

SUGGESTED AGENDA

TAYLOR COUNTY BOARD OF COUNTY COMMISSIONERS
PERRY, FLORIDA

MONDAY, APRIL 4, 2022
6:00 P.M.

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. APPROVAL OF MINUTES OF JANUARY 1, 18, 25 (2), FEBRUARY 7, 15, 22 (2), MARCH 7, 17, 22, 2022.
5. EXAMINATION AND APPROVAL OF INVOICES.
6. THE BOARD TO CONSIDER ADOPTION OF RESOLUTIONS TO REFLECT UNANTICIPATED MONIES IN THE GENERAL FUND AND THE MSTU FUND, AS AGENDAED BY DANNIELLE WELCH, COUNTY FINANCE DIRECTOR.
7. THE BOARD TO CONSIDER APPROVAL OF REQUEST TO RATIFY THE CHAIRMAN'S SIGNATURE ON THE AIRPORT GRANT PRE-APPLICATION AND CATEGORICAL EXCLUSION ENVIRONMENTAL FORMS TO THE FEDERAL AVIATION ADMINISTRATION (FAA), REQUESTING FUNDING ASSISTANCE FOR THE DEVELOPMENT OF AN AIRPORT WILDLIFE HAZARD MANAGEMENT PROGRAM, AS AGENDAED BY MELODY COX, GRANTS WRITER.
8. THE BOARD TO CONSIDER APPROVAL OF ENVIRONMENTAL REVIEW RECORD FOR THE TAYLOR COUNTY JAIL GENERATOR PROJECT, AS AGENDAED BY JAMI EVANS, GRANTS COORDINATOR.
9. THE BOARD TO CONSIDER APPROVAL OF REQUEST TO REMOVE LISTED SURPLUS ITEMS FROM THE BOARD'S INVENTORY, AS AGENDAED BY TERESA COPELAND, INFORMATION TECHNOLOGY DIRECTOR.
10. THE BOARD TO CONSIDER APPROVAL OF REQUEST BY SHERIFF WAYNE PADGETT TO HOLD A FUND RAISING EVENT AT THE PERRY FOLEY AIRPORT ON SATURDAY, MAY 14, 2022, AS AGENDAED BY LAWANDA PEMBERTON, COUNTY ADMINISTRATOR.
11. THE BOARD TO CONSIDER APPROVAL OF DRAFT POLICIES, AS AGENDAED BY TRACI ROWELL, PERSONNEL MANAGER.
- 11-A. THE BOARD TO CONSIDER APPROVAL OF DISPOSITION OF ASSET REPORT, AS AGENDAED BY THE CLERK.

BIDS/PUBLIC HEARINGS:

12. THE BOARD TO RECEIVE PROPOSALS FOR TAYLOR COUNTY RIVER ENTRANCE LIGHTS SYSTEM MAINTENANCE SERVICES SET FOR THIS DATE AT 6:00 P.M., OR AS SOON THEREAFTER AS POSSIBLE.
13. THE BOARD TO HOLD A PUBLIC HEARING, SET FOR THIS DATE AT 6:05 P.M., OR AS SOON THEREAFTER AS POSSIBLE, TO RECEIVE PUBLIC INPUT AND NOTIFY THE PUBLIC OF THE SUBMISSION OF A GRANT APPLICATION BY THE BOARD TO THE FLORIDA DEPARTMENT OF ECONOMIC OPPORTUNITY (FDEO) COMMUNITY PLANNING TECHNICAL ASSISTANCE GRANT PROGRAM, REQUESTING FUNDING ASSISTANCE FOR THE DEVELOPMENT OF A COUNTY-WIDE SIDEWALK/TRAIL MASTER PLAN.
14. THE BOARD TO HOLD A PUBLIC HEARING, SET FOR THIS DATE AT 6:10 P.M., OR AS SOON THEREAFTER AS POSSIBLE, ON THE PASSAGE OF A PROPOSED ORDINANCE GRANTING AN ECONOMIC DEVELOPMENT AD VALOREM TAX EXEMPTION TO STEINHATCHEE MARINA AT DEADMAN'S BAY, LLC.
15. THE BOARD TO HOLD A PUBLIC, SET FOR THE DATE AT 6:15 P.M., OR AS SOON THEREAFTER AS POSSIBLE, TO CONSIDER ADOPTION OF AN ORDINANCE AMENDING THE FUTURE LAND USE PLAN MAP (FLUM), CHANGING 10.51 ACRES, LOCATED AT 18835 BEACH ROAD, FROM AGRICULTURAL RURAL RESIDENTIAL TO WATER ORIENTED COMMERCIAL.

PUBLIC REQUESTS

16. SHARI HUBBARD, DIRECTOR OF COMMUNICATIONS, SECOND HARVEST FOOD BANK, TO APPEAR TO PROVIDE TAYLOR COUNTY SERVICES OVERVIEW.
17. THE BOARD TO CONSIDER APPROVAL OF REQUEST FOR HIDING GEOCACHES IN PUBLIC PARKS AND BOAT RAMPS, AS AGENDAED BY CHRIS DOUGHERTY.

CONSTITUTIONAL OFFICERS/OTHER GOVERNMENTAL UNITS:

18. THE BOARD TO CONSIDER APPROVAL OF THE CONSTRUCTION OF AN EMERGENCY MANAGEMENT WAREHOUSE NEXT TO THE EMERGENCY OPERATIONS CENTER (EOC), AS AGENDAED BY JOHN LOUK, DIRECTOR OF EMERGENCY MANAGEMENT.

19. THE BOARD TO CONSIDER REQUEST TO AMEND THE TAYLOR COUNTY CODE OF ORDINANCES CHAPTER 66 - SPECIAL DISTRICTS, ARTICLE IV, TAYLOR COASTAL WATER AND SEWER DISTRICT, SEC. 66-145 GOVERNING BODY, AS AGENDAED BY LYNETTE SENTER, DISTRICT MANAGER.

COUNTY ADMINISTRATOR ITEMS:

20. THE COUNTY ADMINISTRATOR TO DISCUSS INFORMATIONAL ITEMS.
21. COMMENTS AND CONCERNS FROM THE PUBLIC FOR NON-AGENDAED ITEMS:
22. 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.

(6)

R E S O L U T I O N

IN COMPLIANCE to the laws of the State of Florida, as per Florida Statute 129.06(b), the undersigned Clerk and Auditor for the Board of County Commissioners of Taylor County, Florida, made and prepared the following budget changes to reflect unanticipated monies for a particular purpose which caused the **GENERAL FUND** for the fiscal period ending September 30, 2022, to be in excess of the advertised budget.

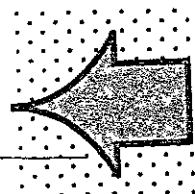
BE IT RESOLVED that the listed receipts and appropriations be added to, included in and transferred to the **GENERAL FUND** budget for the fiscal year ending September 30, 2022.

<u>Amount</u>	<u>Account</u>	<u>Account Name</u>
Revenue:		
\$81,675	001-3349103	DEO/FCH-Improvements
Expenditures:		
\$81,675	0489-01-56200	Capital/Buildings

NOW THEREFORE BE IT RESOLVED by the Board of County Commissioners of Taylor County, Florida, that they do approve as provided by law this resolution this 4th day of April, 2022 at Perry, Taylor County, Florida, to amend the budget for the fiscal period ending September 30, 2022 with a motion by Commissioner _____, seconded by Commissioner _____, and carried unanimously.

Gary Knowles, Clerk-Auditor

Chairman



New Grant FY22

✓

**GRANT AGREEMENT
STATE OF FLORIDA
DEPARTMENT OF ECONOMIC OPPORTUNITY**

THIS GRANT AGREEMENT NUMBER HL133 ("Agreement") is made and entered into by and between the **State of Florida, Department of Economic Opportunity ("DEO")**, and the **Taylor County Board of County Commissioners ("Grantee")**. DEO and Grantee are sometimes referred to herein individually as a "Party" and collectively as "the Parties".

WHEREAS, DEO has the authority to enter into this Agreement and distribute State of Florida funds ("Award Funds") in the amount and manner set forth in this Agreement and in the following Attachments incorporated herein as an integral part of this Agreement:

- Attachment 1: Scope of Work
- Attachment 2 and Exhibit 1 to Attachment 2: Audit Requirements
- Attachment 3: Audit Compliance Certification

WHEREAS, the Agreement and its aforementioned Attachments are hereinafter collectively referred to as the "Agreement", and if any inconsistencies or conflict between the language of this Agreement and its Attachments arise, then the language of the Attachments shall control, but only to the extent of the conflict or inconsistency;

WHEREAS, Grantee hereby represents and warrants that Grantee's signatory to this Agreement has authority to bind Grantee to this Agreement as of the Effective Date and that Grantee, through its undersigned duly-authorized representative in his or her official capacity, has the authority to request, accept, and expend Award Funds for Grantee's purposes in accordance with the terms and conditions of this Agreement;

NOW THEREFORE, for and in consideration of the covenants and obligations set forth herein and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties intending to be legally bound hereby agree to perform the duties described herein in this Agreement as follows:

A. AGREEMENT PERIOD

This Agreement is effective as of **July 1, 2021** (the "Effective Date") and shall continue until the earlier to occur of (a) **June 30, 2022** (the "Expiration Date") or (b) the date on which either Party terminates this Agreement (the "Termination Date"). The period of time between the Effective Date and the Expiration Date or Termination Date is the "Agreement Period."

B. FUNDING

This Agreement is a Cost Reimbursement Agreement. DEO shall pay Grantee up to **Eighty-One Thousand Six Hundred Seventy-Five Dollars and Zero Cents (\$81,675.00)** in consideration for Grantee's performance under this Agreement. DEO shall not provide Grantee an advance of Award Funds under this Agreement. Travel expenses are not authorized under this Agreement. DEO shall not pay Grantee's costs related to this Agreement incurred outside of the Agreement Period. In conformity with s. 287.0582, F.S., the State of Florida and DEO's performance and obligation to pay any Award Funds under this Agreement is contingent upon an annual appropriation by the Legislature. DEO shall have final unchallengeable authority as to both the availability of funds and what constitutes an "annual appropriation" of funds. Grantee shall not expend Award Funds for the purpose of lobbying the Legislature, the judicial branch, or a state agency. Grantee shall not expend Award Funds to pay any costs incurred in connection with any defense against any claim or

RESOLUTION

IN COMPLIANCE to the laws of the State of Florida, as per Florida Statute 129.06(b), the undersigned Clerk and Auditor for the Board of County Commissioners of Taylor County, Florida, made and prepared the following budget changes to reflect unanticipated monies for a particular purpose which caused the **GENERAL FUND** for the fiscal period ending September 30, 2022, to be in excess of the advertised budget.

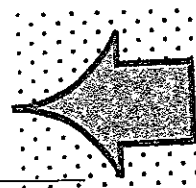
BE IT RESOLVED that the listed receipts and appropriations be added to, included in and transferred to the **GENERAL FUND** budget for the fiscal year ending September 30, 2022.

<u>Amount</u>	<u>Account</u>	<u>Account Name</u>
Revenue:		
\$10,350	001-3343925	FWC Derelict Vessel Removal Grant
Expenditures:		
\$10,350	1104-53401	FWC Derelict Vessel Removal Grant- Contractual Services

NOW THEREFORE BE IT RESOLVED by the Board of County Commissioners of Taylor County, Florida, that they do approve as provided by law this resolution this 4th day of April, 2022 at Perry, Taylor County, Florida, to amend the budget for the fiscal period ending September 30, 2022 with a motion by Commissioner _____, seconded by Commissioner _____, and carried unanimously.

Gary Knowles, Clerk-Auditor

Chairman



New Grant FY22

✓

STATE OF FLORIDA
FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION

AGREEMENT NO. 21259

Dept: 1104
 001-3343925
 \$10,350

CFDA Title(s): N/A	CFDA No(s): N/A
Name of Federal Agency(s): N/A	
Federal Award No(s): N/A	Federal Award Year(s): N/A
Federal Award Name(s): N/A	
CSFA Title(s): Derelict Vessel Removal Grant	CSFA No(s): 77005
State Award No(s): 21259	State Award Year(s): 2021-2022
State Award Name(s): Taylor County BOCC	

This Agreement is entered into by and between the Florida Fish and Wildlife Conservation Commission, whose address is 620 South Meridian Street, Tallahassee, Florida 32399-1600, hereafter "Commission," and the Taylor County BOCC, FEID # 59-6000879, whose address is 201 East Green Street Perry, Florida 32347, hereinafter "Grantee."

WHEREAS, the Commission and Grantee have partnered together to remove derelict vessels from the waters of the state; and,

WHEREAS, Grantee has been awarded Bulk Derelict Vessel Removal Grant #21259; and,

WHEREAS, such benefits are for the ultimate good of the State of Florida, its resources, wildlife, and public welfare.

NOW THEREFORE, the Commission and the Grantee, for the considerations hereafter set forth, agree as follows:

1. PROJECT DESCRIPTION.

The Grantee shall provide the services and perform the specific responsibilities and obligations, as set forth in the Scope of Work, attached hereto as Attachment A and made a part hereof (hereafter, Scope of Work). The Scope of Work specifically identifies project tasks and accompanying deliverables. These deliverables must be submitted and approved by the Commission prior to any payment. The Commission will not accept any deliverable that does not comply with the specified required minimum level of service to be performed and the criteria for evaluating the successful completion of each deliverable. If this agreement is the result of Grantee responses to the Commission's request for competitive or other grant proposals, the Grantee's response is hereby incorporated by reference.

RECEIVED

MAR 24 2022

GARY KNOWLES
 CLERK CIRCUIT COURT
 TAYLOR COUNTY, FLORIDA

2. PERFORMANCE.

The Grantee shall perform the activities described in the Scope of Work in a proper and satisfactory manner. Unless otherwise provided for in the Scope of Work, any and all equipment, products or materials necessary or appropriate to perform under this Agreement shall be supplied by the Grantee. Grantee shall obtain all necessary local, state, and federal authorizations necessary to complete this project, and the Grantee shall be licensed as necessary to perform under this Agreement as may be required by law, rule, or regulation; the Grantee shall provide evidence of such compliance to the Commission upon request. The Grantee shall procure all supplies and pay all charges, fees, taxes and incidentals that may be required for the completion of this Agreement. By acceptance of this Agreement, the Grantee warrants that it has the capability in all respects to fully perform the requirements and the integrity and reliability that will assure good-faith performance as a responsible Grantee. Grantee shall immediately notify the Commission's Grant Manager in writing if its ability to perform under the Agreement is compromised in any manner during the term of the Agreement. The Commission shall take appropriate action, including potential termination of this Agreement pursuant to Paragraph eight (8) below, in the event the Grantee's ability to perform under this Agreement becomes compromised.

3. AGREEMENT PERIOD.

A. **Agreement Period and Commission's Limited Obligation to Pay.** This Agreement is made pursuant to a grant award and shall be effective upon execution by the last Party to sign and shall remain in effect through 07/08/2022. However, as authorized by Rule 68-1.003, F.A.C., referenced grant programs may execute Agreements with a retroactive start date of no more than sixty (60) days, provided that approval is granted from the Executive Director or his/her designee and that it is in the best interest of the Commission and State to do so. For this agreement, the retroactive start date was not approved. The Commission's Grant Manager shall confirm the specific start date of the Agreement by written notice to the Grantee. The Grantee shall not be eligible for reimbursement or compensation for grant activities performed prior to the start date of this Agreement nor after the end date of the Agreement. For this agreement, pre-award costs are not eligible for reimbursement. If necessary, by mutual agreement as evidenced in writing and lawfully executed by the Parties, an Amendment to this Agreement may be executed to lengthen the Agreement period.

4. COMPENSATION AND PAYMENTS.

- A. **Compensation.** As consideration for the services rendered by the Grantee under the terms of this Agreement, the Commission shall pay the Grantee on a cost reimbursement basis in an amount not to exceed \$10,350.00.
- B. **Payments.** The Commission shall pay the Grantee for satisfactory performance of the tasks identified in Attachment A, Scope of Work, as evidenced by the completed deliverables, upon submission of invoices, accompanied by supporting documentation sufficient to justify invoiced expenses or fees, and after acceptance of services and deliverables in writing by the Commission's Grant Manager identified in Paragraph ten (10), below. Unless otherwise specified in the Scope of Work, invoices shall be due monthly, commencing from the start date of this Agreement. Invoices must be legible and must clearly reflect the Deliverables that were provided in accordance with the terms of the Agreement for the invoice period. Unless otherwise specified in the Scope of Work, a final invoice shall be submitted to the Commission no later than forty-five (45) days following the expiration date of this Agreement to assure the availability of funds for payment. Further, pursuant to Section 215.971(1)(d), F.S., the Commission may only reimburse the Grantee for allowable costs resulting from obligations incurred during the agreement period specified in Paragraph three (3).

RESOLUTION

IN COMPLIANCE to the laws of the State of Florida, as per Florida Statute 129.06(b), the undersigned Clerk and Auditor for the Board of County Commissioners of Taylor County, Florida, made and prepared the following budget changes to reflect unanticipated monies for a particular purpose which caused the **MSTU FUND** for the fiscal period ending September 30, 2022, to be in excess of the advertised budget.

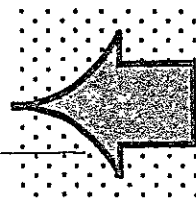
BE IT RESOLVED that the listed receipts and appropriations be added to, included in and transferred to the **MSTU FUND** budget for the fiscal year ending September 30, 2022.

<u>Amount</u>	<u>Account</u>	<u>Account Name</u>
Revenue:		
\$6,300	107-3699011	MSTU Fund - Misc. Reimbursement
Expenditures:		
\$1,736	0192-51400	County Fire- Overtime
\$ 132	0192-52110	FICA/Medicare Taxes
\$ 446	0192-52200	Retirement
\$ 90	0192-52400	Workers Compensation
\$3,896	0192-54640	R&M - Auto

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Gary Knowles, Clerk-Auditor

Chairman



Reimbursement received by the BCC for Taylor County Fire Rescue staffing provided at the Iron Horse Mud Ranch in March



INVOICE

Remit Payment to
Taylor County B.O.C.C.
Attn: Finance
P.O. Box 620
Perry, FL 32348

JOB

March FD Event Staffing (3 day)

[illegible]

RESOLUTION

IN COMPLIANCE to the laws of the State of Florida, as per Florida Statute 129.06(b), the undersigned Clerk and Auditor for the Board of County Commissioners of Taylor County, Florida, made and prepared the following budget changes to reflect unanticipated monies for a particular purpose which caused the **MSTU FUND** for the fiscal period ending September 30, 2022, to be in excess of the advertised budget.

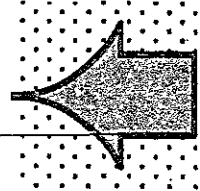
BE IT RESOLVED that the listed receipts and appropriations be added to, included in and transferred to the **MSTU FUND** budget for the fiscal year ending September 30, 2022.

<u>Amount</u>	<u>Account</u>	<u>Account Name</u>
Revenue:		
\$5,200	107-3699021	Misc - SCBA Refills
Expenditures:		
\$5,200	0192-54620	County Fire Department - R&M Equipment

NOW THEREFORE BE IT RESOLVED by the Board of County Commissioners of Taylor County, Florida, that they do approve as provided by law this resolution this 4th day of April, 2022 at Perry, Taylor County, Florida, to amend the budget for the fiscal period ending September 30, 2022 with a motion by Commissioner _____, seconded by Commissioner _____, and carried unanimously.

Gary Knowles, Clerk-Auditor

Chairman



Non-budgeted funds received from Georgia Pacific - for air fills provided by Taylor County Fire Department

GP Cellulose, LLCPO Box 1805
Hackensack, NJ 07601VENDOR NUMBER
G194551DATE
03-01-2022CHECK NUMBER
525329

DATE	INVOICE #	GROSS AMOUNT	DISCOUNT	NET AMOUNT	VOUCHER # PO # CNTR #
02/28/22	2282022	5,200.00	.00	5,200.00	00412169

RECEIVED

MAR - 7 2022

GARY KNOWLES
CLERK CIRCUIT COURT
TAYLOR COUNTY, FLORIDA

TOTALS	5,200.00	.00	5,200.00
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Detach check along this perforation.

(7)

TAYLOR COUNTY BOARD OF COMMISSIONERS

County Commission Agenda Item

SUBJECT/TITLE:

Board to ratify the Chairman's signature on the Airport Grant Pre-Application and Categorical Exclusion Environmental Forms to the Federal Aviation Administration (FAA) requesting funding assistance for the development of an Airport Wildlife Hazard Management Program

MEETING DATE REQUESTED:

April 4, 2022

Statement of Issue: Board to ratify the Chairman's signature on the Grant Pre-Application and Categorical Exclusion Environmental Forms to FAA in the amount of \$95,000 for the development of an Airport Wildlife Hazard Management Plan for Perry Foley Airport.

Recommended Action: Ratify the grant pre-application and environmental forms to FAA

Fiscal Impact: The County is requesting funding assistance in the amount of \$95,000. \$85,500 is being requested from FAA and \$9,500 from FDOT Aviation. The County is requesting the waiver of match under the Rural Economic Development Initiative (REDI). The project will be 100% grant funded if approved.

Budgeted Expense: Y/N Not applicable at this time.

Submitted By: Melody Cox, Grants Writer

Contact: Melody Cox

SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

History, Facts & Issues: FAA requires a Pre-Application for all grant related projects. The Plan will address hazardous wildlife attractants affecting aircraft movement and public and aircraft safety at or in the immediate vicinity of the Airport. It is anticipated the Plan will take twelve (12) months to complete.

Attachments: Airport Grant Pre-Application and Categorical Exclusion Environmental forms



TAYLOR COUNTY BOARD OF COUNTY COMMISSIONERS

GARY KNOWLES, Clerk of Court
Post Office Box 620
Perry, Florida 32348
(850) 838-3506 Phone
(850) 838-3549 Fax

LAWANDA PEMBERTON, County Administrator
201 East Green Street
Perry, Florida 32347
(850) 838-3500, extension 7 Phone
(850) 838-3501 Fax

CONRAD C. BISHOP, JR., County Attorney
Post Office Box 167
Perry, Florida 32348
(850) 584-6113 Phone
(850) 584-2433 Fax

March 21, 2022

Mr. Stephen Wilson, Planner
Federal Aviation Administration Orlando Airports District Office
SouthPark Building
8427 SouthPark Circle, Suite 524
Orlando, FL 32819

Subject: Perry Foley Airport; Perry, Florida
FY 2023 Airport Improvement Program

Dear Mr. Wilson,

In accordance with the Airport Improvement Program (AIP), enclosed please find the 2023 AIP pre-application for the following project:

Airport Wildlife Hazard Management Program

The following items are enclosed for the above project in the grant pre-application:

- ✓ Airport Grant Pre-Application Checklist
- ✓ Detailed Project Information Sheet

- oDescription and Justification (scope of work for planning or environmental projects)
- oProject Funding
- oProject Cost Estimate
- oProject Preliminary Checklist
- oProposed Project Schedule
- oProject Scope

- ✓ Environmental Determination Documentation for each project

At this time, we are requesting federal participation in the project total which is \$95,000.00. We understand that any substantial increase in federal funding request may jeopardize funding for the enclosed project.

Sincerely,

Thomas Demps
Chairman



Federal Aviation Administration (FAA)
Orlando Airports District Office

Airport Grant Pre-application Checklist

(COMPLETE ONE CHECKLIST PER GRANT REQUEST)

Airport: Perry Foley Airport
Sponsor: Taylor County, Florida
City, State: Perry, Florida
Date of Pre-Application: March 21, 2022

- ☐ We do not plan on having a project this fiscal year. The FAA is authorized to carry our entitlements into the next fiscal year. (If checked, skip below pre-application checklist, sign/date and return to ADO)

Items Required with Pre-application (select N/A only if applicable to the project)

No.	Document	Yes	N/A
1.	Cover Letter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Detailed Project Information Sheet (per project item)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a.	Project Description and Justification (for Planning or Environmental Projects include Scope of Work)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b.	Special Circumstances	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c.	Project Funding (be aware of your federal funding entitlement dollars)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d.	Project Cost Estimate	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e.	Project Preliminary Checklist	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f.	Proposed Project Schedule	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g.	Project Sketch	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	Environmental Determination Documentation (per project item)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Sponsor's Designated Official Representative (Type or Print)

Sponsor's Designated Official Representative (Signature)

Date

The purpose of this checklist is to identify some of the requirements and considerations associated with requesting Airport Improvement Program (AIP) funds. This checklist was created by the Orlando ADO for Florida airport sponsors to submit in lieu of SF 424, 5100-100 / 101 (OMB 4040-004, 2120-0569) in order to simplify the AIP pre-application package. Note SF 424 and the 5100 forms are still required components of the AIP APPLICATION package.

Project No. 1: Detailed Project Information Sheet
Airport Improvement Program (AIP)

Airport : Perry Foley Airport (PFY)
City, ST: Perry, Florida
DUNS / TAX ID No. 065887796 / 59-6000879
SAM Expiration Date:
Project Title: Airport Wildlife Hazard Management Program

Project Description:

This project includes a two-part process which will begin with a 12-month Wildlife Hazard Assessment. The WHA, conducted by a qualified biologist, constitutes a series of site visits on airport property by a qualified airport wildlife biologist over an approximate 12-month period to observe and document wildlife activity and attractants on the airport. The WHA provides the scientific basis for the development, implementation, and refinement of the subsequent Wildlife Hazard Management Plan (WHMP), a concise document that generally follows the guidelines in 14 CFR 139.337 (f).

Project Justification:

The recognition and control of land-use practices and habitats on or near airports that attract hazardous wildlife are fundamental to effective Wildlife Hazard Management Plans. The FAA, through Advisory Circular 150/5200-33A, *Hazardous Wildlife Attractants on or Near Airports*, Appendix C, provides guidance on locating certain land uses that have the potential to attract hazardous wildlife on or near public-use airports. It also discusses airport development projects (including airport construction, expansion, and renovation) affecting aircraft movement near hazardous wildlife attractants. By controlling incompatible land uses on and around airports, hazards can be reduced.

Was this project in the airport's Capital Improvement Plan (CIP) in JACIP and accepted as eligible/justified in the FAA's Airport Capital Improvement Plan (ACIP)?

☒ Yes ☐ No (explain below)

N/A

Special Circumstances (check if applicable to the project):

- | | | |
|--|--|--|
| <input type="checkbox"/> Force Account Services | <input type="checkbox"/> Benefit Cost Analysis | <input type="checkbox"/> [Enter Other] |
| <input type="checkbox"/> Mods. To Standards | <input type="checkbox"/> Design-build or CMR | <input type="checkbox"/> [Enter Other] |
| <input type="checkbox"/> AIP eligible & non-eligible | <input type="checkbox"/> Exceeds FAA Stds. | <input type="checkbox"/> [Enter Other] |

None.

Project Funding:

Total Cost (100%)	FAA Share (90%)	State (10%)	Local (0%)
\$95,000.00	\$85,500.00	\$9,500.00	\$0

Type of Funding Proposed (FAA Share Only)			
Fund Type	Funds Available	Funds to be Used	Funds Remaining
NP2023	\$150,000.00	\$85,500.00	\$64,500.00
Total	\$150,000.00	\$85,500.00	\$64,500.00

Alternate Funding Plan: *Provide an alternate funding plan if discretionary funding is unavailable, such as a substitute entitlement only project, reduce scope through bid alternates, move the project out to a future year, etc.*

Project Cost Estimate Breakdown:

Airport Wildlife Hazard Management Program		Cost (100%)	FAA (90%)
Planning		\$ 95,000.00	\$ 85,500.00
Subtotal Amount		\$ 95,000.00	\$ 85,500.00
Total Estimated Project Cost (100%)	\$95,000.00		
Total FAA Share Cost (90%)	\$85,500.00		

**NOTE: FAA does not participate on allowances / contingencies. By FAA policy, a line item for estimated administrative costs can be included in the grant application if the sponsor cannot accurately calculate the total administrative costs. However, these estimated administrative costs must not exceed 2% of the grant amount or \$10,000, whichever is less.*

Project Preliminary Checklist:

AIP Document Pre-requisites	Dates	
Date of FAA Approved ALP	8/15/2017	
Date of last 5010, Airport Master Record verification for data corrections.	3/11/2020	
Date of last FAA approved Exhibit "A" Property Inventory Map w/ Exhibit "C", Title of Opinion	8/15/2017	
Date of Environmental Determination	On Going	
Date of last Airport Pavement Maintenance Program.	6/2/2021	
Date of Land Acquisition (if applicable)	N/A	
Impacts to FAA Facilities	Yes	No
Does the project impact FAA facilities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Project: Airport Wildlife Hazard Management Program

PROPOSED PROJECT SCHEDULE

<u>Proposed Project Schedule:</u>	<u>Dates:</u>
Selection of Consultant	3/21/2022
Pre-Application Submittal to FAA ADO Planner	3/21/2022
Pre-design Conference	N/A
CSPP and Airspace Coordination in iOE/AAA ¹	N/A
Completion of Plans, Specifications and Engineers Report	N/A
Submit Plans and Specs to FAA ²	N/A
Advertisement of Project for Bids	N/A
Bid Opening	N/A
Bid Tabulation Submittal and Recommendation of Award	N/A
Application Submittal to FAA ADO Engineer	4/8/2022
Grant Offer	7/11/2022
Execution of FAA Grant	7/25/2022
Pre-construction Conference	8/8/2022
Notice to Proceed to Contractor ³	8/22/2022
Substantial Completion of Construction	9/11/2023
Final Inspection	9/25/2023
Project Close-Out ⁴	10/30/2023

1 = To be coordinated with the ADO Engineer prior to grant application submittal.

¹ Coordination of CSPP and airspace in iOE/AAA shall be completed / determined before grant application submittal. Refer to CSPP SOP 1.00 for CSPP project applicability requirements.

² For any construction grants, Plans / Specs & the Engineers Report must be submitted to the ADO PM for review and approval prior to bid advertisement in accordance with 2 CFR 200. Sponsor will be responsible for removing / prorating all non-AIP eligible bid items identified prior to grant execution.

