7099 | 000 | CHAIR | EQUIP | | 0380 | 8/8/2023 |
| 7100 | 000 | PANAROMIC X-RAY MACH | EQUIP | | 0380 | 8/8/2023 |
| 7101 | 000 | USB MODULE FOR SENSO | EQUIP | | 0380 | 8/8/2023 |
| 7102 | 000 | SINGLE PUMP | EQUIP | | 0380 | 8/8/2023 |
| 7103 | 000 | SENDER SYS #1 | EQUIP | | 0380 | 8/8/2023 |
| 7104 | 000 | X-RAY MACHINE 66" DB | EQUIP | | 0380 | 8/8/2023 |
| 7105 | 000 | X-RAY MACHINE 66" DB | EQUIP | | 0380 | 8/8/2023 |
| 7106 | 000 | X-RAY MACHINE 66" DB | EQUIP | | 0380 | 8/8/2023 |
| 7107 | 000 | X-RAY MACHINE 66" DB | EQUIP | | 0380 | 8/8/2023 |
| 7108 | 000 | TWIN HEAD 230V PUMP | EQUIP | | 0380 | 8/8/2023 |
| 7109 | 000 | AUTOClave | EQUIP | | 0380 | 8/8/2023 |
| 7112 | 000 | INTRAORAL SENSOR SIZ | EQUIP | | 0380 | 8/8/2023 |
| 7178 | 000 | 52 INCH SAMSUNG MONI | COMPUTER | 52IN PROFE | 0380 | 8/7/2023 |
| 7179 | 000 | CART FOR PORTABLE PO | OFFICE | | 0380 | 8/7/2023 |
| 7180 | 000 | POLYCOM VIDEO EQUIPM | COMPUTER | | 0380 | Surplus- returned to OIT ✓ |
| 7181 | 000 | DENTAL CHAIR | OFFICE | | 0380 | Removed-replaced with new chair ✓ |
| 7182 | 000 | REFRIGERATOR | EQUIP | | 0380 | 09/12/23 - Room 209 |
| 7183 | 000 | COLPOSCOPY MACHINE | EQUIP | | 0380 | 8/7/2023 |
| 7324 | 000 | SENSOR | EQUIP | | 0380 | 8/8/2023 |
| 7594 | 000 | HEAT PUMP | HVAC | 7 1/2 TON | 0380 | 8/7/2023 |
| 7595 | 000 | SERVER | COMPUTER | | 0380 | Surplus-outdated ✓ |
| 7596 | 000 | SEALANT UNIT | EQUIP | PORTABLE U | 0380 | No longer in possession / |
| 7597 | 000 | SERVER W/ PROCESSOR | COMPUTER | | 0380 | Surplus-outdated |
| 7598 | 000 | SERVER W/ PROCESSOR | COMPUTER | | 0380 | Surplus-outdated |
| 7599 | 000 | XRAY SENSOR | EQUIP | SIZE 1, RE | 0380 | 8/8/2023 |
| 7614 | 000 | SPOT VISION SCREENER | EQUIP | | 0380 | 09/12/23 - Room 209 |
| 7716 | 000 | DODGE MINI VAN | AUTO | TAYLOR HD | 0380 | 8/7/2023 |
| 7895 | 000 | SUV-CHEVROLET EQUINO | AUTO | | 0380 | 8/7/2023 |
| 9078 | 000 | LAND - HEALTH DEPART | LAND | | 0380 | 8/7/2023 |
| 9079 | 000 | BUILDING - HEALTH DE | BLDG1 | | 0380 | 8/7/2023 |
| 9080 | 000 | PORTABLE BUILDING HE | BLDG2 | DONATED BY | 0380 | 8/7/2023 |

9/12/23 - Approved Rachael Yagerio



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number: _____

7597

Board Asset Number: _____

FROM: Health Dept.
Department Name

DEPT 0380
Number

DATE: 9-12-23

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

| | | |
|---|----------------------|---------------------|
| Name of Item <u>Server w/ Processor</u> | Room # <u>120</u> | Make <u>Dell</u> |
| Model <u>PowerEdge T620</u> | Year <u>2015</u> | Serial Number |
| Other Description: | | |
| Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' please explain reason to allow disposition below. | | |

DISPOSITION DATA

Type of Disposition: Surplus

**** Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) Outdated

Location: (required) Health Dept.

