

SUGGESTED AGENDA

AMENDED

TAYLOR COUNTY BOARD OF COUNTY COMMISSIONERS  
PERRY, FLORIDA

TUESDAY, JANUARY 21, 2014  
6:00 P.M.

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

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

COMMENTS AND CONCERNS FROM THE PUBLIC FOR NON-AGENDAED  
AND CONSENT AGENDA ITEMS:

CONSENT ITEMS:

4. APPROVAL OF MINUTES OF  
**NONE**
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 SUBMITTED BY COUNTY FINANCE.

7. THE BOARD TO CONSIDER APPROVAL OF PROPOSED TASK ORDER WITH CAUSSEAU, HEWETT, AND WALPOLE, INC. TO PREPARE DESIGN DRAWINGS AND PROVIDE CONSTRUCTION INSPECTION SERVICES FOR THE SECOND PHASE OF THE WIDENING AND RESURFACING OF ROBERTS AMAN ROAD PROJECT, AS AGENDAED BY KENNETH DUDLEY, COUNTY ENGINEER.
8. THE BOARD TO RECEIVE AND ORDER FILED, THE FLORIDA MODEL JAIL STANDARDS ANNUAL MEDICAL INSPECTION REPORT, CONDUCTED DECEMBER 6, 2013, AS AGENDAED BY JACK BROWN, COUNTY ADMINISTRATOR.

HOSPITAL ITEMS:

9. THE BOARD TO CONSIDER REQUEST FOR A LETTER OF SUPPORT, TO BE SUBMITTED WITH A GRANT APPLICATION TO THE USDA RURAL DEVELOPMENT COMMUNITY FACILITIES PROGRAM BY DOCTORS' MEMORIAL HOSPITAL (DMH), FOR FUNDING ASSISTANCE FOR MEDICAL EQUIPMENT, AS AGENDAED BY GERI FORBES, CEO.

COUNTY STAFF ITEMS:

10. THE BOARD TO REVIEW AND CONSIDER APPROVAL OF BID AND CONTRACT DOCUMENTS FOR THE PERRY-FOLEY AIRPORT HAY HARVESTING PROJECT, AS AGENDAED BY MELODY COX, GRANTS COORDINATOR.
11. THE BOARD TO CONSIDER APPROVAL TO SUBMIT A GRANT APPLICATION TO THE FLORIDA DEPARTMENT OF HEALTH (FDOH), EMS SERVICES PROGRAM, DIVISION OF EMERGENCY PREPAREDNESS AND COMMUNITY SUPPORT GRANT PROGRAM, FOR AUTOMATIC EXTERNAL DEFIBRILLATORS (AEDS) FOR ELEVEN UNEQUIPPED COUNTY FIRE RESCUE VEHICLES, AS AGENDAED BY THE GRANTS COORDINATOR.
12. THE BOARD TO CONSIDER APPROVAL OF WORK ORDER NUMBER 3 WITH JONES EDMUNDS AND ASSOCIATES, INC., TO PROVIDE SERVICES ASSOCIATED WITH PERMITTING AN AIR-CURTAIN INCINERATOR AT THE TAYLOR COUNTY CLOSED LANDFILL, AS AGENDAED BY THE COUNTY ENGINEER.
13. THE BOARD TO CONSIDER A REQUEST TO HOLD TWO (2) PUBLIC HEARINGS TO REVIEW AND HEAR PUBLIC INPUT, REGARDING AN UPCOMING GRANT APPLICATION FOR A REEF CONSTRUCTION

GRANT FROM THE FLORIDA FISH AND WILDLIFE COMMISSION,  
AS AGENDAED BY GEOFF WALLAT, COUNTY MARINE AGENT.  
COUNTY ADMINISTRATOR ITEMS:

14. THE BOARD TO DISCUSS AND RECEIVE AN OVERVIEW OF THE CITIZEN'S ENGAGEMENT PROGRAM, AS AGENDAED BY THE COUNTY ADMINISTRATOR.
- 14A. THE BOARD TO REVIEW AND CONSIDER BIDS AND STAFF RECOMMENDATIONS FOR THE PURCHASE OF A STAFF CAR, AS AGENDAED BY JACK BROWN, COUNTY ADMINISTRATOR
- 14B. THE BOARD TO REVIEW AND CONSIDER STAFF RECOMMENDATION TO APPROVE APPRAISAL ON PROPERTY PARCEL # 03115-000 TO ESTABLISH BENCHMARK FOR POTENTIAL PURCHASE TO RELOCATE THE SUPERVISOR OF ELECTIONS' OFFICE AS DISCUSSED IN BUDGET HEARINGS AND APPROVED AS PART OF THE COUNTY'S CAPITAL IMPROVEMENT PLAN (CIP), AS AGENDAED BY JACK R. BROWN, COUNTY ADMINISTRATOR.
15. THE COUNTY ADMINISTRATOR TO DISCUSS INFORMATIONAL ITEMS.

ADDITIONAL COMMENTS AND CONCERNS FROM THE PUBLIC FOR  
NON-AGENDAED ITEMS:

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](http://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 DUSTIN HINKEL, ASSISTANT COUNTY ADMINISTRATOR, 201 E. GREEN STREET, PERRY, FLORIDA, 850-838-3500, EXT. 7, WITHIN TWO (2) WORKING DAYS OF THIS PROCEEDING.
- ANY PERSON WISHING TO ADDRESS THE BOARD REGARDING AN AGENDAED OR NON-AGENDAED ITEM WILL BE GIVEN THREE (3) MINUTES FOR COMMENT.
- 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.

**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, 2014, to be in excess of the advertised budget.

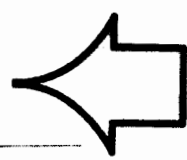
**BE IT RESOLVED** that the listed receipts and appropriations be added to, included in and transferred to the **GENERAL FUND** budget for the fiscal year ending September 30, 2014.

| <u>Amount</u> | <u>Account</u> | <u>Account Name</u>      |
|---------------|----------------|--------------------------|
| Revenue:      |                |                          |
| \$396         | 001-3343912    | DCA Waterfronts FL Grant |
| Expenditures: |                |                          |
| \$396         | 0325-54000     | Travel & Per Diem        |

**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 21st day of January, 2014 at Perry, Taylor County, Florida, to amend the budget for the fiscal period ending September 30, 2014 with a motion by Commissioner \_\_\_\_\_, seconded by Commissioner \_\_\_\_\_, and carried unanimously.

\_\_\_\_\_  
Annie Mae Murphy, Clerk-Auditor

\_\_\_\_\_  
Chairman



(Balance of grant carried forward from 2013 FYE)

**Taylor County Administrative Complex**  
**201 East Green Street, Perry, Florida 32347**

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Melody Cox  
Administrative Services

850-838-3553  
850-838-3501 Fax

**grants.coordinator@taylorcountygov.com**

## MEMORANDUM

DATE: January 8, 2014

TO: Tammy

FROM: Melody

RE: Budget Amendment Request Account #0325 Waterfronts FL

Tammy, please prepare a budget amendment for the above referenced grant. I have attached a budget amendment request in the format you had previously requested. I determined the carry forward budget from the Expenditure Status Report for Period 13 of FY 2012/2013 which I have also attached.

Thank you.

  
Melody

c.c. Dustin Hinkle

*\$396.00 (carry forward)*  
*[Signature]*  
*1-10-14*

**BUDGET AMENDMENT REQUEST**  
**2013-2014 FISCAL YEAR**

**DEPARTMENT: Acct. 0325 Waterfronts Florida Grant**  
**AMENDMENT REQUEST JANUARY 6, 2014**

**Expenditure**

| <u>Account #</u> | <u>Account Description</u> | <u>Budgeted 10/01/13</u> | <u>Amended Amount</u> | <u>Amendment</u> |
|------------------|----------------------------|--------------------------|-----------------------|------------------|
| 54000            | Travel – Per Diem          | 0                        | \$396.00              | \$396.00         |

**Total Amendment Requested \$396.00**

Total Budget carried forward FY 2013-2014 \$396.00

*Melody Cro*  
*1-6-2014*

JARD PENTAMATION, INC.  
DATE: 12/06/2013  
TIME: 15:22:24

TAYLOR COUNTY BOARD OF COMMISSIONERS  
EXPENDITURE AUDIT TRAIL

PAGE NUMBER: 5  
AUDIT21

SELECTION CRITERIA: 1=1 expledgr.key\_orgn='0325'  
ACCOUNTING PERIODS: 1/13 THRU 13/13

SORTED BY: FUND,FUNCTION,ACTIVITY,TOTL/DEPT,ACCOUNT

TOTALED ON: FUND,TOTL/DEPT

PAGE BREAKS ON: FUND,TOTL/DEPT

FUND - 001 - GENERAL FUND  
FD/DEPT - 0325 - WATERFRONT FL GRANT/DCA

| ACCOUNT<br>DATE                           | T/C                             | ENCUMBRANC  | REFERENCE | VENDOR             | BUDGET | EXPENDITURES | ENCUMBRANCES | DESCRIPTION               | CUMULATIVE<br>BALANCE |
|---|---------------------------------|-------------|-----------|--------------------|--------|--------------|--------------|---------------------------|-----------------------|
| 56300                                     | CAPITAL/INFRASTRUCTURE (cont'd) |             |           |                    |        |              |              |                           |                       |
| 06/03/13                                  | 21-9                            | 20131188-01 | 46874     | 000212 KMART       |        | 36.42        | -36.42       | WATERFRONT FL GRANT       |                       |
| 06/03/13                                  | 21-9                            | 20131188-01 | 46874     | 000212 KMART       |        | 31.84        | -63.58       | WATERFRONT FL GRANT       |                       |
| 06/03/13                                  | 21-9                            | 20131199-01 | 46831     | 6308 ABE WHITFIELD |        | 36.00        | -36.00       | LOREPETALUM 3 GALLONS     |                       |
| 06/03/13                                  | 21-9                            | 20131199-02 | 46831     | 6308 ABE WHITFIELD |        | 24.00        | -24.00       | WAX MYRTLE 1 GALLON       |                       |
| 06/03/13                                  | 21-9                            | 20131199-03 | 46831     | 6308 ABE WHITFIELD |        | 40.00        | -40.00       | DAYLILIES                 |                       |
| 06/03/13                                  | 21-9                            | 20131199-04 | 46831     | 6308 ABE WHITFIELD |        | 60.00        | -60.00       | COONTIES 3 GALLON         |                       |
| 06/03/13                                  | 21-9                            | 20131199-05 | 46831     | 6308 ABE WHITFIELD |        | 30.00        | -30.00       | BOTTLEBRUSH 3 GALLON      |                       |
| 06/03/13                                  | 17-9                            | 20131261-01 |           | 000212 KMART       |        |              | 50.00        | BLANKET PO FOR JUNE 2013  |                       |
| 06/18/13                                  | 21-9                            | 20131261-01 | 46978     | 000212 KMART       |        | -13.33       | 13.33        | WATERFRONT FL GRANT       |                       |
| 06/18/13                                  | 21-9                            | 20131261-01 | 46978     | 000212 KMART       |        | 62.25        | -63.33       | WATERFRONT FL GRANT       |                       |
| TOTAL                                     | CAPITAL/INFRASTRUCTURE          |             |           |                    | 500.00 | 307.18       | .00          |                           | 192.82                |
| 56400                                     | CAPITAL OUTLAY-EQUIPMENT        |             |           |                    | .00    | .00          | .00          | BEGINNING BALANCE         |                       |
| 10/01/12                                  | 11-1                            |             |           |                    | .00    |              | .00          | POSTED FROM BUDGET SYSTEM |                       |
| TOTAL                                     | CAPITAL OUTLAY-EQUIPMENT        |             |           |                    | .00    | .00          | .00          |                           | .00                   |
| 59900                                     | RESERVE FOR CONTINGENCY         |             |           |                    | .00    | .00          | .00          | BEGINNING BALANCE         |                       |
| 10/01/12                                  | 11-1                            |             |           |                    | .00    |              | .00          | POSTED FROM BUDGET SYSTEM |                       |
| TOTAL                                     | RESERVE FOR CONTINGENCY         |             |           |                    | .00    | .00          | .00          |                           | .00                   |
| TOTAL TOTL/DEPT - WATERFRONT FL GRANT/DCA |                                 |             |           |                    | 703.00 | 307.18       | .00          |                           | 395.82                |
| TOTAL FUND - GENERAL FUND                 |                                 |             |           |                    | 703.00 | 307.18       | .00          |                           | 395.82                |
| TOTAL REPORT                              |                                 |             |           |                    | 703.00 | 307.18       | .00          |                           | 395.82                |

\* THERE IS A NOTE ASSOCIATED WITH THIS TRANSACTION

## 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, 2014, to be in excess of the advertised budget.

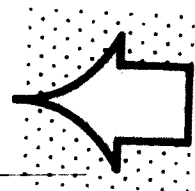
**BE IT RESOLVED** that the listed receipts and appropriations be added to, included in and transferred to the **GENERAL FUND** budget for the fiscal year ending September 30, 2014.

| <u>Amount</u> | <u>Account</u> | <u>Account Name</u>           |
|---------------|----------------|-------------------------------|
| Revenue:      |                |                               |
| \$434         | 001-3342020    | State Homeland Security Grant |
| Expenditures: |                |                               |
| \$434         | 0249-56400     | Capital Outlay-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 21st day of January, 2014 at Perry, Taylor County, Florida, to amend the budget for the fiscal period ending September 30, 2014 with a motion by Commissioner \_\_\_\_\_, seconded by Commissioner \_\_\_\_\_, and carried unanimously.