³ Once all contract documents have been executed, the sponsor will issue a notice to proceed to the contractor. The sponsor must send a copy of the notice to proceed to the ADO PM.

⁴ Project shall remain on schedule as shown above. Note that closeout of an AIP grant must not exceed four (4) years after grant execution date. You may refer to the AIP Handbook - Chapter 5, Section 8, Grant Closeout for additional details.

**FAA ORLANDO AIRPORTS DISTRICT OFFICE – CATEGORICAL EXCLUSION (CATEX)
SHORT FORM**

Airport: Perry Foley Airport Project Title: Airport Wildlife Hazard Management Program

Use this CATEX Short Form if the Proposed Action is a federal action subject to NEPA and normally would not individually or cumulatively have a significant effect on the human environment. **Identify the applicable paragraph on the line below from FAA Order 1050.1F, paragraphs 5-6.1 through 5-6.6 for the Proposed Action.** 5-6.1(a)

List all components of the Proposed Action and Connected Actions (if any) on a separate sheet. *A CATEX should not be used for a segment or an interdependent part of a larger proposed action.* Include a summary of existing conditions at the Proposed Action site. Attach a site map identifying the Proposed Action area on the airport's current ALP and a recent aerial of the Proposed Action area.

Certify that the Proposed Action and Connected Actions are **NOT** likely to have extraordinary circumstances or significant impacts. Significance thresholds and factors to consider are in FAA Order 1050.1F Exhibit 4-1. Extraordinary circumstances are listed in FAA Order 1050.1F paragraph 5-2, and summarized below:

- An adverse effect on cultural resources protected under the National Historic Preservation Act of 1966, as amended, 54 U.S.C. §300101 et seq.;
- An impact on properties protected under Section 4(f);
- An impact on natural, ecological, or scenic resources of Federal, state, tribal, or local significance (e.g., federally listed or proposed endangered, threatened, or candidate species, or designated or proposed critical habitat under the Endangered Species Act, 16 U.S.C. §§ 1531-1544);
- An impact on the following resources: resources protected by the Fish and Wildlife Coordination Act, 16 U.S.C. §§ 661-667d; wetlands; floodplains; coastal zones; national marine sanctuaries; wilderness areas; National Resource Conservation Service-designated prime and unique farmlands; energy supply and natural resources; resources protected under the Wild and Scenic Rivers Act, 16 U.S.C. §§ 1271-1287, and rivers or river segments listed on the Nationwide Rivers Inventory (NRI); and solid waste management;
- A division or disruption of an established community, or a disruption of orderly, planned development, or an inconsistency with plans or goals that have been adopted by the community in which the project is located;
- An increase in congestion from surface transportation (by causing decrease in level of service below acceptable levels determined by appropriate transportation agency, such as a highway agency);
- An impact on noise levels of noise sensitive areas;
- An impact on air quality or violation of Federal, state, tribal, or local air quality standards under the Clean Air Act, 42 U.S.C. §§ 7401-7671q;
- An impact on water quality, sole source aquifers, a public water supply system, or state or tribal water quality standards established under the Clean Water Act, 33 U.S.C. §§ 1251-1387, and the Safe Drinking Water Act, 42 U.S.C. §§ 300f-300j-26;
- Impacts on the quality of the human environment that are likely to be highly controversial on environmental grounds. The term "highly controversial on environmental grounds" means there is a substantial dispute involving reasonable disagreement over the degree, extent, or nature of a proposed action's environmental impacts or over the action's risks of causing environmental harm.
- Likelihood to be inconsistent with any Federal, state, tribal, or local law relating to the environmental aspects of the proposed action; or
- Likelihood to directly, indirectly, or cumulatively create a significant impact on the human environment, including, but not limited to, actions likely to cause a significant lighting impact on residential areas or commercial use of business properties, likely to cause a significant impact on the visual nature of surrounding land uses, likely to cause environmental contamination by hazardous materials, or likely to disturb an existing hazardous material contamination site such that new environmental contamination risks are created.

Based on the information in this Short Form CATEX and supporting information, I certify that the Proposed Action and Connected Actions meet(s) all requirements for a CATEX in accordance with FAA Order 1050.F and do not have any extraordinary circumstances or significant impacts.

Signature of Authorized Airport Representative

Date

FAA Determination (signature of Program Manager):

Categorically Excluded: _____ Date: _____

Requires further environmental analysis: _____ Date: _____

EXHIBIT A: SCOPE OF SERVICES

AIRPORT WILDLIFE HAZARD MANAGEMENT PROGRAM

Perry-Foley Airport (FPY)

Taylor County, Florida

March 2022

PROJECT DESCRIPTION:

The Airport Wildlife Hazard Management Program at Perry-Foley Airport will generally involve quantifying wildlife activities and attractants on airport property and developing a management plan to enhance aviation safety. The program comprises two primary tasks:

- **Wildlife Hazard Assessment (WHA):** The WHA, conducted by a qualified biologist, constitutes a series of site visits on airport property by a qualified airport wildlife biologist over an approximate 12-month period to observe and document wildlife activity and attractants on the airport. The WHA provides the scientific basis for the development, implementation, and refinement of a subsequent Wildlife Hazard Management Plan (WHMP). Though parts of the WHA may be incorporated directly into the WHMP, they are two separate documents. Following the completion of the WHA, the WHA report will be submitted to the FAA for evaluation. The results of the WHA will serve as the basis for the subsequent Wildlife Hazard Management Plan (WHMP).
- **Wildlife Hazard Management Plan (WHMP):** Based on the results of the WHA, the WHMP will be compiled in general accordance with the guidelines in 14 CFR 139.337(f). This WHMP will serve the airport as an operational tool for managing wildlife hazards and may serve as justification for future AIP projects such as airport perimeter fencing improvements.

As required by 215.971, Florida Statutes, this scope of work includes but is not limited to consultant fees and survey costs. It includes all equipment, labor, and incidentals required to complete the program in accordance with FAA Advisory Circular (AC) 150/5200-33B, *Hazardous Wildlife Attractants On or Near Airports*. Wildlife Biologist(s) will be qualified in accordance with FAA AC 150/5200-36A, *Qualifications for Wildlife Biologist Conducting Wildlife Hazard Assessments and Training Curriculums for Airport Personnel Involved in Controlling Wildlife Hazards on Airports*. The Sponsor will comply with Florida Aviation Program Assurances.

PROJECT JUSTIFICATION:

Birds, deer, coyotes, and even alligators wandering onto runways can create serious problems for departing and landing aircraft. Aircraft collisions with wildlife, also commonly referred to as wildlife strikes, annually cost the civil aviation industry in the USA at least \$500 million in direct damage and associated costs and over 500,000 hours of aircraft down time. Although the economic costs of wildlife strikes are extreme, the cost in human lives lost when aircraft crash as a result of strikes best illustrates the need for management of the wildlife strike problem.

The management of wildlife on and near airports is not usually an easily solved problem. This management can be as diverse as habitat manipulation to use of predators to repelling wildlife to lethal control of wildlife. Recognizing existing wildlife attractants, as well as mitigating the creation of new wildlife attractants on or near the airport will help to reduce the risk of wildlife strikes.

Land-use practices and habitat are the key factors determining the wildlife species and the size of wildlife populations that are attracted to airport environments. The recognition and control of those land-use practices and habitats on or near airports that attract hazardous wildlife are fundamental to effective Wildlife Hazard Management Plans. The FAA, through Advisory Circular 150/5200-33A, *Hazardous Wildlife Attractants on or Near Airports*, Appendix C, provides guidance on locating certain land uses that have the potential to attract hazardous wildlife on or near public-use airports. It also discusses airport development projects (including airport construction, expansion, and renovation) affecting aircraft movement near hazardous wildlife attractants. By controlling incompatible land uses on and around airports, hazards can be reduced.

ENGINEER/BIOLOGIST:

Professional services will be performed by AVCON, INC. with subconsultant support from SES Energy Services, LLC (dba Environmental Resource Solutions), a qualified airport wildlife biologist.

SCOPE OF SERVICES:

Task 1—Wildlife Hazard Assessment (WHA):

Prior to initiating the Wildlife Hazard Assessment (WHA) field work, the Consultant will thoroughly review the current FAA National Wildlife Strike Database Records and any additional information known about wildlife on or near the airport. The Consultant will conduct an interviews/meeting with airport staff to gather airport specific information and review the existing wildlife procedures.

In conducting the WHA, 14 CFR Part 139.337 (c)(2) requires the "identification of the wildlife species observed and their numbers, locations, local movements, and daily and seasonal occurrences." Many regions have dramatic seasonal differences in numbers and species of migratory birds. Even for non-migratory wildlife, such as deer and resident Canada geese, behavior and movement patterns can change significantly among seasons. Observations of wildlife at an airport and surrounding areas limited to a few days in a single season generally cannot adequately assess hazardous wildlife issues and associated habitat attractants. A 12-month assessment will be conducted so the seasonal patterns of birds and other wildlife using the airport and surrounding area during an annual cycle can be properly documented.

To adequately identify "the wildlife species observed and their numbers, locations, local movements, and daily and seasonal occurrences" during the WHA, the FAA and USDA/WS recommend that standardized survey procedures be used. These standardized procedures should provide an objective assessment of hazardous wildlife in the airport environment that can be repeated in future years for comparative purposes. Objective procedures for assessing bird populations will be based on North American Breeding Bird Survey methodology. Standardized counts of birds should be made at established survey points at least twice monthly. In addition, specialized surveys might be needed as part of the overall assessment to document large-to-mid-sized mammals, such as deer or jackrabbits (from vehicle using spotlight or night vision equipment), and small mammals, such as voles and mice (snap traps), on the airport. These specialized mammal surveys should be conducted at least twice during the 12-month period.

Dawn, midday, and dusk surveys will be conducted at approximately 10-15 fixed points on or near the air operations area (AOA). Survey points will be located to provide complete visual coverage of the AOA, generally observe arrival and departure corridors, and to view known wildlife attractants within 10,000-feet of the AOA. Night surveys will be conducted with a spotlight approximately one hour past sunset within the AOA. Recorded wildlife data will include species, number, grid-based location, observed activity, type of habitat used, and time and date of observation.

The Consultant will also conduct (as accessible) a qualitative review of potential wildlife attractants within a 5-mile area of the AOA. During the surveys, signs of wildlife such as scat, tracks, and other evidence will be recorded if observed and included in the data analysis. All observed wildlife attractants will be noted.

The Consultant will develop a draft report for review by the airport staff. The draft report will include a detailed listing of wildlife species observed, analysis of data collected (including charts and tables as needed), and wildlife attractants. The report will also include recommendations to reduce wildlife strike risks at the airport. Recommendations will consider both passive and active management techniques. The Consultant will incorporate comments from airport staff and develop a Final WHA report for Perry-Foley Airport.

Following the completion of the WHA, the WHA report will be submitted to the FAA for evaluation. The results of the WHA will serve as the basis for the subsequent Wildlife Hazard Management Plan (WHMP).

Task 1—Wildlife Hazard Assessment (WHA) Payment & Deliverable Milestones. Payments for the above-listed task will be made on a monthly basis and after the following deliverables are received or milestones occur:

- Submittal of monthly status report (i.e. each month)
- Submittal of Draft Wildlife Hazard Site Visit report and Final Wildlife Hazard Site Visit report

Task 2—Wildlife Hazard Management Plan (WHMP):

Following the FAA review of the Wildlife Hazard Assessment (WHA), the Consultant will work with airport staff to develop and implement a Wildlife Hazard Management Plan (WHMP) using the WHA as the basis for the plan (14 CFR 139.337 (e)(1-3)). At the same time, the FAA regional coordinator will contact the local U.S. Fish and Wildlife Service (USFWS), Ecological Services Field Office and request information about the presence of federally listed or proposed endangered or threatened species or designated or proposed critical habitat on or near the airport.

Exhibit A: Scope of Services
Airport Wildlife Hazard Management Program
Perry-Foley Airport
March 2022
Page 4 of 4

The WHMP is a concise document that generally follows the guidelines in 14 CFR 139.337 (f), including the following components:

- (1) A list of the individuals having authority and responsibility for implementing aspects of the plan.
- (2) A list prioritizing the following actions and target dates for their initiation and completion:
 - a. Wildlife population management;
 - b. Habitat modification; and
 - c. Land use changes.
- (3) Requirements for applicable copies of local, State, and Federal wildlife control permits.
- (4) Identification of resources that the certificate holder will provide to implement the plan.
- (5) Procedures to be followed during aircraft operations:
 - a. Designation of personnel responsible for implementing the procedures;
 - b. Provisions to conduct physical inspections of aircraft movement areas; and
 - c. Wildlife hazard control measures.
- (6) Procedures to review and evaluate the wildlife hazard management plan every 12 months.
- (7) A training program conducted by a qualified wildlife damage management biologist to provide airport personnel with the knowledge and skills needed to successfully carry out the wildlife hazard management plan.

A Draft WHMP document (digital copy) will be provided to airport staff for review and comment. The Consultant will address airport comments and provide a Final WHMP (digital and print copies) to the airport for submittal to the Florida Department of Transportation and the Federal Aviation Administration. The Consultant will assist airport staff in addressing comments from the agencies and revise as necessary and resubmit the final document.

Task 2—Wildlife Hazard Management Plan (WHMP) Payment & Deliverable Milestones.

Payments for the above-listed task will be made after the following deliverables are received or milestones occur:

- Submittal of Draft Wildlife Hazard Management Plan report
- Submittal of Final Wildlife Hazard Management Plan report

PROJECT BUDGET ESTIMATES:

• Wildlife Hazard Assessment (12 months):	\$ 78,500.00
• Wildlife Hazard Management Plan:	<u>16,500.00</u>
Estimated Project Total:	\$ 95,000.00

CATEGORICAL EXCLUSION ENVIRONMENTAL DETERMINATION CHECKLIST

Airport: **Perry Foley Airport**

Prepared and certified by: John Collins, P.E.

Date: March 21, 2022

	YES**	NO	COMMENTS
THE PROPOSED ACTION MUST BE LISTED IN FAA ORDER 1050.1F PARAS. 5-6.1-5-6.6 AS AN ACTION THAT WOULD NORMALLY BE CATEGORICALLY EXCLUDED			
THE PROPOSED ACTION CONSISTS OF:			
Helicopter facilities or operations		x	
Land acquisition		x	
New airport serving general aviation		x	
Access or service road construction		x	
New airport location		x	
New runway		x	
Runway extension, strengthening, reconstruction, resurfacing or widening		x	
Converting prime or unique farmland		x	
Runway Safety Area (RSA) improvements		x	
ILS or ALS installation		x	
Airport development (hangars, terminal expansion)		x	
On-airport aboveground or underground fuel storage tanks		x	
Construction, reconstruction, or relocation of an ATCT		x	
THE PROPOSED ACTION WILL AFFECT:			
Historic/Archeological/Cultural Resources		x	
Section 4(f) or 6(f) resources		x	
Federally listed, endangered, threatened, or candidate species, or designated/proposed critical habitat		x	
Federal, state, tribal, or local natural, ecological, or scenic resources		x	
Wetlands, floodplains, waterways		x	
Energy supply or natural resources		x	
Protected rivers or river segments		x	
Established community(s), planned development, or plans/goals adopted by the local community		x	
Surface vehicular traffic (reduce LOS)		x	
Air quality or violate Federal, state, tribal or local standards		x	
Water quality, a sole source aquifer, public water supply system, or federal, state, or tribal water quality standards		x	
THE PROPOSED ACTION IS LIKELY TO:			
Be Highly Controversial on Environmental Grounds		x	
Be Inconsistent with Federal, state, tribal, or local law relating to environmental aspects		x	
Cause residential or business relocations		x	
Increase noise levels over Noise Sensitive Land Uses within the 65 dBA noise contour or newly include Noise Sensitive Land Uses within the 65 dBA noise contour.		x	
Cause Environmental Justice Impacts		x	
Contain Hazardous Materials or Affect Hazardous Materials/Sites		x	
Create a Wildlife Hazard per AC 150/5200-33		x	
Increase lighting impacts on residential communities or impact the visual nature of surrounding land uses		x	

** Attach detailed explanations or analysis for all "yes" answers on a separate sheet that supports a Categorical Exclusion determination.

TAYLOR COUNTY BOARD OF COMMISSIONERS

County Commission Agenda Item

SUBJECT/TITLE:

Board to approve Environmental Review Record for the Taylor County Jail Generator Project.



MEETING DATE REQUESTED:

April 4, 2022

Statement of Issue: Board to approve Environmental Review Record for the Taylor County Jail Generator Project.

Recommended Action: Approve Environmental Review Record.

Fiscal Impact: The County has been awarded \$289,300.00 in CDBG-MIT (Community Development Block Grant – Mitigation) funding for mitigation efforts to harden the Taylor County Jail against power loss due to natural or manmade disaster(s). There is no match required for this grant.

Budgeted Expense: A budget will be prepared when the Environmental Assessment is completed and funds are released.

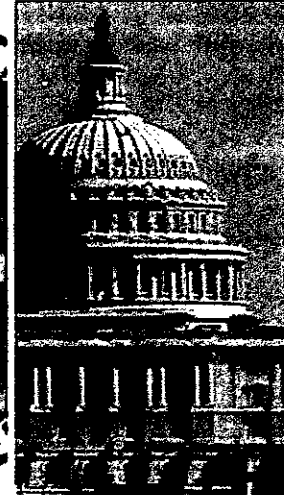
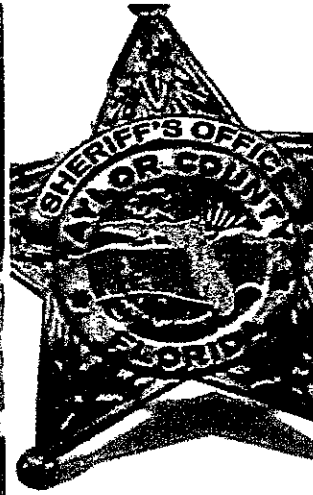
Submitted By: Jami Evans, Grants Coordinator

Contact: Jami Evans

SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

History, Facts & Issues: The Environmental Review Record is a requirement of the Florida Department of Economic Opportunity CDBG-Mitigation Grant.

Attachments: Environmental Review Record.



Taylor County, Florida

Environmental Review Record

Emergency Generator Replacement Project

**Community Development Block Grant (CDBG)
Mitigation Category (MIT)**

Submitted to:

**Florida Dept. of Economic Opportunity
Small Cities CDBG Program
107 East Madison, MSC-400
Tallahassee, Fl. 32399-6508**

March, 2022

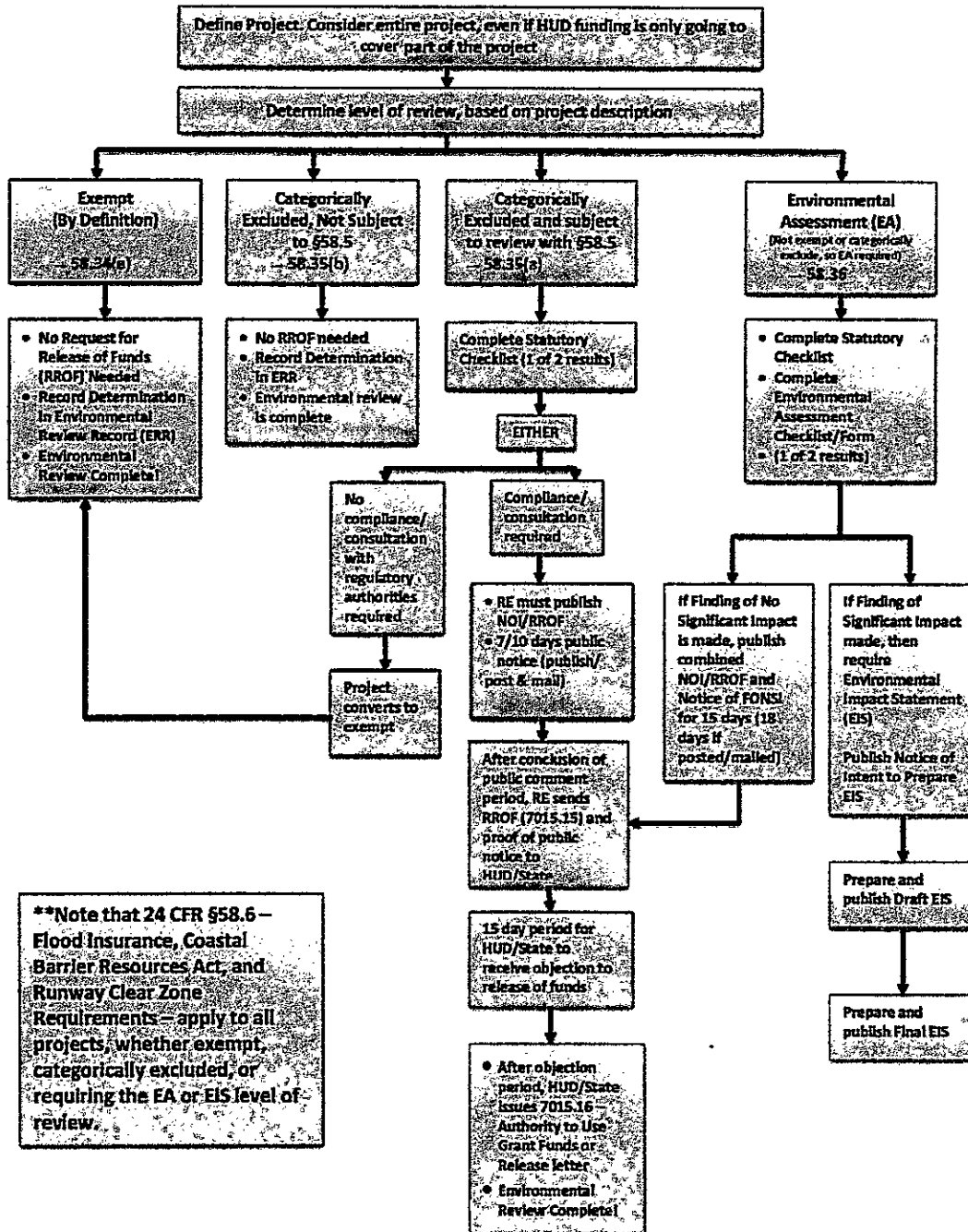
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SECTION 1

ENVIRONMENTAL REVIEW PROCESS AND LEVELS OF REVIEW

Environmental Review Process (To Be Conducted by Responsible Entity)



Typical Timelines for Review			
Exempt	CENST	CEST	EA
<1 hour	<1 hour	30-75 days depending upon consultations required	45-100 days depending upon consultations required



**Environmental Review
for Activity/Project that is Exempt or
Categorically Excluded Not Subject to Section 58.5
Pursuant to 24 CFR Part 58.34(a) and 58.35(b)**

This is a suggested format that may be used by Responsible Entities to document completion of an Exempt or
Categorically Excluded Not Subject to Section 58.5 environmental review.

Project Information

Project Name: Taylor County Jail Generator Project

Responsible Entity: Taylor County Board of County Commissioners

Grant Recipient (if different than Responsible Entity): Click or tap here to enter text.

State/Local Identifier: CDBG-MIT grant #10179

Preparer: Andy Easton, MPA

Certifying Officer Name and Title: Thomas Demps, Chairman

Consultant (if applicable): Andy Easton

Project Location: 589 E. US 27, Perry, FL 32347

Description of the Proposed Project [24 CFR 58.32; 40 CFR 1508.25]:

The Taylor County Board of County Commissioners has been awarded \$289,300 in CDBG-MIT (Community Development Block Grant-Mitigation) funding for mitigation efforts with the installation of a generator to harden the Taylor County Jail against loss of power due to natural or man-made disaster(s).

Level of Environmental Review Determination:

☒ Activity/Project is Exempt per 24 CFR 58.34(a): (choose all that apply below)

X	1.	Environmental and other studies, resource identification and the development of plans and strategies;
	2.	Information and financial services;
X	3.	Administrative and Management Activities;
	4.	Public services that will not have a physical impact or result in any physical changes, including but not limited to, services concerned with employment, crime prevention, child-care, health, drug abuse, education, counseling, energy conservation and welfare or recreational needs;
	5.	Inspections and testing of properties for hazards or defects;
	6.	Purchase of insurance;
	7.	Purchase of tools;
X	8.	Engineering or design costs;
	9.	Technical assistance and training;
	10.	Assistance for temporary or permanent improvements that do not alter environmental conditions and are limited to protection, repair, or restoration activities necessary only to control or arrest the effects from disasters or imminent threats to public safety including those resulting from physical deterioration; {This exemption applies only in certain circumstances; HUD has released clarification regarding the use and applicability of this exemption. Documentation of Compliance with 24 CFR Part 58.6 required when this exemption is used.}
	11.	Payment of principal and interest on loans made or obligations guaranteed by HUD;
	12.	Any of the categorical exclusions listed in Sec. 58.35(a) provided that if there are no circumstances that require compliance with any other federal laws and authorities cited in Section 58.5. {Before you can consider activities listed in Sec. 58.35(a) as exempt activities, you must complete the categorical exclusion checklist and related review process. Documentation of Compliance with 24 CFR Part 58.6 is required}

☐ Activity/Project is Categorically Excluded Not Subject To §58.5 per 24 CFR 58.35(b):
(choose all that apply below)

	1.	Tenant-based rental assistance;
	2.	Supportive services including, but not limited to, health care, housing services, permanent housing placement, day care, nutritional services, short-term payments for rent/mortgage/utility costs, and assistance in gaining access to local, state, and federal

		government benefits and services;
	3.	Operating cost including maintenance, security, operations, utilities, furnishings, equipment, supplies, staff training and recruitment and other incidental costs;
	4.	Economic development activities, including but not limited to, equipment purchase, inventory financing, interest subsidy, operating expenses and similar costs not associated with construction or expansion of existing operations;
	5.	Activities to assist homebuyers to purchase existing dwelling units or dwelling units under construction, including closing costs and down payment assistance, interest buydowns, and similar activities which result in transfer of title;
	6.	Affordable housing pre-development costs including legal, consulting, developer and other costs related to obtaining site options, project financing, administrative costs and fees for loan commitments, zoning approvals, and other related activities which do not have a physical impact;
	7.	Approval of supplemental assistance (including insurance or guarantee) to a project previously approved under this part, if the approval is made by the same responsible entity that conducted the environmental review on the original project and re-evaluation of the environmental findings is not required under §58.47.

Funding Information

Grant Number	HUD Program	Funding Amount
10179	CDBG-MIT	\$289,300
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Estimated Total HUD Funded Amount: \$289,300

This project anticipates the use of funds or assistance from another Federal agency in addition to HUD in the form of (if applicable): Click or tap here to enter text.

Estimated Total Project Cost (indicate all HUD and non-HUD funds) [24 CFR 58.32(d)]:
\$289,300

SECTION 3

STATUTORY WORKSHEET (24 CFR §58.5 and §58.6) and
NEPA ENVIRONMENTAL CHECKLIST (24 CFR §58.40;
Ref. 40 CFR §1508.8 & §1508.27]

**Environmental Review for Activity/Project that is Categorically
Excluded Subject to Section 58.5**

Pursuant to 24 CFR 58.35(a)

This is a suggested format that may be used by Responsible Entities to document completion of a Categorically Excluded Subject to Section 58.5 environmental review.

Project Information

Project Name: Taylor County Jail Generator Project

Responsible Entity: Taylor County Board of County Commissioners

Grant Recipient (if different than Responsible Entity): Click or tap here to enter text.

Project Grant/Contract Number: I0179

Preparer Name and Title: Bruce Ballister

Preparer Phone Number: 850 322-9090

Preparer email: bruce@ballister.com

Certifying Officer Name and Title: Thomas Demps, Chairman BOCC

Certifying Officer email: tdemps@taylorcountygov.com

Consultant Name (if applicable): Andy Easton & Associates

Consultant Phone Number: 850 386-2605

Consultant email: andyeaston2@msn.com

Direct Comments to: Andy Easton

Project Location: 589 E. US 27, Perry, FL 32347

Description of the Proposed Project [24 CFR 50.12 & 58.32; 40 CFR 1508.25]:

Taylor County Jail is a critical facility in desperate need of "hardening" with a new dependable generator system to ensure the resilience and full operation of the facility in the event of a power outage. Taylor County is a rural, fiscally constrained County, is designated as one of economic concern, a Rural Area of Opportunity (RAO), and is a Rural Economic Development Initiative (REDI) area. The County is a designated STATE MID area. The new generator system will mitigate the risks of the jail being without power and will ensure for the continuity of operation of a critical facility that is imperative that it remains secure in all situations and weather conditions. In addition to the care of 184 inmates (capacity), the jail houses 33 employees of the Sheriff's Department. Taylor County Jail is located in Perry, the only incorporated City in the County and the County seat. There are no other County law enforcement or jail facilities. There is not another secure County facility to relocate inmates or the Sheriff's Department employees to. It is essential and critical for the jail to

have a reliable source of back-up power. The proposed 300kW Diesel Engine generator system will provide the desperately needed back-up power for a critical facility to ensure for the continuity of operations and resiliency in the event of a power outage and/or catastrophic event. The system will enable the entire jail to remain fully operational. With the automatic transfer switch, the jail will have uninterrupted service. A diesel generator has been selected as diesel fuel has a higher density, allowing more energy to be extracted from the diesel as compared to the same volume as gasoline. Diesel generators have the ability to start and transfer power in less than 10 seconds making it ideal for the safety and security of the jail. Another advantage of the diesel generator is that they have relatively low maintenance costs, are considered to be very rugged, and have long time service lives. The generator will be installed in a 150 MPH certified wind enclosure ensuring for added stability and durability. A 1,250 gallon fuel tank will be included in the installation ensuring sufficient availability of diesel fuel. The Taylor County Public Works.