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: _____ Date _____

See attached form
Department Head

Chairman Signature

County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager

| ASSET ID | IMPROVEMENT | DESCRIPTION | CATEGORY | NO LABEL | DEPARTMENT | INVENTORIED DATE |
|----------|-------------|-----------------------|----------|------------|------------|-----------------------------------|
| 3081 | 000 | AA7-022-222-AUTOCCLAV | OFFICE | | 0380 | 8/8/2023 |
| 3624 | 000 | MICROSCOPE | OFFICE | | 0380 | 8/8/2023 |
| 5118 | 000 | TIMUS 2S VISION SCRE | COMPUTER | | 0380 | 8/8/2023 |
| 5126 | 000 | DOWN HOME OIL PAINTI | OFFICE | | 0380 | 8/7/2023 |
| 5127 | 000 | CLOWN OIL PAINTING | OFFICE | | 0380 | 8/7/2023 |
| 5310 | 000 | WORK STATION MODULE | OFFICE | | 0380 | 8/7/2023 |
| 5311 | 000 | WORK STATION MODULE | OFFICE | | 0380 | 8/7/2023 |
| 5312 | 000 | WORK STATION MODULE | OFFICE | | 0380 | 8/7/2023 |
| 5530 | 000 | EIKI PROJECTOR | OFFICE | | 0380 | 8/7/2023 |
| 5787 | 000 | FETAL MONITOR | EQUIP | | 0380 | 09/12/23 - Room 120 |
| 5804 | 000 | LASER LEVEL | EQUIP | | 0380 | 8/8/2023 |
| 5940 | 000 | AXIM GPS FIELD COMPU | COMPUTER | | 0380 | 8/7/2023 |
| 5941 | 000 | AXIM GPS FIELD COMPU | COMPUTER | | 0380 | No longer in possession ✓ |
| 6730 | 000 | INTEGRATED OFFICE | OFFICE | | 0380 | No longer in possession ✓ |
| 6731 | 000 | VITAL SIGN MONITOR W | COMPUTER | | 0380 | No longer in possession ✓ |
| 6732 | 000 | VITAL SIGN MONITOR W | COMPUTER | | 0380 | 8/8/2023 |
| 6755 | 000 | EXPLORER | AUTO | | 0380 | 8/8/2023 |
| 6776 | 000 | AUDIOMETER | COMPUTER | | 0380 | 8/7/2023 |
| 6777 | 000 | TUTMUS W/ PEDIATRIC | COMPUTER | | 0380 | 09/12/23 -PPS |
| 6810 | 000 | TRUCK | AUTO | HEALTH DEP | 0380 | 09/12/23 -Steinhatchee |
| 6890 | 000 | 2007 JEEP LIBERTY | AUTO | | 0380 | 8/7/2023 |
| 7004 | 000 | EKG MACHINE | EQUIP | | 0380 | 8/7/2023 |
| 7084 | 000 | DENTAL VACUUM SYSTEM | EQUIP | | 0380 | 8/7/2023 |
| 7085 | 000 | FETAL MONITOR | EQUIP | | 0380 | 8/8/2023 |
| 7086 | 000 | AUTOCCLAVE | EQUIP | | 0380 | 09/12/23 -Room 214 |
| 7087 | 000 | USB MODULE FOR SENSO | EQUIP | | 0380 | 8/7/2023 |
| 7089 | 000 | CONSOLE MOUNT LIGHT | EQUIP | | 0380 | 8/8/2023 |
| 7090 | 000 | INSTRUMENT HOLDER | EQUIP | | 0380 | 09/12/23 -Room 104 |
| 7092 | 000 | DENTAL LIGHT | EQUIP | | 0380 | 09/12/23 -Room 104 |
| 7093 | 000 | DENTAL LIGHT | EQUIP | | 0380 | 8/8/2023 |
| 7094 | 000 | 3 POSITION INSTRUMEN | EQUIP | | 0380 | 8/8/2023 |
| 7095 | 000 | 3 POSITION INSTRUMEN | EQUIP | | 0380 | 09/12/23 -Room 209 |
| 7096 | 000 | DELIVERY SYSTEM | EQUIP | | 0380 | 8/8/2023 |
| 7097 | 000 | DELIVERY SYSTEM | EQUIP | | 0380 | 8/8/2023 |
| 7098 | 000 | CHAIR | EQUIP | | 0380 | 8/8/2023 |
| 7099 | 000 | CHAIR | EQUIP | | 0380 | 8/8/2023 |
| 7100 | 000 | PANARAMIC X-RAY MACH | EQUIP | | 0380 | 8/8/2023 |
| 7101 | 000 | USB MODULE FOR SENSO | EQUIP | | 0380 | 8/8/2023 |
| 7102 | 000 | SINGLE PUMP | EQUIP | | 0380 | 8/8/2023 |
| 7103 | 000 | SENDER SYS #1 | EQUIP | | 0380 | 8/8/2023 |
| 7104 | 000 | X-RAY MACHINE 66" DB | EQUIP | | 0380 | 8/8/2023 |
| 7105 | 000 | X-RAY MACHINE 66" DB | EQUIP | | 0380 | 8/8/2023 |
| 7106 | 000 | X-RAY MACHINE 66" DB | EQUIP | | 0380 | 8/8/2023 |
| 7107 | 000 | X-RAY MACHINE 66" DB | EQUIP | | 0380 | 8/8/2023 |
| 7108 | 000 | TWIN HEAD 230V PUMP | EQUIP | | 0380 | 8/8/2023 |
| 7109 | 000 | AUTOCCLAVE | EQUIP | | 0380 | 8/8/2023 |
| 7112 | 000 | INTRAORAL SENSOR SIZ | EQUIP | | 0380 | 8/8/2023 |
| 7178 | 000 | 52 INCH SAMSUNG MONI | COMPUTER | 52IN PROFE | 0380 | 8/8/2023 |
| 7179 | 000 | CART FOR PORTABLE PO | OFFICE | | 0380 | 8/7/2023 |
| 7180 | 000 | POLYCOM VIDEO EQUIPM | COMPUTER | | 0380 | 8/7/2023 |
| 7181 | 000 | DENTAL CHAIR | OFFICE | | 0380 | Surplus- returned to OIT ✓ |
| 7182 | 000 | REFRIGERATOR | EQUIP | | 0380 | Removed-replaced with new chair ✓ |
| 7183 | 000 | COLPOSCOPY MACHINE | EQUIP | | 0380 | 09/12/23 -Room 209 |
| 7324 | 000 | SENSOR | EQUIP | | 0380 | 8/7/2023 |
| 7594 | 000 | HEAT PUMP | HVAC | 7 1/2 TON | 0380 | 8/8/2023 |
| 7595 | 000 | SERVER | COMPUTER | | 0380 | 8/7/2023 |
| 7596 | 000 | SEALANT UNIT | EQUIP | PORTABLE U | 0380 | Surplus-outdated ✓ |
| 7597 | 000 | SERVER W/ PROCESSOR | COMPUTER | | 0380 | No longer in possession / |
| 7598 | 000 | SERVER W/ PROCESSOR | COMPUTER | | 0380 | Surplus-outdated |
| 7599 | 000 | XRAY SENSOR | EQUIP | SIZE 1, RE | 0380 | Surplus-outdated |
| 7614 | 000 | SPOT VISION SCRENER | EQUIP | | 0380 | 8/8/2023 |
| 7716 | 000 | DODGE MINI VAN | AUTO | TAYLOR HD | 0380 | 09/12/23 -Room 209 |
| 7895 | 000 | SUV-CHEVROLET EQUINO | AUTO | | 0380 | 8/7/2023 |
| 9078 | 000 | LAND - HEALTH DEPART | LAND | | 0380 | 8/7/2023 |
| 9079 | 000 | BUILDING - HEALTH DE | BLDG1 | | 0380 | 8/7/2023 |
| 9080 | 000 | PORTABLE BUILDING HE | BLDG2 | DONATED BY | 0380 | 8/7/2023 |

9/12/23 - Approved Rachael Fagerio



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number: _____

7598

Board Asset Number: _____

FROM: Health Dept.
Department Name

DEPT 0380
Number

DATE: _____

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

| | | |
|---|----------------------|---------------------|
| Name of Item <u>Server w/ Processor</u> | Room # <u>120</u> | Make <u>Dell</u> |
| Model <u>PowerEdge T620</u> | Year <u>2015</u> | Serial Number |
| Other Description: | | |
| Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' please explain reason to allow disposition below. | | |

DISPOSITION DATA

Type of Disposition: Surplus

**** Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) Outdated

Location: (required) Health Dept.