\_\_\_\_\_  
Annie Mae Murphy, Clerk-Auditor

\_\_\_\_\_  
Chairman



**SIGN  
HERE**

(CF Balance Homeland Security Grant @ FYE 2013 )



## Tammy Taylor

---

**From:** Dustin Hinkel <dustin.hinkel@taylorcountygov.com>  
**Sent:** Thursday, January 02, 2014 8:36 AM  
**To:** Tammy Taylor  
**Cc:** Stephen Spradley  
**Subject:** 0249 line item add

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

**Categories:** Red Category

Hi Tammy!

Could you please add Capital Outlay equipment to 0249? Also if you remember, we were denied reimbursement for the firefighter training. You mentioned that you were going to charge it back to the Fire Budget. Could you also please readjust our current budget to reflect those funds? We need 433.86 added back to 0249 in the new 56400 account.

Thanks!

## Dustin Hinkel, FAEM

Assistant County Administrator  
Emergency Management Director  
Taylor County Board of County Commissioners

[Click here to sign up for instant severe weather alerts and updates via email and text message!](#)

|                           |                        |
|---------------------------|------------------------|
| Office                    | EOC                    |
| 201 E Green Street        | 591 East US Highway 27 |
| Perry, FL 32347           | Perry, Florida 32347   |
| 850-838-3500 ext 7 Office | 850-838-3575 Phone     |
| 850-838-3501 Fax          | 850-838-3523 Fax       |
| 850-672-0830 Cell         |                        |

[dustin.hinkel@taylorcountygov.com](mailto:dustin.hinkel@taylorcountygov.com)  
<http://www.taylorcountygov.com>

Please note: Florida has a very broad public records law. Most written communications to or from public officials regarding public business are available to the media and public upon request. Your e-mail communications may be subject to public disclosure.

SUNGARD PENTAMATION, INC.  
DATE: 01/02/2014  
TIME: 13:11:31

TAYLOR COUNTY BOARD OF COMMISSIONERS  
GASB EXPENDITURE STATUS REPORT

PAGE NUMBER: 1  
EXPSTA11

SELECTION CRITERIA: expledgr.key\_orgn='0249'  
ACCOUNTING PERIOD: 13/14

SORTED BY: FUND, FUNCTION, ACTIVITY, TOTL/DEPT, ACCOUNT  
TOTALLED ON: FUND, TOTL/DEPT  
PAGE BREAKS ON: FUND, TOTL/DEPT

FUND-001 GENERAL FUND  
FUNCTION-520 PUBLIC SAFETY  
ACTIVITY-525 EMERG. DISASTER RELIEF  
TOTL/DEPT-0249 HOMELAND SEC GRANT-STATE

| ACCOUNT | TITLE                          | ORIGINAL<br>BUDGET | AMENDED<br>BUDGET | BUDGET<br>VARIANCE | ACTUAL Y-T-D<br>EXP | AVAILABLE<br>BALANCE | YTD/<br>BUD |
|---------|--------------------------------|--------------------|-------------------|--------------------|---------------------|----------------------|-------------|
| 51200   | REGULAR SALARIES & WAGES       | .00                | .00               | .00                | .00                 | .00                  | .00         |
| 53401   | CONTRACTUAL SERVICES           | 4,566.00           | 4,566.00          | .00                | .00                 | 4,566.00             | .00         |
| 55202   | SAFETY PRODUCTS/SUPPLIES       | .00                | .00               | .00                | .00                 | .00                  | .00         |
|         | TOTAL HOMELAND SEC GRANT-STATE | 4,566.00           | 4,566.00          | .00                | .00                 | 4,566.00             | .00         |
|         | TOTAL GENERAL FUND             | 4,566.00           | 4,566.00          | .00                | .00                 | 4,566.00             | .00         |
|         | TOTAL REPORT                   | 4,566.00           | 4,566.00          | .00                | .00                 | 4,566.00             | .00         |

Actual  
Balance of  
Grant  
@ 9/30/13  
\$ 5,000

2014 Needs  
Overall  
audient  
+ 434.00

0249-56400

SUNGARD PENTAMATION, INC.  
DATE: 01/02/2014  
TIME: 13:13:21

TAYLOR COUNTY BOARD OF COMMISSIONERS  
GASB EXPENDITURE STATUS REPORT

PAGE NUMBER: 1  
EXPSTA11

SELECTION CRITERIA: ~~exploder~~.key\_orgn='0249'  
ACCOUNTING PERIOD: 13/13

SORTED BY: FUND, FUNCTION, ACTIVITY, TOTL/DEPT, ACCOUNT  
TOTALLED ON: FUND, TOTL/DEPT  
PAGE BREAKS ON: FUND, TOTL/DEPT

FUND-001 GENERAL FUND  
FUNCTION-520 PUBLIC SAFETY  
ACTIVITY-525 EMERG. DISASTER RELIEF  
TOTL/DEPT-0249 HOMELAND SEC GRANT-STATE

| ACCOUNT | TITLE                         | ORIGINAL<br>BUDGET | AMENDED<br>BUDGET | BUDGET<br>VARIANCE | ACTUAL Y-T-D<br>EXP | AVAILABLE<br>BALANCE | YTD/<br>BUD |
|---------|-------------------------------|--------------------|-------------------|--------------------|---------------------|----------------------|-------------|
| 51200   | REGULAR SALARIES & WAGES      | .00                | 1,000.00          | 1,000.00           | .00                 | 1,000.00             | .00         |
| 51400   | OVERTIME                      | .00                | .00               | .00                | .00                 | .00                  | .00         |
| 52110   | FICA/MEDICARE TAXES           | .00                | 400.00            | 400.00             | .00                 | 400.00               | .00         |
| 52200   | RETIREMENT CONTRIBUTIONS      | .00                | 450.00            | 450.00             | .00                 | 450.00               | .00         |
| 53401   | CONTRACTUAL SERVICES          | .00                | .00               | .00                | .00                 | .00                  | .00         |
| 56402   | CAPITAL OUTLAY/SOFTWARE       | .00                | 4,500.00          | 4,500.00           | 4,500.00            | .00                  | 100.00      |
| 59105   | TRANSFER TO CONST.OFFICE      | .00                | 3,150.00          | 3,150.00           | .00                 | 3,150.00             | .00         |
| 59996   | TRANSFER TO DMH(HOSPITAL      | .00                | .00               | .00                | .00                 | .00                  | .00         |
|         | TOTAL HOMELAND SEC GRANT-STAT | .00                | 9,500.00          | 9,500.00           | 4,500.00            | 5,000.00             | 47.37       |
|         | TOTAL GENERAL FUND            | .00                | 9,500.00          | 9,500.00           | 4,500.00            | 5,000.00             | 47.37       |
|         | TOTAL REPORT                  | .00                | 9,500.00          | 9,500.00           | 4,500.00            | 5,000.00             | 47.37       |

Balance of grant 9/04/13  
1-8-14

## 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 **MSTU FUND** for the fiscal period ending September 30, 2014, 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, 2014.

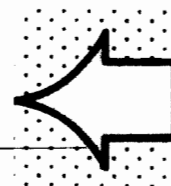
| <u>Amount</u>  | <u>Account</u>     | <u>Account Name</u>            |
|----------------|--------------------|--------------------------------|
| Revenue:       |                    |                                |
| \$4,751        | 107-3312012        | Vol. Fire Asst.(Federal) Grant |
| \$4,752        | 107-3661012        | Donation-Grant Match           |
| <u>\$9,503</u> | Total Revenue      |                                |
| Expenditures:  |                    |                                |
| \$2,648        | 0195-55103         | Equipment < \$1,000            |
| \$6,855        | 0195-54100         | Communications                 |
| <u>\$9,503</u> | Total Expenditures |                                |

**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 21st day of January, 2014 at Perry, Taylor County, Florida, to amend the budget for the fiscal period ending September 30, 2014 with a motion by Commissioner \_\_\_\_\_, seconded by Commissioner \_\_\_\_\_, and carried unanimously.

\_\_\_\_\_  
Annie Mae Murphy, Clerk-Auditor

\_\_\_\_\_  
Chairman

(New Grant Awarded 2014 FY)



**SIGN  
HERE**

**Taylor County Administrative Complex**  
**201 East Green Street, Perry, Florida 32347**

Melody Cox  
Administrative Services

850-838-3553  
850-838-3501 Fax

**grants.coordinator@taylorcountygov.com**

**MEMORANDUM**

**Date : January 9, 2014**

**To: Tammy**

**From: Melody**

**Re: Volunteer Fire Assistance New Grant & Budget**

Tammy, attached please find a copy of a Volunteer Fire Assistance Grant Application, and approval of the grant in the amount of \$9,503.00. This is a federal grant that has a dollar per dollar match. With this, the grant award is for \$4,751.50 with a match of \$4,751.50. The Volunteer Firefighters are receiving a donation from Georgia Pacific to cover the match and Donald Bowden will have a check to me within the next few days for this match. As in the past, there is no grant contract for this program. Please set a budget for this grant at your earliest convenience. I know they are in need of the equipment these grant funds will enable us to purchase. Please set the budget as follows:

*match received deposited 1-14-14*

*Don't \$195*

|             |                     |         |   |
|-------------|---------------------|---------|---|
| Acct. 55103 | Equipment < \$1,000 | \$2,648 | Chain Saws and LED<br>Lanterns          |
| Acct. 54100 | Communications      | \$6,855 | Radios, Pagers, and DTMF<br>Microphones |

**Total Budget \$9,503**

Thank you! Please let me know if you have any questions. I will bring the matching funds check to you as soon as I receive it.

*Melody*  
Melody

*We received check before I delivered this to you!  
Check is attached!*

**FLORIDA DEPARTMENT OF  
AGRICULTURE AND CONSUMER  
SERVICES**

**FLORIDA FOREST  
SERVICE**

**FOREST PROTECTION  
BUREAU**



---

**FAX COVER PAGE**

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PAGE 1 OF A 2 PAGE TRANSMISSION

TO: **Volunteer Fire Assistance Grant Recipient**

FROM: **Matt Weinell, Fire Resource Manager**

PHONE: 850/681-5931

Fax: 850/681-5901

Attached you will find a list of approved items for purchase through the VFA Grant Program. The "AMOUNT APPROVED" column lists the amount that was approved to spend, the column marked "FED COST SHARE (50%)" is the total possible amount to be reimbursed. The recipient can spend up to the approved amount, but will only get reimbursed for half of that amount.