Level of Environmental Review Determination:

Categorically Excluded per 24 CFR 58.35(a), and subject to laws and authorities at §58.5; Taylor County will comply with all standards of §58.5 (a thru j)

Funding Information


Grant Number	HUD Program	Funding Amount
I1079	CDBG-MIT	\$289,300
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Estimated Total HUD Funded Amount: \$289,300

Estimated Total Project Cost (HUD and non-HUD funds) [24 CFR 58.32(d)]: \$289,300

Determination:

- ☐ This categorically excluded activity/project converts to Exempt, per 58.34(a)(12) because there are no circumstances that require compliance with any of the federal laws and authorities cited at §58.5. **Funds may be committed and drawn down after certification of this part** for this (now) EXEMPT project; OR
- ☒ This categorically excluded activity/project cannot convert to Exempt because there are circumstances that require compliance with one or more federal laws and authorities cited at §58.5. Complete consultation/mitigation protocol requirements, **publish NOI/RROF and obtain "Authority to Use Grant Funds"** (HUD 7015.16) per Section 58.70 and 58.71 before committing or drawing down any funds; OR
- ☐ This project is now subject to a full Environmental Assessment according to Part 58 Subpart E due to extraordinary circumstances (Section 58.35(c)).

Preparer Signature: Bruce Ballister 

Date: 3/12/2022

Print Name/Title/Organization: Bruce Ballister, Consultant, Andy Easton & Associates

Responsible Entity Agency Official Signature: _____

Date: 3/12/2022

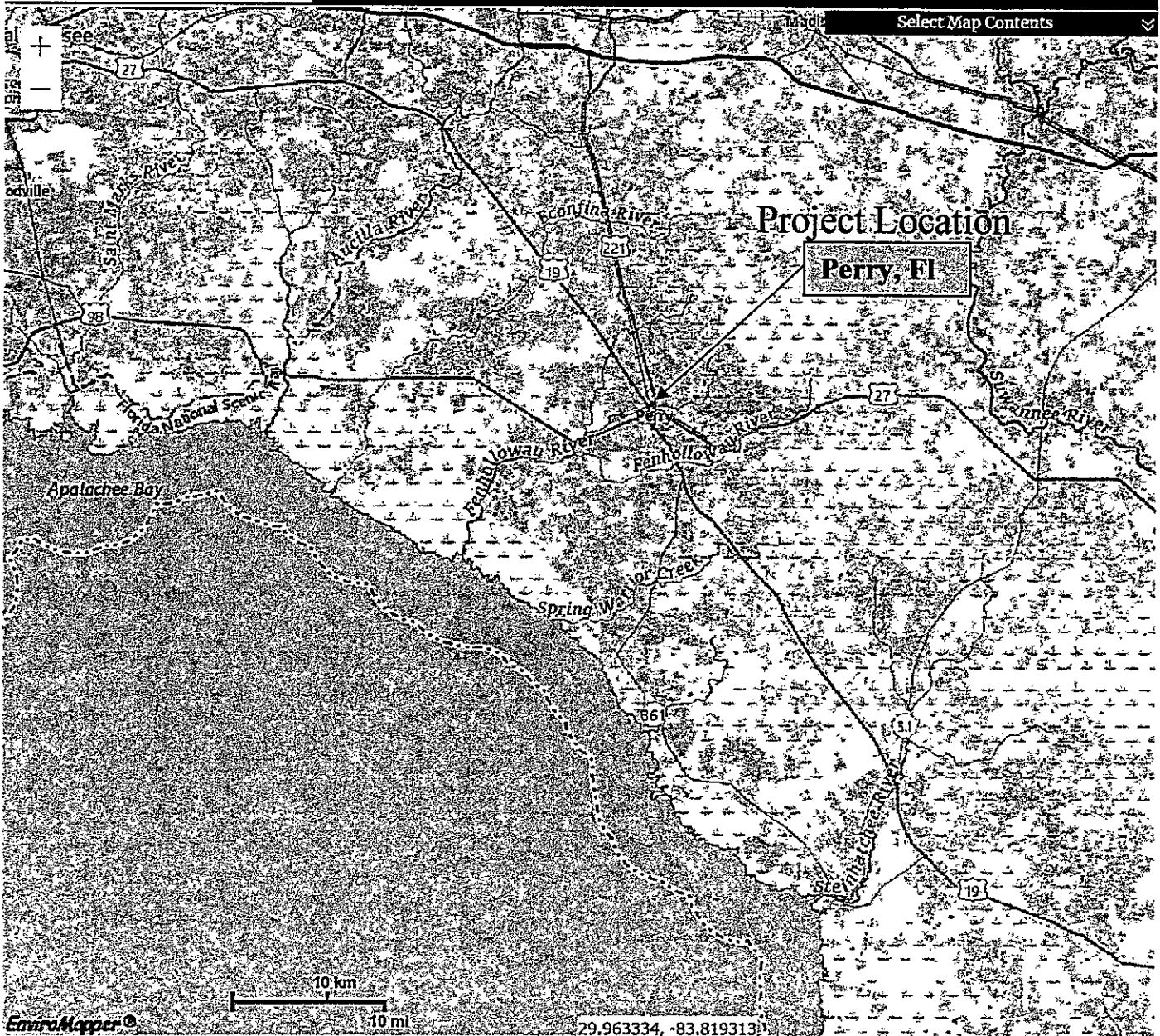
Print Name/Title: Thomas Demps, Chairman

This original, signed document and related supporting material must be retained on file by the Responsible Entity in an Environmental Review Record (ERR) for the activity/project (ref: 24 CFR Part 58.38) and in accordance with recordkeeping requirements for the HUD program(s).

Find address or place



Select Map Contents



EnviroMapper®

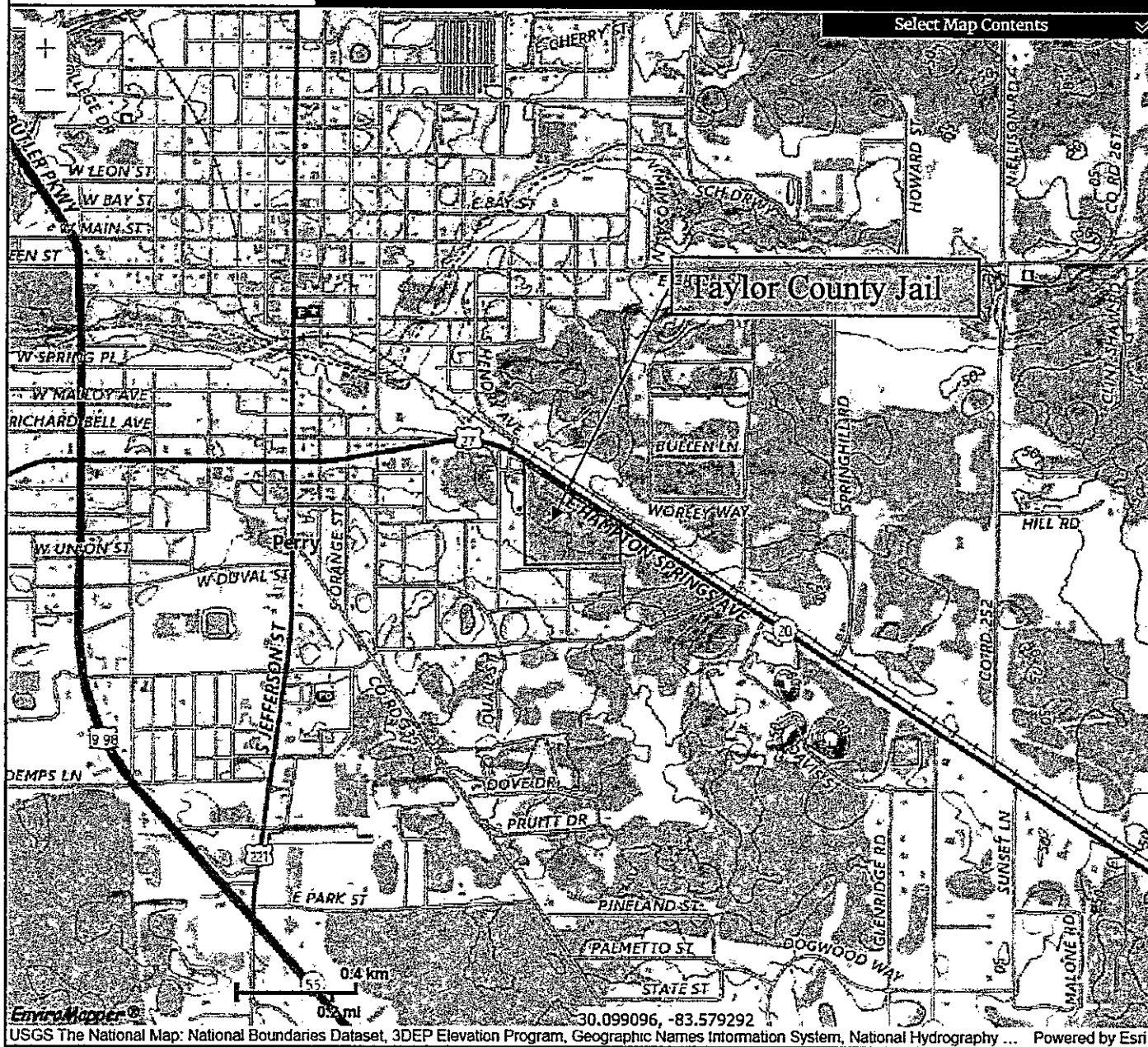
USGS The National Map: National Boundaries Dataset, 3DEP Elevation Program, Geographic Names Information System, National Hydrography ... Powered by Esri

Source: <https://nepassisttool.epa.gov/nepassist/nepamap.aspx?wherestr=Perry%2C+fl>

Accessed 01/03/22

Exhibit 1– Project Location Map

Find address or place




Source: <https://nepassisttool.epa.gov/nepassist/nepamap.aspx?wherestr=Perv%2C+fL>
 Accessed 01/03/22

Exhibit 2— Project Vicinity Map

TAYLOR COUNTY BOARD OF COMMISSIONERS

County Commission Agenda Item

SUBJECT/TITLE: 	THE BOARD TO APPROVE A REQUEST TO REMOVE LISTED SURPLUS ITEMS FROM THE BOARD'S INVENTORY, AS AGENDAED BY TERESA COPELAND, INFORMATION TECHNOLOGY DIRECTOR
Meeting Date:	April 4, 2022

Statement of Issue: Approval of all listed surplus items from county inventory.

Recommended Action: Approval of the request.

Fiscal Impact: N/A

Submitted By: Teresa Copeland, Information Technology Director

Contact #: (850) 838-3500 Ext. 108

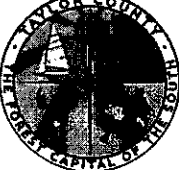
SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

History, Facts & Issues: -

Options: Approve / Disapprove

Attachments: Listed Inventory Sheet (items are listed by department name, department number and board number)

TAYLOR COUNTY BOARD OF COMMISSIONERS***County Commission Agenda Item***

SUBJECT/TITLE: 	THE BOARD TO APPROVE A REQUEST TO REMOVE LISTED SURPLUS ITEMS FROM THE BOARD'S INVENTORY, AS AGENDAED BY TERESA COPELAND, INFORMATION TECHNOLOGY DIRECTOR
Meeting Date:	April 4, 2022

Statement of Issue: Approval of all listed surplus items from county inventory.

Recommended Action: Approval of the request.

Fiscal Impact: N/A

Submitted By: Teresa Copeland, Information Technology Director

Contact #: (850) 838-3500 Ext. 108

SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

History, Facts & Issues: -

Options: Approve / Disapprove

Attachments: Listed Inventory Sheet (items are listed by department name, department number and board number)

TAYLOR COUNTY BOARD OF COMMISSIONERS***County Commission Agenda Item*****SUBJECT/TITLE:**

THE BOARD TO APPROVE A REQUEST TO REMOVE LISTED SURPLUS ITEMS FROM THE BOARD'S INVENTORY, AS AGENDAED BY TERESA COPELAND, INFORMATION TECHNOLOGY DIRECTOR

Meeting Date:

April 4, 2022

Statement of Issue: Approval of all listed surplus items from county inventory.

Recommended Action: Approval of the request.

Fiscal Impact: N/A

Submitted By: Teresa Copeland, Information Technology Director

Contact #: (850) 838-3500 Ext. 108

SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

History, Facts & Issues: -

Options: Approve / Disapprove

Attachments: Listed Inventory Sheet (items are listed by department name, department number and board number)

TAYLOR COUNTY BOARD OF COMMISSIONERS***County Commission Agenda Item*****SUBJECT/TITLE:**

THE BOARD TO APPROVE A REQUEST TO REMOVE LISTED SURPLUS ITEMS FROM THE BOARD'S INVENTORY, AS AGENDAED BY TERESA COPELAND, INFORMATION TECHNOLOGY DIRECTOR

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Submitted By: Teresa Copeland, Information Technology Director

Contact #: (850) 838-3500 Ext. 108

SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

History, Facts & Issues: -

Options: Approve / Disapprove

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TAYLOR COUNTY BOARD OF COMMISSIONERS***County Commission Agenda Item*****SUBJECT/TITLE:**

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Submitted By: Teresa Copeland, Information Technology Director

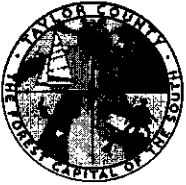
Contact #: (850) 838-3500 Ext. 108

SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

History, Facts & Issues: -

Options: Approve / Disapprove

Attachments: Listed Inventory Sheet (items are listed by department name, department number and board number)

TAYLOR COUNTY BOARD OF COMMISSIONERS	
<i>County Commission Agenda Item</i>	
SUBJECT/TITLE: 	THE BOARD TO APPROVE A REQUEST TO REMOVE LISTED SURPLUS ITEMS FROM THE BOARD'S INVENTORY, AS AGENDAED BY TERESA COPELAND, INFORMATION TECHNOLOGY DIRECTOR
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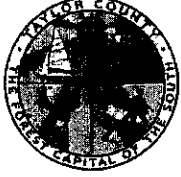
Contact #: (850) 838-3500 Ext. 108

SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

History, Facts & Issues: -

Options: Approve / Disapprove

Attachments: Listed Inventory Sheet (items are listed by department name, department number and board number)

TAYLOR COUNTY BOARD OF COMMISSIONERS***County Commission Agenda Item*****SUBJECT/TITLE:**

THE BOARD TO APPROVE A REQUEST TO REMOVE LISTED SURPLUS ITEMS FROM THE BOARD'S INVENTORY, AS AGENDAED BY TERESA COPELAND, INFORMATION TECHNOLOGY DIRECTOR

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Contact #: (850) 838-3500 Ext. 108

SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

History, Facts & Issues: -

Options: Approve / Disapprove

Attachments: Listed Inventory Sheet (items are listed by department name, department number and board number)

Dept. Name	Dept. #	Board #
Airport	0300	3843
Road Dept.	0301	4138
Extension	0283	4172-002
Extension	0283	4172-01
Fire & Rescue	0229	4684
Fire & Rescue	0229	4685
Fire & Rescue	0191	5012
Fire & Rescue	0191	5209
EMS	0242	5596
EMS	0242	5597
EMS	0242	5845
EMS	0242	5846
Fire & Rescue	0191	5917
Fire & Rescue	0191	5918
Fire & Rescue	0192	6004
Fire & Rescue	0192	6065
Fire & Rescue	0192	6066
Fire & Rescue	0192	6067
Fire & Rescue	0192	6068
Library	0431	6165
Special Projects	0171	6180
Library	0431	6201
Library	0431	6200
Fire & Rescue	0192	6348
Library	0431	6359
DTIS	0113	6397
EMS	0242	6407
EMS	0242	6408
EMS	0242	6409
EMS	0242	6410
EMS	0242	6411
EMS	0242	6412
EMS	0242	6413

Dept Name	Dept. #	Board #
County Special Pro	0172	6831
County Special Pro	0172	6893
DTIS	0113	6816
DTIS	0113	6871
DTIS	0113	6876
DTIS	0113	6883
DTIS	0113	6889
Library	0430	6897
Fire & Rescue	0192	6913
Fire & Rescue	0192	6914
Fire & Rescue	0192	6922
Fire & Rescue	0192	6978
Fire & Rescue	0192	6979
Admin	0110	7019
DTIS	0113	7063
Road Dept.	0301	7075
DTIS	0113	7083
Sports Complex	0473	7128
EMS	0242	7157
EMS	0242	7158
EMS	0242	7159
DTIS	0113	7169
Fire & Rescue	0192	7319
DTIS	0113	7317
Fire & Rescue	0192	7320
Road Dept.	0301	7342
Road Dept.	0301	7343
Fire & Rescue	0191	7360
Fire & Rescue	0191	7361
DTIS	0113	7372
Fire & Rescue	0192	7389
Fire & Rescue	0192	7405
Fire & Rescue	0192	7406

Dept Name					
EMS	0242	6414	Fire & Rescue	0192	7412
EMS	0242	6415	Engineer	0303	7426
EMS	0242	6416	Fire & Rescue	0192	7433
EMS	0242	6417	Fire & Rescue	0192	7434
Sports Complex	0452	6437	Fire & Rescue	0192	7435
Library	0431	6633	Fire & Rescue	0192	7436
Library	0431	6634	Fire & Rescue	0192	7437
Special Projects	0172	6665	Fire & Rescue	0192	7438
Road Dept.	0301	6721	Fire & Rescue	0192	7439
Road Dept.	0301	6722	Fire & Rescue	0192	7440
DTIS	0113	6739	Fire & Rescue	0192	7441
DTIS	0113	6766	Fire & Rescue	0192	7442
Sports Complex	0905	6802	Fire & Rescue	0192	7443

Dept Name	Dept. #	Board #
Fire & Rescue	0192	7444
DTIS	0113	7452
Fire & Rescue	0191	7475
DTIS	0113	7477
EMS	0242	7489
DTIS	0113	7492
DTIS	0113	7493
EMS	0242	7509
EMS	0242	7629
EMS	0242	7630
DTIS	0113	7706
DTIS	0113	7708



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS
FROM: Airport
Department Name

Clerk Asset Number:
DEPT 0500
Number

3893
Board Asset Number
DATE: 10/26/2011

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>Non Directional Beacon</u>	Room # <u>4402 Building</u>	Make <u>Wilson</u>
Model <u>754 NDB</u>	Year <u>1973</u>	Serial Number <u>1376</u>
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: 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) Obsolete - No longer used

Location: (required) Airport

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

Ward Ketting
Department Head

Chairman Signature Paulanda Pemberton
County Administrator Approval

Date Removed From Asset Records

(Signature)
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

4138

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: Road Department

DEPT 0301

DATE:

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 FULL TRACK TRACTOR	Room #	Make
Model	Year	Serial Number 75E123
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

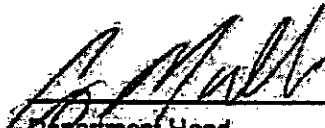
Type of Disposition: SURPLUS


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


Explanation for Disposal: (required) NO LONGER WORKING, TOO EXPENSIVE TO REPAIR

Location: (required) _____

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:

4172-002
Board Asset Number:

FROM: Extension
Department Name

DEPT 0273
Number

DATE: 10/13/21

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>Document Sorter</u>	Room #	Make
Model	Year	Serial Number <u>56801129</u>
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: 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) _____

Location: (required) _____

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

Jon C. Wiggins
Department Head

Auranda Pemberton
Chairman Signature
County Administrator Approval

Date Removed From Asset Records

[Signature]
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

4172-001
Board Asset Number:

FROM: Extension
Department Name

DEPT 0283
Number

DATE: 10/13/21

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>Document Feeder</u>	Room # 	Make
Model 	Year 	Serial Number <u>57861160</u>
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: 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) _____

Location: (required) _____

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

Joni C. Wiggins
Department Head

Chairman Signature

Rawanda Pemberton
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

4684

Board Asset Number

FROM: Fire Rescue
Department Name

DEPT 0229
Number

DATE: 12/7/2021

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 DeskTrac Control	Room #	Make DeskTrac
Model VHF	Year 1999	Serial Number 154SZA0032
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: 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) Out of service. Out of date. not used with radio system

Location: (required) St. 1 Storage

APPROVED ☒ DENIED ☐ By the Taylor County Board of Commission

Date

[Signature]
Department Head

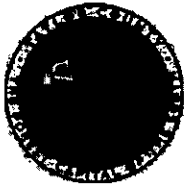
Chairman Signature

[Signature]

County Administrator Approval

Date Removed From Asset Records

[Signature]
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

4685

Board Asset Number:

FROM: Fire Rescue
Department Name

DEPT 0229
Number

DATE: 12/7/2021

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 Desk Set Radio	Room #	Make
Model VHF	Year 1999	Serial Number 740GXW2482
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: 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) Out of service. Out of date. not used with radio system

Location: (required) St. 1 Storage

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

[Signature]
Department Head

Chairman Signature
[Signature]
County Administrator Approval

Date Removed From Asset Records

[Signature]
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: Fire Rescue
Department Name:

DEPT 0191
Number

Clerk Asset Number:

5012
Board Asset Number:

DATE: 12/7/2021

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 Gas Power Hose Tester	Room #	Make Delta Hydro
Model HT200GA	Year 2000	Serial Number GC02 6663588
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: 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) Out of service, replaced by new unit

Location: (required) St 1 Storage

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

[Signature]
Department Head

[Signature]
Chairman Signature
County Administrator Approval

Date Removed From Asset Records

[Signature]
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

5209
Board Asset Number:

FROM: Fire Rescue
Department Name

DEPT 0191
Number

DATE: 12/7/2021

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>Winch</u>	Room #	Make <u>Warn</u>
Model	Year <u>2000</u>	Serial Number <u>673376</u>
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: 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) Out of service, non operable

Location: (required) St. 1 Storage

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

[Signature]
Department Head

[Signature]
Chairman Signature
[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:

Department Name

EMS

DEPT

Number

5596
Clerk Asset Number.

Board Asset Number:

DATE: 11-4-21

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
Defibrillator		
Model	Year	Serial Number
	2002	305005
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: Obsolete

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

Explanation for Disposal: (required) disposed of No longer Serviceable

Location: (required) DWH EMS

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

Amanda Gray
Department Head

Amanda Timberlake
Chairman Signature
County Administrator Approval

Date Removed From Asset Records _____

[Signature]
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM:

Department Name

EMS

DEPT

Number

5597
Clerk Asset Number:

Board Asset Number:

DATE: 11-4-21

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>Defibrillator</u>	Room #	Make
Model	Year <u>2002</u>	Serial Number <u>050 305007</u>
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: Absolute

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

Explanation for Disposal: (required) Defibrillator disposed of no longer Serviceable

Location: (required) DWH EMS

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

Amanda Gray
Department Head

Amanda Pemberton
Chairman Signature
County Administrator Approval

Date Removed From Asset Records _____

[Signature]
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM:

Department Name

EMS

DEPT

Number

Clerk Asset Number: 5845

Board Asset Number:

DATE: 11-4-21

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
Sponge Pump		
Model	Year	Serial Number
Baxter	2002	8016159AB
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: Obsolete

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

Explanation for Disposal: (required) disposed of No longer Serviceable

Location: (required) DMH EMS By Company

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

Amanda Gray
Department Head

Amanda D. Dierckx
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:

Department Name

EMS

DEPT

Number

Clerk Asset Number: 5846

Board Asset Number:

DATE: 11-24-21

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>Surge Pump</u>	Room # <u>EMS</u>	Make <u>Barton</u>
Model	Year <u>2013</u>	Serial Number <u>208673AB</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: Absolute

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

Explanation for Disposal: (required) disposed of no longer serviceable

Location: (required) DMA EMS By company

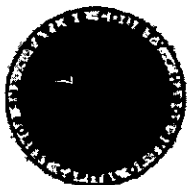
APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission. _____ Date _____

Amanda G...
Department Head

Chairman Signature
Wanda Pemberton
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:

5917

Board Asset Number:

FROM: Fire Rescue
Department Name

DEPT 0191
Number

DATE: 12/7/2021

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 Radio	Room #	Make Motorola
Model H01KDC9AA3	Year 2003	Serial Number 402TDJ558
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: 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) Out of service/ non compliant, not used on system

Location: (required) St. 1 Storage

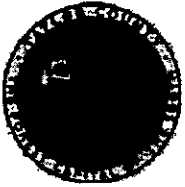
APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: _____ Date: _____

[Signature]
Department Head

[Signature]
Chairman Signature
[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:

5918

Board Asset Number:

FROM: Fire Rescue
Department Name

DEPT 0191
Number

DATE: 12/7/2021

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: Radio	Room #	Make Motorola
Model H01KDC9AA3	Year 2003	Serial Number 402TDJ5591
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: 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) Out of service/ non compliant, not used on system

Location: (required) St. 1 Storage

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

[Signature]
Department Head

[Signature]
Chairman Signature
[Signature]
County Administrator Approval

Date Removed From Asset Records

[Signature]
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number: _____

6004
Board Asset Number: _____

FROM: Fire Rescue
Department Name

DEPT 0192
Number

DATE: 12/7/2021

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 5 Ton Heat Pump	Room #	Make Goodman
Model CPLE60-1	Year 2003	Serial Number 0309993075
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: 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) Out of service. Replaced by new unit

Location: (required) St. 1 Storage

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

[Signature]
Department Head

[Signature]
Chairman Signature
County Administrator Approval

Date Removed From Asset Records _____

[Signature]
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

6065
Board Asset Number

FROM: Fire Rescue
Department Name

DEPT: 0192
Number

DATE: 12/7/2021

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 SCBA	Room #	Make ISI
Model DXL	Year 2003	Serial Number 11739501009
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: 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) Out of service, non complaint by NFPA.

Location: (required) St. 1 Storage

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

[Signature]
Department Head

[Signature]
Chairman Signature
[Signature]
County Administrator Approval

Date Removed From Asset Records

[Signature]
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: Fire Rescue
Department Name

Clerk Asset Number:

DEPT: 0192
Number

6066

Board Asset Number:

DATE: 12/7/2021

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 SCBA	Room #	Make ISI
Model DXL	Year 2003	Serial Number 11739501003
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: 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) Out of service, non complaint by NFPA.

Location: (required) St 1 Storage

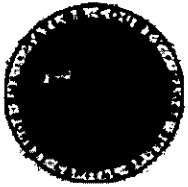
APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: _____ Date: _____

[Signature]
Department Head

[Signature]
Chairman Signature
County Administrator Approval

Date Removed From Asset Records

[Signature]
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

6067

Board Asset Number:

FROM: Fire Rescue
Department Name

DEPT 0192
Number

DATE: 12/7/2021

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 SCBA	Room #	Make ISI
Model DXL	Year 2003	Serial Number 11739501001
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: 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) Out of service, non complaint by NEPA.

Location: (required) St. 1 Storage

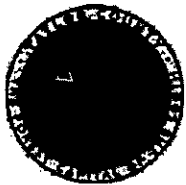
APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: _____ Date _____

[Signature]
Department Head

[Signature]
Chairman Signature
County Administrator Approval

Date Removed From Asset Records

[Signature]
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

6068

Board Asset Number:

FROM: Fire Rescue
Department Name

DEPT 0192
Number

DATE: 12/7/2021

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 SCBA	Room #	Make ISI
Model DXL	Year 2003	Serial Number 11739501007
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: 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) Out of service, non complaint by NFPA.

Location: (required) St. 1 Storage

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

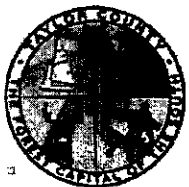
[Signature]
Department Head

Chairman Signature

[Signature]
County Administrator Approval

Date Removed From Asset Records

[Signature]
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number: 6165

FROM:

DEPT

0431
Number

DATE: 10/7/2021

Department Name

Library

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 Tower</u>	Room #	Make
Model	Year	Serial Number <u>JCV0241</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) not operational

Location: (required) Public Library

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

Jo Ann Morgan
Department Head

Quanda Pemberton
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: County Special Projects

Department Name

6180

Clerk Asset Number:

DEPT 0171

Number

Board Asset Number:

DATE: 10/29/2021

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 Pressure Washer	Room #	Make North Star
Model 4000 mP.S.I	Year	Serial Number 11031080
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

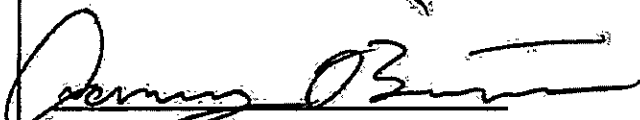
Type of Disposition: surplus

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

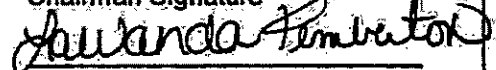
Explanation for Disposal: (required) unoperable.