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: _____ Date _____

See attached form
Department Head

Chairman Signature

County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager

| ASSET ID | IMPROVEMENT | DESCRIPTION | CATEGORY | NO LABEL | DEPARTMENT | INVENTORIED DATE |
|----------|-------------|----------------------|----------|------------|------------|-----------------------------------|
| 3081 | 000 | AA7-022-222-AUTOCLAV | OFFICE | | 0380 | 8/8/2023 |
| 3624 | 000 | MICROSCOPE | OFFICE | | 0380 | 8/8/2023 |
| 5118 | 000 | TIMUS 25 VISION SCRE | COMPUTER | | 0380 | 8/8/2023 |
| 5126 | 000 | DOWN HOME OIL PAINTI | OFFICE | | 0380 | 8/7/2023 |
| 5127 | 000 | CLOWN OIL PAINTING | OFFICE | | 0380 | 8/7/2023 |
| 5310 | 000 | WORK STATION MODULE | OFFICE | | 0380 | 8/7/2023 |
| 5311 | 000 | WORK STATION MODULE | OFFICE | | 0380 | 8/7/2023 |
| 5312 | 000 | WORK STATION MODULE | OFFICE | | 0380 | 8/7/2023 |
| 5530 | 000 | EIKI PROJECTOR | OFFICE | | 0380 | 09/12/23 - Room 120 |
| 5787 | 000 | FETAL MONITOR | EQUIP | | 0380 | 8/8/2023 |
| 5804 | 000 | LASER LEVEL | EQUIP | | 0380 | 8/7/2023 |
| 5940 | 000 | AXIM GPS FIELD COMPU | COMPUTER | | 0380 | No longer in possession ✓ |
| 5941 | 000 | AXIM GPS FIELD COMPU | COMPUTER | | 0380 | No longer in possession ✓ |
| 6730 | 000 | INTEGRATED OFFICE | OFFICE | | 0380 | No longer in possession ✓ |
| 6731 | 000 | VITAL SIGN MONITOR W | COMPUTER | | 0380 | 8/8/2023 |
| 6732 | 000 | VITAL SIGN MONITOR W | COMPUTER | | 0380 | 8/8/2023 |
| 6755 | 000 | EXPLORER | AUTO | | 0380 | 8/7/2023 |
| 6776 | 000 | AUDIOMETER | COMPUTER | | 0380 | 09/12/23 -PPS |
| 6777 | 000 | TUTMUS W/ PEDIATRIC | COMPUTER | | 0380 | 09/12/23 -Steinhatchee |
| 6810 | 000 | TRUCK | AUTO | HEALTH DEP | 0380 | 8/7/2023 |
| 6890 | 000 | 2007 JEEP LIBERTY | AUTO | | 0380 | 8/7/2023 |
| 7004 | 000 | EKG MACHINE | EQUIP | | 0380 | 8/7/2023 |
| 7084 | 000 | DENTAL VACUUM SYSTEM | EQUIP | | 0380 | 8/8/2023 |
| 7085 | 000 | FETAL MONITOR | EQUIP | | 0380 | 09/12/23 -Room 214 |
| 7086 | 000 | AUTOCLAVE | EQUIP | | 0380 | 8/7/2023 |
| 7087 | 000 | USB MODULE FOR SENSO | EQUIP | | 0380 | 8/8/2023 |
| 7089 | 000 | CONSOLE MOUNT LIGHT | EQUIP | | 0380 | 09/12/23 -Room 104 |
| 7090 | 000 | INSTRUMENT HOLDER | EQUIP | | 0380 | 09/12/23 -Room 104 |
| 7092 | 000 | DENTAL LIGHT | EQUIP | | 0380 | 8/8/2023 |
| 7093 | 000 | DENTAL LIGHT | EQUIP | | 0380 | 8/8/2023 |
| 7094 | 000 | 3 POSITION INSTRUMEN | EQUIP | | 0380 | 09/12/23 -Room 209 |
| 7095 | 000 | 3 POSITION INSTRUMEN | EQUIP | | 0380 | 8/8/2023 |
| 7096 | 000 | DELIVERY SYSTEM | EQUIP | | 0380 | 8/8/2023 |
| 7097 | 000 | DELIVERY SYSTEM | EQUIP | | 0380 | 8/8/2023 |
| 7098 | 000 | CHAIR | EQUIP | | 0380 | 8/8/2023 |
| 7099 | 000 | CHAIR | EQUIP | | 0380 | 8/8/2023 |
| 7100 | 000 | PANARAMIC X-RAY MACH | EQUIP | | 0380 | 8/8/2023 |
| 7101 | 000 | USB MODULE FOR SENSO | EQUIP | | 0380 | 8/8/2023 |
| 7102 | 000 | SINGLE PUMP | EQUIP | | 0380 | 8/8/2023 |
| 7103 | 000 | SENER SYS #1 | EQUIP | | 0380 | 8/8/2023 |
| 7104 | 000 | X-RAY MACHINE 66" DB | EQUIP | | 0380 | 8/8/2023 |
| 7105 | 000 | X-RAY MACHINE 66" DB | EQUIP | | 0380 | 8/8/2023 |
| 7106 | 000 | X-RAY MACHINE 66" DB | EQUIP | | 0380 | 8/8/2023 |
| 7107 | 000 | X-RAY MACHINE 66" DB | EQUIP | | 0380 | 8/8/2023 |
| 7108 | 000 | TWIN HEAD 230V PUMP | EQUIP | | 0380 | 8/8/2023 |
| 7109 | 000 | AUTOCLAVE | EQUIP | | 0380 | 8/8/2023 |
| 7112 | 000 | INTRAORAL SENSOR SIZ | EQUIP | | 0380 | 8/8/2023 |
| 7178 | 000 | 52 INCH SAMSUNG MONI | COMPUTER | 52IN PROFE | 0380 | 8/7/2023 |
| 7179 | 000 | CART FOR PORTABLE PO | OFFICE | | 0380 | 8/7/2023 |
| 7180 | 000 | POLYCOM VIDEO EQUIPM | COMPUTER | | 0380 | Surplus- returned to OIT ✓ |
| 7181 | 000 | DENTAL CHAIR | OFFICE | | 0380 | Removed-replaced with new chair ✓ |
| 7182 | 000 | REFRIGERATOR | EQUIP | | 0380 | 09/12/23 -Room 209 |
| 7183 | 000 | COLPOSCOPY MACHINE | EQUIP | | 0380 | 8/7/2023 |
| 7324 | 000 | SENSOR | EQUIP | | 0380 | 8/8/2023 |
| 7594 | 000 | HEAT PUMP | HVAC | 7 1/2 TON | 0380 | 8/7/2023 |
| 7595 | 000 | SERVER | COMPUTER | | 0380 | Surplus-outdated ✓ |
| 7596 | 000 | SEALANT UNIT | EQUIP | PORTABLE U | 0380 | No longer in possession / |
| 7597 | 000 | SERVER W/ PROCESSOR | COMPUTER | | 0380 | Surplus-outdated |
| 7598 | 000 | SERVER W/ PROCESSOR | COMPUTER | | 0380 | Surplus-outdated |
| 7599 | 000 | XRAY SENSOR | EQUIP | SIZE 1, RE | 0380 | 8/8/2023 |
| 7614 | 000 | SPOT VISION-SCREENER | EQUIP | | 0380 | 09/12/23 -Room 209 |
| 7716 | 000 | DODGE MINI VAN | AUTO | TAYLOR HD | 0380 | 8/7/2023 |
| 7895 | 000 | SUV-CHEVROLET EQUINO | AUTO | | 0380 | 8/7/2023 |
| 9078 | 000 | LAND - HEALTH DEPART | LAND | | 0380 | 8/7/2023 |
| 9079 | 000 | BUILDING - HEALTH DE | BLDG1 | | 0380 | 8/7/2023 |
| 9080 | 000 | PORTABLE BUILDING HE | BLDG2 | DONATED BY | 0380 | 8/7/2023 |