Please remember to provide the complete Proof-of-Purchase package (ex. copy of check, invoice with zero balance) for approved items to be reimbursed. Invoices must be stamped paid and indicate a check number.

Send Proof-of-Purchase package with Certificate of Expenditure to our office for reimbursement:

VFA Grants Room 159  
Florida Forest Service  
3125 Conner Blvd.  
Tallahassee, FL 32399-1650

The Certificate of Expenditure must be signed and notarized and returned with the Proof-of-Purchase package. Copies of the Certificate of Expenditure can be found on our website at: [http://www.fl-dof.com/wildfire/vfd\\_grants.html](http://www.fl-dof.com/wildfire/vfd_grants.html). Please remember that the sooner the proof-of-purchase package is returned, the sooner we can reimburse the 50% match.

**2013 APPROVED FEDERAL COST SHARE**

05 Taylor

**Taylor County Board of Commissioners**

|                         | AMOUNT APPROVED | FED COST SHARE (50%) | NUMBER | DESCRIPTION   |
|-------------------------|-----------------|----------------------|--------|---|
|                         | \$8,503         | \$4,751.50           | 9      | Radios, 7 Pagers, 8 Microphones, 7 LED Lanterns, 4 Chain Saws |
| <b>FIRE DEPT. TOTAL</b> | <b>\$8,503</b>  | <b>\$4,751.50</b>    |        |   |



ADAM H. PUTNAM  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Florida Forest Service  
**VOLUNTEER FIRE ASSISTANCE GRANT APPLICATION**

|   |                     |  |
|---|---------------------|--|
| LEGAL NAME<br><b>Taylor County Board of Commissioners</b> |                     | FORM OF ORGANIZATION: (Municipal, Fire District, Non-Profit, County)<br><b>County</b>      |
| ADDRESS<br><b>201 E. Green Street</b>                     |                     | IF COUNTY, LIST VFD'S BENEFITTING FROM GRANT:<br><b>East, West and Shady Grove (North)</b> |
| CITY<br><b>Perry</b>                                      |                     |  |
| STATE<br><b>FL</b>  | ZIP<br><b>32348</b> |  |
| COUNTY<br><b>Taylor</b>                                   | COUNTY #            |  |
| EMPLOYER IDENTIFICATION NUMBER (EIN)<br><b>59-6000879</b> |                     |  |

|   |  |
|---|--|
| IS FIRE DEPARTMENT LOCATED IN AN INCORPORATED TOWN?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF YES, NAME OF TOWN: _____<br>POPULATION OF TOWN: _____<br>PROTECTED AREA: EST. POPULATION: <b>19,000</b> SIZE: (SQ. MILES) <b>1700</b> | WHAT IS THE FIRE DEPARTMENT ISO RATING? <b>9</b><br>IS FIRE DEPARTMENT NIMS COMPLIANT? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/><br>CURRENT COOPERATIVE AGREEMENT WITH FFS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/><br>DISTANCE OF CLOSEST MUTUAL AID FIRE DEPARTMENT: <b>18-35</b><br>NAME OF FIRE DEPARTMENT: <b>City of Perry</b> |
|---|--|

|  |  |
|--|--|
| NUMBER OF FIREFIGHTERS: PAID: <b>12</b> VOLUNTEERS: <b>34</b><br>NO. OF INCIDENTS PAST YEAR: WILDLAND FIRE: <b>120</b> OTHER: <b>395</b><br>NO. OF FIREFIGHTERS CERTIFIED AS:<br>WILDLAND FIREFIGHTER I <b>10</b> WILDLAND FIREFIGHTER II <b>5</b> | HAS APPLICANT RECEIVED GRANT FUNDS FROM ANY SOURCE IN THE PAST 12 MONTHS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/><br>IF YES, WHERE? <b>FI Division of Forestry</b><br>AMOUNT: \$ <b>4,268.00</b><br>LIST TOTAL FUNDS RECEIVED FROM OTHER TAXING AUTHORITIES SUCH AS CITY, COUNTY, TAXING DISTRICTS (Past 12 Months)<br>AMOUNT: \$ <b>27,925.00</b> |
|--|--|

| LIST OF FIREFIGHTING VEHICLES: |                |                     |                       |
|--------------------------------|----------------|---------------------|-----------------------|
| TYPE                           | MAKE/YR.MODEL  | PUMP CAPACITY (GPM) | WATER CAPACITY (GAL.) |
| Brush Truck                    | Ford 550 2005  | 450                 | 450                   |
| Brush Truck                    | Ford 550 2002  | 250                 | 250                   |
| Engine                         | Chevy C60 1986 | 1000                | 1000                  |
| Engine                         | Ford 1967      | 750                 | 750                   |

|  |                         |   |                                       |          |
|--|-------------------------|---|---------------------------------------|----------|
| ESTIMATED GRANT FUNDING REQUEST:   |                         | LIST OF EQUIPMENT OR SUPPLIES TO PURCHASE WITH GRANT FUNDS: |                                       |          |
| FEDERAL  | \$ <b>4,555 4751.50</b> | NUMBER  | DESCRIPTION                           | AMOUNT   |
| APPLICANT  | \$ <b>4,556 4751.50</b> |   | See attached list for more equipment. |          |
| COUNTY   | \$                      |   |                                       |          |
| TOTAL  | \$ <b>9,110 9503.00</b> |   |                                       |          |
| (Federal not more than 50% of total. Applicant at least 50% of total in matching funds.) |                         |   |                                       | 9,110.86 |

We understand that this is a 50 percent maximum cost-share program (Cooperative Forestry Assistance Act of 1978, PL 95-313), and that funds on deposit up to 50 percent of the actual purchase price of the items approved will be committed to our project. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT. THE GOVERNING BODY OF THE APPLICANT HAS DULY AUTHORIZED THIS DOCUMENT.

|  |  |   |
|--|--|---|
| Type Name of Authorized Representative<br><b>Malcolm V. Page</b> | Title<br><b>Chairperson</b>                    | Telephone Number: ( 850 ) 838 - 3500<br>FAX: ( 850 ) 838 - 3501 |
| Signature of Authorized Representative<br><i>Malcolm V. Page</i> | Date Signed and Submitted<br><b>11/19/2013</b> | Email:<br><b>mpage@taylorcountygov.com</b>                      |



payor 28

WEST DISTRICT ADVISORY V. F. D.  
501 INDUSTRIAL PARK DR  
PERRY, FL 32347

1093

JAN 10 2014

63-68/631  
BRANCH 074

Pay to the Order of Taylor County Board of Comm \$ 4752.00  
four thousand SEVEN hundred fifty two and 00/100



PERRY OFFICE  
PERRY, FL

Donna O. Borden

For TITLE IV GRANT MATCH - 2014 Kent Carber

⑆063100688⑆1093 7410125406⑈

Deposited  
1-14-14 28

SUNGARD PENTAMATION, INC.  
DATE: 01/14/2014  
TIME: 17:27:17

TAYLOR COUNTY BOARD OF COMMISSIONERS  
REVENUE STATUS REPORT

PAGE NUMBER: 1  
REVSTA11

SELECTION CRITERIA: orgn.fund='107'  
ACCOUNTING PERIOD: 4/14

SORTED BY: FUND,FUNCTION,ACTIVITY,TOTL/DEPT,ACCOUNT  
TOTALED ON: FUND,TOTL/DEPT  
PAGE BREAKS ON: FUND,TOTL/DEPT

FUND-107 MSTU FUND  
FUNCTION-107 FUND GROUP 107  
ACTIVITY- TITLE NOT FOUND  
TOTL/DEPT- TITLE NOT FOUND

| ACCOUNT               | TITLE                    | BUDGET       | PERIOD<br>RECEIPTS | RECEIVABLES | YEAR TO DATE<br>REVENUE | AVAILABLE<br>BALANCE | YTD/<br>BUD |
|-----------------------|--------------------------|--------------|--------------------|-------------|-------------------------|----------------------|-------------|
| 3111010               | CURRENT TAXES            | 1,121,780.00 | 14,297.61          | .00         | 834,861.71              | 286,918.29           | 74.42       |
| 3111015               | AD VALOREM TAX-OFFSET    | 48,692.00    | .00                | .00         | .00                     | 48,692.00            | .00         |
| 3112010               | DELINQUENT TAXES         | 5,000.00     | .00                | .00         | 208.21                  | 4,791.79             | 4.16        |
| 3211000               | BUSINESS LICENSE TAX     | 24,000.00    | 4,010.20           | .00         | 4,010.20                | 19,989.80            | 16.71       |
| 3221020               | BUILDING PERMIT FEES     | 90,000.00    | 2,695.00           | .00         | 19,507.66               | 70,492.34            | 21.68       |
| 3221021               | BLDG PERMIT FEES/CITY IN | 30,000.00    | 1,380.00           | .00         | 3,731.46                | 26,268.54            | 12.44       |
| 3221022               | STATE RADON ASSESSMENT   | 2,000.00     | 57.05              | .00         | 441.43                  | 1,558.57             | 22.07       |
| 3291010               | CONTRACTOR LICENSING     | 150.00       | .00                | .00         | .00                     | 150.00               | .00         |
| 3291020               | PLANNING DEPT. FEES      | 3,500.00     | 40.00              | .00         | 750.00                  | 2,750.00             | 21.43       |
| 3312012               | VOLUNTEER FIRE ASST.GRAN | .00          | .00                | .00         | .00                     | .00                  | .00         |
| 3312100               | RURAL COMM. FIRE PROTECT | .00          | .00                | .00         | .00                     | .00                  | .00         |
| 3315100               | FEDERAL DISASTER RELIEF  | .00          | .00                | .00         | .00                     | .00                  | .00         |
| 3342002               | TITLE IV GRANT/VOL.FIRE  | .00          | .00                | .00         | .00                     | .00                  | .00         |
| 3345100               | STATE DISASTER RELIEF    | .00          | .00                | .00         | .00                     | .00                  | .00         |
| 3349101               | DCA TECH.ASST.PLANN.GRAN | .00          | .00                | .00         | .00                     | .00                  | .00         |
| 3349102               | DEO GRANT/COMP PLAN      | .00          | .00                | .00         | .00                     | .00                  | .00         |
| 3372011               | CITY-ANIMAL CONTROL CONT | 62,084.00    | .00                | .00         | 14,612.12               | 47,471.88            | 23.54       |
| 3464010               | ANIMAL CONTRL/SHELTER FE | 5,500.00     | 275.00             | .00         | 1,460.00                | 4,040.00             | 26.55       |
| 3464011               | ANIML CONTRL/ADOPTION FE | .00          | .00                | .00         | .00                     | .00                  | .00         |
| 3474001               | SP.EVENTS PERMIT/MUD BOG | .00          | .00                | .00         | .00                     | .00                  | .00         |
| 3481304               | COUNTY ORDINANCE FINE    | 1,000.00     | .00                | .00         | 50.00                   | 950.00               | 5.00        |
| 3483201               | ANIMAL CONTROL INFRACTIO | 100.00       | .00                | .00         | 4.00                    | 96.00                | 4.00        |
| 3591011               | RESTITUTION RECEIPTS     | .00          | .00                | .00         | .00                     | .00                  | .00         |
| 3611010               | INTEREST EARNED          | 3,000.00     | .00                | .00         | 5.84                    | 2,994.16             | .19         |
| 3650000               | SALE SURPLUS PROPERTY    | .00          | .00                | .00         | .00                     | .00                  | .00         |
| 3661012               | DONATION/GRANT MATCH/FIR | .00          | .00                | .00         | .00                     | .00                  | .00         |
| 3669011               | DONATED PROPERTY/ASSET   | .00          | .00                | .00         | .00                     | .00                  | .00         |
| 3669015               | DONATIONS - ANIMAL CONTR | 600.00       | .00                | .00         | .00                     | 600.00               | .00         |
| 3669016               | DONATIONS-EMERG.VET.SVCS | .00          | .00                | .00         | .00                     | .00                  | .00         |
| 3669017               | SPAY/NEUTER DEPOSIT      | .00          | 50.00              | .00         | .00                     | .00                  | .00         |
| 3693010               | PRIOR YEAR REIMBURSEMENT | .00          | .00                | .00         | .00                     | .00                  | .00         |
| 3699010               | MISC REVENUES            | .00          | .00                | .00         | .00                     | .00                  | .00         |
| 3699012               | MISC. - COPIES           | .00          | .00                | .00         | .00                     | .00                  | .00         |
| 3699013               | MISC.-RESTITUTION        | .00          | .00                | .00         | .00                     | .00                  | .00         |
| 3699015               | FIREFIGHT.SUPPLEMTL COMP | .00          | .00                | .00         | .00                     | .00                  | .00         |
| 3699020               | RETURNED CHECK FEES      | .00          | .00                | .00         | .00                     | .00                  | .00         |
| 3811010               | INTERFUND TRANSFER       | .00          | .00                | .00         | .00                     | .00                  | .00         |
| 3811011               | TRANSFER FROM GENERAL FD | 131,475.00   | .00                | .00         | .00                     | 131,475.00           | .00         |
| 3811012               | TRANSFER FROM S.WASTE FD | .00          | .00                | .00         | .00                     | .00                  | .00         |
| 3899010               | CASH BROUGHT FORWARD     | 1,147,000.00 | .00                | .00         | .00                     | 1,147,000.00         | .00         |
| 3899020               | LESS 5% RECEIPTS         | -56,089.00   | .00                | .00         | .00                     | -56,089.00           | .00         |
| TOTAL TITLE NOT FOUND |                          | 2,619,792.00 | 22,804.86          | .00         | 879,642.63              | 1,740,149.37         | 33.58       |
| TOTAL MSTU FUND       |                          | 2,619,792.00 | 22,804.86          | .00         | 879,642.63              | 1,740,149.37         | 33.58       |