Location: (required) special projects

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: _____

6200
Board Asset Number: _____

FROM:

DEPT 0431
Number

DATE: 10/7/2021

Department Name

Library

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>File Cabinet</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: 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) Non-working

Location: (required) Public Building

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

Jo Ann Morgan
Department Head

Lawanda Pemberton
Chairman Signature
County Administrator Approval

Date Removed From Asset Records _____

(Signature)
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM:

Department Name

Library

Clerk Asset Number:

DEPT *0431*
Number

Board Asset Number:

DATE: *10/7/2021*

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 <i>Chair</i>	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: *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) *Broken chair*

Location: (required) *Library*

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

Jo Ann Morgan
Department Head

Rebecca Pemberton
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:

6348

Board Asset Number:

FROM: Fire Rescue
Department Name

DEPT 0192
Number

DATE: 12/7/2021

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 SAF TAK Combination	Room #	Make TFT
Model	Year 2004	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: 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) Out of service. Out of date ground monitor base

Location: (required) St. 1 Storage

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

[Signature]
Department Head

[Signature]
Chairman Signature
[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: _____

16359
Board Asset Number: _____

FROM: _____

DEPT 0431
Number

DATE: 10/7/2024

Department Name Library

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>CD/Video Displayer</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>Surplus</u>	
<input checked="" type="checkbox"/> 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>Broken Not Working</u>	
Location: (required) <u>Library</u>	
APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> By the Taylor County Board of Commission: _____ Date: _____	
<u>J. Ann Morgan</u> Department Head	<u>Amanda Pemberton</u> Chairman Signature County Administrator Approval

Date Removed From Asset Records _____

(Signature)
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

6397

Board Asset Number:

FROM: INFORMATION TECH

DEPT 0113

DATE: 10/06/2021

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 SERVER	Room # DTIS ROOM	Make DELL
Model POWER EDGE 1800#SMM01	Year 2000 0003	Serial Number 18NC71
Other Description: 6397-001 Network and Mail Migration		
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) SERVER REPLACED WITH NEW ONE

Location: (required) ANNEX

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

Diana Capefaro
Department Head

Laurinda Pemberton
Chairman Signature
County Administrator Approval

Date Removed From Asset Records

Jo
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM:

Department Name

EMS

DEPT

Number

10407
Clark Asset Number:

Board Asset Number:

DATE: 11-4-21

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
Syringe Pump	EMS	
Model	Year	Serial Number
	2005	Unknown
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: Obsolete

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

Explanation for Disposal: (required) disposed of No longer Serviceable

Location: (required) DMH EMS By Company

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

Amanda Gray
Department Head

Chairman Signature
Amanda Gray
County Administrator Approval

Date Removed From Asset Records

(Signature)
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM:

Department Name
EMS

DEPT

Number

6408
Clark Asset Number:

Board Asset Number:

DATE: 11-4-21

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>Surge Pump</u>	Room # <u>EMS</u>	Make
Model	Year <u>2005</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: Obsolete

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

Explanation for Disposal: (required) disposed of No longer needed

Location: (required) DNH EMS

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

Date

Amanda Cox
Department Head

Chairman Signature
Amanda Pemberton
County Administrator Approval

Date Removed From Asset Records

[Signature]
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM:

Department Name

EMS

DEPT

0212
Number

6409
Clerk Asset Number:

Board Asset Number:

DATE: 11-4-21

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>Ambulance Cot</u>	Room # <u>Medic 1</u>	Make
Model	Year <u>2005</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: Obsolete

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

Explanation for Disposal: (required) 1 cot wore out disposed of

Location: (required) DWH EMS

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

Amanda Gray
Department Head

Chairman Signature
Amanda Pemberton
County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM:

Department Name

EMS

DEPT

Number

Clerk Asset Number:

6410

Board Asset Number:

DATE: 11-4-21

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
Ambulance Cot	Medic 3	
Model	Year	Serial Number
	2005	
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: Obsolete

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

Explanation for Disposal: (required) Bot disposed wore out

Location: (required) DMH EMS

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

Amanda G...
Department Head

Amanda Pemberton
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:

Department Name

EMS

DEPT

Number

6411
Clerk Asset Number:

Board Asset Number:

DATE: 11-4-21

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>Ambulance Bot</u>	Room #	Make
Model	Year <u>2005</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: Obsolete

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

Explanation for Disposal: (required) disposed of Wore out

Location: (required) DMH EMS

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

Amanda Go
Department Head

Melinda Pemberton
Chairman Signature
County Administrator Approval

Date Removed From Asset Records

[Signature]
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM:

Department Name

EMS

DEPT

Number

Clerk Asset Number: 6412

Board Asset Number:

DATE: 11-4-21

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>BP Machine</u>	Room # <u>Medic 1</u>	Make
Model	Year <u>2005</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: Obsolete

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

Explanation for Disposal: (required) disposed of No longer Serviceable

Location: (required) DMH EMS

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

Amanda Gyz
Department Head

Shirley M. Berto
Chairman Signature
County Administrator Approval

Date Removed From Asset Records

[Signature]
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM:

Department Name

EMS

DEPT

Number

Clerk Asset Number:

6413

Board Asset Number:

DATE: 11-4-21

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
BP Machine	Machine 3	
Model	Year	Serial Number
	2005	
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: Obsolete

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

Explanation for Disposal: (required) disposed at no longer serviceable

Location: (required) DNH EMS

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

Amanda G.
Department Head

Shonda Pemberton
Chairman Signature
County Administrator Approval.

Date Removed From Asset Records _____

(Signature)
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM:

Department Name

EMS

DEPT

Number

16414
Clerk Asset Number:

Board Asset Number:

DATE: 11-4-21

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: BP Machine	Room # Med. e. 5	Make
Model	Year 2005	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: obsolete

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

Explanation for Disposal: (required) disposed of No longer Serviceable

Location: (required) DMH EMS

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

Amanda G.
Department Head

Linda Pemberton
Chairman Signature
County Administrator Approval

Date Removed From Asset Records

(Signature)
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM:

Department Name

EMS

DEPT

Number

Clerk Asset Number:

Board Asset Number:

DATE: 11-4-21

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 BP Machine	Room #	Make
Model	Year 2005	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: obsolete

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

Explanation for Disposal: (required) disposed of No longer Serviceable

Location: (required) DMH EMS

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

Amanda O
Department Head

Amanda Demert
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:

Department Name

EMS

DEPT

Number

6416
Clerk Asset Number:

Board Asset Number:

DATE: 11-4-21

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>Compact Suction</u>	Room # <u>Medic 16</u>	Make
Model	Year <u>2005</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: Absolute

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

Explanation for Disposal: (required) out of service disposed of No longer serviceable

Location: (required) DMH EMS

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

Amanda Cg
Department Head

Amanda P. Mervin
Chairman Signature
County Administrator Approval

Date Removed From Asset Records _____

(Signature)
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM:

Department Name

EMS

DEPT

Number

6417
Clerk Asset Number:

Board Asset Number:

DATE: 11-4-21

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: # Ox-meter	Room #	Make
Model	Year 2005	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: obsolete

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

Explanation for Disposal: (required) disposed of No longer Serviceable

Location: (required) DMH EMS

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

Amanda S
Department Head

Amanda Embert
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: Sports Complex Operations
Department Name

6437

Clerk Asset Number:

DEPT 0452

Number

Board Asset Number:

DATE: 11/2/2021

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 RADIO	Room #	Make A
Model NA	Year	Serial Number N/A
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) COMPUTER NOT OPERATIONAL

Location: (required) _____

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

[Signature]
Department Head

[Signature]
Chairman Signature
County Administrator Approval

Date Removed From Asset Records

[Signature]
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

6633
Board Asset Number:

FROM:

DEPT 0431
Number

DATE: 10/7/2021

Department Name

Library

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>Work station</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: 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) Defunct

Location: (required) Public Library

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

Jo Ann Morgan
Department Head

Chairman Signature: Shirley Pemberton
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: _____

6634
Board Asset Number: _____

FROM:

DEPT 0431
Number

DATE: 10/7/2001

Department Name

Library

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>Work station</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: 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) No longer needed / top paper

Location: (required) _____

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

Jo Ann Morgan
Department Head

Amanda Pemberton
Chairman Signature
County Administrator Approval

Date Removed From Asset Records: _____

[Signature]
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS
FROM: County Special Projects
Department Name

6665
Clerk Asset Number:
DEPT 0172
Number

Board Asset Number:
DATE: 10/29/2021

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 Ice Machine	Room #	Make Ice -O-matic
Model Ice 0400 FI	Year	Serial Number 05091280013549
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

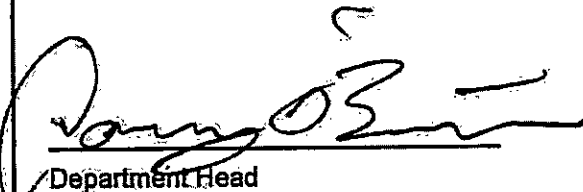
Type of Disposition: surplus

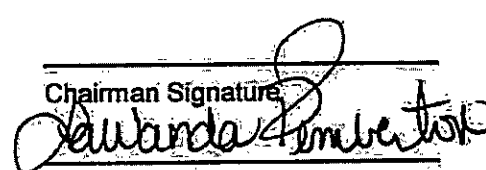
**** Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

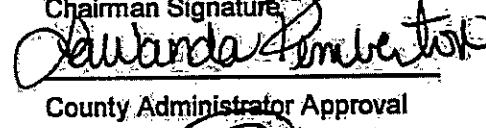
Explanation for Disposal: (required) replaced with new machine / old machine no longer operational

Location: (required) special projects

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

8721

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: Road Department

DEPT 0301
Number

DATE:

Department Name

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 SARLO MOWER	Room #	Make SELF PROPELLED
Model SARLO	Year	Serial Number 222432
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) NO LONGER WORKING

Location: (required) _____

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

[Signature]
Department Head

[Signature]
Chairman Signature
County Administrator Approval

Date Removed From Asset Records

[Signature]
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

6722

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: Road Department

DEPT 0301

DATE:

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 SARLO MOWER	Room #	Make SELF PROPELLED
Model SARLO	Year	Serial Number 222436
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) NO LONGER WORKING

Location: (required) _____

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

[Signature]
Department Head

[Signature]
Chairman Signature
County Administrator Approval

Date Removed From Asset Records

[Signature]
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: INFORMATION TECH

Department Name

Clerk Asset Number:

DEPT 0113

Number

6739

Board Asset Number:

DATE: 10/06/2021

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 SERVER	Room # DTIS ROOM	Make DELL
Model POWER EDGE 1800	Year 2000	Serial Number J006
Other Description: 6397-001 Network and Mail Migration		
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) SERVER REPLACED WITH NEW ONE

Location: (required) ANNEX

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

Dennis Copeland
Department Head

Chairman Signature
Quanda Pemberton
County Administrator Approval

Date Removed From Asset Records

20
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS
FROM: INFORMATION TECH
Department Name

Clerk Asset Number:
DEPT 0113
Number

6766
Board Asset Number:
DATE: 10/06/2021

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 LAPTOP	Room # DTIS ROOM	Make DELL
Model PRECISION M70	Year 2006	Serial Number JGSM7B1
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) NO LONGER FUNCTIONAL

Location: (required) DTIS

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

Debra Copeland
Department Head

Laurinda Pemberton
Chairman Signature
County Administrator Approval

Date Removed From Asset Records

20
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

6802

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: Sports Complex Operations

DEPT 0905

DATE: 11/2/2021

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 COMPUTER	Room #	Make DELL
Model OPTIPLEX GX520 MINITOWER	Year	Serial Number N/A
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

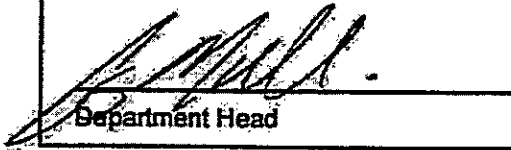
Type of Disposition: SURPLUS


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

Explanation for Disposal: (required) COMPUTER NOT OPERATIONAL

Location: (required) _____

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: County Special Projects

Department Name

6831

Clerk Asset Number:

DEPT 0172

Number

Board Asset Number:

DATE: 10/29/2021

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: z-turner mower	Room # 1	Make scag
Model: ZTR 61	Year 2003	Serial Number b5700231
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) old machine no longer operational - use for parts

Location: (required) special projects

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: County Special Projects
Department Name

6893
Clerk Asset Number:
DEPT 0172
Number

Board Asset Number:
DATE: 10/29/2021

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 z-turner mower	Room #	Make scag
Model wildcat 61	Year	Serial Number C6800065
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) old machine no longer operational use for parts

Location: (required) special projects

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: INFORMATION TECH

Department Name

DEPT 0113

Number

Clerk Asset Number:

6816

Board Asset Number:

DATE: 10/06/2021

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 COMPUTER	Room # DTIS ROOM	Make DELL
Model OPTIPLEX GX620 MINITOWER	Year 2006	Serial Number 1542RB1
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) NO LONGER FUNCTIONAL

Location: (required) DTIS

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: INFORMATION TECH

Department Name

Clerk Asset Number:

DEPT 0113

Number

6871

Board Asset Number:

DATE: 10/06/2021

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 COMPUTER	Room # DTIS ROOM	Make DELL
Model OPTIPLEX GX620/PENTIUM D940	Year 2007	Serial Number GXKB8C1
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

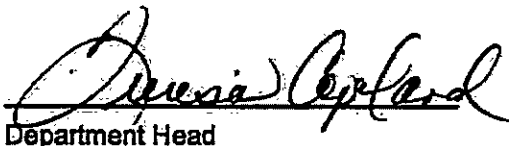
Type of Disposition: SURPLUS

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

Explanation for Disposal: (required) NO LONGER FUNCTIONAL

Location: (required) DTIS

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: INFORMATION TECH

Department Name

Clerk Asset Number:

DEPT 0113

Number

6876

Board Asset Number:

DATE: 10/06/2021

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 ARC GIS	Room # DTIS ROOM	Make DELL
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

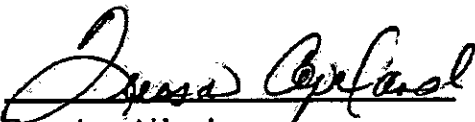
Type of Disposition: SURPLUS

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

Explanation for Disposal: (required) NO LONGER FUNCTIONAL WITH EXISITING NETWORK

Location: (required) DTIS

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: INFORMATION TECH
Department Name

Clerk Asset Number:
DEPT 0113
Number

6883
Board Asset Number:
DATE: 10/06/2021

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 INTELLITRACK CICO NETWORK	Room # DTIS ROOM	Make
Model SQL 3 W	Year 2007	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) NO LONGER REQUIRED BY DEPARTMENT (Replaced)

Location: (required) DTIS

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

[Signature]
Department Head

[Signature]
Chairman Signature
County Administrator Approval

Date Removed From Asset Records

[Signature]
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS
FROM: INFORMATION TECH
Department Name

Clerk Asset Number:
DEPT 0113
Number

6889
Board Asset Number:
DATE: 10/06/2021

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 PE-2950 SERVER	Room # DTIS ROOM	Make DELL
Model PE2950RACK 24U	Year 2007	Serial Number B821HC1
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) DECOMMISSIONED BY DEPARTMENT (Replaced)

Location: (required) DTIS

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

Angela Cleveland
Department Head

Chairman Signature

County Administrator Approval

Date Removed From Asset Records

[Signature]
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM:

Department Name

Library

DEPT

0430
Number

Clerk Asset Number

Board Asset Number

DATE: *10/7/2021*

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 <i>Computer</i>	Room #	Make
Model	Year	Serial Number <i>JECB3D1</i>
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: *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) *Not Operational*

Location: (required) *Library*

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

Jo Ann Morgan
Department Head

Shawanda Pemberton
Chairman Signature
County Administrator Approval

Date Removed From Asset Records

(Signature)
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

6913

Board Asset Number:

FROM: Fire Rescue
Department Name

DEPT 0192
Number

DATE: 12/7/2021

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 Thermal Imager	Room #	Make Bullard
Model T-4	Year 2007	Serial Number 41921
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: 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) Out of service, inoperable/ non complaint by NFPA.

Location: (required) St. 1 Storage

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

[Signature]
Department Head

[Signature]
Chairman Signature

[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:

6914

Board Asset Number:

FROM: Fire Rescue
Department Name

DEPT 0192
Number

DATE: 12/7/2021

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 Imager Monitor	Room #	Make Bullard
Model T-4	Year 2007	Serial Number ML-1903
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: 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) Out of service, inoperable/ non complaint by NFPA.

Location: (required) St 1 Storage

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:

6922

Board Asset Number:

FROM: Fire Rescue
Department Name

DEPT 0192
Number

DATE: 12/7/2021

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 Rear Camera / Monitor	Room #	Make FRC
Model T	Year 2007	Serial Number 2370500194-Monitor
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: 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) Out of service, inoperable.

Location: (required) St. 1 Storage

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

[Signature]
Department Head

[Signature]
Chairman Signature
[Signature]
County Administrator Approval

Date Removed From Asset Records

[Signature]
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

6978

Board Asset Number:

FROM: Fire Rescue
Department Name

DEPT 0192
Number

DATE: 12/7/2021

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 67ton air bag set	Room #	Make
Model	Year 2007	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: 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) Out of service, non complaint, replaced with new unit

Location: (required) St. 1 Storage

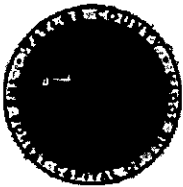
APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: _____
Date

[Signature]
Department Head

Chairman Signature
[Signature]
County Administrator Approval

Date Removed From Asset Records

[Signature]
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

6979
Board Asset Number:

FROM: Fire Rescue
Department Name

DEPT 0192
Number

DATE: 12/7/2021

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>Air Chisel Set</u>	Room #	Make
Model	Year <u>2007</u>	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: 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) Out of service, replaced with new unit

Location: (required) St. 1 Storage

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

[Signature]
Department Head

[Signature]
Chairman Signature
[Signature]
County Administrator Approval

Date Removed From Asset Records

[Signature]
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: County Administrator
Department Name

DEPT 0110
Number

Clerk Asset Number:

7019

Board Asset Number:

DATE: 10/07/20

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 Laptop	Room #	Make
Model D630	Year	Serial Number 3TZZFG1
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) no longer powers on

Location: (required) DTIS

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

Department Head

Chairman Signature

Sandra Sembrato

County Administrator Approval

Date Removed From Asset Records

[Signature]
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

7075

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: Road Department

DEPT 0301

DATE:

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 MOWER	Room #	Make 10-26-3SPSW
Model SARLO	Year	Serial Number 227710
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) SCRAPPED, USED FOR PARTS

Location: (required) _____

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

[Signature]
Department Head

[Signature]
Chairman Signature
County Administrator Approval

Date Removed From Asset Records

[Signature]
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: INFORMATION TECH

Department Name

DEPT 0113

Number

Clerk Asset Number:

7063

Board Asset Number:

DATE: 10/06/2021

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 TELEPHONE MESAGING SYSTEM	Room # DTIS ROOM	Make XCELERATE SALES
Model PHOETREE 2500	Year 2009	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

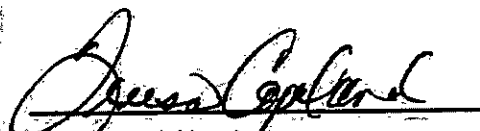
Type of Disposition: SURPLUS

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

Explanation for Disposal: (required) DECOMMISSIONED BY DEPARTMENT

Location: (required) DTIS

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: INFORMATION TECH
Department Name

Clerk Asset Number:
DEPT 0113
Number

7083
Board Asset Number:
DATE: 10/06/2021

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 LENOVA SERVER	Room # DTIS ROOM	Make LENOVA
Model THINKSERVER RD220	Year 2009	Serial Number 3981FUR8FC146
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) DECOMMISSIONED BY DEPARTMENT

Location: (required) DTIS

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

[Signature]
Department Head

[Signature]
Chairman Signature
[Signature]
County Administrator Approval

Date Removed From Asset Records

[Signature]
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

7128

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: Sports Complex Operations

DEPT 0473

DATE: 11/2/2021

Department Name

Number

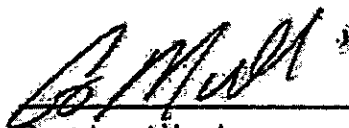

To Whom It May Concern:

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

IDENTIFICATION DATA

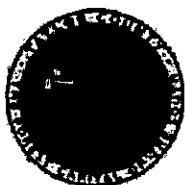
Name of Item SCAG WILDCAT Z TURN MOWER	Room #	Make SCAG
Model STWC61V-27CV	Year	Serial Number D7200158
Other Description:		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

DISPOSITION DATA

Type of Disposition: <u>SURPLUS</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 working, too expensive to repair</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:

7319
Board Asset Number:

FROM: Fire-Rescue
Department Name

DEPT 0192
Number

DATE: 12/7/2021

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 AED	Room #	Make Cardiac Science
Model Power Heart	Year 2011	Serial Number 4345619
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: 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) Out of service. Old unit. programing out of AHA guidelines

Location: (required) St. 1 Storage

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

[Signature]
Department Head

[Signature]
Chairman Signature
[Signature]
County Administrator Approval

Date Removed From Asset Records

[Signature]
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM:

Department Name

EMS

DEPT

Number

7157
Clerk Asset Number:

Board Asset Number:

DATE: 11-4-21

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
Laptop		Toughbook
Model	Year	Serial Number
Dell	2010	3048 XL 1
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: Obsolete

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

Explanation for Disposal: (required) disposed of By Company Below due to Patient info on Computer

Location: (required) DMH EMS

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

Company

Amanda Gray
Department Head

Chairman Signature
Amanda Imbert
County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM:

Department Name

EMS

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.

DEPT

Number

7158
Clark Asset Number:

Board Asset Number:

DATE: 11-4-21

IDENTIFICATION DATA

Name of Item	Room #	Make
Laptop		toughbook
Model	Year	Serial Number
Dell	2010	6048X2.1
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: Obsolete

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

Explanation for Disposal: (required) disposed by Company Below due to Patient info

Location: (required) DMA EMS

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

Company:

Amanda Guy
Department Head

Amanda Pemberton
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:

Department Name

EMS

DEPT

Number

7159
Clerk Asset Number:

Board Asset Number:

DATE: 11-4-21

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
Laptop		Toughbook
Model	Year	Serial Number
Dell	2010	7048XL1
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: Obsolete

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

Explanation for Disposal: (required) disposed of by Company Below due to Patient Info on Computer

Location: (required) DMH EMS

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

Company: _____

Amanda Gray
Department Head

Wanda Emberton
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: INFORMATION TECH
Department Name

Clerk Asset Number:
DEPT 0113
Number

7169
Board Asset Number:
DATE: 10/06/2021

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: CROW CANYON SOFTWARE	Room # DTIS ROOM	Make SHARE POINT
Model	Year 2010	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) SOFTWARE OUTDATED

Location: (required) DTIS

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

[Signature]
Department Head

[Signature]
Chairman Signature
[Signature]
County Administrator Approval

Date Removed From Asset Records

[Signature]
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

7317

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: INFORMATION TECHNOLOGIES

DEPT 0113

DATE: 10/06/2021

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 Network Security Appliance 240	Room # MIS	Make SONICWALL
Model 01-SSC-8760	Year 09/11/2020 2011	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

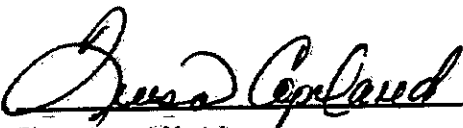
Type of Disposition: Surplus


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


Explanation for Disposal: (required) UNIT WAS REPLACED

Location: (required) DTIS OFFICE

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:

7320
Board Asset Number:

FROM: Fire Rescue
Department Name

DEPT 0192
Number

DATE: 12/7/2021

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 AED	Room #	Make Cardiac Science
Model Power Heart	Year 2011	Serial Number 4345657
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: 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) Out of service. Old unit, programing out of AHA guidlines

Location: (required) St. 1 Storage

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

[Signature]
Department Head

[Signature]
Chairman Signature
County Administrator Approval

Date Removed From Asset Records

[Signature]
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

7342

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: Road Department

DEPT 0301

DATE:

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: MOWER	Room #	Make
Model SARLO	Year	Serial Number 228375
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>SURPLUS</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>SCRAPPED, USED FOR PARTS</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

7343

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: Road Department

DEPT 0301

DATE:

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	Room #	Make
MOWER		
Model	Year	Serial Number
SARLO		228376
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

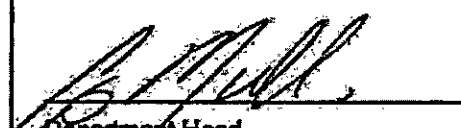
Type of Disposition: SURPLUS


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


Explanation for Disposal: (required) SCRAPPED, USED FOR PARTS

Location: (required) _____

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:

7360
Board Asset Number:

FROM: Fire Rescue
Department Name

DEPT 0191
Number

DATE: 12/7/2021

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 Portable Radio	Room #	Make Motorola
Model XPR6550	Year 2011	Serial Number 037TMJU565
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: 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) Out of service/ non complaint, not used on system

Location: (required) St. 1 Storage

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

[Signature]
Department Head

[Signature]
Chairman Signature
[Signature]
County Administrator Approval

Date Removed From Asset Records

[Signature]
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number

7361
Board Asset Number

FROM: Fire Rescue
Department Name

DEPT 0191
Number

DATE: 12/7/2021

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 Portable Radio	Room #	Make Motorola
Model XPR6550	Year 2011	Serial Number 03TMJU950
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: 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) Out of service/ non complaint, not used on system

Location: (required) St 1 Storage

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

[Signature]
Department Head

[Signature]
Chairman Signature
[Signature]
County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

7372

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number:

FROM: INFORMATION TECHNOLOGIES

DEPT 0113

DATE: 10/06/2021

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 ID PRINTER	Room # MIS	Make SONICWALL
Model CD800	Year 09/29/2020 2012	Serial Number C19063
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

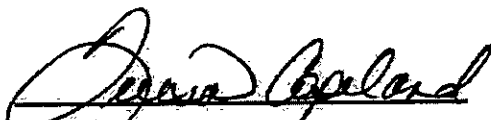
Type of Disposition: Surplus

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

Explanation for Disposal: (required) UNIT NO LONGER FUNCTIONS

Location: (required) DTIS OFFICE

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

7389
Board Asset Number

FROM: Fire Rescue
Department Name

DEPT 0192
Number

DATE: 12/7/2021

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 Laptop Comp.	Room #	Make DELL
Model Latitude E6420	Year 2012	Serial Number 4RHLCS1
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: 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) Out of service

Location: (required) St. 1 Storage

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

[Signature]
Department Head

[Signature]
Chairman Signature
County Administrator Approval

Date Removed From Asset Records

[Signature]
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

7405

Board Asset Number:

FROM: Fire Rescue
Department Name

DEPT 0192
Number

DATE: 12/7/2021

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 Portable Radio	Room #	Make Harris
Model EX55-PBU8B	Year 2012	Serial Number A4012A000AE4
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: 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) Out of service. Broken non-serviceable

Location: (required) St. 1 Storage

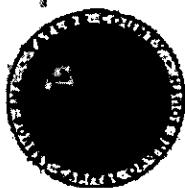
APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: _____ Date _____

[Signature]
Department Head

Chairman Signature
[Signature]
County Administrator Approval

Date Removed From Asset Records

[Signature]
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

7406
Board Asset Number:

FROM: Fire Rescue
Department Name

DEPT 0192
Number

DATE: 12/7/2021

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 Portable Radio	Room #	Make Harris
Model EX55-PBU8B	Year 2012	Serial Number A4012A000AE5
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: 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) Out of service. Broken non-serviceable

Location: (required) St. 1 Storage

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

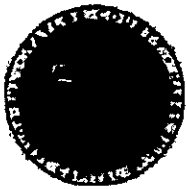

Department Head

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:

7412
Board Asset Number:

FROM: Fire Rescue
Department Name

DEPT 0192
Number

DATE: 12/7/2021

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 Portable Radio	Room #	Make Harris
Model EX55-PBU8B	Year 2012	Serial Number A4012A000B27
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: 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) Out of service. Broken non-serviceable

Location: (required) St. 1 Storage

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

[Signature]
Department Head

[Signature]
Chairman Signature
County Administrator Approval

Date Removed From Asset Records

[Signature]
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: County Engineer
Department Name

7450
Clerk Asset Number:

DEPT 0303
Number

Board Asset Number:

DATE: 11-9-2021

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>Printer</u>	Room #	Make <u>Laser Jet</u>
Model	Year <u>2012</u>	Serial Number <u>CNCCD71171</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>Surplus</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 operational</u>	
Location: (required) <u>County Engineering</u>	
APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> By the Taylor County Board of Commission: _____ Date _____	
<u>[Signature]</u> Department Head	<u>[Signature]</u> Chairman Signature <u>Laurenda Pemberton</u> County Administrator Approval

Date Removed From Asset Records

[Signature]
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number

7433

Board Asset Number

FROM: Fire Rescue
Department Name

DEPT 0192
Number

DATE: 12/7/2021

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 SCBA Air Pack	Room #	Make Avon ISI
Model Viking Z7	Year 2013	Serial Number 163681020001
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: 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) Out of service. Out of NEPA Compliance.

Location: (required) Sf 1 Storage

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

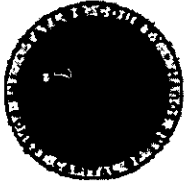
[Signature]
Department Head

Chairman Signature

[Signature]
County Administrator Approval

Date Removed From Asset Records

[Signature]
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

7434

Board Asset Number:

FROM: Fire Rescue
Department Name

DEPT 0192
Number

DATE: 12/7/2021

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 SCBA Air Pack	Room #	Make Avon ISI
Model Viking Z7	Year 2013	Serial Number 163681020002
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: 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) Out of service. Out of NFPA Compliance.

Location: (required) St. 1 Storage

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

[Signature]
Department Head

[Signature]
Chairman Signature
[Signature]
County Administrator Approval

Date Removed From Asset Records

[Signature]
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

7435
Board Asset Number:

FROM: Fire Rescue
Department Name

DEPT 0192
Number

DATE: 12/7/2021

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 SCBA Air Pack	Room #	Make Avon ISI
Model Viking Z7	Year 2013	Serial Number 163681020003
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: 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) Out of service. Out of NEPA Compliance.

Location: (required) St. 1 Storage

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

[Signature]
Department Head

Chairman Signature
[Signature]
County Administrator Approval

Date Removed From Asset Records _____

[Signature]
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

7436

Board Asset Number:

FROM: Fire Rescue
Department Name

DEPT 0192
Number

DATE: 12/7/2021

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 SCBA Air Pack	Room #	Make Avon ISI
Model Viking Z7	Year 2013	Serial Number 163681020004
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: 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) Out of service. Out of NEPA Compliance.

Location: (required) St. 1 Storage

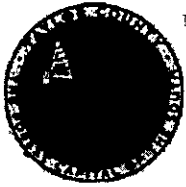
APPROVED ☐ DENIED ☐ By the Taylor County Board of Commission: _____ Date: _____

[Signature]
Department Head

[Signature]
Chairman Signature
County Administrator Approval

Date Removed From Asset Records

[Signature]
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

7437
Board Asset Number:

FROM: Fire Rescue
Department Name

DEPT: 0192
Number

DATE: 12/7/2021

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 SCBA Air Pack	Room #	Make Avon ISI
Model Viking Z7	Year 2013	Serial Number 163681020005
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: 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) Out of service. Out of NEPA Compliance.

Location: (required) St. 1 Storage

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

[Signature]
Department Head

[Signature]
Chairman Signature
County Administrator Approval

Date Removed From Asset Records

[Signature]
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number

7438
Board Asset Number

FROM: Fire Rescue
Department Name

DEPT 0192
Number

DATE: 12/7/2021

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 SCBA Air Pack	Room #	Make Avon ISI
Model Viking Z7	Year 2013	Serial Number 163681020006
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: 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) Out of service. Out of NEPA Compliance.