9/12/23 - Approved Raehael Fagerio



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

6254
Board Asset Number:

FROM: EG11
Department Name

DEPT 0239
Number

DATE: 8-22-23

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

| | | |
|--|--------|---------------|
| Name of Item <u>GPS</u> | Room # | Make |
| Model | Year | Serial Number |
| Other Description: | | |
| Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below. | | |

DISPOSITION DATA

Type of Disposition: removal

**** Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) unable to locate, no longer in use.

Location: (required) Unknown

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: _____ Date _____

[Signature]
Department Head

Chairman Signature

County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: EG11
Department Name

Clerk Asset Number:
DEPT 0239
Number

66660
Board Asset Number:
DATE: 8-22-23

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

| | | |
|--|--------|---------------|
| Name of Item <u>Software upgrade + L</u> | Room # | Make |
| Model | Year | Serial Number |
| Other Description: | | |
| Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below. | | |

DISPOSITION DATA

Type of Disposition: removal

**** Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) unable to locate, but no longer in use.

Location: (required) Unknown

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission _____ Date _____

[Signature]
Department Head

Chairman Signature

County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: E911
Department Name

Clerk Asset Number: _____

DEPT 0239
Number

6837
Board Asset Number:

DATE: 8-22-23

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

| | | |
|--|--------|---------------|
| Name of Item <u>Sentinel Command Post</u> | Room # | Make |
| Model | Year | Serial Number |
| Other Description: | | |
| Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below. | | |

DISPOSITION DATA

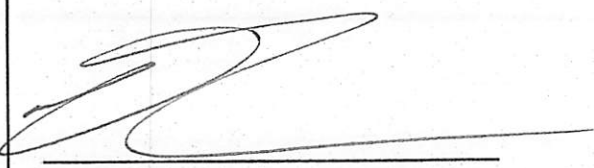
Type of Disposition: removal

**** Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) unable to locate, not longer for use.

Location: (required) unknown

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: _____ Date _____



Department Head

Chairman Signature

County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number: _____

6918

Board Asset Number: _____

FROM: E911
Department Name

DEPT 0239
Number

DATE: 8-22-23

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

| | | |
|--|--------|---------------|
| Name of Item <u>Tl. Steinhatchee</u> <u>911</u> | Room # | Make |
| Model | Year | Serial Number |
| Other Description: | | |
| Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below. | | |

DISPOSITION DATA


Type of Disposition: removed

**** Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian Immediately.**

Explanation for Disposal: (required) unable to locate, no longer in use.

Location: (required) unknown

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: _____ Date _____



Department Head

Chairman Signature

County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

6919
Board Asset Number:

FROM: E911
Department Name

DEPT 0239
Number

DATE: 8-22-23

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

| | | |
|--|--------|---------------|
| Name of Item <u>T1- Steinhatchee</u> <u>911</u> | Room # | Make |
| Model | Year | Serial Number |
| Other Description: | | |
| Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below. | | |

DISPOSITION DATA


Type of Disposition: remove

**** Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) unable to locate, no longer in use.

Location: (required) unknown

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: _____ Date _____



Department Head

Chairman Signature

County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: E911
Department Name

Clerk Asset Number:

DEPT 0237
Number

7454
Board Asset Number:

DATE: 8-22-23

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

| | | |
|--|--------|---------------|
| Name of Item <u>Battery</u> | Room # | Make |
| Model | Year | Serial Number |
| Other Description: | | |
| Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below. | | |

DISPOSITION DATA

Type of Disposition: removal

**** Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) unable to locate, no longer in use.

Location: (required) unknown

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission _____
Date

Department Head

Chairman Signature

County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number: _____

7618
Board Asset Number: _____

FROM: EQ11
Department Name

DEPT 0237
Number

DATE: 8-22-23

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

| | | |
|--|--------|---------------|
| Name of Item <u>Logging recorder</u> | Room # | Make |
| Model | Year | Serial Number |
| Other Description: | | |
| Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below. | | |

DISPOSITION DATA

Type of Disposition: removal / decommission

**** Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) no longer in use replace w/ Bocc 10021
(new recorder)

Location: (required) Eoc server room

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: _____
Date

[Signature]
Department Head

Chairman Signature

County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: E911
Department Name

Clerk Asset Number: _____
DEPT 0227
Number

5550
Board Asset Number:
DATE: 8-21-23

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

| | | |
|--|--------|---------------|
| Name of Item <u>Positron Power 911</u> | Room # | Make |
| Model | Year | Serial Number |
| Other Description: | | |
| Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below. | | |

DISPOSITION DATA

Type of Disposition: removal

**** Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) Could not locate but no longer in use.

Location: (required) unknown

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission _____ Date _____

[Signature]
Department Head

Chairman Signature

County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: EG11
Department Name

Clerk Asset Number: _____

DEPT 0227
Number

6752
Board Asset Number:

DATE: 8-21-23

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

| | | |
|--|--------|---------------|
| Name of Item <u>Laptop</u> | Room # | Make |
| Model | Year | Serial Number |
| Other Description: | | |
| Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below. | | |

DISPOSITION DATA

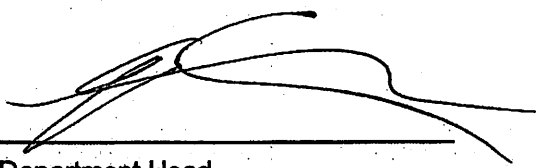
Type of Disposition: removal

**** Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian Immediately.**

Explanation for Disposal: (required) unable to locate, no longer in use.

Location: (required) unknown

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: _____ Date _____



Department Head

Chairman Signature

County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: E911
Department Name

Clerk Asset Number: _____
DEPT 0227
Number

6753
Board Asset Number:
DATE: 8-21-23

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

| | | |
|--|--------|---------------|
| Name of Item <u>Point to Point DSL</u> <u>M</u> | Room # | Make |
| Model | Year | Serial Number |
| Other Description: | | |
| Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below. | | |

DISPOSITION DATA

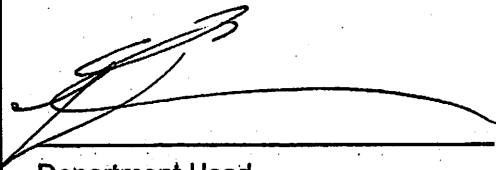
Type of Disposition: removal

**** Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) unable to locate, no longer in use

Location: (required) unknown

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: _____ Date _____



Department Head

Chairman Signature

County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: E911
Department Name

Clerk Asset Number: _____

DEPT 0227
Number

6759
Board Asset Number:

DATE: 8-21-23

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

| | | |
|--|--------|---------------|
| Name of Item <u>selective router for</u> | Room # | Make |
| Model | Year | Serial Number |
| Other Description: | | |
| Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below. | | |