Total  
Amended  
1/24/14

\$ 9,503.00

1-14-14

Sept 2019.5 amt  
Tel. for amt  
He amt

# TAYLOR COUNTY BOARD OF COMMISSIONERS

## County Commission Agenda Item

### SUBJECT/TITLE:



THE BOARD TO APPROVE PROPOSED TASK ORDER WITH CAUSSEUX, HEWETT & WALPOLE, INC. TO PREPARE DESIGN DRAWINGS AND PROVIDE CONSTRUCTION INSPECTION SERVICES FOR THE SECOND PHASE OF THE WIDENING AND RESURFACING ROBERTS AMAN ROAD PROJECT.

### MEETING DATE REQUESTED:

JANUARY 21, 2014

### Statement of Issue:

The Board to approve proposed Task Order with Causseaux, Hewett & Walpole, Inc. to revise previously prepared design drawings and specifications, and provide construction inspection services for the Roberts Aman Road Phase 2 widening and resurfacing project. Phase 2 will include the 0.85 mile unwidened portion of the road from just East of Joel Aman Road to its intersection with Johnson Stripling Rd (CR 361).

### Recommended Action:

Staff recommends that the Board approve the proposed Task order.

**Fiscal Impact:** FISCAL YR 2013~14 - \$41,875

**Budgeted Expense:** YES

**Submitted By:** ENGINEERING DIVISION

**Contact:** COUNTY ENGINEER

### SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

#### History, Facts & Issues:

The Taylor County Board of County Commissioners awarded a General Engineering Services Contract to Causseaux, Hewett, & Walpole, Inc. (CHW) that was structured to allow for Task Orders to be issued based on the relevant project and the service needed. The attached Task Order is one such proposal to revise design drawings and specifications, and provide construction inspection services for a second phase of the Roberts Aman Road Phase widening and resurfacing project. In 2011, only the first 1.10 miles of the roadway were able to be widened and resurfaced due to insufficient funding. A request to fund the remaining 0.85 miles of unwidened road from just East of Joel Aman Road to the intersection with Johnson Stripling Road (CR 361) was forwarded and subsequently approved by Florida Department of Transportation. That approval is providing \$369,949.00 under the FDOT's Small County Outreach Program to complete all design, inspection and construction as funding allows.

As outlined in their cover proposal and more fully detailed in their attachments, CHW's Task Order will be charged based on actual time expended and is broken down in the following components:

|                    |             |
|--------------------|-------------|
| Design/Permitting  | \$ 2,500.00 |
| Construction Phase | \$39,375.00 |
| Total              | \$41,875.00 |

Though this Task Order is a most likely a more costly option than completing the project in-house, it has the added benefit of allowing this project to be completed expeditiously while affording Staff the ability to focus on completing projects assigned under the Board's Secondary Roads Improvement Plan. Further, this Task Order will move toward finalizing the older FDOT RRR projects and enable Staff to manage the work load of new agreements as they are approved. Therefore, Staff recommends that the Board approve the proposed Task Order.

**Options:**

- 1) Approve the proposed Task Order.
- 2) Reject the proposed Task Order and state reasons for such denial.

**Attachments:**

Task Order proposal



*Focused on Excellence  
Delivered with Integrity*

January 7, 2014

Kenneth Dudley, P.E.  
County Engineer  
Taylor County  
201 E. Green Street  
Perry, Florida 32347

Ref: Roberts Aman Road Phase 2  
Engineering and Construction Phase Services  
Taylor County, FL

Dear Kenneth:

We submit this proposal to provide Engineering and Construction Engineering Inspection services (CEI) based upon your email request for proposal of December 12, 2013. Our proposed scope of services is similar to the services we are providing for the County on other roadway projects. We estimate our total CEI costs based upon the construction schedule of 75 days to final acceptance. Our Engineering costs are based upon completing the items listed within (see Engineering Services page 3).

| <u>Service</u>                    | <u>Fee</u>   | <u>Days</u> |
|-----------------------------------|--|-------------|
| Engineering Services              | \$ 2,500 lump sum  | 5           |
| Engineering Services out-of-scope | Standard hourly rate   | TBD         |
| CEI Services                      | \$ 39,375 Not-to-exceed based on a time and materials basis per our contract fee structure | 75          |
| <b>Total</b>                      | <b>\$ 41,875</b>   | <b>80</b>   |

The responsibilities of the Causseaux, Hewett, & Walpole, Inc. (CHW) on this project are:

**SCOPE:**

CHW shall be responsible for providing services as defined in this Scope of Services, the referenced FDOT manuals, and procedures. The project for which the services are required is Roberts Aman Road.

132 NW 76th Drive  
Gainesville, Florida 32607

Phone: (352) 331-1976  
Fax: (352) 331-2476  
www.chw-inc.com

CHW shall exercise our independent professional judgment in performing our obligations and responsibilities under this Agreement. Services provided by CHW shall comply with appropriate manuals, procedures, and memorandums in effect as of the date of execution of the Agreement unless otherwise directed in writing by the County.

**LENGTH OF SERVICE:**

CHW's services for this Construction Contract shall begin upon written notification to proceed by the County. For the duration of the project, CHW shall coordinate closely with the County and Contractor to minimize rescheduling activities due to construction delays or changes in scheduling of Contractor activities. The anticipated design and construction times for the project is 80 days total. CHW's estimate is based on our assumptions that the contract work will generally take place Monday-Friday, 8am to 5pm, with limited overtime and weekend work. CHW reserves the right to revisit our construction administration fees based on actual contract time and contractor's schedule (i.e. overtime/weekend hours, contract time extensions given to contractor, etc.).

**GENERAL:**

It shall be the responsibility of CHW to administer, monitor, and inspect the Construction Contract such that the project is constructed in reasonable conformity with the plans, specifications, and special provisions for the Construction Contract.

CHW shall observe the Contractor's work to determine the progress and quality of work, identify discrepancies, report significant discrepancies to the County, and direct the Contractor to correct such observed discrepancies. CHW is designated by the County to negotiate and approve Supplemental Agreements that do not effect time or cost. CHW will report such activities in the weekly log. Any other Supplemental Agreements must be determined to be in accordance with Florida law by the County prior to approval by CHW. For any Supplemental Agreement, which include time or cost, CHW shall prepare the Supplemental Agreement as a recommendation to the County, which the County may accept, modify or reject upon review. CHW shall consult with the County, as it deems necessary and shall direct all issues, which exceed its delegated authority to the County for action or direction. CHW shall advise the County of any significant omissions, substitutions, defects, and deficiencies noted in the work of the Contractor and the corrective action that has been directed to be performed by the Contractor. CEI services provided by CHW shall not relieve the Contractor of responsibility for the satisfactory performance of the Construction Contract.

**ON-SITE INSPECTION, SAMPLING & TESTING:**

CHW shall monitor the Contractor's on-site construction activities and inspect materials entering into the work in accordance with the plans, specifications, and special provisions for the Construction Contract to determine that the projects are constructed in reasonable conformity with such documents.

CHW shall keep accurate records of the Contractor's daily operations and of significant events that affect the work. CHW shall be responsible for monitoring the contractor's inspection of Contractor's Work Zone Traffic Control Plan and review of modifications to the Work Zone Traffic Control Plan, including Alternate Work Zone Traffic Control Plan, in accordance with the FDOT's procedures.

**Specific Engineering services are as follows:**

1. Update roadway design and produce an updated set of construction plans reflecting the following items:
  - a. Updated key sheet
  - b. Removal of plan sheets for segment of the project that has already been constructed
  - c. Transition / revision to existing roadway from the end of segment 1 (already constructed) to segment 2
  - d. Updated signing and pavement marking sheets, at transition and elsewhere as needed
  - e. Updated general notes sheet
2. Provide the new construction plans to you for review and comment prior to finalization; comments or revisions over and above the items listed in #1 above will be addressed at our standard hourly rates.
3. Finalize and sign and seal the plans for bidding and provide hard copies and electronic copies. Taylor County will handle the bidding process.

**Specific CEI services are listed below:**

1. MOT, Erosion Control and Preconstruction Conferences: Prepare for and conduct the MOT, Erosion Control and Preconstruction Conferences. Address and resolve all issues that arise at the meeting with appropriate offices, agencies and the County. Prepare and distribute detailed minutes of the meeting.
2. Administer Periodic Construction Phase Meetings: Prepare the agenda, attend, and conduct meeting every week with County personnel, contractor, sub-contractors, utility personnel and other agencies affected by the project. Be prepared to discuss recent progress, upcoming events in the schedule, and problems associated with the project. Record significant information revealed and discussed at the meeting, and distribute written minutes to the appropriate parties.
3. Project Administration: Provide project administration and coordinate with the County during the construction phase. Prepare for and attend, when requested, any periodic

or in-depth County inspections that may be conducted on the project related to project work, progress or records. Prepare for, cooperate with, and assist others that may be assigned to review project records, payments, reports, etc. Provide ample inspectors, testing laboratory personnel, and assistance to adequately oversee all work being done on the contract. Monitor CHW hours worked on the project and justify need for overtime for approval. Manage and coordinate the activities of the testing company under sub-contract services to CHW. Prior to starting work, submit to County a listing of personnel assigned to the project for review and approval. In addition, a list of persons with emergency phone numbers should always be supplied to the County and be available at any time in the case of an emergency on the project during the course of the construction phase of services. The project Administrator should also obtain from the contractor a list of contractor's personnel that will be responsible for any occurrence that may arise on the project for the life of the project construction.