Location: (required) St 1 Storage

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

[Signature]
Department Head

Chairman Signature
[Signature]
County Administrator Approval

Date Removed From Asset Records

[Signature]
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

7439

Board Asset Number:

FROM: Fire Rescue
Department Name

DEPT 0192
Number

DATE: 12/7/2021

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 SCBA Air Pack	Room #	Make Avon ISI
Model Viking Z7	Year 2013	Serial Number 163681020007
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: 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) Out of service. Out of NEPA Compliance.

Location: (required) St. 1 Storage

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

[Signature]
Department Head

Chairman Signature

[Signature]
County Administrator Approval

Date Removed From Asset Records

[Signature]
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number

7440

Board Asset Number

FROM: Fire Rescue
Department Name

DEPT 0192
Number

DATE: 12/7/2021

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 SCBA Air Pack	Room #	Make Avon ISI
Model Viking Z7	Year 2013	Serial Number 163681020008
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: 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) Out of service. Out of NEPA Compliance.

Location: (required) St. 1 Storage

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

[Signature]
Department Head

[Signature]
Chairman Signature

[Signature]
County Administrator Approval

Date Removed From Asset Records

[Signature]
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

7441

Board Asset Number:

FROM: Fire Rescue
Department Name

DEPT 0192
Number

DATE: 12/7/2021

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 SCBA Air Pack	Room #	Make Avon ISI
Model Viking Z7	Year 2013	Serial Number 163681020009
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: 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) Out of service. Out of NEPA Compliance.

Location: (required) St. 1 Storage

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

[Signature]
Department Head

Chairman Signature

[Signature]
County Administrator Approval

Date Removed From Asset Records

[Signature]
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

7442
Board Asset Number:

FROM: Fire Rescue
Department Name

DEPT 0192
Number

DATE: 12/7/2021

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 SCBA Air Pack	Room #	Make Avon ISI
Model Viking Z7	Year 2013	Serial Number 163681020010
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: 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) Out of service. Out of NEPA Compliance.

Location: (required) St 1 Storage

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

[Signature]
Department Head

[Signature]
Chairman Signature
County Administrator Approval

Date Removed From Asset Records

[Signature]
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

7443
Board Asset Number:

FROM: Fire Rescue
Department Name

DEPT 0192
Number

DATE: 12/7/2021

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 SCBA Air Pack	Room #	Make Avon ISI
Model Viking Z7	Year 2013	Serial Number 163681020011
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: 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) Out of service. Out of NEPA Compliance.

Location: (required) St. 1 Storage

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:

7444
Board Asset Number:

FROM: Fire Rescue
Department Name

DEPT: 0192
Number

DATE: 12/7/2021

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 SCBA Air Pack	Room #	Make Avon ISI
Model Viking Z7	Year 2013	Serial Number 163681020012
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: 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) Out of service. Out of NEPA Compliance.

Location: (required) St. 1 Storage

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

[Signature]
Department Head

[Signature]
Chairman Signature
County Administrator Approval

Date Removed From Asset Records

[Signature]
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS
FROM: INFORMATION TECH
Department Name

Clerk Asset Number:
DEPT 0113
Number

7452
Board Asset Number:
DATE: 10/06/2021

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 SERVER	Room # DTIS ROOM	Make LENOVA
Model RD240 XEON	Year 2010	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) DECOMMISSIONED BY DEPARTMENT

Location: (required) DTIS

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

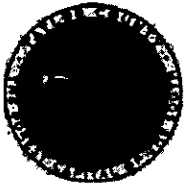
[Signature]
Department Head

Chairman Signature

[Signature]
County Administrator Approval

Date Removed From Asset Records

[Signature]
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

7475

Board Asset Number:

FROM: Fire Rescue
Department Name

DEPT: 0191
Number

DATE: 12/7/2021

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 Ice Machine	Room #	Make Manitowoc
Model UD0140A1618	Year 2013	Serial Number 310222541
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: 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) Out of service, Repairs exceed value of unit/replacement

Location: (required) St. 7 Truck Bay

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

[Signature]
Department Head

Chairman Signature

[Signature]
County Administrator Approval

Date Removed From Asset Records

[Signature]
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS
FROM: INFORMATION TECH
Department Name

Clerk Asset Number:
DEPT 0113
Number

7477
Board Asset Number:
DATE: 10/06/2021

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 HP NETWORKING SWITCH	Room # EOC NETWORK ROOM	Make HEWLETT PACKARD
Model J9726A#ABA	Year 2013	Serial Number SG37FLWIN9
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) DECOMMISSIONED BY DEPARTMENT

Location: (required) DTIS

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

Kevin Copeland
Department Head

Amanda Pemberton
Chairman Signature
County Administrator Approval

Date Removed From Asset Records

(Signature)
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM:

Department Name

EMS

DEPT

7489
Clerk Asset Number:
07812
Number

Board Asset Number:

DATE: 11-4-21

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
PCR training kit	EMS	
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: Absolute

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

Explanation for Disposal: (required) disposed of No longer useable

Location: (required) DMH EMS

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

Amanda Gray
Department Head

Amanda Pemberton
Chairman Signature
County Administrator Approval

Date Removed From Asset Records

[Signature]
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS
FROM: INFORMATION TECH
Department Name

Clerk Asset Number:
DEPT 0113
Number

7492
Board Asset Number:
DATE: 10/06/2021

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 HARD DRIVE	Room # EOC NETWORK ROOM	Make DOT HILL
Model 3330	Year 2013	Serial Number SG37FLWIN9
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) DECOMMISSIONED BY DEPARTMENT

Location: (required) DTIS

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

Deana Cepeland
Department Head

Alexandra Pemberton
Chairman Signature
County Administrator Approval

Date Removed From Asset Records

(Signature)
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: INFORMATION TECH

Department Name

Clerk Asset Number:

DEPT 0113

Number

7493

Board Asset Number:

DATE: 10/06/2021

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 HARD DRIVE	Room # DTIS ROOM	Make DOT HILL
Model 3330	Year 2013	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) DECOMMISSIONED BY DEPARTMENT

Location: (required) DTIS

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

Debra Copeland
Department Head

Lawanda Pemberton
Chairman Signature
County Administrator Approval

Date Removed From Asset Records

[Signature]
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: EMS
Department Name

DEPT

7509
Clerk Asset Number:
0242
Number

Board Asset Number:

DATE: 11-4-21

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 <u>2014</u>	Serial Number <u>68 ZTW Z1</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: Obsolete

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

Explanation for Disposal: (required) disposed of By Company Below due to Patient info on Computer

Location: (required) DMH EMS

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

Company:

Amanda Gray
Department Head

Chairman Signature Amanda Perreault
County Administrator Approval

Date Removed From Asset Records

(Signature)
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM:

Department Name

EUS

DEPT

Number

71629
Clerk Asset Number:

Board Asset Number:

DATE: 11-4-21

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>King Vision Kit</u>	Room #	Make
Model	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: absolute

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

Explanation for Disposal: (required) dep disposed of no longer serviceable

Location: (required) DMH EUS

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

Amanda Gray
Department Head

Chairman Signature Rafaela Hernandez
County Administrator Approval

Date Removed From Asset Records

[Signature]
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM:

Department Name

EMS

DEPT

7630
Clerk Asset Number:
0542
Number

Board Asset Number:

DATE: 11-4-21

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
King Version		
Model	Year	Serial Number
	2015	
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: Absolute

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

Explanation for Disposal: (required) disposed No longer Serviceable

Location: (required) DMH EMS

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

Amanda Gray
Department Head

Chairman Signature Amanda Pemberton
County Administrator Approval

Date Removed From Asset Records

[Signature]
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

7706

Board Asset Number:

FROM: INFORMATION TECH

DEPT 0113

DATE: 10/06/2021

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 SERVER	Room # EOC NETWORK ROOM	Make HP
Model DL380	Year 2015	Serial Number MXQ52602JD
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) DECOMMISSIONED BY DEPARTMENT

Location: (required) DTIS

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

[Signature]
Department Head

[Signature]
Chairman Signature
[Signature]
County Administrator Approval

Date Removed From Asset Records

[Signature]
Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: INFORMATION TECH

Department Name

DEPT 0113

Number

Clerk Asset Number:

7708

Board Asset Number:

DATE: 10/06/2021

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 SERVER	Room # EOC NETWORK ROOM	Make HP
Model DL360	Year 2015	Serial Number MXQ5290368
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

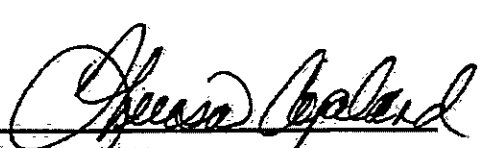
Type of Disposition: SURPLUS

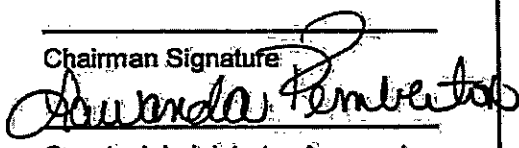
**** Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.**

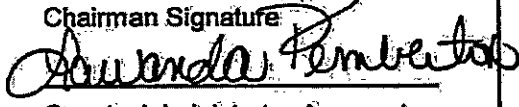
Explanation for Disposal: (required) DECOMMISSIONED BY DEPARTMENT

Location: (required) DTIS

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


Department Head


Chairman Signature


County Administrator Approval

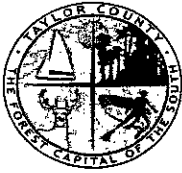
Date Removed From Asset Records


Fixed Assets Manager

TAYLOR COUNTY BOARD OF COMMISSIONERS

County Commission Agenda Item

SUBJECT/TITLE:



THE BOARD TO CONSIDER APPROVAL OF REQUEST BY WAYNE PADGETT, SHERIFF FOR FUND RAISING EVENT AT THE PERRY FOLEY AIRPORT ON MAY 14, 2022.

MEETING DATE REQUESTED:

APRIL 2, 2022

Statement of Issue: TO ALLOW USE OF A PORTION OF THE PERRY-FOLEY AIRPORT IN ORDER TO HOST A FUND RAISING EXHIBITION TO BENEFIT THE TAYLOR COUNTY SENIOR CITIZENS CENTER.

Recommended Action: APPROVE

Fiscal Impact: N/A

Budgeted Expense: N/A

Submitted By: LAWANDA PEMBERTON, COUNTY ADMINISTRATOR, ON BEHALF OF SHERIFF PADGETT.

Contact: (850) 838-3500 ext. 6

SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

History, Facts & Issues: SHERIFF PADGETT HAS REQUESTED PERMISSION TO UTILIZE SPACE AT THE PERRY FOLEY AIRPORT CURRENTLY LEASED BY RICHARD CONNELL IN ORDER TO HOST A FUND RAISER TO BENEFIT THE SENIOR CITIZENS CENTER ON MAY 14, 2022 FROM 11:00 AM-6:00 PM. THE SHERIFF WILL OBTAIN LIABILITY INSURANCE NAMING TAYLOR COUNTY AS AN ADDITIONAL INSURED. THIS WILL BE CONSIDERED A STATIC EXHIBITION OF VINTAGE AIRCRAFT AND MILITARY VEHICLES. THE AIRCRAFT WILL BE STAGED PRIOR TO THE EVENT. NO AIRPORT ACTIVITIES WILL BE IMPACTED.

THE SHERIFF'S OFFICE WILL PROVIDE LAW ENFORCEMENT AND VOLUNTEERS.

Options: APPROVE/ DO NOT APPROVE

Attachments:

11

TAYLOR COUNTY BOARD OF COMMISSIONERS

County Commission Agenda Item

SUBJECT/TITLE: THE BOARD TO CONSIDER APPROVAL OF DRAFT POLICIES



MEETING DATE REQUESTED: APRIL 4, 2022

Statement of Issue: TO ADOPT NEW POLICIES AND AGREEMENT AS RECOMMENDED DURING THE 2021 AUDIT & STAFF

Recommended Action: APPROVE

Fiscal Impact: N/A

Budgeted Expense: N/A

Submitted By: TRACI ROWELL, PERSONNEL MANAGER

Contact: 850-838-3500 EXT. 8

SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

History, Facts & Issues: THE KRIZNER GROUP PERFORMS AN ANNUAL EMPLOYMENT LAW AUDIT OF THE HUMAN RESOURCES POLICIES AND OPERATIONS. AS A RESULT OF THE AUDIT IT WAS RECOMMENDED TO ADD A REMOTE WORK DRAFT POLICY, ONLINE TRAINING/MEETINGS DRAFT POLICY AND A DRAFT TELECOMMUTING AGREEMENT. REVISING THE DEFINITION OF IMMEDIATE FAMILY IN REGARDS TO THE BEREAVEMENT POLICY. ALSO, STAFF RECOMMENDS CONFLICTS OF INTEREST DRAFT POLICY, AS REQUIRED TO RECEIVE FEDERAL FUNDING. ALL APPROVED NEW POLICIES WILL BE ADDED AS AN ATTACHEMENT TO THE PERSONNEL MANUAL

Options: APPROVE/DENY

Attachments: REMOTE WORK DRAFT POLICY
ONLINE TRAINING/MEETINGS DRAFT POLICY
TELECOMMUTING DRAFT AGREEMENT
IMMEDIATE FAMILY DEFINITION
CONFLICTS OF INTEREST DRAFT POLICY

*THE DRAFT CONFLICTS OF INTEREST POLICY IS INTENDED AS A COMPLIMENT THE EXISTING CONFLICT OF INTEREST LANGUAGE LOCATED IN THE TC PERSONNEL MANUAL AND THE PURCHASING POLICY



Taylor County

Board of County Commissioners'

Policy Manual

Policy #:	Title:	Effective Date:
	Remote Work	

Overview

It is the policy of the Taylor County Board of County Commissioners to allow designated employees to telecommute where it is reasonable and practical to do so and where the operational needs of the Taylor County Board of County Commissioners will not be adversely affected.

Definitions

Remote Work – Working at an alternate work location that is linked electronically to a central office or official work location. Telecommuting is a cooperative arrangement between the Taylor County Board of County Commissioners and an employee, based upon the needs of the job, work group and the Taylor County Board of County Commissioners. Telecommuting is not a formal, universal employee benefit. Rather, it is a voluntary alternative method of meeting the needs of the Taylor County Board of County Commissioners. This policy does not apply to situations where a supervisor occasionally allows an employ to work at home on a temporary, irregular basis.

The Program – Taylor County Board of County Commissioners' remote work program.

Official Work Location – The location of the office to which the employee is assigned. By default, the official work location of the employee's supervisor. In all cases of such designations, the location must be in the best interest of the Taylor County Board of County Commissioners. An employee may have only one official work location.

Alternate Work Location – The primary location from which a telecommuting employee works using a technology based platform, such as a networked computing device connected to the employee's official work location via the Taylor County Board of County Commissioner's computer network.

Authorized Persons – Those persons who have been granted access rights to the Taylor County Board of County Commissioner's information technology resources by the Supervisor of Information Technology.

Requirements and Provisions

Compensation and Work Hours – The employee's compensation, benefits, work status and work responsibilities will not change due to participation in the program. The amount of time the employee is expected to work per day or pay period will not change as a result of participation in the program.

Eligibility – A request by an employee to participate in the program must be evaluated by management to ensure the request meets eligibility criteria and that the work performed is suitable for telecommuting. The request will also be evaluated based on the availability of necessary equipment and resources as well as whether the arrangement would benefit the County.

To become and remain eligible to participate in the program, an employee must meet the following minimum criteria:

1. The employee must maintain an overall satisfactory performance evaluation rating.
2. The employee must not be under any form of disciplinary action (s) or have documented performance deficiencies.
3. The employee must agree to the requirements stipulated in the Taylor County Board of County Commissioners Telecommuting Agreement.
4. The employee must agree to attend all required meetings and training programs at locations designated by the Taylor County Board of County Commissioners.
5. The employee's participation in the program must be approved by the employee's supervisor, the supervisor in charge of the employee's department and the supervisor of Information Technology.
6. The employee must have a high-speed internet connection (DSL, Cable, etc.)
7. The employee must continue to comply with federal, state, and local laws and regulations while at the alternate work location.
8. The employee must utilize company approved remote access methods to connect to the Taylor County Board of County Commissioner's network.

Job Responsibilities – An employee participating in the program is subject to the same rules, policies and procedures regarding attendance, leave, job performance, performance evaluations, discipline and separation as an employee not participating in the program.

The employee is expected to meet with their supervisor to receive work assignments and to review completed work as necessary on a schedule to be determined by the supervisor. The employee will continue to complete all assigned work according to work procedures, guidelines, and performance standards. The employee will be available for

staff meetings and other meetings deemed necessary by management. The employee must be available by phone and email during work hours.

Business meetings must not take place at the alternate work location. All face-to-face interactions with clients, vendors, providers and other stakeholders must not be conducted at the alternate work location.

Workspace – The employee shall designate a workspace at the alternate work location for placement and installation of equipment to be used while telecommuting. The employee shall maintain this workspace in a safe condition, free from hazards and other dangers to the employee and equipment. Taylor County Board of County Commissioners must approve the site chosen as the employee's remote workspace. Any company materials taken home should be kept in the designated work area at home and not be made accessible to others. Taylor County Board of County Commissioners has the right to make on-site visits (with 24 hours advance notice) to the alternate work location for purposes of determining that the site is safe and free from hazards and to maintain, repair, inspect or retrieve company-owned equipment, software, data or supplies.

Equipment – Taylor County Board of County Commissioners may provide equipment for the employee to perform his/her job duties at the alternate work location. This may include computer hardware and software as well as other applicable equipment as deemed necessary. The use of equipment when provided by Taylor County Board of County Commissioners for use at the alternate work location is strictly limited to authorized persons and for purposes relating to company business.

Company owned equipment will continue to be maintained by the Taylor County Board of County Commissioners but the user is responsible for protecting the equipment from damage and misuse. If maintenance is required on the equipment it is the responsibility of the telecommuter to return the equipment to Taylor county Board of County Commissioners for service. The employee is expected to establish safeguards to ensure the alternate work location is free from hazards to the employee and company owned equipment. With 24 hour advance notice, Taylor County Board of County Commissioners may inspect the alternate work location to ensure proper maintenance of company owned equipment. Company equipment must be returned upon request.

When the employee uses his/her own equipment, the employee is responsible for maintenance and repair of that equipment. Taylor County Board of County Commissioners will not be liable for costs related to the purchase or maintenance of employee- owned equipment and will not be liable for utility expenses associate with telecommuting.

Employee-owned computer equipment utilized in the program must have appropriate firewall protection, up-to-date anti-virus protection and updated operating systems with all appropriate update patches applied. Employees using a home wireless network must:

- a. Change Default Administrator Passwords and Usernames
- b. Turn on WEP or WPA Encryption
- c. Change the Default SSID
- d. Enable MAC Address Filtering
- e. Disable SSID Broadcast
- f. Assign Static IP Addresses to Devices
- g. Position the Router or Access Point Safely

The Taylor County Board of County Commissioners telecommuting program should be consulted if assistance is needed with any of the above requirements.

Security and Confidentiality – The employee must comply with all company policies regarding information resources, security and confidentiality.

1. All information should be treated as confidential and should not be disclosed to unauthorized entities or individuals.
2. The employee shall protect company data from unauthorized use and disclosure, or damage as set forth in agency policies and shall comply with the public records requirements set forth in Chapter 119, Florida Statutes.
3. All records, papers, documents and correspondence must be safeguarded in a locked storage container when the work area is unoccupied.
4. Release or destruction of any records may be done only at the user's official work location in accordance with governing agency policies and procedures.
5. All files and data created by any user while utilizing agency IT resources are official agency records governed by this and other relevant agency operating procedures.
6. A periodic review of the alternate work location by agency staff may occur with at least 24 hour advance notice to ensure compliance with the appropriate security and confidentiality protocols. Any noncompliance could result in revocation of telecommuting computer related privileges and/or disciplinary action.
7. All laptop computer hard drives accessing confidential information must be encrypted.
8. Employees are forbidden from saving company data on any removable media device (USB drive, CD, floppy drive, etc.)

Office Supplies – Office supplies will be provided by Taylor County Board of County Commissioners as needed. Out-of-pocket expenses for other supplies will not be reimbursed unless by prior approval of the employee's manager.

Worker's Compensation – Employees in the program are covered under the Worker's Compensation Act if injured in the course of performing official duties at the telecommuting site. An employee's claim for benefits or services will be governed by Chapter 440, Florida Statutes. If an injury is determined to have been caused by an employee negligence or employee failure in maintaining safe working conditions over which the employee has or had control, the employee may be subject to disciplinary

action. If an employee is injured in a work-related accident at the alternate work site, (s) he must notify the supervisor immediately and complete all necessary and/or management requested forms and documents related to the injury.

Liability – Assumes no liability for injuries occurring at the alternate work site to individuals not employed by Taylor County Board of County Commissioners. This includes family members, visitors, or others that may be injured within or around the employee's home. Taylor County Board of county Commissioners is not liable for loss, destruction, or injury that may occur in or to the employee's home.

Travel – Taylor County Board of County Commissioners will not, unless it is deemed in its best interest, pay for travel costs if the employee needs to return to the official work location or if the employee needs to attend meetings and/or trainings at locations designated by Taylor County Board of County Commissioners.

Taylor County Board of County Commissioners will pay for travel that would have been normally incurred if the employee had been working from their official work locations. In that case, Taylor County Board of County Commissioners will pay via travel reimbursement, according to agency travel policy. The amount reimbursed will be either the cost of travel from the official work location or the alternate work location to the destination, whichever is less.

Dependent Care – Telecommuting is not to be utilized for providing care for others at home. An employee participating in the program is required to have adequate arrangements for care giving while participating in the program. Taylor County Board of County Commissioners may require documentation of the care giving arrangements upon request.

Income Tax – Employees are responsible for any tax benefits or burdens related to use of alternate work location for work purposes. Taylor County Board of County Commissioners will not be responsible for tax advice or tax consequences resulting from the employee's participation in the program.

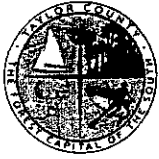
Termination – Participation in the program may be terminated at any time by the employee or the supervisor. The employee must be given notice of not less than ten (10) business days that the employee's participation in the program will be terminated, after which the employee is expected to return to work full time at their official work location. Termination of participation in the program that are related to employee discipline or work performance deficiencies are not subject to the ten (10) business days' notice provision.

RESPONSIBLE DEPARTMENT

Human Resources

Sunset Date:





Taylor County

Board of County Commissioners'

Policy Manual

Policy #:

Title:

Effective Date:

On-Line Training /Meetings

Taylor County will periodically use resources available on-line to provide training for employees. When required, these trainings will be conducted as part of your assigned work duties. You will be expected to participate and will be appropriately compensated for all time spent on the trainings, whether conducted during or outside of your normal work schedule.

Additionally, we may use on-line resources to conduct meetings among management and staff as well as with our clients/customers. It is expected that you will participate in these meetings as part of your assigned work duties the same as you would an in-person meeting.

Some of these on-line trainings/meetings may be recorded for the County's subsequent use. By signing the acknowledgement of this Employee Handbook, you will affirm that you are aware of, and provide your consent for, the recording of these sessions.

RESPONSIBLE DEPARTMENT

Human Resources

Sunset Date:

Telecommuting Agreement

This Agreement is entered into between the Taylor County Board of County Commissioners, and _____ (hereinafter "Employee") and shall be in effect starting _____, 20____, and expiring _____, 20____, unless terminated by either party prior to the expiration date. This Agreement establishes the terms and conditions of Employee's participation in the Employer's Telecommuting Program. In addition to the terms and conditions set forth below, Employee acknowledges and agrees to be bound by the provisions of the Employer's Telecommuting policy, which terms and conditions are incorporated herein by reference as if fully set forth in this Agreement verbatim.

TERMS AND CONDITIONS:

1. Employee's participation in the Telecommuting Program is voluntary.
2. Employee agrees to fully comply with the applicable procedures, guidelines and policies governing the Telecommuting Program.
3. Employee may voluntarily terminate participating in this program, including termination of this Agreement, at any time. Employer has the right to terminate Employee's participation in this program at any time. Employer may terminate this Agreement, including Employee's participation in this program, if Employee's participation in the program is deemed not to be in the Employer's best interests. Employee agrees to perform all work approved by Employer at Employee's official work location or the telecommuting site, and not from any other unapproved site or location. Failure to comply with this provision may result in termination of the Agreement, and/or other appropriate disciplinary action.
4. The following are the approved working locations.

Official Work Location:

Telecommuting Work Location:

5. During the period of this Agreement the normal business hours are Monday through Friday, 8:00 AM to 5:00 PM. Work hours and work locations are specified as part of this Agreement, as follows:

Day	Work Hours	Official Work Location	Telecommuting
Friday			
Monday			
Tuesday			
Wednesday			
Thursday			

6. Employee is entitled to be reimbursed for per diem and travel expenses in accordance with Employer's Travel Policy. All pay, leave, travel reimbursement, and other benefits are measured using Employee's official work location, where applicable (note Point of Origin comment), and will comply fully with the regulations noted above. Should any discrepancy arise, it is Employee's responsibility to ensure that any and/or all corrections will be made in accordance with the appropriate regulations. Employee's work time and attendance are recorded as if occurring at Employee's official work location. Travel Voucher preparation training is available upon request through the Employer's Finance Department.
7. Employee must obtain approval from their supervisor, or designee, before taking leave in accordance with Employer's established policies and procedures. Employee agrees to follow established policies and procedures for requesting and obtaining approved leave.
8. Employer will provide the following office equipment _____ The employee is responsible for providing all other necessary office and office equipment to be used at the telecommuting work location.
9. Equipment provided by Employer must be protected against damage and unauthorized use. Employer-owned equipment is serviced and maintained by Employer. Equipment provided by Employee is at no cost to Employer, and is maintained by and at the sole expense of Employee.
10. Employer is not responsible for home or telecommuting site maintenance, operating costs, or any other incidental costs (e.g., utilities) associated with Employee's use of their residence or an approved telecommuting site as a result of Employee's participation in the Telecommuting Program. Employee does not forfeit or waive any reimbursement for authorized expenses incurred while conducting official business for the Employer as a participant in the Telecommuting Program.
11. Employer is not liable for damages to the Employee's residence or property at the telecommuting site resulting from Employee's participation in the Telecommuting Program. By signing this Agreement, Employee agrees to hold the Employer harmless against any and all claims, excluding workers' compensation claims, arising out of and/or related to Employee's participation in the Telecommuting Program, including Employee's performance of work from Employee's residence or the telecommuting site.
12. Employee retains all coverage provided or authorized by the State of Florida's Worker's Compensation Act set forth in Chapter 440, Florida Statutes (2008), as amended from time to time, during employee's participation in the Telecommuting Program.
13. By signing this Agreement, Employee verifies that the home office or telecommuting site, or both, provides workspace that is free of safety and fire hazards.

14. During Employee participation in the Telecommuting Program, Employee agrees to meet or confer with the supervisor face-to-face or by telephone, or by other means mutually agreeable to Employee and Employer to receive and discuss assignments and to review completed work. Employee agrees to complete all assigned work according to mutually agreed upon procedures and deadlines or schedules.
15. The evaluation of Employee's job performance is based on established standards. Employee's performance must remain satisfactory to continue participation in the Telecommuting Program for the duration of this Agreement.
16. Employee will apply safeguards approved by Employer to protect public records from unauthorized use, disclosure or damage. All records, papers and correspondence created or received by Employee during Employee's participation in the Telecommuting Program must be safeguarded for return to Employer's primary place of employment.
17. Performance Expectations: This section is intended to outline clear expectations for the Employee's role and responsibilities, as well as, expected outputs and outcomes for the coming year.
18. Other Provisions:
 - a. Employee and Employer agree that all questions concerning the interpretation of this Agreement shall be resolved according to Florida law.
 - b. Employee and Employer agree that all expenses incurred by Employee related to the enforcement of this Agreement shall be borne solely by Employee, unless Florida law requires Employer to pay such expenses, including attorney's fees or litigation costs.
 - c. Employee and Employer agree that all matters requiring adjudication or resolution by adversarial proceedings shall be initiated and resolved by an appropriate and competent adjudicating or investigative authority located in a place to be designated by the employer, whether such authority is a court of competent jurisdiction, an administrative body, mediator or arbitrator, Florida State agency, or Florida board or commission.
 - d. Employee, by voluntarily participating in the Telecommuting Program, and Employer, by approving Employee's participation in the Telecommuting Program, do not waive or forfeit any of their respective legal rights, privileges, or immunities concerning or relating to Employee's legal status as an employee of the State of Florida or Employer's legal status as an executive agency of the State of Florida.
 - e. Employer and Employee agree that if Employee deems it necessary or desirable to reside outside of the State of Florida or work outside the State of Florida to perform work required or contemplated by this Agreement, Employee's residence

or telecommuting site(s) does not change or affect any aspect of the employment relationship between Employer and Employee. Therefore, if Employee deems it necessary to complain or grieve Employer action or inaction whether such claims or grievance relates to civil rights, the Americans with Disabilities Act, the Health Insurance Portability and Accountability Act of 1996, termination of employment, or other employee rights, Employee agrees that such claims or grievances shall be governed and resolved only by those policies and procedures, administrative rules, regulations, statutes, court or administrative decisions that would be applicable to such claims or grievance as if Employee was physically present and working in Florida, regardless of Employee's physical location when such complaint or grievance occurred.

19. This Agreement represents the final intent of the parties concerning all matters related to Employee's participation in the Telecommuting Program.
20. Any litigation as a result of this Agreement shall be exclusively in State Court in and for Taylor County.

Employee: _____

Date: _____

Supervisor: _____

Date: _____

VP Information Technology: _____

Date: _____

Delegated Authority: _____

Date: _____

SECTION I - AUTHORITY AND ADMINISTRATION

DEFINITIONS

Work Week

Work Week refers to the number of hours regularly scheduled to be worked during any seven (7) consecutive days - Monday through Sunday.