DISPOSITION DATA

Type of Disposition: removal

**** Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) unable to locate, no longer in use

Location: (required) unknown

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission _____ Date _____

[Signature]
Department Head

Chairman Signature

County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: E911
Department Name

Clerk Asset Number:
DEPT 0227
Number

6931
Board Asset Number:
DATE: 8-21-23

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

| | | |
|--|--------|---------------|
| Name of Item <u>911 database + map</u> <u>S</u> | Room # | Make |
| Model | Year | Serial Number |
| Other Description: | | |
| Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below. | | |

DISPOSITION DATA

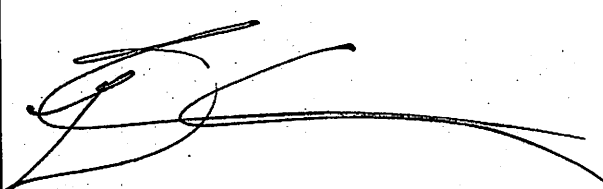
Type of Disposition: removal

**** Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) unable to locate, no longer in use

Location: (required) unknown

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission. _____ Date _____



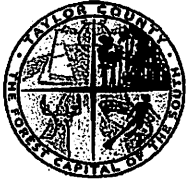
Department Head

Chairman Signature

County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: E911
Department Name

Clerk Asset Number:
DEPT 0227
Number

6932
Board Asset Number:
DATE: 8-21-23

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

| | | |
|--|--------|---------------|
| Name of Item <u>911 routing memory</u> <u>C</u> | Room # | Make |
| Model | Year | Serial Number |
| Other Description: | | |
| Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below. | | |

DISPOSITION DATA

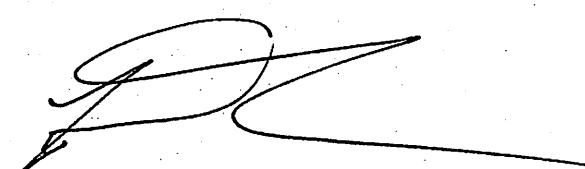
Type of Disposition: removal

**** Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) unable to locate, no longer in use

Location: (required) unknown

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: _____ Date _____



Department Head

Chairman Signature

County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: E911
Department Name

Clerk Asset Number:

DEPT 0227
Number

7023
Board Asset Number:

DATE: 8-21-23

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

| | | |
|--|--------|---------------|
| Name of Item <u>911 answering position</u> | Room # | Make |
| Model | Year | Serial Number |
| Other Description: | | |
| Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below. | | |

DISPOSITION DATA

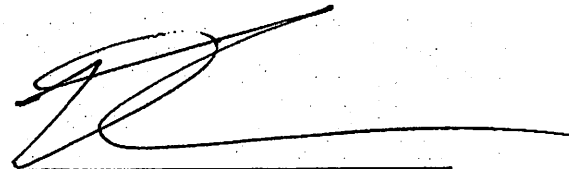
Type of Disposition: removal

**** Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) unable to locate, no longer in use.

Location: (required) unknown

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission _____ Date _____



Department Head

Chairman Signature

County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number: _____

70241
Board Asset Number:

FROM: ES11
Department Name

DEPT 0227
Number

DATE: 8-22-23

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

| | | |
|--|--------|---------------|
| Name of Item <u>911 answering position</u> | Room # | Make |
| Model | Year | Serial Number |
| Other Description: | | |
| Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below. | | |

DISPOSITION DATA

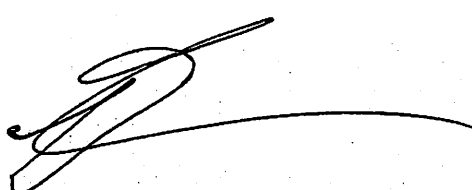
Type of Disposition: removal

**** Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) unable to locate, no longer in use

Location: (required) Unknown

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission _____ Date _____



Department Head

Chairman Signature

County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: E911
Department Name

Clerk Asset Number: _____
DEPT 0227
Number

7141
Board Asset Number:
DATE: 8-22-23

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

| | | |
|--|--------|---------------|
| Name of Item <u>instant radio</u> <u>recall</u> | Room # | Make |
| Model | Year | Serial Number |
| Other Description: | | |
| Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below. | | |

DISPOSITION DATA

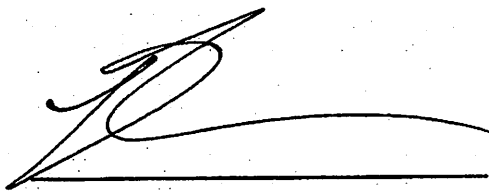
Type of Disposition: removal

**** Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) unable to locate, no longer in use.

Location: (required) unknown

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: _____ Date _____



Department Head

Chairman Signature

County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: EG11
Department Name

Clerk Asset Number: _____

DEPT 0227
Number

7142
Board Asset Number:

DATE: 8-22-23

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

| | | |
|--|--------|---------------|
| Name of Item <u>instant radio recall</u> | Room # | Make |
| Model | Year | Serial Number |
| Other Description: | | |
| Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below. | | |

DISPOSITION DATA

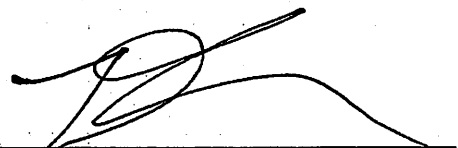
Type of Disposition: removal

**** Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) unable to locate, no longer in use.

Location: (required) unknown.

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission _____ Date _____



Department Head

Chairman Signature

County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: E911
Department Name

Clerk Asset Number: _____

DEPT 0227
Number

7143
Board Asset Number:

DATE: 8-22-23

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

| | | |
|--|--------|---------------|
| Name of Item <u>Instant radio recall</u> | Room # | Make |
| Model | Year | Serial Number |
| Other Description: | | |
| Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below. | | |

DISPOSITION DATA

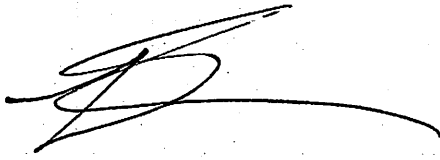
Type of Disposition: removal

**** Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian Immediately.**

Explanation for Disposal: (required) unable to locate, no longer in use.

Location: (required) Unknown.

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission, _____ Date _____



Department Head

Chairman Signature

County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: E911
Department Name

Clerk Asset Number: _____

DEPT 0227
Number

7318
Board Asset Number:

DATE: 8-22-23

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

| | | |
|--|--------|---------------|
| Name of Item <u>911 542 Phone Card</u> | Room # | Make |
| Model | Year | Serial Number |
| Other Description: | | |
| Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below. | | |

DISPOSITION DATA


Type of Disposition: removed

**** Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) Unable to locate, no longer in use.

Location: (required) Unknown

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: _____ Date _____



Department Head

Chairman Signature

County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: E911
Department Name

Clerk Asset Number: _____
DEPT 0227
Number

7336
Board Asset Number:
DATE: 8-22-23

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

| | | |
|--|--------|---------------|
| Name of Item <u>911 addressing software</u> | Room # | Make |
| Model | Year | Serial Number |
| Other Description: | | |
| Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below. | | |

DISPOSITION DATA

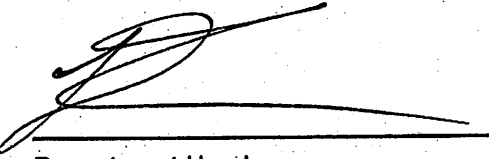
Type of Disposition: removal

**** Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) unable to locate, no longer in use.

Location: (required) unknown.