4. Provide Construction Inspection: Provide effective and qualified monitoring of all inspection services being conducted by the contractor's testing personnel. All field technicians must be certified in the applicable FDOT certification workshops listed below:
  - Asphalt Roadway Paving Inspector (full time during paving operations)
  - Earthwork Technician (as needed)
  - SWPPP Certified (as needed)
  - MOT Certified (as needed)
5. Conduct Field Surveys: Monitor contractor's surveying services to verify original, final, as well as progress estimate quantities for payment of all earthwork pay items to the contractor. CHW will review the contractor's established horizontal and vertical control on the project to be utilized for construction layout. CHW will be prepared to justify quantities in case of discrepancies by contractors or the County. Upon request, check construction layout when deemed necessary by the County. CHW shall check the survey control baseline(s) along with sufficient baseline control points and bench marks at appropriate intervals along the project in order to: (1) use such measurements as are necessary to calculate and document quantities, (2) use preconstruction and final cross section surveys from the contractor of the project site in those areas where earthwork (i.e., embankment, excavation, subsoil excavation, etc.) is part of the construction project, and (3) perform incidental engineering surveys when requested by the County. The County will establish the specific survey requirements for this project prior to construction, if required.
6. Supplemental Agreements/Construction Change, Force Account, VECP: Notify the County of the necessity of any Supplemental Agreements/Construction Changes. Negotiate prices for additional pay items with the contractor while adhering the "Average Unit Price" listing when possible. Coordinate acceptance of prices with the County. Any work that cannot be negotiated with the prime contractor will be pursued



by Force Account as defined in the Standard Specifications. Submit Value Engineering Change Proposals to the County for analysis and distribution.

7. Reporting: It shall be the responsibility of CHW to ensure that any and all reporting required by the County are met. CHW shall ensure that all reporting required for 100% reimbursement to the County is properly completed and submit according to FDOT guidelines.
8. Quality Assurance and Testing for Acceptance: The intent is for CHW or its testing company sub-consultant to monitor and oversee the testing provided by the contractor in the field as defined in the Contract, Plans or Specifications, to monitor and oversee documentation of testing by the contractor. Also included as the responsibility of CHW is miscellaneous verification of application rates and dimensions and bearings to assure conformance to Plans and Specifications. In case of notification of defective asphalt as defined in the Specifications, CHW will submit the initial information and receive the final disposition of the material after review. Certifications of material submitted by the contractor will be reviewed by CHW for conformity to the Project Specifications. The certification documents submitted to the County will also be reviewed for completeness and conformance to the contract document. A Final Materials and Tests Certification as provided by the contractor will be submitted to the County with the Final Records.
9. Progress Payments: CHW will review the contractor's Progress Payments to verify the quantities using actual project field records, as directed by Special Provisions in the contract, from Supplemental Agreements/Construction Changes or Force Accounts. The quantities for payment will be referenced to field records prior to submission to the County to recommend payment. Test reports will be on file prior to payment. The County must approve any waiver of testing documents prior to payment. Payments for stockpiled material may be made as defined in the Standard Specifications and approved by the County.
10. Revisions to the Contract Plans: Any revisions to the contract plans or cross sections are the responsibility of the County Engineer.
11. Distribution of Correspondence: Submit to the County a copy of all correspondence between the Engineer of Record, contractor, subcontractors, or others concerning matters related to the project. Maintain an office file copy for submission with the project Final Records.
12. Inspection of Work: Provide inspection services for conformance to Plans and Specifications for all roadway, structures, and specialty items that are being incorporated into the project. Observe and verify the contractor's measurements and records of quantities for payment. Record field measurements in project records for review by the County or auditors. The records will be compiled and submitted to the

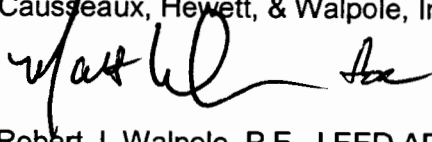
County. Verify contractor's inspection of traffic control daily, and additionally as required or requested. Notify the contractor of deficiencies or observed problems immediately. Verify any and all pay quantities in the case of questions by the contractor or County. Prepare an accurate daily diary, signed by the inspector, consisting of:

- Record of the contractors on the project
- Their personnel (number and classification)
- Equipment (number and type or size)
- Location and work performed by each contractor or subcontractor
- Orders given the contractor
- Events of note on the project
- Accidents on the project and any details surrounding the accident such as police report number, fatalities, causes, time, etc. Obtain a copy of the police report for the project records whenever possible.
- Weather, amount of precipitation, temperature at morning, noon, and evening, cloudy, clear, etc.
- Days charged, with explanation if not charged
- Equipment arriving or leaving the project, idle equipment
- Any other details that may be important later in the project life

13. Reports: There are numerous reports, documents, etc., that must be generated in the process of contract administration. A copy (electronic and paper) will be provided to the County prior to construction, on a weekly basis or as needed. Any questions regarding the requirements can be forwarded to the County for clarification at any time.
14. Final Records: Submit a compilation of project records in the FDOT's standard format to the County (Final Records) after project completion. Make corrections when/if notified and resubmit the records and a final estimate for the project at the appropriate time. Submit all final forms (FHWA-47, CC3, etc.) with the final records. Coordinate consultant hours after the project completion with the County for approval.
15. Project Claims: Prepare documentation and assist in the defense of the County, when requested, in preparation for Claims or possible Claims resulting in the execution of the contract.
16. Utility Relocation Coordination: Utility relocations are not a part of this contract and are being performed by the respective utility company.
17. Materials Testing Laboratory: Provide designated materials testing laboratory through a qualified sub-consultant for all applicable testing requirements to include asphalt plant testing and concrete strength testing if required.

We trust this scope of services is acceptable. If you have any questions or need additional information, please call our office.

Sincerely,  
Causseaux, Hewett, & Walpole, Inc.

A handwritten signature in black ink, appearing to read 'R. Walpole', written over the company name.

Robert J. Walpole, P.E., LEED AP  
President

G:\Library\CHW\Proposal\Taylor County\PROP\_140107\_Roberts\_Aman\_Road\_Phase\_2\_Taylor\_County\_Proposal for CEI Services.doc

## PROFESSIONAL ENGINEERING SERVICES AGREEMENT

**TASK ORDER NO.:** 2009-001-ENG-16

**PURCHASE ORDER NO.:** \_\_\_\_\_  
(For billing purposes only, to be assigned by COUNTY after execution.)

**PROJECT:** Roberts Aman Road Phase 2 Engineering and Construction Phase Services

**COUNTY:** TAYLOR COUNTY, a political subdivision of the State of Florida.

**CONSULTANT:** Causseaux, Hewett & Walpole, Inc.  
132 NW 76<sup>th</sup> Drive  
Gainesville, FL 32607  
352-331-1976

Execution of the Task Order by COUNTY shall serve as authorization for CONSULTANT to provide for the above project, professional services as set out in the Scope of Services included as RECITALS to that certain Agreement of June 19, 2009 between the COUNTY and the CONSULTANT and further delineated in the specifications, conditions and requirements stated in the following listed documents which are attached hereto and made a part hereof: proposal letter dated January 7, 2014

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Whenever the Task Order conflicts with said Agreement, the Agreement shall prevail.

**TIME FOR COMPLETION:** The work authorized by this Task Order shall commence upon being executed by COUNTY and returned to CONSULTANT and shall be completed within Eighty ( 80 ) calendar days.

### METHOD OF COMPENSATION:

(a) This Task Order is issued on a:

☐ Fixed Fee basis

☒ Time basis method with a Not-to-Exceed amount

☐ Time basis method with a Limitation of Funds amount

(b) If the compensation is based on a "Fixed Fee Basis," then CONSULTANT shall perform all work required by this Task Order for the sum of \_\_\_\_\_ DOLLARS(\$ \_\_\_\_). In no event shall CONSULTANT be paid more than the Fixed Fee Amount.

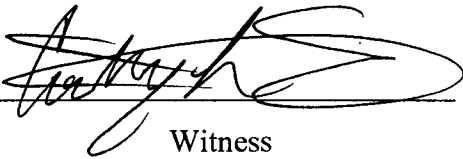
(c) If the compensation is based on a "Time Basis Method" with a Not-to-Exceed Amount, then CONSULTANT shall perform all work required by this Task Order for a sum not exceeding Forty One Thousand Eight Hundred Seventy Five DOLLARS (\$ 41,875.00). CONSULTANT's compensation shall be based on the actual work required by this Task Order.

(d) If the compensation is based on a "Time Basis Method" with a Limitation of Funds Amount, then CONSULTANT is not authorized to exceed the Limitation of Funds amount of \_\_\_\_\_ DOLLARS (\$ \_\_\_\_\_) without prior written approval of the COUNTY. Such approval, if given by the COUNTY, shall indicate a new Limitation of Funds amount. CONSULTANT shall advise the COUNTY whenever CONSULTANT has incurred expenses on this Task Order that equals or exceeds eighty percent (80%) of the Limitation of Funds amount. The COUNTY shall compensate CONSULTANT for the actual work performed under this Task Order based on supporting documentation of work performed.

The COUNTY shall make payment to CONSULTANT in strict accordance with the payment terms of the above-referenced Agreement.

It is expressly understood by CONSULTANT that this Task Order, until executed by the COUNTY, does not authorize the performance of any services by CONSULTANT and that the COUNTY, prior to its execution of the Task Order, reserves the right to authorize any party other than CONSULTANT to perform the services, or a portion thereof, called for under this Task Order if it is determined that to do so is in the best interest of the COUNTY.

IN WITNESS WHEREOF, the parties hereto have made and executed this Task Order on this \_\_\_\_\_ day of \_\_\_\_\_, for the purposes stated herein.

  
Witness

**Causseaux Hewett & Walpole, Inc.**

By: \_\_\_\_\_

  
Signature

Robert J. Walpole, P.E., LEED AP

Print Name

Title: President

**TAYLOR COUNTY, FLORIDA**

By: \_\_\_\_\_

Signature

\_\_\_\_\_  
Print Name

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**TAYLOR COUNTY BOARD OF COMMISSIONERS**

***County Commission Agenda Item***

**SUBJECT/TITLE:**



The Board to Receive the Florida Model Jail Standards Annual Medical Inspection Report conducted December 6, 2013, as agendaed by, Jack Brown, County Administrator.

**MEETING DATE REQUESTED:**

January 21, 2014

**Statement of Issue:**

The Florida Model Jail Standards Program conducts annual medical inspections as part of the Florida Model Jail Standards Certification Program. This is an opportunity for the Commission to review the report and to receive it into the official record of the county.

**Recommended Action:**

Receive the report, Commend Sheriff Williams, Captain Johnson, Lt Welch, Lieutenant Leverette and Nurse Gulbrandsen for their outstanding work as reflected by the inspection report.

**Fiscal Impact:**

None

**Budgeted Item:**

N/A

**Submitted By:**

Jack R. Brown, County Administrator

**SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS**

**History, Facts & Issues:** As stated above

**Options:** Receive / Comment

**Attachments:** Florida Model Jail Standards Annual Medical Inspection Report conducted December 6, 2013.

December 11, 2013

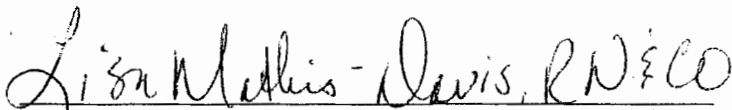
Lisa Mathis-Davis, RN  
Medical Inspector FMJS  
P.O. Box 1629  
Bronson, Fl 32621

Sheriff Bummy Williams  
589 Hwy 27 East  
Perry, Florida 32347

Dear Sheriff Bummy Williams:

On December 11, 2013, I had the pleasure of inspecting your County Jail's Medical Department. Nurse M. Gulbrandsen, who was very helpful and knowledgeable during the inspection process, greeted me. I inspected 9 inmate records; of which, they were all found to be in compliance. It was noted that Nurse Gulbrandsen strives to have their appraisals completed as soon as possible. I inspected all of their policies and procedures, clinical areas, and medication cart. Again, I found the medical department to be very neat, clean, and orderly. I did not find any major areas that were deficit and the facility passed inspection without difficulty. It is obvious Lieutenant D. Leverette supports the medical department with a very good working relationship! Together both of them have a very good medical department! Please record them as completed for this year's inspection.

Sincerely,

A handwritten signature in cursive script that reads "Lisa Mathis-Davis, RN & CO". The signature is written in dark ink and is positioned above the printed name and title.