Work Day/Shift

Work Day/Shift refers to the number of hours regularly scheduled to be worked in one 24-hour period.

Hours of Work

Hours of Work refers to the number of hours an employee is scheduled to work in any 24-hour period.

Working Days

The term "Working Days" generally refers to the 5-day period, Monday through Friday, except where 7-day or 4-day or around-the-clock coverage is required.

Overtime Pay

Overtime Pay means the compensation paid for the work performed by any non-exempt employee in excess of the standard established by the Fair Labor Standards Act, typically anything over 40 hours per work week.

Regular Employee

A regular employee is one who is assigned to a budgeted position, has satisfactorily completed his/her period of probation, and is eligible for all benefits and pay increases in accordance with policies and procedures of Taylor County. Regular employees that are eligible for membership in the Florida Retirement System will contribute to the retirement system.

Probationary Employee

A probationary employee is one who does not have regular status - has less than six (6) months continuous service with Taylor County or has been promoted or demoted and is serving a six (6) months probationary period to determine position retention status.

Seasonal Employee

A seasonal employee has temporary employment status, normally limited in duration to six (6) months or less, and does not receive any benefits nor is eligible for pay increases.

Regular Part-Time Employee

A regular part-time employee is one who typically works less than the standard 29 hours or less per work week and if eligible will contribute to the Florida Retirement System.

On-Call Employee

An on-call employee is one who typically works less than the standard 29 hours or less per work week on an on-call, as needed basis and does not receive any benefits nor is eligible for pay increases.

Immediate Family

Immediate family means husband, wife, son, daughter, father, mother, father-in-law, mother-in-law, brother, sister, daughter-in-law, son-in-law, grandfather, grandmother, grandchildren, ~~aunt, uncle, cousin~~, step-mother, step-father, step-brothers, step-sisters, step-grandchildren and step-children of both the employee and the spouse.

May

The word "may" shall be interpreted as permissive.

DRAFT

BEREAVEMENT LEAVE COMPARISON

RELATIONSHIP TO EMPLOYEE	TAYLOR	CITY OF PERRY	JEFFERSON	MADISON	LAFAYETTE	DIXIE
FATHER IN LAW	X		X		X	
FATHER	X		X	X	X	X
STEP FATHER	X		X	X		
MOTHER	X		X	X	X	X
MOTHER IN LAW	X		X		X	
STEP MOTHER	X		X	X		
BROTHER	X		X	X	X	X
BROTHER IN LAW	X				X	
STEP BROTHER	X		X	X		
HALF-BROTHER	X			X		
SISTER	X		X	X	X	X
SISTER IN LAW	X				X	
STEP SISTER	X		X	X		
HALF SISTER	X			X		
GRANDFATHER	X		X	X	X	X
GRANDMOTHER	X		X	X	X	X
GRANDCHILD	X			X	X	X
SPOUSE	X		X	X	X	X
SON	X		X	X	X	X
SON IN LAW	X		X		X	
STEP SON	X		X	X		
DAUGHTER	X		X	X	X	X
DAUGHTER IN LAW	X		X		X	
STEP DAUGHTER	X		X	X		
UNCLE	X					X
AUNT	X					X
NEPHEW						
NIECE						
FIRST COUSIN	X					
LEGAL GUARDIAN			X			

- F. Sick leave earned will be credited to the employee the last day of each month and shall not be used until accrued.
- G. During FMLA (Family Medical Leave Act) leave, sick leave and annual/vacation leave and personal day leave will be utilized until exhausted; the remainder of the FMLA leave will be unpaid.

BEREAVEMENT LEAVE

In the event of a death to a member of an employee's immediate family the employee shall be allowed a maximum of three (3) consecutive work days to attend the funeral without loss in regular pay and such leave is approved by the responsible supervisor. Probationary employees are eligible for this benefit.

COURT DUTY

An employee who is legally summoned to serve on a jury during a court trial or subpoenaed to be a witness in a legal proceeding may be permitted absence with pay for the time required for such duty. When excused or relieved from such service, the employee shall report for his/her regular employment, provided, however, that at least three hours remain during his/her regular work day. Any fees paid for such service may be retained by the employee.

OCCUPATIONAL DISABILITY

All cases of injury occurring on the job shall be filed for action under the provisions of Workers' Compensation. Any employee temporarily disabled as the result of a job related injury will have their annual, sick and personal day leave run concurrently with FMLA.

An employee may choose to utilize 1/3 day of accrued sick leave or may, in absence of sick leave, use 1/3 day of annual leave for each day he/she is determined, by a physician, as temporarily disabled because of a work-related injury in order to supplement their lost time pay.

LEAVE WITHOUT PAY

"Leave without pay" is time off without pay for a period of time appropriate to the circumstances as hereinafter defined, unless otherwise specified.

Health and life insurance benefits may be continued on the employee for the term of the authorized leave if the employee so desires. One hundred percent of the cost of the coverage shall be paid in advance by the employee on leave without pay unless required otherwise by local, State and/or Federal Law.

An employee will not accumulate sick leave while on leave without pay unless required otherwise by local, State and/or Federal Law.

Leave without pay of less than 30 days will not constitute a break in service.

- A. **Eligibility for Leave without Pay**
Full-time, regular and part-time regular employees who have completed six months of satisfactory service are eligible to be considered for leave without pay unless otherwise specified.
- B. **Application for Leave without Pay**
No application for leave without pay will be considered unless it is applied for IN ADVANCE. In all cases, the forms shall be completed at least two weeks prior to leave unless required otherwise by local, State and/or Federal Law; shall specify the type of leave; and, will be signed by the employee to signify his/her understanding and acceptance. No leave without pay request is considered granted unless pre-approved and signed by the responsible Department Director.
- C. **Employees returning from a leave without pay must:**
 - 1. No later than two weeks prior to their scheduled date of return, confirm to their responsible



TAYLOR COUNTY CONFLICTS OF INTEREST POLICY

In compliance with the U. S. Department of Treasury Financial Assistance Standard Terms and Conditions and Program-Specific Terms and Conditions February 2022, consistent with 2 C.F.R. § 200.318 and Florida Statutes 112.311, Taylor County Board of Commissioners has adopted a Conflict Of Interest Policy and will disclose in writing to Treasury and/or the appropriate pass-through agency any potential conflict(s) of interest affecting the award of federal and/or state grant funds and the expenditure thereof in accordance with 2 C. F. R. § 200.112.

- I. Conflict of Interest: No public and/or elected officials, employees or agents of the County shall use his-her position for unauthorized personal gain. Any conflict between personal interests and official responsibility is to be resolved by consciously avoiding possible conflicts or disclosing the basis of a possible conflict. The foregoing restrictions are not intended to stand in the way of active participation in community organizations or the pursuit of personal affairs by officials, employees or agents. Rather, these policies are aimed at insuring the public's business is faithfully and ethically executed.

In cases where federal funds are being expended, the County will disclose in writing any potential personal or organizational conflict of interest to the federal or state awarding agency or pass-through entity in accordance with applicable federal or state awarding agency policy as stated in 2 CFR § 200.112 Conflict Of Interest and Florida Statute 112.311 (if applicable).

- (a) Personal conflicts of interest: No official, employee, or agent of the subgrantee shall participate in the selection, or in the award or administration of a contract supported by federal or state funds if a conflict of interest, real or apparent, would be involved.
 - (b) Organization conflicts of interest: A set of circumstances in which a contractor, consultant, or vendor providing contractual services to the County may be unable to render impartial advice to the government, have impaired objectivity in performing work, or obtain an unfair advantage. The Board of Commissioners and/or County Administrator will examine each situation individually as so applicable to exercise good judgment in assessing whether or not a conflict exists and in developing an appropriate way to resolve any conflicts of interest.
- II. Other Countywide Policies: This policy should be utilized in conjunction with the Taylor County Personnel Policy, procurement policies and procedures including the competitive bid process, and any other applicable County policies.

- III. Effective Date. This policy shall be effective upon the date of adoption.
- IV. Codification. It is the intention of the Board of County Commissioners that the provisions of this policy adoption be codified and incorporated into the Taylor County Personnel Policy and any future amendments; and that sections of this policy may be renumbered or re-lettered or such other appropriate word or phrase to accomplish such intention if so needed or applicable.
- V. Public and/or elected officials, employees, agents, and/or contractors that are assigned to or awarded a contract funded with federal or state grant funding will sign an annual statement of compliance to this policy.

DULY PASSED AND ADOPTED THIS _____, 2022

ATTEST:

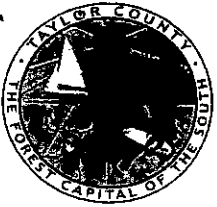
TAYLOR COUNTY BOARD OF COUNTY
COMMISSIONERS

CLERK OF COURTS

BY: CHAIRPERSON

APPROVED AS TO CONTENT AND FORM:

COUNTY ATTORNEY



**TAYLOR COUNTY
BOARD OF COUNTY COMMISSIONERS
CONFLICTS OF INTEREST POLICY CERTIFICATION**

I, the undersigned, hereby acknowledge that I have received and completely read the CONFLICTS OF INTEREST POLICY of Taylor County, Florida in compliance with Federal regulations and standards and Florida Statutes. I also agree and understand that I am to adhere and obey the policy set forth and adopted by the Board of County Commissioners of Taylor County, Florida on _____, 2022.

SIGNATURE DATE
(Official, Employee, Agent and/or Contractor)

PRINTED NAME



11-A

DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

1277
Board Asset Number:

FROM: Clerk of Court
Department Name

DEPT 0905
Number

DATE: 3-30-22

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 Conference Table 96 x 48 Oil Wal	Room #	Make Myrtle
Model 196-DT	Year 1970	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) No longer needed

Location: (required) Jury Room

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

Chairman Signature

County Administrator Approval

Department Head

Date Removed From Asset Records

Fixed Assets Manager

TAYLOR COUNTY BOARD OF COMMISSIONERS

County Commission Agenda Item

SUBJECT/TITLE:



Board to hold Public Hearing at 6:05 p.m. to receive public input and discuss submission of a grant application to the Florida Department Economic Opportunity (FDEO) Community Planning Technical Assistance Grant Program requesting funding assistance for the development of a County- wide sidewalk/trail Master Plan.

MEETING DATE REQUESTED:

April 4, 2022

Statement of Issue:

Board to receive public input on the submission of a grant application to the FDEO Community Planning Technical Assistance Grant Program requesting funding assistance for the development of a sidewalk/trail Master Plan.

Recommended Action:

Board to receive input and discuss the County's application to FDEO requesting funding assistance for the development of a County- wide sidewalk/trail Master Plan.

Fiscal Impact:

The County will be requesting approximately \$50,000 for the development of the Master Plan and will not be providing a cash match. An "in kind" match will be provided through grants staff administrative services.

Budgeted Expense: Y/N

Not applicable at this time.

Submitted By:

Melody Cox, Grants Writer

Contact:

Melody Cox

SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

History, Facts & Issues:

The Board approved moving forward with the submission of a grant application to FDEO at the March 7, 2022 Board meeting. The development of a Master Plan will enable the Board to more easily determine which locations will receive priority when planning future sidewalk and trail projects or improvements as funding opportunities become available.

Attachments:

Not applicable at this time.

TAYLOR COUNTY BOARD OF COMMISSIONERS**County Commission Agenda Item****SUBJECT/TITLE:**

Board to hold a public hearing to consider adoption of an ordinance amending the Future Land Use Map (FLUM) changing 10.51 acres from Agricultural Rural Residential to Water Oriented Commercial located at 18835 Beach Road.

MEETING DATE REQUESTED:

April 4, 2022

Statement of Issue: Public hearing for FLUM amendment

Budgeted Expense: Yes ☐ No ☐ N/A ☒

Submitted By: Danny Griner

Contact: building.director@taylorcountygov.com

SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

History, Facts & Issues: Planning staff received the application on September 23, 2022, but could not move forward with the amendment until the Property Rights Amendment to the Comprehensive Plan was completed. The application is requesting to change 10.51 acres of land from Agricultural Rural Residential to the Water Oriented Commercial land use category. The applicant intends to propose a recreational vehicle park on the site once the land use change is completed. The property is located across the Beach Road from the Taylor Coastal Water & Sewer District (TCWSD) office. The allowed uses in the Water Oriented Commercial land use category are as follows:

- (1) Marinas.
- (2) Hotels and motels.
- (3) Restaurants.
- (4) Recreational vehicle parks.
- (5) Boat ramps.
- (6) Bait and tackle shops.
- (7) Campgrounds.
- (8) Fish camps.
- (9) Marine-related specialty shops.
- (10) Residential dwellings occupied by the owner, lessee, custodian or watchman.
- (11) Public service/utility.

The Planning Board held a public hearing on March 3, 2022 and at the conclusion of the hearing adopted a resolution recommending approval of the amendment by the County Commission. The adopted ordinance would then be transmitted to the Department of Economic Opportunity (DEO).

Options:

1. Approve amendment ordinance
2. Choose not to amend the FLUM

Attachments:

1. Copy of application
2. Copy of ordinance
2. Copy of resolution
3. Copy of notice
4. Location map

ORDINANCE NO. _____

AN ORDINANCE OF TAYLOR COUNTY, FLORIDA, AMENDING THE FUTURE LAND USE PLAN MAP OF THE TAYLOR COUNTY COMPREHENSIVE PLAN, AS AMENDED; RELATING TO AN AMENDMENT OF 50 OR LESS ACRES OF LAND, PURSUANT TO AN APPLICATION, CPA 21-02, BY THE PROPERTY OWNER OF SAID ACREAGE, UNDER THE AMENDMENT PROCEDURES ESTABLISHED IN SECTIONS 163.3161 THROUGH 163.3248, FLORIDA STATUTES, AS AMENDED; PROVIDING FOR CHANGING THE LAND USE CLASSIFICATION FROM AGRICULTURAL/RURAL RESIDENTIAL (LESS THAN OR EQUAL TO 1 DWELLING UNIT PER 5 ACRES) TO WATER ORIENTED COMMERCIAL OF CERTAIN LANDS WITHIN THE UNINCORPORATED AREA OF TAYLOR COUNTY, FLORIDA; PROVIDING SEVERABILITY; REPEALING ALL ORDINANCES IN CONFLICT; AND PROVIDING AN EFFECTIVE DATE

WHEREAS, Section 125.01, Florida Statutes, as amended, empowers the Board of County Commissioners of Taylor County, Florida, hereinafter referred to as the Board of County Commissioners, to prepare, adopt and implement a comprehensive plan;

WHEREAS, Sections 163.3161 through 163.3248, Florida Statutes, as amended, the Local Government Comprehensive Planning and Land Development Regulation Act, empowers and requires the Board of County Commissioners to prepare, adopt and implement a comprehensive plan;

WHEREAS, an application for an amendment, as described below, has been filed with the County;

WHEREAS, the Planning Board of Taylor County, Florida, hereinafter referred to as the Planning Board, has been designated as the Local Planning Agency of Taylor County, Florida, hereinafter referred to as the Local Planning Agency;

WHEREAS, pursuant to Section 163.3174, Florida Statutes, as amended, and the Land Development Code, the Planning Board, serving also as the Local Planning Agency, held the required public hearing, with public notice having been provided, on said application for an amendment, as described below, and at said public hearing, the Planning Board, serving also as the Local Planning Agency, reviewed and considered all comments received during said public hearing and the Concurrency Management Assessment concerning said application for an amendment, as described below, and recommended to the Board of County Commissioners approval of said application for an amendment, as described below;

WHEREAS, the Board of County Commissioners held the required public hearing, with public notice having been provided, pursuant to the procedures established in Sections 163.3161 through 163.3215, Florida Statutes, as amended, on said application for an amendment, as described below, and at said public hearing, the Board of County Commissioners reviewed and considered all comments received during the public hearing, including the recommendation of the Planning Board, serving also as the Local Planning Agency, and the Concurrency Management Assessment concerning said application for an amendment, as described below;

WHEREAS, the Board of County Commissioners has determined and found said application for an amendment, as described below, to be compatible with the Land Use Element objectives and policies, and those of other affected elements of the Comprehensive Plan; and

WHEREAS, the Board of County Commissioners has determined and found that approval of said application for an amendment, as described below, would promote the public health, safety, morals, order, comfort, convenience, appearance, prosperity or general welfare.

NOW, THEREFORE, BE IT ORDAINED BY THE BOARD OF COUNTY COMMISSIONERS OF TAYLOR COUNTY, FLORIDA, AS FOLLOWS:

Section 1. Pursuant to an application, CPA 21-02, by JKSW Investments LLC, to amend the Future Land Use Plan Map of the Comprehensive Plan by changing the land use classification of certain lands, the land use classification is hereby changed from AGRICULTURAL/RURAL RESIDENTIAL (less than or equal to 1 dwelling unit per 5 acres) to WATER ORIENTED COMMERCIAL on the property described, as follows:

A parcel of land lying in Section 23, Township 7 South, Range 7 East, Taylor County, Florida. Being more particularly described, as follows: Commence at the Northwest corner of the Southwest 1/4 of the Southeast 1/4 of said Section 23; thence North 89°14'31" East, along the North boundary line of said Southwest 1/4 of the Southeast 1/4 of Section 23, a distance of 450.88 feet to the Point of Beginning; thence continue North 89°14'31" East, along said North boundary line of said Southwest 1/4 of the Southeast 1/4 of Section 23, a distance of 204.98 feet to the Westerly right-of-way line of Beach Road (County Road 361); thence South 23°26'45" East, along said Westerly right-of-way line of Beach Road (County Road 361), a distance of 320.12 feet to the beginning of a curve, concave to the West, having a radius of 1,382.69 feet, a central angle of 45°07'55", and an arc length of 1,089.14 feet; thence Southerly, along said Westerly right-of-way line of Beach Road (County Road 361) and along the arc of said curve through a chord bearing and distance of South 00°53'44" East, 1,061.20 feet to the South boundary line of said Southwest 1/4 of the Southeast 1/4 of Section 23; thence South 89°14'40" West, along said South boundary line of said Southwest 1/4 of the Southeast 1/4 of Section 23, a distance of 262.48 feet; thence North 03°38'58" West, 1,358.27 feet to said Point of Beginning.

Containing 10.51 acres, more or less.

Section 2. Severability. If any provision or portion of this ordinance is declared by any court of competent jurisdiction to be void, unconstitutional or unenforceable, then all remaining provisions and portions of this ordinance shall remain in full force and effect.

Section 3. Conflict. All ordinances or portions of ordinances in conflict with this ordinance are hereby repealed to the extent of such conflict.

Section 4. Effective Date. Pursuant to Section 125.66, Florida Statutes, a certified copy of this Ordinance shall be filed with the Florida Department of State by the Clerk of the Board of County Commissioners within ten (10) days after enactment by the Board of County Commissioners. This Ordinance shall become effective upon filing of the Ordinance with the Department of State.

The effective date of this plan amendment shall be thirty-one (31) days following the date of adoption of this plan amendment. However, if any affected person files a petition with the Florida Division of Administrative Hearings pursuant to Section 120.57, Florida Statutes, as amended, to request a hearing to challenge the compliance of this plan amendment with Sections 163.3161 through 163.3248, Florida Statutes, as amended, within thirty (30) days following the date of adoption of this plan amendment, this plan amendment shall not become effective until the Florida Department of Economic Opportunity or the Florida Administration Commission, respectively, issues a final order determining this plan amendment is in compliance. No development orders, development permits or land uses dependent on this plan amendment may be issued or commence before it has become effective. If a final order of noncompliance is issued, this plan amendment may nevertheless be made effective by adoption of a resolution affirming its effective status, a copy of which resolution shall be sent to the Florida Department of Economic Opportunity, Division of Community Development, 107 East Madison Street, Caldwell Building, First Floor, Tallahassee, Florida 32399-4120.

Section 5. Authority. This ordinance is adopted pursuant to the authority granted by Section 125.01, Florida Statutes, as amended, and Sections 163.3161 through 163.3248, Florida Statutes, as amended.

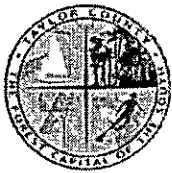
PASSED AND DULY ADOPTED, in regular session with a quorum present and voting, by the Board of County Commissioners this 4th day of April 2022.

Attest:

BOARD OF COUNTY COMMISSIONERS
OF TAYLOR COUNTY, FLORIDA

Gary Knowles, County Clerk

Thomas Demps, Chair



TAYLOR COUNTY BOARD OF COUNTY COMMISSIONERS

APPLICATION FOR AMENDMENT OF THE TAYLOR COUNTY COMPREHENSIVE PLAN

Fee: \$ 4,000 Amendment #: 02271

Name of Applicant(s): JKSW INVESTMENTS, LLC

Address: 20368 PONCE DE LEON RD, PERRY, FL 32348

Telephone: 772-284-0124

Name of Applicant's Agent (if applicable): Ray Curtis

Address: 103 North Jefferson Street, Perry, FL 32347

Telephone: 850-584-5299

Please complete the following for proposed amendments to the Future Land Use Map. For amendments to the text of the Comprehensive Plan, which do not require a Future Land Use Plan Map amendment, please omit responses to Part I and complete only Part II of this application.

PART I

Legal Description of the Parent Tract:

Parcel ID Number: 23-07-07-06643-000

That Part of the Southwest Quarter of the Southeast Quarter of Section 23, Township 7 South, Range 7 East, Taylor County, Florida, Lying West of State Road 361.

Legal Description of the Portion Applicant Is Seeking an Amendment On:

A parcel of land lying in the Southwest Quarter of the Southeast Quarter of Section 23, Township 7 South, Range 7 East, being a portion of lands described in Official Records Book 766, page 104 of the Public Records of Taylor County, Florida, being more particularly described as follows:

COMMENCE at a found concrete monument marked "BCC" at the Northwest corner of the Southwest Quarter of the Southeast Quarter of Section 23, Township 7 South, Range 7 East, and

run thence North 89 degrees 14 minutes 31 seconds East, along the North boundary of said Southwest Quarter of the Southeast Quarter, a distance of 450.88 feet to a set 5/8" iron rod marked "LB. 7739" and the POINT OF BEGINNING of the herein described parcel; thence from said POINT OF BEGINNING continue North 89 degrees 14 minutes 31 seconds East, along said North boundary, a distance of 204.98 feet to a found concrete monument marked "2216" on the Westerly right of way line of Beach Road (a.k.a. State Road No. 361); thence South 23 degrees 26 minutes 45 seconds East, along said right of way line, a distance of 320.12 feet to a set 5/8" iron rod marked "LB. 7739" at the beginning of a curve, concave to the West, having a radius of 1382.69 feet, a central angle of 45 degrees 07 minutes 55 seconds, and an arc length of 1089.14 feet; thence Southerly, along said right of way line and along the arc of said curve through a chord bearing and distance of South 00 degrees 53 minutes 44 seconds East, 1061.20 feet to a found concrete monument marked "2216" on the South boundary of said Southwest Quarter of the Southeast Quarter; thence South 89 degrees 14 minutes 40 seconds West, along said South boundary, a distance of 262.48 feet to a set 5/8" iron rod marked "LB. 7739"; thence North 03 degrees 38 minutes 58 seconds West, a distance of 1358.27 feet to said POINT OF BEGINNING. Said parcel containing 10.51 acres, more or less.

SUBJECT TO AND TOGETHER WITH a 20 foot wide easement for the purpose of ingress and egress over and across the following described lands:

COMMENCE at a found concrete monument marked "BCC" at the Northwest corner of the Southwest Quarter of the Southeast Quarter of Section 23, Township 7 South, Range 7 East, and run thence North 89 degrees 14 minutes 31 seconds East, along the North boundary of said Southwest Quarter of the Southeast Quarter, a distance of 450.88 feet to a set 5/8" iron rod marked "LB. 7739" and the POINT OF BEGINNING of the herein described easement; thence from said POINT OF BEGINNING continue North 89 degrees 14 minutes 31 seconds East, along said North boundary, a distance of 204.98 feet to a found concrete monument marked "2216" on the Westerly right of way line of Beach Road (a.k.a. State Road No. 361); thence South 23 degrees 26 minutes 45 seconds East, along said right of way line, a distance of 21.68 feet to a set 5/8" iron rod marked "LB. 7739"; thence South 89 degrees 14 minutes 31 seconds West, a distance of 212.33 feet to a 5/8" iron rod marked "LB. 7739"; thence North 03 degrees 38 minutes 58 seconds West, a distance of 20.03 feet to said POINT OF BEGINNING.

Total Acreage of land to be considered under amendment: 10.51 ACRES

Property Street Address: 18835 BEACH ROAD

Applicants Interest in the Subject Property: 100% FEE SIMPLE OWNERSHIP

Property Owners Name: JKSW INVESTMENTS, LLC

Property Owners Address: 20368 PONCE DE LEON RD, PERRY, FL 32348

Existing Land Use Activities: AGRICULTURAL RURAL RESIDENTIAL (VACANT)

For amendments involving areas designated Agricultural/Rural Residential, Mixed Use Rural Residential, and Mixed Use – Urban Development on the Future Land Use Map, provide

inventory of all wetlands and other environmentally sensitive lands, and documentation that the proposed use will not negatively impact environmentally sensitive lands.

Future Land Use Present: AGRICULTURAL RURAL RESIDENTIAL
Plan Map
Category: Requested: WATER ORIENTED COMMERCIAL (CWO)

PART II

Please provide on separate pages to be attached and made a part herewith the following:

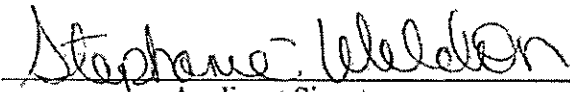
1. The Text of the Proposed Amendment.
2. Statement Describing any Changed Conditions That Would Justify an Amendment.
3. Statement Describing Why There is a Need for the Proposed Amendment.
4. Statement Describing Whether and How the Proposed Amendment is Consistent with the Taylor County Comprehensive Plan.
5. Statement Outlining the Extent to Which the Proposed Amendment:
 - a. Is Compatible With Existing Land Uses;
 - b. Affects The Capacities of Public Facilities and Services;
 - c. Affects the Natural Environment;
 - d. Will Result in an Orderly and Logical Development Pattern.

I hereby certify that all of the above statements and statements contained in any papers or plans submitted herewith are true and accurate to the best of my knowledge and belief.

If title holder(s) are represented by an agent, a letter of designation from the title holder(s) addressed to the County Planning Director must be attached.

STEPHANIE WELDON

Applicant Name (Type or Print)


Applicant Signature

Date: SEPTEMBER 23rd 2021

STANDARDS FOR REVIEW

1. Is the proposed amendment in conflict with any applicable provisions of this chapter;
2. Is the proposed amendment consistent with all elements of the county comprehensive plan;
3. Is the proposed amendment consistent with existing and proposed land uses;
4. Have there been any changed conditions that require an amendment;
5. To what extent does the proposed amendment result in demand on public facilities, and whether or the extent to which the proposed amendment would exceed the capacity of such public facilities, including, but not limited to, roads, sewage facilities, water supply, drainage, solid waste, parks and recreation, schools and emergency medical facilities;
6. To what extent does the proposed amendment result in significant adverse impacts on the natural environment;
7. To what extent does the proposed amendment adversely affect the property values in the area;
8. Does the proposed amendment result in an orderly and logical development pattern, specifically identify any negative effects on such pattern;
9. Is the proposed amendment in conflict with the public interest, and in harmony with the purpose and interest of this chapter;
10. Any other matters deemed appropriate by the Board.

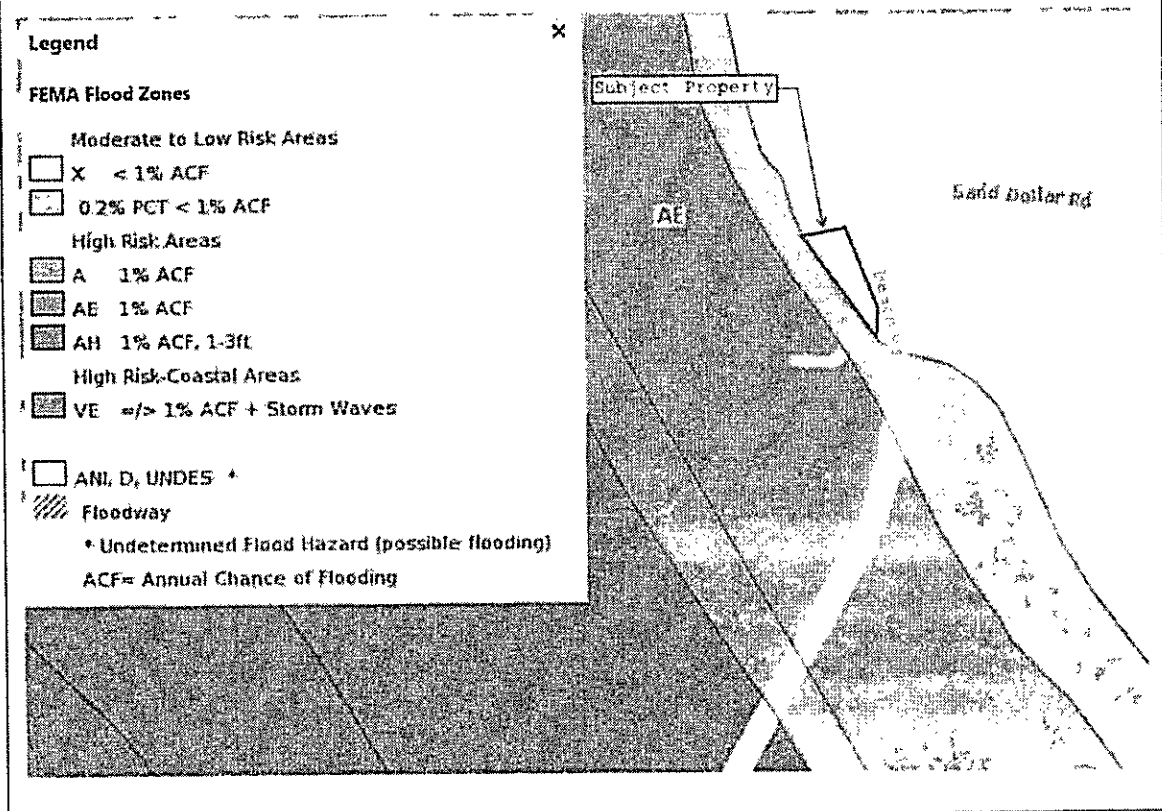
APPENDIX FOR PART II OF APPLICATION

- 1. The Text of the Proposed Amendment.**
- 2. Statement Describing any Changed Conditions That Would Justify an Amendment.**
- 3. Statement Describing Why There is a Need for the Proposed Amendment.**
- 4. Statement Describing Whether and How the Proposed Amendment is Consistent with the Taylor County Comprehensive Plan.**
- 5. Statement Outlining the Extent to Which the Proposed Amendment:**
 - a. Is Compatible With Existing Land Uses;**
 - b. Affects The Capacities of Public Facilities and Services;**
 - c. Affects the Natural Environment;**
 - d. Will Result in an Orderly and Logical Development Pattern.**

APPENDIX FOR PART II OF APPLICATION
1. The Text of the Proposed Amendment.