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission _____ Date _____


Department Head

Chairman Signature

County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: E911
Department Name

Clerk Asset Number: _____

DEPT 0227
Number

7363
Board Asset Number:

DATE: 8-22-23

To Whom It May Concern:

The following changes have occurred in the property in my custody. This information should be entered on your Property Record.

IDENTIFICATION DATA

| | | |
|--|--------|---------------|
| Name of Item <u>GIS mapping software</u> | Room # | Make |
| Model | Year | Serial Number |
| Other Description: | | |
| Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below. | | |

DISPOSITION DATA

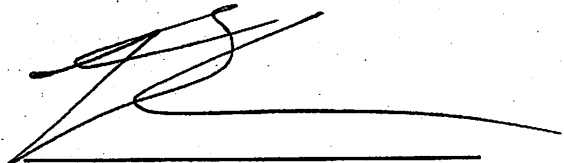
Type of Disposition: removal

**** Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

Explanation for Disposal: (required) unable to locate, no longer in use.

Location: (required) unknown.

APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: _____ Date _____



Department Head

Chairman Signature

County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager

TAYLOR COUNTY BOARD OF COMMISSIONERS

County Commission Agenda Item

SUBJECT/TITLE:



Fire Fighter Cancer Benefit Program

Meeting Date:

9/19/23

Statement of Issue:

Board to consider approval of the FMIT Firefighter Cancer Benefit Program.

Recommendation:

Approve the staff to begin coverage with the benefit program.

Fiscal Impact:

\$ 2,005.00

Budgeted Expense:

Yes ☒

No ☐

N/A ☐

Submitted By:

Dan Cassel

Contact:

SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

History, Facts & Issues:

Under Florida Statute 112.1816 if a fire fighter is diagnosed with a listed cancer

it is presumed that it is work related. The employee is guaranteed certain benefits including a one time cash

payout of \$25,000 upon the fire fighters initial diagnosis, timely reimbursement for any out of pocket deductible,

Copayment, or coinsurance cost due to the treatment of cancer, a \$75,000 sum will be paid if the firefighter dies as

a result of cancer.

The FMIT cancer benefit program covers the initial payout and death payout.

Fire Fighters have a 9% higher risk of being diagnosed with cancer and 14% higher risk of cancer death.

Options:

1.

2.

Attachments:

1.

FMIT Packet and Statute



Florida Firefighter Cancer Benefit Program

SUMMARY OF BENEFITS

BILLING DATE: 4/1/2023 - 10/1/2023

ANNIVERSARY DATE: October 1

INSURER: Chubb Insurance Company
POLICY NUMBER: Lump Sum Cancer – PTP N18209834
MASTER POLICYHOLDER: Florida Municipal Insurance Trust
PARTICIPATING EMPLOYER: Taylor County BOCC

ELIGIBLE FIREFIGHTERS:

- Class 1: All Full-time Firefighters or Fire Investigators of the Policyholder who have been employed by the Policyholder for at least 5 continuous years.
- Class 2: All Full-time Firefighters or Fire Investigators of the Policyholder who have been employed by the Policyholder for less than 5 continuous years.
- Class 3: All Full-time Firefighters or Fire Investigators of the Policyholder who were employed by the Policyholder for at least 5 continuous years, have terminated employment with the Policyholder within the last 10 years and have continued coverage in his or her employer-sponsored health plan or group health insurance trust fund.

PLAN BENEFITS & COVERED ACTIVITIES:

- ☒ Class 1: First Diagnosis Cancer Benefit Lump Sum Benefit: \$25,000
Cancer Death Benefit Principal Sum: \$75,000
- ☒ Class 2: Cancer Death Benefit Principal Sum: \$75,000
- ☐ Class 3: First Diagnosis Benefit Continuation
Lump Sum Benefit: \$25,000

This Summary of Benefits is not a contract or guarantee of coverage. The Employer's list of Eligible Firefighters and the terms of the actual Policy or Policies control. The Policy(ies) contain(s) important information, including when coverage begins and ends, how to make a claim, and how to continue coverage after termination of eligibility.

Questions about claims after a diagnosis? Call Chubb at 800-336-0627. For all other questions, email the FMIT Firefighter Cancer Benefit Program at ffcp@flicities.com

4/7/2023



Florida Firefighter Cancer Benefit Program **INVOICE**

Payments via Check- Make check payable and mail copy of invoice and check to:

Payments via ACH- Use the following instructions for ACH payment to FMIT:

Florida Municipal Insurance Trust
 c/o Firefighter Cancer Benefit Program
 P.O. Box 1757, Tallahassee, FL 32302

Capital City Bank
 217 N. Monroe St.
 Tallahassee, FL 32301
 RTN#:063100688 ACCT#: 0032620702
 Acct Type: Checking

Taylor County BOCC
 201 E. Green St.
 Perry, FL 32347

Invoice Number: 000933FLFIRE2023
 Invoice Date:4/7/2023
 DUE DATE: 5/1/2023

| INSURANCE DESCRIPTION | DEPARTMENT |
|---|-------------------|
| <i>Firefighter Cancer Benefit Program</i> | <i>Accounting</i> |

| COVERAGE PERIOD | | DESCRIPTION | | AMOUNT DUE |
|------------------------------|------------|------------------------------------|----------|------------------|
| Effective | Expiration | <i>Florida Firefighter Class 1</i> | | |
| 10/1/2022 | 10/1/2023 | Lump Sum Cancer Benefit | \$220.00 | \$880.00 |
| | | Death Benefit | \$75.00 | \$300.00 |
| | | <i>Florida Firefighter Class 2</i> | | |
| | | Death Benefit | \$75.00 | \$825.00 |
| TOTAL PREMIUM: | | | | \$2005.00 |
| Firefighter Count: 15 | | | | |

PREMIUMS ARE DUE IN FULL UPON RECEIPT. IF PAYMENT IS NOT RECEIVED WITHIN 30 DAYS OF DATE OF INVOICE, COVERAGE MAY BE CANCELLED

If you have any questions about this invoice, please email FFCP@flcities.com
 We appreciate your participation in the Florida Firefighter Cancer Benefit Program.