Lisa Mathis-Davis, RN & Correctional Officer  
Florida Model Jail Standards  
Medical Inspector



FLORIDA MODEL JAIL STANDARDS  
ANNUAL MEDICAL INSPECTION REPORT

**Part I – Facility Identification**

Name of Facility: Taylor County Detention Facility

Facility Type: Adult Detention Facility

Mailing Address: 589 Hwy 27 East

City: Perry County: Taylor Phone: 850-584-4333

Agency Head: Bummy Williams Facility Administrator: Captain R. Johnson

Chairperson – County Commission: Malcomb Page

Date and time of Inspection: December 6, 2013 @ 10:30 AM

Date of Last Inspection: November 9, 2012

Health Care Services Provided By: Agency Staff ☒ Contract ☐

If Provided By Contract, Company Name: \_\_\_\_\_

Health Services Administrator: Ghulam Mohammed, M.D.

Medical Inspector(s) and Agency:

(Please attach additional sheets as needed and ensure all participating inspectors are listed.)

1. Lisa Mathis-Davis, Registered Nurse, Correctional Officer, and FMJS Medical Inspector

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Facility Population on Date of Inspection: 88

| Health Services Staff: | Full-time | Part-time | Avg # hours    |
|------------------------|-----------|-----------|----------------|
| Physicians             |           | 1         | 2/week         |
| ARNP/PA                |           |           |                |
| RNs                    |           |           |                |
| LPNs                   | 1         |           | 40/week        |
| CNAs/MAs               |           |           |                |
| EMTs                   |           |           |                |
| Other Staff            |           |           |                |
| <b>TOTALS</b>          | <b>1</b>  | <b>1</b>  | <b>42/week</b> |

## PART II - MEDICAL SECTION

**Note:** A "Yes" response indicates compliancy with the applicable standard. Non-compliance of any bold printed questions shall be considered serious violations.

|   | YES                                 | NO                       | N/A                      |
|---|-------------------------------------|--------------------------|--------------------------|
| 1. <b>Is there an agreement with the Health Authority licensed in the State of Florida for the provision of medical care and services as set forth in this section? Sec.7.01 &amp; 7.02</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are there standard operating procedures for the medical section, which is reviewed at least annually by the Health Authority that covers:  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Medical screening  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Health appraisal   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Physical exam  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Necessary medical, mental, and dental services   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Emergency medical and dental services  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Notification of next of kin in case of life threatening illness, injury, or death  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Prenatal care  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Delousing procedures, approved by the Health Authority   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Detox procedures under medical supervision   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Procedures for the facility physician to review health appraisals and identify problems  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Comprehensive quality improvement program  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the screening at receiving consist of, at a minimum, a visual observation by staff and completion of a screening form?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the screening include inquiry into and logging of: Sec. 7.03  |                                     |                          |                          |
| a. Current illnesses and health problems, including any infectious diseases   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Medications being taken and special health needs   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Behavior condition such as state of consciousness and mental status  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Notation of observable deformities or injuries   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|   | YES                                 | NO                       | N/A                      |
|---|-------------------------------------|--------------------------|--------------------------|
| e. Skin and body condition, such as rashes, needle marks, etc.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Inquiry into drug and alcohol type use, method, and amount, date and time of last use  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Any other health problem as designated by medical staff  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are medical records maintained on each admitted inmate for at least seven years following release, transfer or death? (Records may be maintained in hard copy or electronic format.) Sec. 7.15   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Are medical records kept confidential and separate from the inmate record?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is each inmate given a health appraisal, including physical hands on examination by appropriately trained medical personnel within 14 days of admission? Sec. 7.05                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does the Health Authority proscribe the extent of the examination, but include as a minimum: (Sec. 7.05)   |                                     |                          |                          |
| a. Review of screening forms  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Collection of additional for medical, dental, and psychiatric histories including gynecological histories for females  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Laboratory or diagnostic tests as deemed necessary by the Health Authority to detect communicable diseases   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Recording of height, weight, pulse, blood pressure, and temperature  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Other tests or exams as deemed appropriate   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Medical examinations with comments about mental and dental status  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Review of all results by a physician when required by Section 7.02 (j) of this standard  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does the facility have an agreement or understanding with one or more health care providers for emergency or regular medical services within the facility or at a designated location? Sec. 7.06 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is a list of names, phone numbers, and call days of emergency health care providers available at each facility? Sec. 7.07  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|     |  | YES                                 | NO                       | N/A                      |
|-----|--|-------------------------------------|--------------------------|--------------------------|
| 10. | <b><i>Are first aid supplies, as designated by the Health Authority, readily available to medical or security staff in the facility at all times? Sec. 7.08</i></b>                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | <b><i>Are personnel trained in first aid and CPR on duty at all times as required by FSS 943? Sec. 7.08</i></b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | Does the Health Authority or designee inspect all first aid supplies monthly? Sec. 7.08  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. | Is a procedure established and maintained that allows for inmates to submit a written request for medical care which may or may not require a clinical visit? Sec. 7.09                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. | Are all such medical requests screened daily by designated medical personnel who will make appropriate referrals? Sec. 7.09  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. | Are all requests received during formal sick call or medication rounds screened and referred when received? Sec. <b>7.09</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. | Is a sick call procedure established and maintained for inmates to report for and receive appropriate medical services for non- emergency illness or injury? Sec. 7.10                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. | Is a sick call procedure made available daily and supervised by the Health Authority? Sec. 7.10  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. | Is treatment initiated when appropriate and within a time frame provided by the Health Authority? Sec. 7.11  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. | Does the facility have an agreement or understanding with a licensed dentist to provide emergency dental care? Sec. 7.12   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. | Are medications administered according to the directions of a designated physician? 7.14   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. | Is health record information transmitted to any appropriate health care provider upon request of the physician or medical facility and written approval of the inmate? Sec. 7.16       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. | Are inmates who are admitted under the influence of alcohol or drugs separated from the general population and kept under close supervision for a reasonable amount of time? Sec. 7.17 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|     |   | YES                                 | NO                       | N/A                      |
|-----|---|-------------------------------------|--------------------------|--------------------------|
| 23. | Unless authorized in writing by the Health Authority or designee, inmates determined by medical to have suicidal tendencies or suffer from seizures are assigned to quarters that have close supervision or direct observation? Sec. 7.18   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. | Are certificates and licenses of facility medical staff kept on file at a central location within the facility? Sec. 7.20   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. | Does the facility have a written procedure whereby an inmate shall be tested for infectious disease consistent with guidelines established by the Center for Disease Control? Sec. 7.21   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. | Are inmates test results confidential and shared only with those that have a need to know? Sec. 7.22  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. | Are inmate test results exempt from public records law, FSS 119.01? Sec. 7.23   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. | Is inmate test results part of the inmate's permanent medical record? Sec. 7.24   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. | Upon transferring an inmate to another facility, does a summary or a copy of the inmate's medical file accompany the inmate to the receiving facility? Are the medical records sealed in an envelope marked to indicate marked as <u>confidential health information</u> ? Sec. 7.16 & 7.24 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. | Do pregnant inmates receive prenatal care and necessary treatment for their condition and exempt from inappropriate work details as determined by medical personnel? Sec. 7.25  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. | When an inmate is confined for medical reasons, is he/she examined by a physician or designee within 48 hours? Sec. 7.26 (1).   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. | Does a physician or designee determine when an inmate is to be removed from medical isolation? Sec. 7.26 (2).   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Comments (Add additional sheets as appropriate.)**

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### PART III - PHARMACY – LICENSING AND INSPECTION

YES NO N/A

33. Does the facility have an agreement with a consultant pharmacist or dispensing physician if medicinal drugs in quantities other than individual prescriptions are stocked? Sec. 7.27.01. ☐ ☐ ☒
34. Does the facility have procedures relating to safe handling and storage of medical drugs? Sec. 7.27.01. ☒ ☐ ☐

#### Comments (Add additional sheets as appropriate.)

33. This facility does not use bulk medications.

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## PART IV - STORAGE AND HANDLING OF INDIVIDUAL PRESCRIPTIONS

|   | YES                                 | NO                       | N/A                      |
|---|-------------------------------------|--------------------------|--------------------------|
| 35. Does the policy and procedure for each facility, which maintains only individual prescriptions, include as a minimum: Sec. 7.28.01 & 02                           |                                     |                          |                          |
| a. Prescription drugs that are not ordered or stocked in bulk quantities?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Individual prescriptions that are labeled with:  |                                     |                          |                          |
| 1) Name and address of pharmacy?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Date of dispensing?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Name of prescribing practitioner?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Name of patient?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Directions for use?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Necessary warning statements?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Name and strength of medication?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Prescription number?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) Expiration date?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Is there a maximum security storage area and a perpetual inventory system of all controlled substances, syringes, needles and other sharp instruments maintained? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. Is a log recording the issuance of prescribed medication maintained in hard copy or electronically and made part of the inmate's file? Sec. 7.28.04.              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Does the log contain at a minimum: Sec. 7.28.05   |                                     |                          |                          |
| a. Name and number of the inmate?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Name and strength of medication?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Direction for use?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Date and time of issue?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Initials or electronic signature of issuing personnel?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Amount of medication used?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Special instructions or limitations on use?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. When the inmate refuses medication, is the refusal indicated on the MAR?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Is unused medication recorded when removed from circulation and stored in a separate container labeled with: Sec. 7.28.07   |                                     |                          |                          |



|   | YES                                 | NO                       | N/A                      |
|---|-------------------------------------|--------------------------|--------------------------|
| a. Prescription number?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Name of issuing pharmacy?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Quantity of unused medication?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. Is unused medication, controlled or non-controlled, destroyed by appropriate means in accordance with the Florida Board of Pharmacy Rule 21s-19.00, Florida Administrative Code, Methods of Destruction? Sec. 7.28.08 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. When the inmate is transferred or released, are at least three (3) days of medications provided, unless otherwise directed by the facility physician? Sec. 7.28.10  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. When an inmate being released refuses medication, is the refusal documented in the health record? Sec. 7.28.10  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Does medication requiring refrigeration meet the following requirements? Sec. 7.28.10   |                                     |                          |                          |
| a. Drugs and non-prescription medication shall be refrigerated?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. When a general use refrigerator is used, all medication shall be kept in a separate, covered, waterproofed labeled receptacles?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. The daily refrigerator log daily recording (excluding days when Medical Staff is not on site) of a temperature maintained between 36 degrees Fahrenheit and 46 degrees Fahrenheit?                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Comments (Add additional sheets as appropriate.)**

44.c. Refrigerator temp=40 degrees F

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FMJS HEALTH RECORD REVIEW

| Facility: <u>Taylor</u> Date: <u>12/6/13</u> Surveyor: <u>L. Davis, RN</u> |                  |          |                     |                   |               |               |                     |         |                   |
|--|------------------|----------|---------------------|-------------------|---------------|---------------|---------------------|---------|-------------------|
|  | Inmate Booking # | DOI      | Receiving Screening | Health Assessment | Dental Screen | Mental Health | Sick Call           | CIC     | Comments          |
| 1.   | 01081            | 10/17/13 | 10/17/13            | 10/23/13          | 10/23/13      | 10/23/13      | N/A                 | N/A     |                   |
| 2.   | 00969            | 9/17/13  | 9/17/13             | 9/18/13           | 9/18/13       | 9/18/13       | N/A                 | N/A     |                   |
| 3.   | 03977            | 9/18/13  | 9/18/13             | 9/26/13           | 9/26/13       | 9/26/13       | N/A                 | N/A     | * On ABT          |
| 4.   | 695542           | 10/21/13 | 10/21/13            | 10/23/13          | 10/23/13      | 10/23/13      | 11/24/13            | N/A     |                   |
| 5.   | 55399            | 11/17/13 | 11/17/13            | 11/20/13          | 11/20/13      | 11/20/13      | 11/24/13            | N/A     |                   |
| 6.   | 04408            | 9/15/13  | 9/15/13             | 9/26/13           | 9/26/13       | 9/26/13       | 9/25/13<br>11/14/13 | 10/1/13 | HTN / CIC         |
| 7.   | 04250            | 11/28/13 | 11/28/13            | 12/4/13           | 12/4/13       | 12/4/13       | N/A                 | N/A     |                   |
| 8.   | 21238            | 10/24/13 | 10/24/13            | 10/30/13          | 10/30/13      | 10/30/13      | 11/15/13            | HTN     | 11/19/13 ✓ on med |
| 9.   | 04612            | 8/7/13   | 8/7/13              | 8/11/13           | 8/11/13       | 8/11/13       | 10/4/13             | N/A     |                   |
| 10.  |                  |          |                     |                   |               |               |                     |         |                   |
| 11.  |                  |          |                     |                   |               |               |                     |         |                   |
| 12.  |                  |          |                     |                   |               |               |                     |         |                   |
| 13.  |                  |          |                     |                   |               |               |                     |         |                   |
| 14.  |                  |          |                     |                   |               |               |                     |         |                   |
| 15.  |                  |          |                     |                   |               |               |                     |         |                   |

Additional Comments:

## SHARPS LOG

NAME: Taylor County Jail

BEGINNING BALANCE: \_\_\_\_\_

[illegible]



**TAYLOR COUNTY BOARD OF COMMISSIONERS**

***County Commission Agenda Item***

**SUBJECT/TITLE:**



Doctors' Memorial Hospital, Inc. (DMH) respectfully requests a letter of support from the Board of Commissioners for a grant application which was submitted to USDA Rural Development Community Facilities Program requesting funding assistance for medical equipment.