This amendment to the Future Land Use Map of Taylor County is enacted in order to change the current zoning from "Agriculture - Rural Residential" to "Water Oriented Commercial", applying only to approximately 10.51 acres of property as delineated in the attached survey dated September 20, 2021. This 10.51 acre parcel is part of an approximately 25.59 acre existing parcel as recorded in the Official Record Book 766, Page 104.

Said 10.51 acres on which the land use change is being sought is outside of the Coastal High Hazard Area.



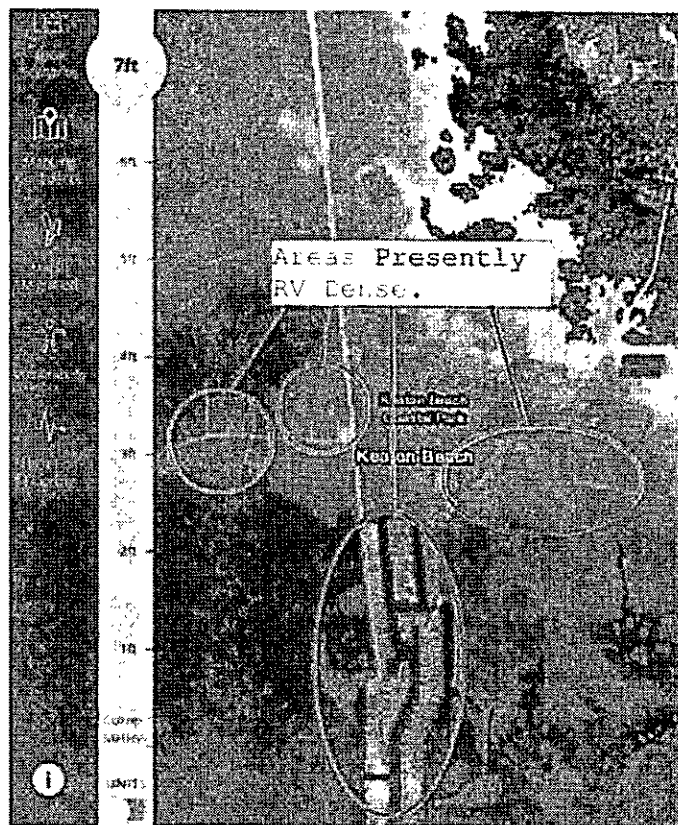
APPENDIX FOR PART II OF APPLICATION

2. Statement Describing any Changed Conditions That Would Justify an Amendment.

There has been a dramatic increase in the number of Recreational Vehicle sites developed on waterfront lots over the past ten years. In many cases, adjoining property owners have argued that this has reduced their property values, thus creating conflict between the adjoining property owners.

The rise in Recreational Vehicles along the coast has also increased the likelihood during a flood event that some of those Recreational Vehicles that are not removed in advance of said flood event become automotive missiles, floating aimlessly into traditional homes causing cosmetic and structural damage. Said Recreational Vehicles are also likely to settle in areas that are difficult to reach and retrieve them (e.g. marshes or creeks).

This application would facilitate the Applicant's desire to construct a Recreational Vehicle Park near the coast, but outside of the Coastal High Hazard Area and outside of the high velocity flood zone. This would likely pull many of the Recreational Vehicles away from the coast, increasing coastal property values and reducing risk of damage in flood events (especially if the County were to amend its zoning related to Recreational Vehicles in high velocity areas of the Coastal High Hazard Area).



APPENDIX FOR PART II OF APPLICATION

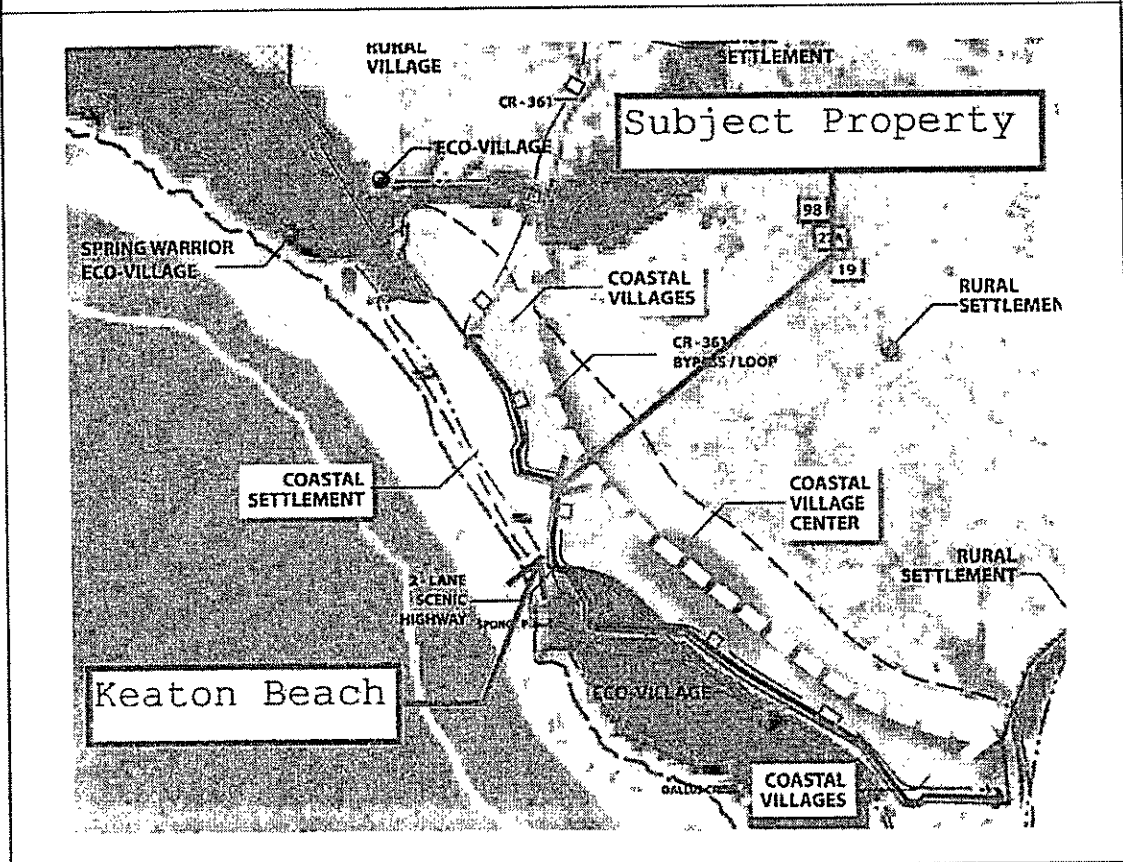
3. Statement Describing Why There is a Need for the Proposed Amendment.

This property is along an arterial roadway, and is essentially surrounded by high intensity zoned property (a variant of Commercial Oriented Commercial to the North, West, and South; and Mixed Use Urban Development to the East).

The Vision 2060 Plan (excerpt below) already approved by the Board of County Commissioners in 2009 calls for the coastal corridor where this property is located to be of higher intensity uses (not the low density use allowed under its current zoning).

Moreover, as described above in #2, creating a park for Recreation Vehicles that is away from the Coastal High Hazard Area and away from the high velocity flood zone increases safety of the coastal community, and reduced the risk of environmental impact caused by Recreational Vehicles littering the coastal marshlands.

Lastly, in the event of an incoming severe weather event, the property's location along an arterial roadway will facilitate a more hasty evacuation of said Recreational Vehicles (as opposed to having to remove the same number from small neighborhoods on the water - the present situation).

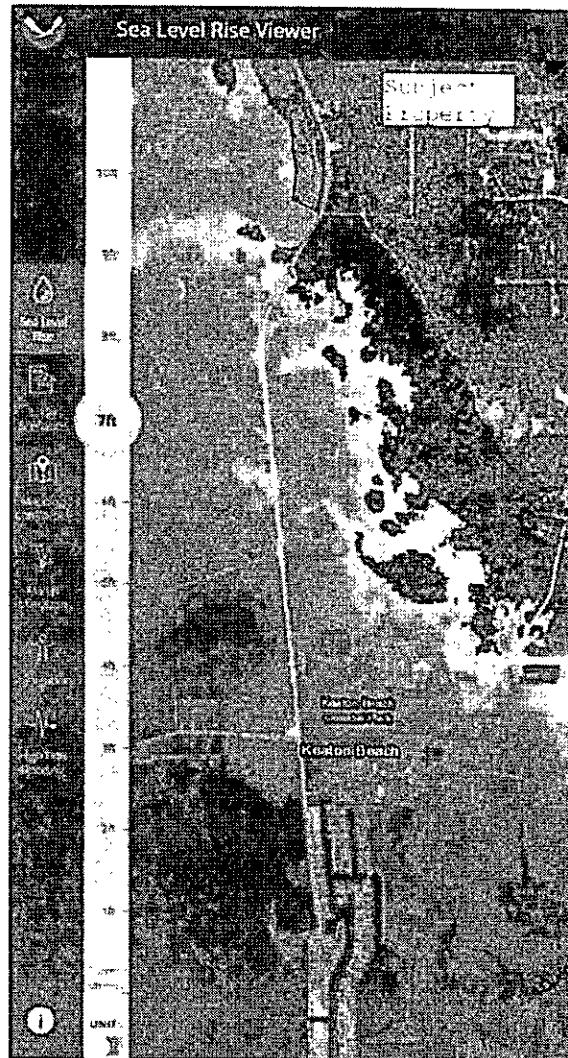


APPENDIX FOR PART II OF APPLICATION

4. Statement Describing Whether and How the Proposed Amendment is Consistent with the Taylor County Comprehensive Plan.

The proposed amendment is consistent with the Taylor County Comprehensive Plan many respects, including creation of higher density and impact uses along the coastal arterial roadways.

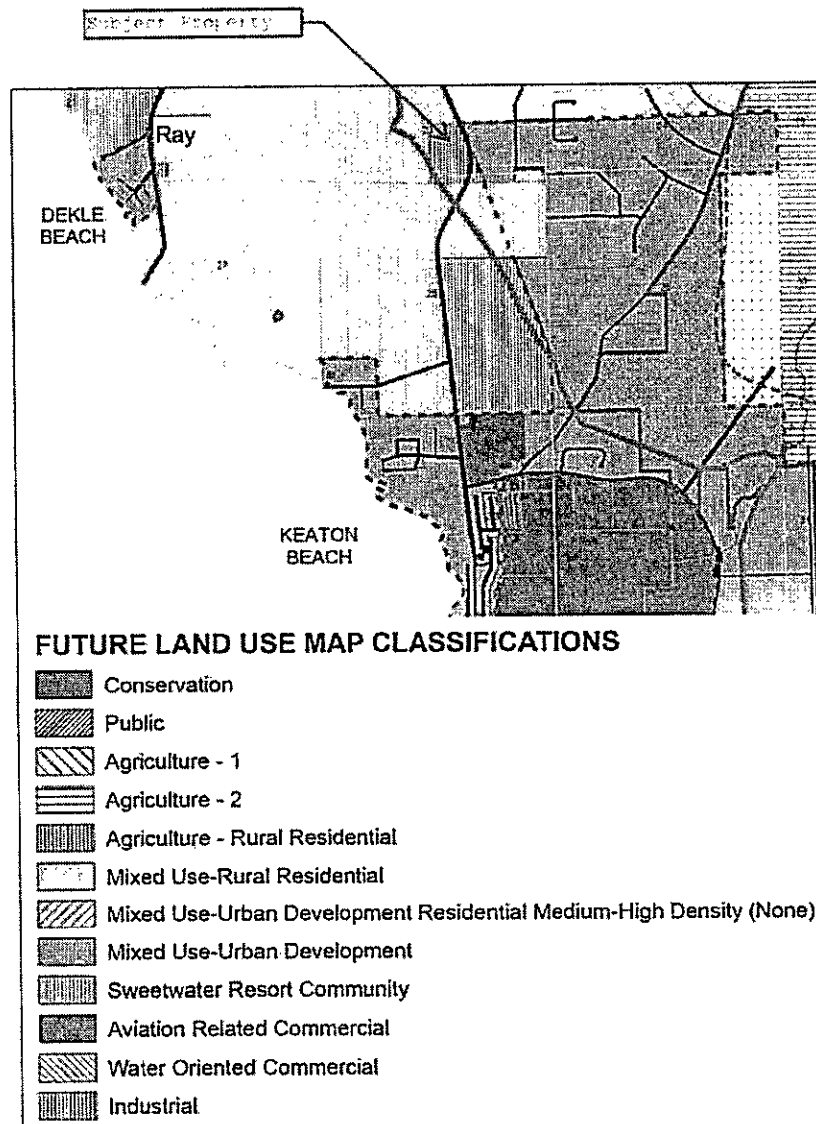
Most importantly, since the Comprehensive Plan calls for hurricane preparedness, it should be noted that this property will draw Recreational Vehicles away from low lying coastal areas. Below is a storm surge map produced by NOAA, which shows that, in a seven foot storm surge during high tide, the entirety of the Keaton Beach area is well under water; but the subject property would still be outside of the flood impact area.



APPENDIX FOR PART II OF APPLICATION

5.a. Statement Outlining the Extent to Which the Proposed Amendment Is Compatible With Existing Land Uses:

The proposed amendment is compatible with existing land uses in that the owner seeks to be able to place a Recreational Park upon it. Given the exponential rise of Recreational Vehicle use in the Keaton Beach area, its intended use will be seamlessly compatible. As stated elsewhere herein however, the intended use will promote the existing uses, but in a safer and more concentrated fashion.



APPENDIX FOR PART II OF APPLICATION

5.b. Statement Outlining the Extent to Which the Proposed Amendment Affects the Capacities of Public Facilities and Services:

The current municipal water and sewer provider (Taylor Coastal Water & Sewer District) only approaches 50% capacity of its wastewater processing capacity during a two month peak tourism season (June and July). It presently has approximately 515 sewer customers.

Presumably, before meeting capacity during peak season, it could connect another 515 users assuming the same usage ratios as presently exist.

The Applicant is planning a 120 unit Recreational Vehicle Park. If such a park came to fruition, then during the peak season, the Taylor Coastal Water & Sewer District would see an increased use of 12% of its overall capacity.

As of the 2020 Capacity Analysis Report submitted by Taylor Coastal Water & Sewer District to the Florida Department of Environmental Protection, it is not expected to meet or exceed its permitted capacity for at least ten years (see CAR report excerpt below).

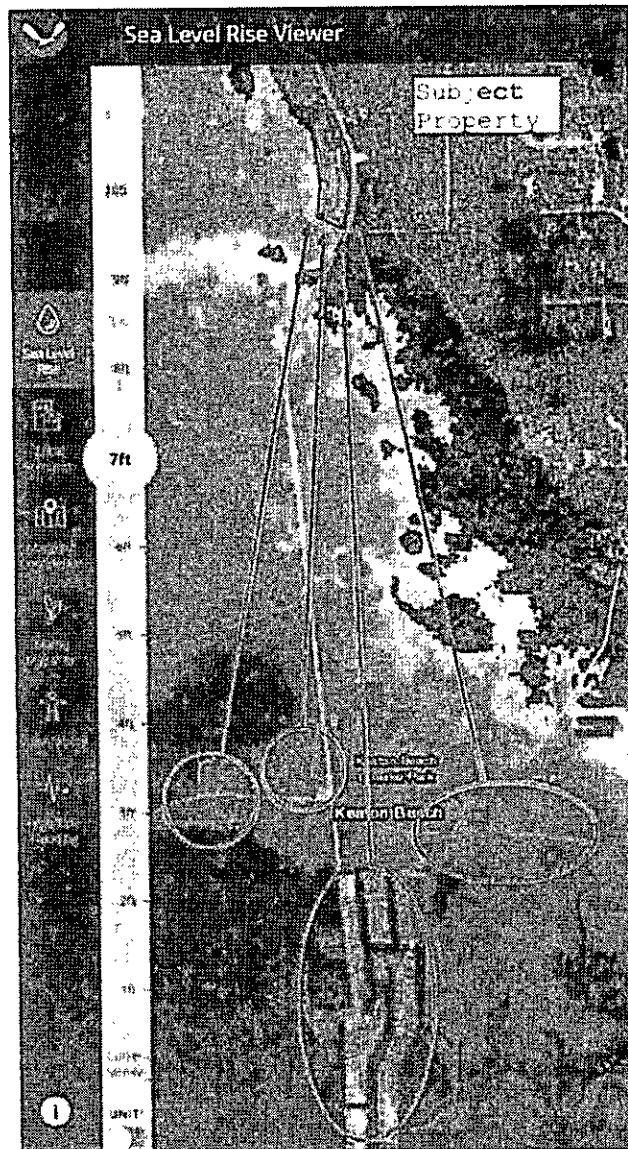
Chapter 3: Summary and Conclusions

Based on the current trending analysis, and, noting that capacity has not been an issue at this facility in the past, the plant should not have capacity problems during the upcoming permit cycle for the upcoming ten (10) years.

APPENDIX FOR PART II OF APPLICATION

5.c. Statement Outlining the Extent to Which the Proposed Amendment Affects the Natural Environment:

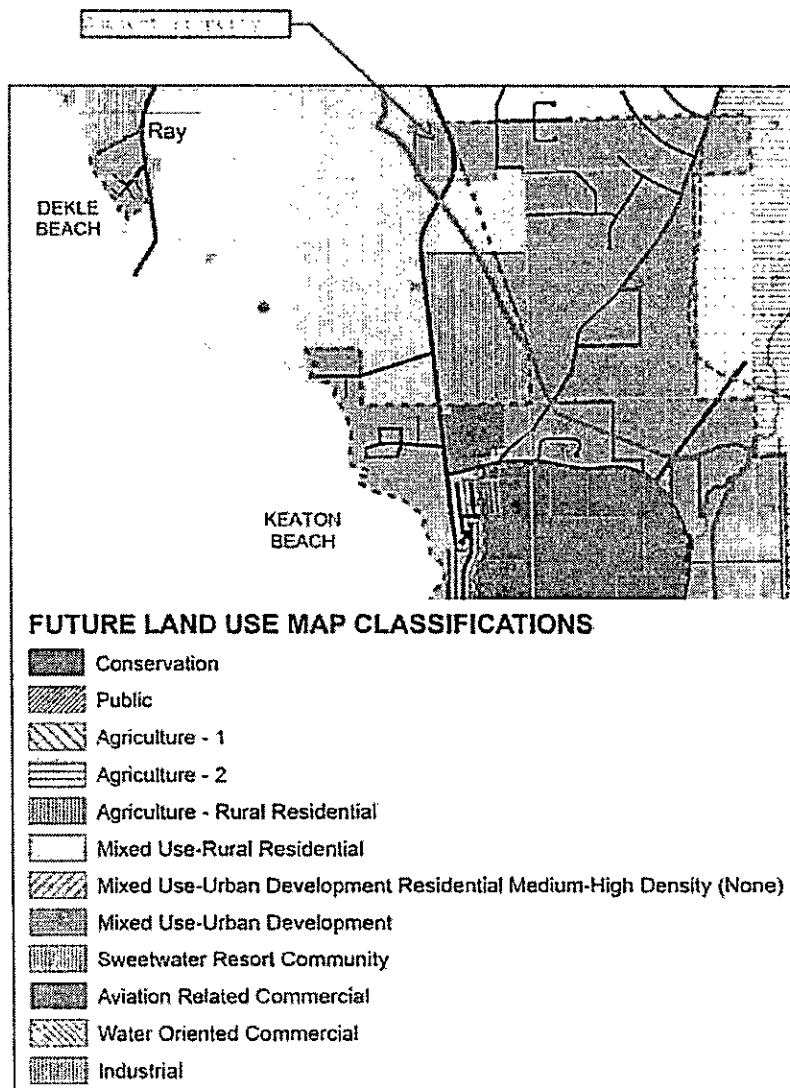
Especially since the Recreational Vehicles are already along the Taylor County coast in ever increasing numbers, and given the risk to the environment that is inherent in having that many vehicles at high risk of being swept away in the event of a flood, building a Park that allows for some of those vehicles to be drawn away from the Coastal High Hazard Area and high velocity flood zones is, by default, reducing risk of harm to the environment, especially in a storm event.



APPENDIX FOR PART II OF APPLICATION

5.d. Statement Outlining the Extent to Which the Proposed Amendment Will Result in an Orderly and Logical Development Pattern:

The proposed amendment serves to convert an agricultural parcel to a commercial use consistent with the contiguous properties, and consistent with the County's Comprehensive Plan. Given that the Comprehensive Plan for this area is development related, the proposed amendment furthers the goal of said Plan. For reasons unknown to the applicant, this small parcel seems to have been left out (likely inadvertently) from the County's last major comprehensive. The proposed amendment will fill in what is otherwise an inconsistent pocket in the Future Land Use Map.







LESLIE LN

ROSEMARY LANE

TCWSD OFFICE

BEACH ROAD

361

FOREST DR

LAND USE
AMENDMENT

6642-510

6643-1

6642-000

RESOLUTION NO. PB/LPA CPA 21-02

A RESOLUTION OF THE PLANNING BOARD OF TAYLOR COUNTY, FLORIDA, SERVING ALSO AS THE LOCAL PLANNING AGENCY OF TAYLOR COUNTY, FLORIDA; RECOMMENDING TO THE BOARD OF COUNTY COMMISSIONERS OF TAYLOR COUNTY, FLORIDA, APPROVAL OF AN AMENDMENT OF 50 OR LESS ACRES OF LAND TO THE FUTURE LAND USE PLAN MAP OF THE TAYLOR COUNTY COMPREHENSIVE PLAN, PURSUANT TO AN APPLICATION BY THE PROPERTY OWNER OF SAID ACREAGE, UNDER THE AMENDMENT PROCEDURES ESTABLISHED IN SECTIONS 163.3161 THROUGH 163.3248, FLORIDA STATUTES, AS AMENDED; PROVIDING FOR A CHANGE IN THE LAND USE CLASSIFICATION FROM AGRICULTURAL/RURAL RESIDENTIAL (LESS THAN OR EQUAL TO 1 DWELLING UNIT PER 5 ACRES) TO WATER ORIENTED COMMERCIAL OF CERTAIN LANDS WITHIN THE UNINCORPORATED AREA OF TAYLOR COUNTY, FLORIDA; REPEALING ALL RESOLUTIONS IN CONFLICT; AND PROVIDING AN EFFECTIVE DATE

WHEREAS, the Taylor County Land Development Code, hereinafter referred to as the Land Development Code, empowers the Planning Board of Taylor County, Florida, hereinafter referred to as the Planning Board, to recommend to the Board of County Commissioners of Taylor County, Florida, hereinafter referred to as the Board of County Commissioners, approval or denial of amendments to the Taylor County Comprehensive Plan, hereinafter referred to as the Comprehensive Plan, in accordance with said code;

WHEREAS, Sections 163.3161 to 163.3248, Florida Statutes, as amended, the Community Planning Act, empowers the Local Planning Agency of Taylor County, Florida, hereinafter referred to as the Local Planning Agency, to recommend to the Board of County Commissioners approval or denial of amendments to the Comprehensive Plan, in accordance with said statute;

WHEREAS, an application for an amendment, as described below, has been filed with the County;

WHEREAS, the Planning Board has been designated as the Local Planning Agency;

WHEREAS, pursuant to the Land Development Code and Section 163.3174, Florida Statutes, as amended, the Planning Board, serving also as the Local Planning Agency, held the required public hearing, with public notice, on said application for an amendment, as described below, and considered all comments received during said public hearing and the Concurrence Management Assessment concerning said application for an amendment, as described below;

WHEREAS, the Planning Board, serving also as the Local Planning Agency, has determined and found said application for an amendment, as described below, to be compatible with the Land Use Element objectives and policies, and those of other affected elements of the Comprehensive Plan;

WHEREAS, the Planning Board, serving also as the Local Planning Agency, has determined and found that approval of said application for an amendment, as described below, would promote the public health, safety, morals, order, comfort, convenience, appearance, prosperity or general welfare; and

WHEREAS, the Planning Board, serving also as the Local Planning Agency, has studied and considered the items enumerated in Section 12.09.03 of the Land Development Code and based upon said study and consideration has determined and found that:

- a. The proposed amendment is not in conflict with any applicable provisions of the Land Development Code;
- b. The proposed amendment is consistent with all elements of the Comprehensive Plan;
- c. The proposed amendment is not inconsistent with existing and proposed land uses;
- d. There have been changed conditions that require an amendment;

- e. The proposed change will not result in a population density pattern and increase or overtaxing of the load on public facilities such as schools, utilities and streets;
- f. The proposed change will not seriously reduce light and air to adjacent areas;
- g. The proposed change will not adversely affect property values in the adjacent area;
- h. The proposed amendment will result in an orderly and logical development pattern; and
- i. The proposed amendment will not be in conflict with the public interest, and will be in harmony with the purpose and interest of the Land Development Code.

NOW, THEREFORE, BE IT RESOLVED BY THE PLANNING BOARD OF TAYLOR COUNTY, FLORIDA, SERVING ALSO AS THE LOCAL PLANNING AGENCY OF TAYLOR COUNTY, FLORIDA, THAT:

Section 1. Pursuant to an application, CPA 21-02, by JKS Investments LLC, to amend the Future Land Use Plan Map of the Comprehensive Plan by changing the land use classification of certain lands, the Planning Board, serving also as the Local Planning Agency, recommends to the Board of County Commissioners that the land use classification be changed from AGRICULTURAL/RURAL RESIDENTIAL (less than or equal to 1 dwelling unit per 5 acres) to WATER ORIENTED COMMERCIAL for property described, as follows:

A parcel of land lying in Section 23, Township 7 South, Range 7 East, Taylor County, Florida. Being more particularly described, as follows: Commence at the Northwest corner of the Southwest 1/4 of the Southeast 1/4 of said Section 23; thence North 89°14'31" East, along the North boundary line of said Southwest 1/4 of the Southeast 1/4 of Section 23, a distance of 450.88 feet to the Point of Beginning; thence continue North 89°14'31" East, along said North boundary line of said Southwest 1/4 of the Southeast 1/4 of Section 23, a distance of 204.98 feet to the Westerly right-of-way line of Beach Road (County Road 361); thence South 23°26'45" East, along said Westerly right-of-way line of Beach Road (County Road 361), a distance of 320.12 feet to the beginning of a curve, concave to the West, having a radius of 1,382.69 feet, a central angle of 45°07'55", and an arc length of 1,089.14 feet; thence Southerly, along said Westerly right-of-way line of Beach Road (County Road 361) and along the arc of said curve through a chord bearing and distance of South 00°53'44" East, 1,061.20 feet to the South boundary line of said Southwest 1/4 of the Southeast 1/4 of Section 23; thence South 89°14'40" West, along said South boundary line of said Southwest 1/4 of the Southeast 1/4 of Section 23, a distance of 262.48 feet; thence North 03°38'58" West, 1,358.27 feet to said Point of Beginning.

Containing 10.51 acres, more or less.


Section 2. All resolutions or portions of resolutions in conflict with this resolution are hereby repealed to the extent of such conflict.

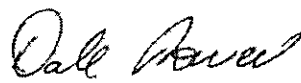
Section 3. This resolution shall become effective upon adoption.

PASSED AND DULY ADOPTED, in regular session with a quorum present and voting,
by the Planning Board, serving also as the Local Planning Agency, this 3rd day of March 2022.

PLANNING BOARD OF
TAYLOR COUNTY, FLORIDA,
SERVING ALSO AS THE
LOCAL PLANNING AGENCY OF
TAYLOR COUNTY, FLORIDA

Attest:


William D. Griner, County Building Official

 03/03/2022
Dale Rowell, Chair

Legals 3-23-22

NOTICE OF ENACTMENT OF ORDINANCE BY THE BOARD OF COUNTY COMMISSIONERS OF TAYLOR COUNTY, FLORIDA

NOTICE IS HEREBY GIVEN that the ordinance, which title hereinafter appears, will be considered for enactment by the Board of County Commissioners of Taylor County, Florida, at a public hearing on April 4, 2022 at 6:15 p.m., or as soon thereafter as the matter can be heard, in the Board of County Commissioners Meeting Room, Administrative Complex located at 201 East Green Street, Perry, Florida. Copies of the amendment and the ordinance adopting the amendment are available for public inspection at the Building and Planning Department, Administrative Complex, located at 201 East Green Street, Perry, Florida, during regular business hours. On the date, time and place first above mentioned, all interested persons may appear and be heard with respect to the ordinance. The title of said ordinance reads, as follows:


AN ORDINANCE OF TAYLOR COUNTY, FLORIDA, AMENDING THE FUTURE LAND USE PLAN MAP OF THE TAYLOR COUNTY COMPREHENSIVE PLAN, AS AMENDED; RELATING TO AN AMENDMENT OF 50 OR LESS ACRES OF LAND, PURSUANT TO AN APPLICATION, CPA 21-02, BY THE PROPERTY OWNER OF SAID ACREAGE, UNDER THE AMENDMENT PROCEDURES ESTABLISHED IN SECTIONS 163.3161 THROUGH 163.3248, FLORIDA STATUTES, AS AMENDED; PROVIDING FOR CHANGING THE LAND USE CLASSIFICATION FROM AGRICULTURAL/RURAL RESIDENTIAL (LESS THAN OR EQUAL TO 1 DWELLING UNIT PER 5 ACRES) TO WATER ORIENTED COMMERCIAL OF CERTAIN LANDS WITHIN THE UNINCORPORATED AREA OF TAYLOR COUNTY, FLORIDA; PROVIDING SEVERABILITY; REPEALING ALL ORDINANCES IN CONFLICT; AND PROVIDING AN EFFECTIVE DATE.