The 2023 Florida Statutes

Title X

PUBLIC OFFICERS, EMPLOYEES, AND RECORDS

Chapter 112

PUBLIC OFFICERS AND EMPLOYEES: GENERAL PROVISIONS

[View Entire](#)

[Chapter](#)

112.1816 Firefighters; cancer diagnosis.—

(1) As used in this section, the term:

(a) "Cancer" includes:

1. Bladder cancer.
2. Brain cancer.
3. Breast cancer.
4. Cervical cancer.
5. Colon cancer.
6. Esophageal cancer.
7. Invasive skin cancer.
8. Kidney cancer.
9. Large intestinal cancer.
10. Lung cancer.
11. Malignant melanoma.
12. Mesothelioma.
13. Multiple myeloma.
14. Non-Hodgkin's lymphoma.
15. Oral cavity and pharynx cancer.
16. Ovarian cancer.
17. Prostate cancer.
18. Rectal cancer.
19. Stomach cancer.
20. Testicular cancer.
21. Thyroid cancer.

(b) "Employer" has the same meaning as in s. [112.191](#).

(c) "Firefighter" means an individual employed as a full-time firefighter or full-time, Florida-certified fire investigator within the fire department or public safety department of an employer whose primary responsibilities are the prevention and extinguishing of fires; the protection of life and property; and the enforcement of municipal, county, and state fire prevention codes and laws pertaining to the prevention and control of fires; or the investigation of fires and explosives.

(2) Upon a diagnosis of cancer, a firefighter is entitled to the following benefits, as an alternative to pursuing workers' compensation benefits under chapter 440, if the firefighter has been employed by his or her employer for at least 5 continuous years, has not used tobacco products for at least the preceding 5 years, and has not been employed in any other position in the preceding 5 years which is proven to create a higher risk for any cancer:

(a) Cancer treatment covered within an employer-sponsored health plan or through a group health insurance trust fund. The employer must timely reimburse the firefighter for any out-of-pocket deductible, copayment, or coinsurance costs incurred due to the treatment of cancer.

(b) A one-time cash payout of \$25,000, upon the firefighter's initial diagnosis of cancer.

If the firefighter elects to continue coverage in the employer-sponsored health plan or group health insurance trust fund after he or she terminates employment, the benefits specified in paragraphs (a) and (b) must be made available by the former employer of a firefighter for 10 years following the date on which the firefighter terminates employment so long as the firefighter otherwise met the criteria specified in this subsection when he or she terminated employment and was not subsequently employed as a firefighter following that date. For purposes of determining leave time and employee retention policies, the employer must consider a firefighter's cancer diagnosis as an injury or illness incurred in the line of duty.

(3)(a) If the firefighter participates in an employer-sponsored retirement plan, the retirement plan must consider the firefighter totally and permanently disabled in the line of duty if he or she meets the retirement plan's definition of totally and permanently

disabled due to the diagnosis of cancer or circumstances that arise out of the treatment of cancer.

(b) If the firefighter does not participate in an employer-sponsored retirement plan, the employer must provide a disability retirement plan that provides the firefighter with at least 42 percent of his or her annual salary, at no cost to the firefighter, until the firefighter's death, as coverage for total and permanent disabilities attributable to the diagnosis of cancer which arise out of the treatment of cancer.

(4)(a) If the firefighter participated in an employer-sponsored retirement plan, the retirement plan must consider the firefighter to have died in the line of duty if he or she dies as a result of cancer or circumstances that arise out of the treatment of cancer.

(b) If the firefighter did not participate in an employer-sponsored retirement plan, the employer must provide a death benefit to the firefighter's beneficiary, at no cost to the firefighter or his or her beneficiary, totaling at least 42 percent of the firefighter's most recent annual salary for at least 10 years following the firefighter's death as a result of cancer or circumstances that arise out of the treatment of cancer.

(c) Firefighters who die as a result of cancer or circumstances that arise out of the treatment of cancer are considered to have died in the manner as described in s. 112.191(2)(a), and all of the benefits arising out of such death are available to the deceased firefighter's beneficiary.

(5)(a) The costs to provide the reimbursements and lump sum payments under subsection (2) and the costs to provide disability retirement benefits under paragraph (3)(b) and the line-of-duty death benefits under paragraph (4)(b) must be borne solely by the employer.

(b) The employer or employers participating in a retirement plan or system are solely responsible for the payment of the contributions necessary to fund the increased actuarial costs associated with the implementation of the presumptions under paragraphs (3)(a) and (4)(a), respectively, that cancer has, or the circumstances that arise out of the treatment of cancer have, either rendered the firefighter totally and permanently disabled or resulted in the death of the firefighter in the line of duty.

(c) An employer may not increase employee contributions required to participate in a retirement plan or system to fund the costs associated with enhanced benefits provided in subsections (3) and (4).

(6) The Division of State Fire Marshal within the Department of Financial Services shall adopt rules to establish employer cancer prevention best practices as it relates to personal protective equipment, decontamination, fire suppression apparatus, and fire stations.

History.—s. 1, ch. 2019-21; s. 1, ch. 2022-131.

The 2023 Florida Statutes

Title X

PUBLIC OFFICERS, EMPLOYEES, AND RECORDS

Chapter 112

PUBLIC OFFICERS AND EMPLOYEES: GENERAL PROVISIONS

[View Entire Chapter](#)

112.191 Firefighters; death benefits.—

(1) As used in this section, the term:

(a) “Employer” means a state board, commission, department, division, bureau, or agency, or a county, municipality, or other political subdivision of the state.

(b) “Firefighter” means any duly employed uniformed firefighter employed by an employer, whose primary duty is the prevention and extinguishing of fires, the protection of life and property therefrom, the enforcement of municipal, county, and state fire prevention codes, as well as the enforcement of any law pertaining to the prevention and control of fires, who is certified pursuant to s. ~~633.408~~ and who is a member of a duly constituted fire department of such employer or who is a volunteer firefighter.

(c) “Insurance” means insurance procured from a stock company or mutual company or association or exchange authorized to do business as an insurer in this state.

(2)(a) The sum of \$75,000 must be paid as provided in this section when a firefighter, while engaged in the performance of his or her firefighter duties, is accidentally killed or receives accidental bodily injury which subsequently results in the loss of the firefighter's life, provided that such killing is not the result of suicide and that such bodily injury is not intentionally self-inflicted.

(b) The sum of \$75,000 must be paid as provided in this section if a firefighter is accidentally killed as specified in paragraph (a) and the accidental death occurs as a result of the firefighter's response to what is reasonably believed to be an emergency involving the protection of life or property or the firefighter's participation in a training exercise. This sum is in addition to any sum provided in paragraph (a).

(c) If a firefighter, while engaged in the performance of his or her firefighter duties, is unlawfully and intentionally killed, is injured by an unlawful and intentional act of another person and dies as a result of such injury, dies as a result of a fire which has been determined to have been caused by an act of arson, or subsequently dies as a result of injuries sustained therefrom, the sum of \$225,000 must be paid as provided in this section.