**Meeting Date:**

January 21, 2014

**Statement of Issue:**

DMH has submitted a grant to USDA Rural Development Community Facilities Program requesting funding assistance for the purchase of medical equipment. The Board had previously approved and provided a letter of support for the application on July 19, 2011, due to the period of time USDA has taken to process the application, an updated letter of support has been requested.

**Recommendation:**

**Respectfully requesting a letter of support from the Board.**

**Fiscal Impact:**

\$ This has no fiscal impact on the Board of Commissioners

**Budgeted Expense:**

Yes ☐ No ☐ N/A ☒

**Submitted By:**

Geri Forbes, CEO

**Contact:**

Geri Forbes, CEO 584-0885

**SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS**

**History, Facts & Issues:**

Doctors' Memorial Hospital has submitted application to USDA Rural Development Community for much needed medical equipment. This region has changed USDA offices three times in the past three years and the application is currently being processed. The Board had approved and provided a letter of support for the project in July 2011 but USDA has requested the letter be updated due to the period of time it has taken to process the application.

**Options:**

1. Approve requested letter of support

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2. Deny request

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**Attachments:**

1. Proposed letter of support & previously provided letter of support

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List of Equipment DMH is requesting funding assistance for .

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2.

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**MALCOLM PAGE**  
District 1

**JIM MOODY**  
District 2

**JODY DEVANE**  
District 3

**PAM FEAGLE**  
District 4

**PATRICIA PATTERSON**  
District 5



## **TAYLOR COUNTY BOARD OF COUNTY COMMISSIONERS**

**ANNIE MAE MURPHY, Clerk**  
Post Office Box 620  
Perry, Florida 32348  
(850) 838-3506 Phone  
(850) 838-3549 Fax

**JACK R. BROWN, 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

**January 21, 2014**

**Ms. Stephanie C. Hodges**  
Area Specialist  
Rural Development  
United States Department of Agriculture  
2441 NE 3<sup>rd</sup> Street, Suite 204-1  
Ocala, FL 34470

**Re: Doctors' Memorial Hospital USDA Rural Development Application**

**Dear Ms. Hodges:**

Please accept this letter of support for the application Doctors' Memorial Hospital has submitted to the USDA Rural Development Grant/Loan program for new medical equipment which is much needed for the continued growth of Doctors' Memorial Hospital. Over this past year, Doctors' Memorial Hospital has worked hard to become financially sound and provide improved patient services and care. This new equipment will continue to help hospital growth and patient care.

Thank you for your consideration of their application.

Sincerely,

**Malcolm Page, Chairman**  
Taylor County Board of County Commissioners



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July 19, 2011

Mr. Steven Dicks  
United States Department of Agriculture  
Rural Development  
971 W. Duval Street, Suite 190  
Lake City, Florida 32055

Re: Doctors' Memorial Hospital USDA Rural Development Application

Dear Mr. Dicks:

Please accept this letter of support for the application Doctors' Memorial Hospital is submitting to the USDA Rural Development Grant/Loan program for new medical equipment. This equipment is much needed for the continued growth of Doctors' Memorial Hospital. Over this past year, Doctors' Memorial has worked hard to become financially sound and provide improved patient services and care. This new equipment will continue to help hospital growth and patient care.

Thank you for your consideration of their application.

Sincerely,

Lonnie Houck Chairman  
Taylor County Board of County Commissioners



**Doctor's Memorial Hospital**  
**USDA Rural Development**  
**Priority Equipment List**

**Scope of Work: Equipment to provide new services or to replace outdated or obsolete equipment**

**A. Endoscopy Equipment and Scopes for one room** **Estimated Replacement Cost: \$255,000**

This equipment and scopes are 12 years old with useful life of 3 to 5 years. The equipment is often in need of repair and parts which are getting difficult to find. The last time the room was down it took 3 weeks to find the parts for repair. New equipment will increase productivity, decrease missed pathology with high definition technology, and decrease sterilization times. This equipment is necessary to continue to provide colonoscopies, EGD's and bronchoscopies.

**EXPECTED LIFE SPAN OF EQUIPMENT:** **12 – 15 years**

**B. Anesthesia Machine (2)** **Estimated Replacement Cost: \$140,000**

The Aspire View anesthesia ventilator, Space Lab gas analyzer, and monitoring equipment are to replace obsolete and unserviceable machines in our hospital operating room. Our present machine does not meet current ASA Safety Standards for patient ventilator care and is not repairable. The repair problem extends to the gas analyzer as well. The replacement would allow expansion of more complicated cases to another operating room and anesthesia provider thereby increasing productivity of the OR. The anesthesia staff is currently handicapped with types of cases that can occupy the OR. The increasing surgical staff will allow more cases to run concurrently improving productivity and reducing staff downtime.

**EXPECTED LIFE SPAN OF EQUIPMENT:** **15 years**

**C. Total Joint Equipment** **Estimated Replacement Cost: \$178,429**

|   |             |
|---|-------------|
| System 6 large Bone Battery Power Set   | \$74,994.56 |
| RemB Small Bone Poer Micro-electric Set | \$69,245.44 |
| Revolution Cement Mixing Equipment      | \$ 2,527.05 |
| Smart Pump Tourniquet Pump              | \$12,565.00 |
| Flyte Personal Protection Helmet System | \$19,096.10 |

**Total Joint Required Equipment Cost** **\$178,428.15**

**EXPECTED LIFE SPAN OF EQUIPMENT:** **12 – 15 years**

**Total Equipment Cost \$573,429**

**TAYLOR COUNTY BOARD OF COMMISSIONERS**

***County Commission Agenda Item***

**SUBJECT/TITLE:**

Board to review and approve Bid & Contract Documents for the Perry Foley Airport Hay Harvesting Project.



**MEETING DATE REQUESTED:**

January 21, 2014

**Statement of Issue:** Board to review and approve bid documents for the harvesting of hay on 80 acres at Perry Foley Airport.

**Recommended Action:** Approval bid documents for the harvesting of hay at Perry Foley Airport.

**Budgeted Expense:** Not Applicable.

**Submitted By:** Melody Cox

**Contact:** Melody Cox

**SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS**

**History, Facts & Issues:** The current contract for the harvesting of hay is expiring January 31, 2014 at Perry Foley Airport. 80+ acres have been harvested since 2001 for additional income for the Airport/County. One the current lease the County is to receive \$.003 per dry pound on hay harvested at the Airport and this has been very difficult to track. The proposed lease has a flat fee for the leasing of the 80 acre hay field.

**Attachments:** Bid & Contract Documents



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## NOTICE OF REQUEST FOR BIDS

The Taylor County Board of County Commissioners is soliciting bids for **THE LEASING OF EIGHTY (80) ± ACRES TO BE HARVESTED AS HAY AT PERRY – FOLEY AIRPORT, PERRY FLORIDA.**

Qualified firms or individuals desiring to provide the requested services must submit their bid package in an envelope or similar package marked **"Sealed bids for 'THE SALE LEASING OF EIGHTY (80) ± ACRES TO BE HARVESTED AS HAY AT PERRY – FOLEY AIRPORT, PERRY FLORIDA.'"** to the Clerk of Court, 1<sup>st</sup> Floor Courthouse, 108 North Jefferson Street, Perry, Florida 32347 to arrive no later than **4:00 PM**, local time, on \_\_\_\_\_. **All bids MUST have name and mailing address clearly shown on the outside of the envelope or package when submitted.** Bids will be opened and respondents announced at \_\_\_\_ local time, or as soon thereafter as practical, on \_\_\_\_\_ at Taylor County Administrative Complex, 201 East Green Street, Perry, Florida 32348.

The County reserves the right, in its sole absolute discretion, to reject any or all bids, to cancel or withdraw this bid at any time waive any irregularities in the bid process. The County reserves the right to award any contract(s) to the bidder/respondent which it deems to offer the best overall service, therefore, the County is not bound to award any contract(s) based on the quoted price. The County, in its sole and absolute discretion, also reserves the right to waive minor defects in the process and to accept the bid deemed to be in the County's best interest. The County, in its sole and absolute discretion, also reserves the right to assign a local business preference in the amount of five percent (5%) of the bid price. **No faxed bids will be accepted.**

### **For additional information and a bid package contact**

**Bill Roberts**  
**Airport Manager**  
**401 Industrial Park Drive**  
**Perry, FL 32348**  
**(850)838-3519**  
**airport@taylorcountygov.com**

**BID PACKAGES MAY ALSO BE OBTAINED FROM www.taylorcountygov.com**

### **For Information ONLY on the fields you may also contact:**

**Clay Olson, County Extension Director**  
**203 Forest Park Drive**  
**Perry FL 32348**  
**(850)838-3508**  
**cbolson@ufl.edu**

BY ORDER OF THE BOARD OF COUNTY COMMISSIONERS, Taylor County Florida



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## PROJECT IDENTIFICATION: THE LEASING OF EIGHTY (80) ± ACRES TO BE HARVESTED AS HAY AT PERRY – FOLEY AIRPORT.

THIS BID IS SUBMITTED TO:

Clerk of Courts, Taylor County  
1<sup>st</sup> Floor Courthouse  
108 N. Jefferson Street  
Perry, Florida 32347

### BID FORM

1. The undersigned BIDDER proposes and agrees, if this Bid is accepted, to enter into an agreement with OWNER in the form included in the Contract documents to lease 80 ± to be harvested as hay and to perform and furnish all work as specified or indicated in the Contract Documents for the Bid Price and within the Bid Terms in this Bid and in accordance with the other terms and conditions of the Contract Documents.
2. BIDDER accepts all of the terms and conditions of the Advertisement of Invitation to Bid and Instructions to Bidders, including without limitation those dealing with the disposition of Bid security. BIDDER will sign and deliver the required number of counterparts of the Agreement and other documents required by the Bidding Requirements within three (3) days after the date of OWNER'S Notice of Award.
3. In submitting this Bid, BIDDER represents, as more fully set forth in the Agreement, that:
  - (a) BIDDER has examined and carefully studied the Bidding Documents and the following Addenda receipt of all which is hereby acknowledged.
  - (b) BIDDER has visited the site and become familiar with and satisfied as to the general, local and site conditions that may affect cost, progress, performance and furnishing of the Work.
  - (c) BIDDER is familiar with and is satisfied as to all federal, state and local laws and regulations that may affect cost, progress, performance and furnishing of the Work.
  - (d) BIDDER is aware of the general nature of Work to be performed by Owner at the site that relates to Work for which this Bid is submitted as indicated in the Contract Documents.
  - (e) BIDDER has correlated the information known to BIDDER, information and observations obtained from visits to the site, reports and drawings identified in the Contract documents and all additional examinations, investigations observations, tests, studies and data with the Contract Documents.
  - (f) This Bid is genuine and not made in the interest of, or on behalf of any undisclosed person, firm or corporation and submitted in conformity with any agreement or rules of any group, association, organization or corporation to refrain from bidding; and BIDDER has not sought by collusion to obtain for itself any advantage over any other bidder or over Owner.