The public hearing may be continued to one or more future dates. Any interested party shall be advised that the date, time and place of any continuation of the public hearing shall be announced during the public hearing and that no further notice concerning the matter will be published, unless said continuation exceeds six calendar weeks from the date of the above referenced public hearing.

At the aforementioned public hearing, all interested persons may appear and be heard with respect to the amendment and the ordinance adopting the amendment on the date, time and place as referenced above.

All persons are advised that if they decide to appeal any decision made at the above referenced public hearing, they will need a record of the proceedings, and that, for such purpose, they 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.

Persons with disabilities requesting reasonable accommodations to participate in this proceeding should contact the Marsha Durden, Assistant County Administrator, at least 48 hours prior to the public hearing via telephone at 850.838.3500 Extension 7. If you are hearing or speech impaired, please contact the Florida Relay Service at 800.955.8770 (voice) or 800.955.8771 (TTY).

TAYLOR COUNTY BOARD OF COMMISSIONERS	
County Commission Agenda Item	
SUBJECT/TITLE: 	Second Harvest Food Bank - Taylor Co. Services Overview
Meeting Date:	April 4, @ 6 p.m.

Statement of Issue: Provide overview of services provided by Second Harvest food bank to Taylor County citizens.

Recommendation: _____

Fiscal Impact: \$ 990,659 **Budgeted Expense:** Yes ☐ No ☐ N/A ☒

Submitted By: Shari Hubbard

Contact: "", Director of Comm., Second Harvest Food Bank

SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

History, Facts & Issues: _____

Options: 1. _____
2. _____

Attachments: 1. Power Point presentation
2. _____



Second Harvest Food Bank

Overview of Services Provided to Citizens of Taylor County

Second Harvest's Mission

Our Mission:

To advance change by feeding the hungry and educating and engaging the community in the fight to end hunger.

Our Vision: A hunger-free Florida Big Bend



Second Harvest, Feeding America and Feeding Florida

- ▶ **Feeding America** is the largest hunger relief organization in the US; with 200+ member food banks nationwide
- ▶ **Feeding Florida** is a partner association of Feeding America, with 12 member food banks statewide, providing food to 3.1 million Floridians
- ▶ **Second Harvest** is one of three Feeding Florida food banks designated for disaster response
- ▶ **Second Harvest** has been serving the Big Bend for 40 years!

MEMBER OF
**FEEDING
AMERICA**

**FEEDING
FLORIDA**
Florida's Food Bank Network

WHO Do We Serve?

Our 11-County Service Area:

From our 41,000 square-foot warehouse in Tallahassee, we serve 11 counties in the Big Bend. Our fleet traveled **127,000 miles** last year —*more than five trips around the earth*—to deliver food to our neighbors in need.

FEEDING 11 COUNTIES IN NORTH FLORIDA'S BIG BEND

Jackson, Calhoun, Gulf, Liberty, Franklin,
Gadsden, Leon, Wakulla, Jefferson
Madison, Taylor

HOW Do We Serve? Food Distribution Model

- ▶ In 2021, Second Harvest food bank distributed **13.8 million** pounds of food and other vital resources in our service area, including **404,351 pounds in Taylor County!**

***Fiscal Impact: \$990,659** (336,959 meals X \$2.94/meal)

How Do We Do This?

- #1 Partner Agencies**—food pantries which are community partners and serve as the arms for our food bank, distributing food directly to the community. This is our primary method of distribution.
- #2 Mobile Pantries**—conducted in partnership with a community partner/organization, including neighborhood-level distributions in underserved areas
- #3 Programs** designed to serve specific populations (children, seniors, homeless, etc.); which are funded by donations, grants and/or state and federal funding

**Source: Feeding America Map the Meal Gap*

#1 –Three Partner Pantries in Taylor County:

<https://fightinghunger.org/find-a-food-pantry/>



Food Pantry: First Assembly of God, Perry



Food Pantry: Stewart Memorial AME Church, Perry



Food Pantry: Sowers of the Seed, Steinhatchee



Option One: Locate by Address or Zip Code

<https://fightinghunger.org/find-a-food-pantry/>

Search Location
Enter a location

County
Taylor County

Resource Finder: 3

First Assembly of God of Perry Florida
• 808 W. Julia Street
Perry, FL 32347
• 850-295-4263
• Taylor County

Directions

Stewart Memorial AME Church
• 1112 W. Hamilton Springs Ave.
Perry, FL 32348
• 850-233-2370
• Taylor County
• 09:00 AM - 06:00 PM
• Mon, Tues, Wed, Thurs, Fri, Sat, Sun

Map **Satellite**

45.51 Miles

Google

[www.fightinghunger.org](https://fightinghunger.org)

Option Two: Search by County

<https://fightinghunger.org/find-a-food-pantry/>

Food Pantries by County

Calhoun County Franklin County Gadsden County Gulf County Jackson County Jefferson County Leon County Liberty County
Madison County **Taylor County** Wakulla County

Taylor County

Agency Name	Address	City	Zip Code	Main Contact	Phone Number	Distribution Days	Distribution Hours
First Assembly of God of Perry Florida	628 W Julia Street	Perry	32347	Carolyn Floyd	(850)584-7349	3rd Saturday	9am - food is gone
Stewart Memorial AME Church	1113 W Hampton Springs Ave	Perry	32348	Travis Ligon	(850)233-3370	3rd Saturday	1pm - food is gone
Sowers of the Seed	804 1st Ave SE	Steinhatchee	32359	Cherri Campbell	(850)295-3787	1st Tuesday	9am - 12pm

#2—Second Harvest Programs Currently Offered in Taylor County

BackPack Program

Our Backpack Program provides food insecure children with a bag of food each Friday to ensure their nutritional needs are met over the weekend.

- ▶ Taylor County 4/H currently provides 60 total backpacks each Friday to the following schools:
 - Taylor County Primary School
 - Taylor County Elementary School
 - Big Bend Tech
 - Taylor County High School

Current Programs Serving Taylor County

Mobile Pantry Program

Mobile pantries are Second Harvest distributions funded by grants and donations and are conducted jointly with one of our Agency Partners or Community organizations. These events often are conducted in a church or nonprofit's parking lot at an announced date and time. Between 100 and 500 people are typically served; receiving food distributions including dry goods, fresh produce and frozen meat.

One-to-two mobile pantry are being conducted in Taylor County each month

- ▶ April 9: Elementary School (Perry)
- ▶ March 12: Elementary School (Perry)
- ▶ March 26: Stewart Memorial AME Church (Perry)

To see full mobile pantry details weekly, visit <https://fightinghunger.org/>

Food Insecurity in Taylor County:

- ▶ **16%** of population is food insecure

Source: (Feeding America Data 2021)

- ▶ **3,560** food insecure people

Source: (Feeding America Data 2021)

- ▶ **2,732** children eligible for free lunch

Source: (FDACS October Data 19-20)

- ▶ Top food insecure zip codes are 32348, 32347, 32331, 32359

Source: (FDACS Meal Gap Report 2020- Summer BreakSpot)

The Bigger Picture: *One-third of Florida families live at the threshold of poverty level, and rural communities are much more likely to experience challenges with food insecurity.*

Additional Opportunities for Taylor County Citizens:

Child Nutrition Programs

Summer BreakSpot

- ▶ Our Summer BreakSpot (aka Summer Food Service) Program provides a free, nutritious meal and snack at sponsored sites to children who might otherwise go hungry during the summer months.

School Pantry Program

- ▶ Our School Pantry Program provides the entire family a bag or box of food, built by the participating school, to last them from a week to a month

Kids Café Program

- ▶ Our Kids Café Program helps bridge the gap for children who receive most of their meals from school and may not have a nutritious dinner when they go home

Additional Opportunities for Taylor County Citizens:

Family Nutrition Programs

New Partner Agency Food Pantries

- ▶ The majority of our partners are food pantries that serve families in their communities via drive-through distributions, walk-in pantries, and direct deliveries. Currently we have three Partner Pantries in Taylor County.

High Risk/Homeless Organizations

- ▶ Part of our network are high-risk and homeless organizations, including soup kitchens, residential facilities, children's homes, outreach programs, veteran's programs, rehab facilities and re-entry programs.

Additional Opportunities for Taylor County Citizens:

Family Nutrition Programs

Grocery Lockers

- ▶ This is a commercial grade food locker which allows families to access foods such as produce, dairy, meat, grains, and other shelf-stable items at their own convenience. This system will alleviate the requirement of having to attend a pantry at set hours or wait in a drive through distribution. These “no contact” lockers are an innovative solution for a safe and convenient way to distribute food to the community.



Additional Opportunities for Taylor County Citizens:

Senior Nutrition Programs

Senior Grocery Program

- ▶ Through the Senior Grocery Program, we help feed low-income seniors at the end of the month when their financial resources have been exhausted. Currently, the program provides food including cereal, canned fruits and vegetables, proteins and grains, fresh bread and produce.

Developing New Taylor County Partnerships:

Do you know of a church, shelter, senior center, educational institution or other social services agency that may be interested in becoming a Second Harvest Partner Agency?

Do you know of a business or organization that may be interested in sponsoring mobile food distributions, child or senior programs, or a grocery locker?



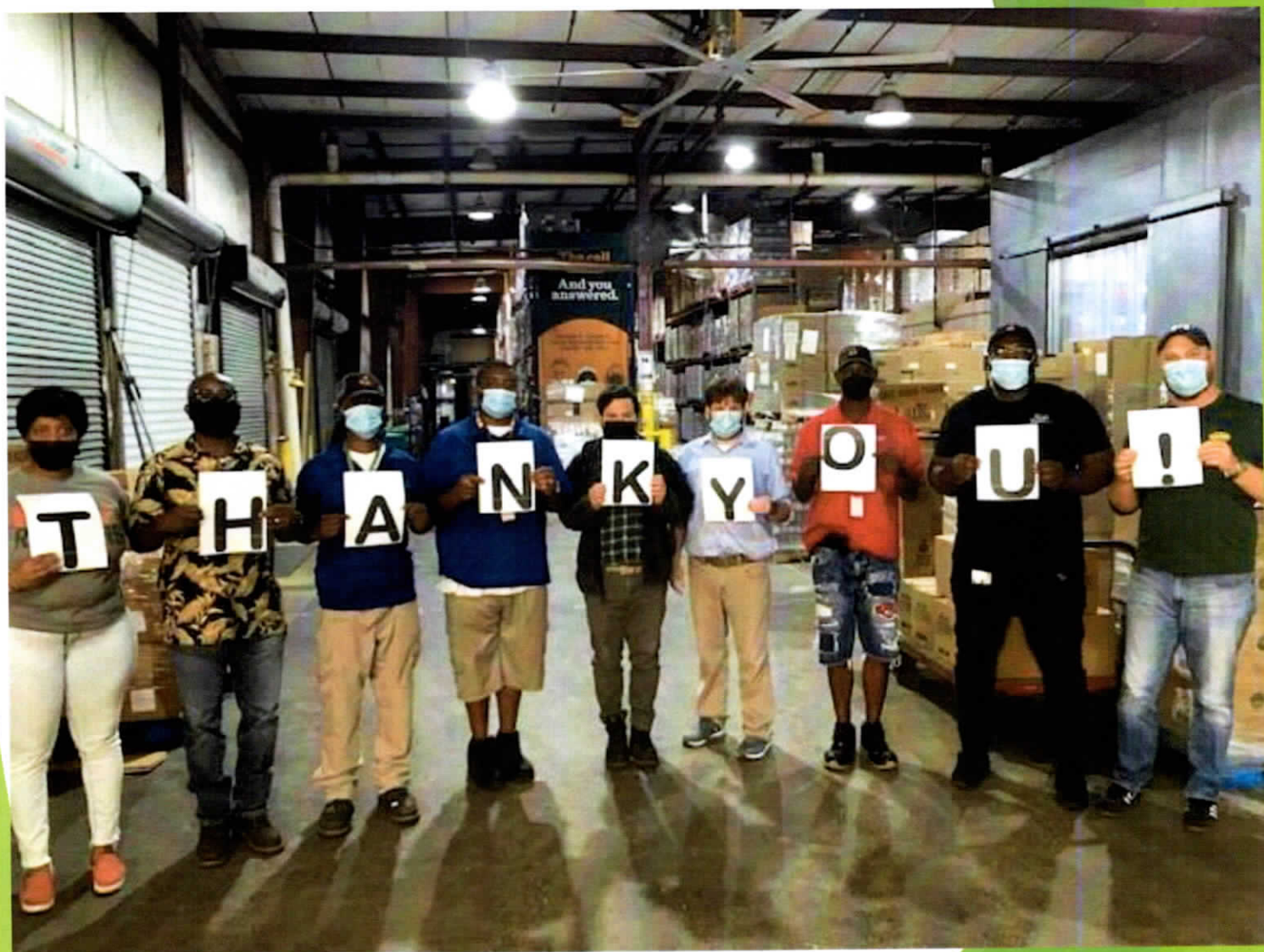
Partnership Inquiries:

Reach out to our Programs Manager,
Sam Daniels:

Sam@FightingHunger.org

(850) 562-3033 ext. 214





TAYLOR COUNTY BOARD OF COMMISSIONERS

County Commission Agenda Item

SUBJECT/TITLE:



Geocaching

Meeting Date:

4/4/2022

Statement of Issue: Permission for hiding geocaches in public parks and boat ramps

Fiscal Impact: \$ 0 **Budgeted Expense:** Yes ☐ No ☐ N/A ☒

Submitted By: Chris Dougherty

Contact: 850-570-6292

SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

History, Facts & Issues: Geocaching is an outdoor recreational activity, in which participants use a GPS to hide or seek containers. The size of the container can vary from the size of your last pinky finger knuckle to an entire building. I plan to use "micros" to "regular" containers. (Pictures attached). Geocaches are not visible to the naked eye, it is something you must seek. This is a great attraction for those who don't enjoy being on the water or during inclement weather. One of geocaching mottos is cache in trash out, in other words seek the cache on your way in and pick up litter on your way out. With that being said it may benefit our community. These containers are generally small to ammo can size and would leave little to no "footprint". I feel this would be some level of attraction to Taylor County as well as provide another way for residents to get out and explore. Again, I would like to hide at least one cache at every county park and boat ramp.

Options:

1. Allow the hiding of 1 to 10(think sports complex) geocaches at public parks and boat ramps
Allow caches on a case by case

2. Pictures of sample cache containers

Attachments:

1. _____
2. _____





TAYLOR COUNTY BOARD OF COMMISSIONERS

County Commission Agenda Item

SUBJECT/TITLE:

**The Board to consider approval of the construction of an
Emergency Management Warehouse next to the EOC.**



MEETING DATE REQUESTED:

April 4, 2022

Statement of Issue: To allow for construction of a 30'X50'X14' metal building and concrete foundation to store emergency supplies and equipment for response to emergencies or disasters.

Recommended Action: Approve construction.

Fiscal Impact: Concrete foundation: \$9000.00 paid out of EM budget.

Building: \$36,500.00 paid out of awarded ARPA Competitive grant.

Budgeted Expense: No

Submitted By: John Louk, Director of Emergency Management

SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

History, Facts & Issues: Taylor County Sheriff's Office Division of Emergency Management submitted and was approved for the ARPA Competitive Grant in the amount of \$50,000.00 as managed by the Florida Department of Emergency Management.

Federal grant requires two quotes:

Sheds Galore and More LLC provided a quote total \$45,500.00

Keen's Portable Buidings Provided a quote total \$49,710.00

Options: APPROVE/ DO NOT APPROVE

Attachments:



19

TAYLOR COUNTY BOARD OF COMMISSIONERS

County Commission Agenda Item

SUBJECT/TITLE:

Amend Taylor County Code of Ordinances Chapter 66 – Special Districts, Article IV. Taylor Coastal Water and Sewer District Sec. 66-145 Governing body.

Meeting Date:

April 4, 2022

Statement of Issue: Amend item (b) (1) to reduce the number of Taylor Coastal Water and Sewer District Commissioners from Seven (7) to five (5).

Recommendation: Reduce TCWSD Board Size from 7 to 5 Commissioners

Fiscal Impact: \$ N/A

Budgeted Expense: Yes ☐ No ☒ N/A ☐

Submitted By: Lynette Senter, District Manager

Contact: 850-578-3043

SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

History, Facts & Issues: The Taylor Coastal Water and Sewer District has experienced many years of being unable to fill open District Commission seats. Vacant seats have caused meetings to be cancelled or postponed due the inability to achieve a quorum.

As the Board meets only once a month, cancellation or postponement affects the operations of the District. Repeated advertising cycles are a financial drain on the District's resources. The original number of Commissioners was created to ensure representation from each beach area, but that has never been achieved due to the small number of residents.

Options: 1. _____
2. _____

Attachments: 1. _____
2. _____

(Possible New Wording)

CODE OF ORDINANCES

Chapter 66 – SPECIAL DISTRICTS

ARTICLE IV. TAYLOR COASTAL WATER AND SEWER DISTRICT

Sec. 66-145 Governing body.

(b) (1) The district commissioners shall consist of five members and shall be appointed by the board of county commissioners of Taylor County. The district commissioners shall be divided into two groups. Group No. 1 shall consist of three district commissioners with terms ending May 2, 2024. Group No. 2 shall consist of two district commissioners with terms ending May 2, 2026. Commissioners shall serve four year terms. The appointment of all district commissioners shall be by the board of county commissioners, but the sitting district commissioners may present names of persons who might serve.

pumping stations, intercepting sewers, trunk sewers, pressure lines, mains and all necessary appurtenances and equipment, and all property, rights, easements and franchises relating thereto and deemed necessary or convenient by the district for the operation thereof.

Sewer includes in its meaning the word "sewerage."

Sewer system embraces both sewers and sewage disposal systems and all property, rights, easements and franchisee relating thereto.

Sewers include mains, pipes and laterals for the reception of sewage and carrying such sewage to an outfall or some part of a sewage disposal system including pumping stations where deemed necessary by the district.

System means and includes a water system or sewer system or any one or more thereof.

Water system means and includes all plants, systems, facilities or properties used or useful or having the present capacity for future use in connection with the supply, transportation or distribution of water, and any integral part thereof, including but not limited to aqueducts, pumping stations, standpipes, filtration plants, purification plants, hydrants, meters, valves and all necessary appurtenances and equipment, and all properties, rights, easements and franchises relating thereto and deemed necessary or convenient by the district for the operation thereof.

(Ord. No. 2005-3, § 3, 4-19-2005)

Sec. 66-144. Objects and purposes of the district.

The objects and purposes of the district are to acquire, purchase, lease, construct, improve, extend, operate, maintain and finance any water system or systems or parts thereof, and/or any sewer system or systems or parts thereof serving such unincorporated areas and other customers and users as the district may determine. The district may acquire a supply of water either within or without the county and either within or without the state. The district may itself own and operate water and sewer systems in unincorporated territory and may also sell and transport water to other systems, whether publicly or privately owned, and other users and consumers.

(Ord. No. 2005-3, § 4, 4-19-2005)

Sec. 66-145. Governing body.

- (a) The commissioners of the district shall be the governing board of the water system for the Taylor Coastal area, known as Taylor Coastal Utilities, Inc., a Florida not-for-profit corporation as of the date of the adoption of the ordinance from which this article derives. Such governing board shall exercise all powers and responsibilities authorized by this article.
- (b) Commissioners of the district shall be owners of property within the district who are registered electors in Taylor County, Florida.
 - (1) The district commissioners shall consist of seven members and shall be appointed by the board of county commissioners of Taylor County. The district commissioners shall be divided into two groups. Group No. 1 shall consist of three district commissioners [with terms] ending May 2, 2006, after 2006 the said Group No. 1 shall be appointed for a four year-term beginning May 3, 2006. Group Number 2 shall consist of four district commissioners who shall first be appointed for a four-year term beginning May 3, 2004 and ending May 2, 2008. After 2008 the said Group No. 2 shall be appointed for a four-year term beginning May 3, 2008. The appointment of all district commissioners shall be by the board of county commissioners but the sitting district commissioners may present names of persons who might serve.

TAYLOR COASTAL WATER & SEWER DISTRICT

18820 BEACH ROAD
PERRY, FLORIDA 32348
Phone/Fax: (850) 578-3043
www.tcwsd.org

MINUTES OF REGULAR COMMISSION MEETING

March 24, 2022

1. The meeting was held at the District Building at 6:00 PM on March 24, 2022. Present were Commissioners Michael Hunter, Randy Hathcock, Thomas Kicklighter, Gayle Lundy, Michael Lynn, and Board Attorney J.D. Durant. TCWSD Staff present were Kristi Hathcock and Lynette Senter.

The meeting was called to order at 6:00 p.m.

2. Election of Chairman – **Commissioner Hathcock made a motion that Vice Chairman Hunter serve as Chairman. Commissioner Lundy offered a second. Vice Chairman Hunter asked for further discussion. By unanimous vote, the motion was approved.**

Election of Vice Chairman - **Commissioner Lynn made a motion that Commissioner Hathcock serve as Vice Chairman. Commissioner Kicklighter offered a second. Chairman Hunter asked for further discussion. By unanimous vote, the motion was approved.**

3. Vice Chairman Hathcock led in prayer and the pledge of allegiance to the flag.
4. There were three guests, Roger Weste, Willi Huxford and Glenn Senter. There were no comments from the public for non-agendaed items.
5. Update on the Water Improvements Project – Mr. Menadier from Dewberry was unable to attend via phone and will give an update at the April meeting.
6. Approval of minutes from the February 17, 2022, Board Meeting and the March 3, 2022, Special Meeting. Chairman Hunter asked if everyone had reviewed the minutes and if there was a motion to approve. **Vice Chairman Hathcock made a motion to accept the minutes from the February 17, 2022, Board Meeting and the March 3, 2022, Special Meeting. Commissioner Kicklighter offered a second. Chairman Hunter asked for further discussion. By unanimous vote, the motion was approved.**

7. **Staff and Committee Reports**

- a. **Directors Report – Kristi Hathcock** – Ms. Hathcock reported the Water and Sewer sales for the month of February 2022 totaled \$67,049.51, \$6,168.19 above the budgeted estimate of \$60,881.32. There was one past due customer and we have made arrangements with the family to get their account caught up. There were no turned off accounts. There were three changes in memberships. There were twenty-two adjustments totaling \$322.19.
- b. **Water Audits – Kristi Hathcock** - Ms. Hathcock reported the water audit for February 2022 showed an estimated water loss of 22.28%. The field staff found a damaged valve on Spoonbill Road and are continuing to look for more leaks. The Neighborhood Meters will help us narrow down other areas.

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- c. **Financial Reports – Lynette Senter**– Ms. Senter reported the sales including new memberships for the month of February 2022 were \$67,049.51, \$6,168.19 above our budgeted amount of \$60,881.33. Exception expenses \$805.13 for Computer Services, \$619.66 for Fuel, \$254.52 for Tractor Expenses, \$7567.25 for Repair/Maintenance at the Wastewater Plant, \$1,135.07 for Replacement Parts for Sewer, and \$31,309.80 for the Neighborhood Meter Expenses. We received \$43.07 in interest income. Total Net Income for February was -\$8,261.35.
- d. **Other Office Manager Items – Lynette Senter**
- 1) **Boat Ramp Lift Station Pump** – Last month, we asked Smith Electric Motors to pick up the pump and give us a repair estimate. We have now gotten an estimate of \$11,201.96 to repair/rehab the pump. We also got a quote for a new pump of \$24,974.55. There was discussion regarding repair versus replacement. Ms. Senter explained that she discussed this with Mr. Bennett as well as the repair company, and they both agreed that repair would be the best choice as no modifications would be needed and this pump will become the backup pump in case of emergency. **Vice Chairman Hathcock made a motion to have the boat ramp lift station pump repaired. Commissioner Kicklighter offered a second. Chairman Hunter asked for further discussion. By unanimous vote, the motion was approved.**
 - 2) **Lundy Repairs** – The repairs have been made to the contractor error at Henry and Gayle Lundy's property. Ms. Senter explained that as we do not stock the appropriate plumbing parts and pipe Mr. Bennett has asked that if we discover another error like this, we contract the work out to a plumbing contractor due to the complexities and amount of digging that had to be done.
 - 3) **18835 Beach Road** – Ms. Senter advised the Board that a portion of the parcel located across the street from the District Office and Water Plant has applied for a change in designation from Agriculture to Water Oriented Commercial.
 - 4) **Updated Equipment To Do List** – At the meeting on February 17, 2022, Commissioner Lynn asked for an update on the District's equipment/assets in need of repair or replacement. Ms. Senter explained that the past month has been really busy, but she and Mr. Bennett have been working on both the water and sewer lists and will have them updated and ready for the Board to review at the April meeting.
 - 5) **Employee Reviews** – Ms. Senter explained that she will be scheduling employee reviews during the month of April. Ms. Senter also told the Board that she will be emailing each Board Member a form so they can review her position as well.
8. New Business
- a. **Reported Sewage Leak at Osprey Circle** – Ms. Senter provided the Board with background information, a history of line usage, and the repair process that followed. She explained that the adjacent property owners would be notified if there was a sewer leak in the future and

that the District has two Sewer Work signs available for future use.

- b. **County Ordinance Change to Reduce the Number of Board Members** – Ms. Senter provided a copy of the Taylor County Ordinance 2005-03 Section 66-145 that sets the number of Board Members. Ms. Senter explained that in the past, it has been exceedingly difficult to keep a full board, and to ensure a quorum at each meeting. This reduction in numbers was also discussed by previous boards, but no action was taken. Ms. Senter also informed the Board that the original number was set at 7 to try and have a member of each beach area on the Board, but that was never accomplished. There was discussion regarding the ability to increase this number again if it is needed in the future. **Vice Chairman Hathcock made a motion that Ms. Senter prepare a request to the Taylor County Commission asking that the ordinance be changed from seven members to five. Commissioner Lundy offered a second. Chairman Hunter asked for further discussion. By unanimous vote, the motion was approved.**
 - c. **County Ordinance Change to Require Board Members Have an Active District Account** – Ms. Senter explained that currently, the only requirements to be on the TCWSD Board are 1) Own property within the District, and 2) Be a registered voter within the State of Florida. There was discussion by the Board and members of the audience regarding the pros and cons. The Board then agreed to table this discussion for a later date.
9. Old Business
- a. **Consideration of Mr. VanBlargan's Request for Refund** – Ms. Senter provided a response to Mr. VanBlargan's Concerns in the Board package. The board reviewed the information. **Vice Chairman Hathcock made a motion to accept the Staff recommendation that a refund should not be provided. Commissioner Kicklighter offered a second. Chairman Hunter asked for further discussion. By unanimous vote, the motion was approved.**
 - b. **Co-Bank Refinancing** – Mr. Durant is working to obtain the opinion from the bond attorney so that we can proceed with the closing on the loan. He explained to the Board that the cost of the letter would be \$10,000.00. Ms. Senter provided the previous costs for bond attorneys for Phase I which was \$13,392.82 and Phase II which was \$19,547.88. **Commissioner Kicklighter made a motion to approve the expenditure of \$10,000.00 for the Bond Attorney Opinion. Commissioner Lynn offered a second. Chairman Hunter asked for further discussion. By unanimous vote, the motion was approved.**

Mr. Durant then explained that in order to proceed with the closing, the Board would need to adopt a Resolution approving the refinancing, and that the Chairman and Vice Chairman would need to sign it. **Vice Chairman Hathcock made a motion to adopt the resolution approving the refinancing of the District's USDA-RD Loans. Commissioner Lynn offered a second. Chairman Hunter asked for further discussion. By unanimous vote, the motion was approved.**
 - c. **Neighborhood Meter Project** – Ms. Senter explained that all four neighborhood meters have been installed and she was in the process of making the request for reimbursement to

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Suwanee River Water Management District. We have been notified by Taylor County Engineer, Mr. Kenneth Dudley, that two of the neighborhood meters will require an upgraded lid and hatch system due to their proximity to the County road. Ms. Senter has contacted the supplier and ordered the upgraded lids and hatches. Once we receive the invoice for the new lids and hatches, we will finish the request for reimbursement. The total funds expended are \$101,582.25. Our grant from SRWMD was for \$100,000.00 and the District will make up the remainder.

- d. **Impact Fee Study** – The engineer performing the Impact Fee Study has indicated that she is making great progress and should have a draft study ready for review at our April Board meeting.

10. **Closing Remarks Commissioners/Staff** – Commissioner Kicklighter asked Ms. Senter to ask the Board for help with anything, including future projects. Ms. Senter asked Chairman Hunter and Vice Chairman Hathcock to stop by Capital City Bank to sign new signature cards.

11. **Motion to Adjourn**

Chairman Hunter requested a Motion to Adjourn. Vice Chairman Hathcock made a motion to adjourn the meeting. Commissioner Kicklighter offered a second. The meeting adjourned at 6:57 PM.

Board Actions:

1. The Board approved the election of Chairman Mike Hunter.
2. The Board approved the election of Vice Chairman Randy Hathcock.
3. The Board approved the minutes from the February 17, 2022, and March 3, 2022, Special Board Meeting.
4. The Board approved the quote for repairing the boat ramp lift station pump.
5. The Board approved the request for a change in the County's Ordinance 2005-03, reducing the TCWSD Board from seven members to five members.
6. The Board approved the recommendation that a refund should not be provided to Richard VanBlargan.
7. The Board approved a motion to pay \$10,000.00 for the Bond Attorney's opinion.
8. The Board approved a resolution approving the refinancing of the District's USDA-RD Loans.

BY: Lynette Taylor Senter, Board Secretary
Taylor Coastal Water and Sewer District