(d) Such payments, pursuant to paragraphs (a), (b), and (c), whether secured by insurance or not, must be made to the beneficiary designated by such firefighter in writing, signed by the firefighter and delivered to the employer during the firefighter's lifetime. If no such designation is made, then the payment must be paid to the firefighter's surviving child or children and to the firefighter's surviving spouse in equal portions, and if there be no surviving child or spouse, then to the firefighter's parent or parents. If a beneficiary designation is not made and there is no surviving child, spouse, or parent, then the sum must be paid to the firefighter's estate.

(e) Such payments, pursuant to paragraphs (a), (b), and (c), are in addition to any workers' compensation or retirement plan benefits and are exempt from the claims and demands of creditors of such firefighter.

(f) Any political subdivision of the state that employs a full-time firefighter who is killed in the line of duty on or after July 1, 1993, as a result of an act of violence inflicted by another person while the firefighter is engaged in the performance of firefighter duties, as a result of a fire which has been determined to have been caused by an act of arson, or as a result of an assault against the firefighter under riot conditions shall pay the entire premium of the political subdivision's health insurance plan for the employee's surviving spouse until remarried, and for each dependent child of the employee until the child reaches the age of majority or until the end of the calendar year in which the child reaches the age of 25 if:

1. At the time of the employee's death, the child is dependent upon the employee for support; and
2. The surviving child continues to be dependent for support, or the surviving child is a full-time or part-time student and is dependent for support.

(g)1. Any employer who employs a full-time firefighter who, on or after January 1, 1995, suffers a catastrophic injury, as defined in s. ~~440.02~~, Florida Statutes 2002, in the line of duty shall pay the entire premium of the employer's health insurance plan for the injured employee, the injured employee's spouse, and for each dependent child of the injured employee until the child reaches the age of majority or until the end of the calendar year in which the child reaches the age of 25 if the child continues to be dependent for support, or the child is a full-time or part-time student and is dependent for support. The term “health insurance plan” does not include supplemental benefits that are not part of the basic group health insurance plan. If the injured employee subsequently dies, the employer shall continue to pay the entire health insurance premium for the surviving spouse until remarried, and for the dependent children, under the conditions outlined in this paragraph. However:

- a. Health insurance benefits payable from any other source shall reduce benefits payable under this section.

b. It is unlawful for a person to willfully and knowingly make, or cause to be made, or to assist, conspire with, or urge another to make, or cause to be made, any false, fraudulent, or misleading oral or written statement to obtain health insurance coverage as provided under this paragraph. A person who violates this sub-subparagraph commits a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.

c. In addition to any applicable criminal penalty, upon conviction for a violation as described in sub-subparagraph b., a firefighter or other beneficiary who receives or seeks to receive health insurance benefits under this paragraph shall forfeit the right to receive such health insurance benefits, and shall reimburse the employer for all benefits paid due to the fraud or other prohibited activity. For purposes of this sub-subparagraph, the term "conviction" means a determination of guilt that is the result of a plea or trial, regardless of whether adjudication is withheld.

2. In order for the firefighter, spouse, and dependent children to be eligible for such insurance coverage, the injury must have occurred as the result of the firefighter's response to what is reasonably believed to be an emergency involving the protection of life or property, or an unlawful act perpetrated by another. Except as otherwise provided herein, this paragraph may not be construed to limit health insurance coverage for which the firefighter, spouse, or dependent children may otherwise be eligible, except that a person who qualifies for benefits under this section is not eligible for the health insurance subsidy provided under chapter 121, chapter 175, or chapter 185.

Notwithstanding any provision of this section to the contrary, the death benefits provided in paragraphs (b), (c), and (f) shall also be applicable and paid in cases where a firefighter received bodily injury prior to July 1, 1993, and subsequently died on or after July 1, 1993, as a result of such in-line-of-duty injury.

(h) The Division of the State Fire Marshal within the Department of Financial Services shall adopt rules necessary to implement this section.

(3) If a firefighter is accidentally killed as specified in paragraph (2)(b) on or after June 22, 1990, but before July 1, 2019, or unlawfully and intentionally killed as specified in paragraph (2)(c), on or after July 1, 1980, but before July 1, 2019, the state must waive certain educational expenses that the child or spouse of the deceased firefighter incurs while obtaining a career certificate, an undergraduate education, or a postgraduate education. The amount waived by the state must be in an amount equal to the cost of tuition and matriculation and registration fees for a total of 120 credit hours. The child or spouse may attend a state career center, a Florida College System institution, or a state university on either a full-time or part-time basis. The benefits provided to a child under this subsection shall continue until the child's 25th birthday. The benefits provided to a spouse under this subsection must commence within 5 years after the death occurs, and entitlement thereto shall continue until the 10th anniversary of that death.

(a) Upon failure of any child or spouse who receives a waiver in accordance with this subsection to comply with the ordinary and minimum requirements regarding discipline and scholarship of the institution attended, such benefits must be withdrawn as to the child or spouse and no further moneys expended for the child's or spouse's benefits so long as such failure or delinquency continues.

(b) Only students in good standing in their respective institutions may receive the benefits provided in this subsection.

(c) A child or spouse receiving benefits under this subsection must be enrolled according to the customary rules and requirements of the institution attended.

(4)(a) The employer of such firefighter is liable for the payment of the sums specified in this section and is deemed self-insured, unless it procures and maintains, or has already procured and maintained, insurance to secure such payments. Any such insurance may cover only the risks indicated in this section, in the amounts indicated in this section, or it may cover those risks and additional risks and may be in larger amounts. Any such insurance must be placed by such employer only after public bid of such insurance coverage which must be awarded to the carrier making the lowest best bid.

(b) Payment of benefits to beneficiaries of state employees, or of the premiums to cover the risk, under this section, must be paid from existing funds otherwise appropriated for the department.

(5) The State Board of Education shall adopt rules and procedures, and the Board of Governors shall adopt regulations and procedures, as are appropriate and necessary to implement the educational benefits provisions of this section.

History.—ss. 1, 2, ch. 67-443; ss. 1, 2, ch. 69-35; s. 7, ch. 69-353; ss. 2, 3, ch. 71-301; s. 1, ch. 78-7; s. 53, ch. 79-40; s. 3, ch. 90-138; s. 2, ch. 92-59; s. 1, ch. 93-149; s. 3, ch. 94-171; s. 1405, ch. 95-147; s. 4, ch. 96-198; s. 39, ch. 99-2; s. 2, ch. 2002-191; s. 6, ch. 2002-194; s. 2, ch. 2002-232; s. 10, ch. 2003-1; s. 125, ch. 2003-261; s. 47, ch. 2003-412; s. 6, ch. 2004-5; ss. 16, 17, ch. 2004-357; s. 9, ch. 2007-217; s. 3, ch. 2010-78; s. 5, ch. 2010-179; ss. 91, 117, ch. 2013-183; ss. 14, 15, ch. 2014-17; s. 2, ch. 2019-24.