4. BIDDER agrees to the following Scope of Work schedule:

Payment for lease will be due by September 30 of each year.

2014 lease payment is due by 9/30/2014.

2015 lease payment is due by 9/30/2015.

2016 lease payment is due by 9/30/2016.

2017 lease payment is due by 9/30/2017.

2018 lease payment is due by 9/30/2018.

5. Successful bidder will need to provide payment to the Taylor County Board of Commissioners in one annual payment.
6. BIDDER agrees that the Work will be completed in accordance with the General Conditions (see Scope of Work for details) on or before the dates or within the number of calendar days indicated in the Agreement. BIDDER accepts the provisions of the Agreement as to liquidated damages in the event of failure to complete the Work within the time specified in the Agreement.
7. Communications concerning this Bid shall be addressed to:

BILL ROBERTS (850)838-3519  
airport@taylorcountygov.com  
Perry – Foley Airport  
401 Industrial Park Drive  
Perry, Florida 32348

8. Terms used in this Bid which are defined in the Standard General Conditions or Instructions will have the meaning indicated in the Standard General Conditions or Instructions.
9. **BIDDER AGREES TO LEASE. 80 ± ACRES AT AN ANNUAL LEASE COST OF \_\_\_\_\_**  
**PER ACRE TOTAL COST OF ANNUAL LEASE \_\_\_\_\_**  
(This **MUST** be filled out by Bidder.)

SUBMITTED on \_\_\_\_\_, 20\_\_\_\_

IF BIDDER IS:

AN INDIVIDUAL:

By \_\_\_\_\_ (seal)  
Individual's Name

Doing business as \_\_\_\_\_

Business address \_\_\_\_\_

Telephone No.: \_\_\_\_\_

A PARTNESHIP:

By: \_\_\_\_\_ (seal)  
Firm Name

General Partner: \_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

A CORPORATION:

By: \_\_\_\_\_ (seal)

State of Incorporation: \_\_\_\_\_

By: \_\_\_\_\_ (seal)

Name of Person Authorized to Sign

(Corporate Seal) \_\_\_\_\_

Title

Attest: \_\_\_\_\_ As Secretary

Business Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Date of Qualification To Do Business Is: \_\_\_\_\_

## GENERAL BID INFORMATION

1. Bid documents shall be obtained from Bill Roberts, Airport Manager at Perry Foley Airport, 401 Industrial Park Drive, Perry, FL 32348 Telephone (850) 838-3519 or [airport@taylorcountygov.com](mailto:airport@taylorcountygov.com). Documents may also be obtained from [www.taylorcountygov.com](http://www.taylorcountygov.com).
2. Bids **MUST** be submitted to the Clerk of Court, 1<sup>st</sup> Floor Courthouse, 108 North Jefferson Street Perry FL 32347, to arrive no later than **4:00 PM, local time**.
3. Bids **MUST** be in a sealed envelope plainly marked on the outside: **Sealed for bid for leasing of eighty (80) ± acres to be harvested as hay at Perry – Foley Airport.**
4. **All bids MUST have a name and mailing address shown on the outside of the envelope or package when submitted.**
5. Bids that are not delivered to the physical address of the Clerk of Court prior to the specified time will not be considered and **will be returned to the responder unopened.**
6. Once opened, no bid may be withdrawn prior to the Board of County Commissioners action without written consent of the Clerk of Court.
7. Responders must complete and furnish with their bid, the Florida Public Entity Crimes Statement as required by F.S. 287.133(3)(a).
8. Bids shall be received and respondents announced on \_\_\_\_\_ at \_\_\_\_\_ or as soon thereafter as practical, at the Taylor County Administrative Complex 201 East Green Street, Perry, Florida 32347.
9. The Taylor County Board of County Commissioners reserves the right, in its sole absolute discretion, to reject any or all bids, to cancel or withdraw this bid at any time waive any irregularities in the bid process. The County reserves the right to award any contract(s) to the bidder/respondent which it deems to offer the best overall service, therefore, the County is not bound to award any contract(s) based on the quoted price. The County, in its sole and absolute discretion, also reserves the right to waive minor defects in the process and to accept the bid deemed to be in the County's best interest. The County, in its sole and absolute discretion, also reserves the right to assign a local business preference in the amount of five percent (5%) of the bid price, pursuant to Taylor County Ordinance No. 2003-12.
10. It is the responsibility of the responders to fully understand and follow all contract expectations.
11. All bids submitted require General Liability and Workmen's Compensation Insurance, and must include a Certificate of Insurance showing \$1,000,000.00 liability insurance coverage, listing Taylor County as additional insured. Also include the Declaration Page from the insurance policy showing Workmen's Compensation Insurance on all employees working on the project. Any responder, who does not furnish the required insurance documents as part of the bid package, is hereby advised that the bid will be disqualified.
12. The Taylor County Board of County Commissioners **Does Not Accept Faxed Bids.**
13. Responders who elect to send sealed bids Overnight Express or Federal Express, must send the to the physical address of: Clerk of Court, 1<sup>st</sup> Floor Courthouse, 108 North Jefferson Street Perry FL 32347.
14. For additional information, contact  

|   |    |  |
|---|----|--|
| <b>Bill Roberts</b><br><b>Airport Manager</b><br><b>401 Industrial Park Drive</b><br><b>Perry, FL 32348</b><br><b>(850)838-3519</b><br><b><u>airport@taylorcountgov.com</u></b> | or | <b>Clay Olson</b><br><b>County Extension Director</b><br><b>201 Forest Park Drive</b><br><b>Perry, FL 32348</b><br><b>(850)838-3508</b><br><b><u>cbolson@ufl.edu</u></b> |
|---|----|--|

## **BIDDER INFORMATION**

1. Proposal: The bidder's proposal shall include the amount the bidder will pay per acre to lease 80 ± acres at Perry – Foley Airport to be harvested for hay on annual basis.

The bidder must lease all 80 ± acres. The acreage will not be divided into parcels.

2. Bid Form: The bidder is required to complete the Bid Form in its entirety.

## **SCOPE OF WORK**

The contractor shall provide all equipment and materials in strict accordance with the specification of the County and other documents herein mentioned which are a part of this Contract in connection with the following

### **“THE LEASING OF EIGHTY (80) ± ACRES TO BE HARVESTED AS HAY AT PERRY – FOLEY AIRPORT.”**

The eighty (80) ± acre field was planted at the Perry – Foley Airport in March of 2001.

Hay is typically harvested in early June or late May, again in early August and again in early October as weather permits. It is the successful bidder's option to harvest hay either as rolls or square bales.

Field can be inspected weekdays by appointment by contacting Bill Roberts at 850-838-3519 or at [airport@taylorcountygov.com](mailto:airport@taylorcountygov.com).

Additional information on the hay field and hay quality may be obtained by contacting:

Clay Olson, County Extension Director  
Taylor County Extension Office  
203 Forest Park Drive  
Perry, FL 32348  
850-838-3508 or at  
[cbolson@ufl.edu](mailto:cbolson@ufl.edu)

The successful bidder is required to fertilize the eighty (80) ± acres at each hay cutting. The successful bidder is required to provide the County all information as to the type of fertilization and micro nutrients used at each cutting. Non-compliance with these requirements is grounds for contract termination.

Successful bidder will provide weed control at rate and times to maintain or improve stand purity. Bidder will have all materials and rates and application technologies approved by the County prior to application. Non-compliance with these requirements is grounds for contract termination.

Bid will be awarded according to maximum revenue generated for the County.

Payment for each crop year will be due by September 30 of each year. The eighty (80) ± acres is being leased at \_\_\_\_\_ per acre for a total annual payment of \_\_\_\_.

2014 lease payment is due by 9/30/2014.  
2015 lease payment is due by 9/30/2015.  
2016 lease payment is due by 9/30/2016.  
2017 lease payment is due by 9/30/2017.  
2018 lease payment is due by 9/30/2018.



This agreement will be for a period of five (5) years.

If for some reason the successful bidder is unable to fertilize and harvest hay for an entire season the annual lease fee is still due to the County unless there is prior written consent from the Taylor County Board of Commissioners.

The successful bidder may not sub-lease the acreage.

Successful bidder has 30 days to provide proof of liability insurance according to County Policy.

The successful bidder may only use the land leased for the harvesting of hay.

Hay needs to be removed from the field within 30 days of baling.

## BID CHECKLIST

Check Items Included:

- \_\_\_\_\_ 1. Required proposal/bid information referenced above.
- \_\_\_\_\_ 2. Certification of Liability Insurance or Agent Statement as outlined in the General Considerations **(MUST BE INCLUDED)**.
- \_\_\_\_\_ 3. Declaration Page from Workmen's Compensation Insurance. **(MUST BE INCLUDED)**.
- \_\_\_\_\_ 4. Public Entity Crimes Affidavit, signed and notarized, as required by Chapter 287.133(3)(a) **(AFFIDAVIT ENCLOSED)**.

**Checklist must be included with the bid.**

**SWORN STATEMENT UNDER SECTION 287.133(3)(a),  
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES**

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER  
AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted with Bid, Proposal or Contract No. \_\_\_\_\_  
for \_\_\_\_\_
2. This sworn statement is submitted by \_\_\_\_\_  
(Name of entity submitting sworn statement)  
  
Whose business address is \_\_\_\_\_  
\_\_\_\_\_ and  
(if applicable) its Federal Employer Identification Number (FEIN) is \_\_\_\_\_,  
(If entity has no FEIN, include the Social Security Number of the individual signing this sworn  
statement: \_\_\_\_\_.)
3. My name is \_\_\_\_\_ and my relationship to the entity  
named above is \_\_\_\_\_.
4. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes,  
means a violation of any state or federal law by a person with respect to and directly related to the  
transaction of business with any public entity or with an agency or political subdivision of any other  
state or with the United States, including, but not limited to, any bid or contract for goods or services to  
be provided to any public entity or an agency or political subdivision of any other state or of the United  
States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material  
misrepresentation.
5. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes,  
means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of  
guilt, in any federal or state trial court or record relating to charges brought by indictment or  
information after July 1, 1989, as a result of a jury verdict, nonjury verdict, nonjury trial, or entry of a  
plea of guilty or nolo contendere.
6. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
  - A. A predecessor or successor of a person convicted of a public entity crime: or
  - B. An entity under the control of any natural person who is active in the management of the  
entity and who has been convicted of a public entity crime. The term "affiliate" includes those  
officers, directors, executives, partners, shareholders, employees, members, and agents who  
are in the management of an affiliate. The ownership by one person of shares constituting a  
controlling interest in another person, or a pooling of equipment or income among persons  
when not for fair another person. A person who knowingly enters into a joint venture with a  
person who has been convicted of a public entity crime in Florida during the preceding 36  
months shall be considered an affiliate.
7. I understand that a "person" as defined in Paragraph 287.133(1)(g)€, Florida Statutes, means any  
natural person or entity organized under the laws of any state or the United States with the legal power  
to enter into a binding contract and which bids or applies to bid on contracts for the provisions of  
goods or services let by a public entity, or which otherwise transacts or applies to transact business  
with a public entity. The term "person" includes those officers, directors, executives, partners,  
shareholders, employees, members, and agents who are in the management of an entity.

8. Based on information and belief, the statement, which I have marked below, is true in relation to the entity submitting this sworn statement. (Please indicate which statement applies)

\_\_\_\_\_ Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, and agents who are in the management of the entity, nor affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

\_\_\_\_\_ The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, and agents who are in the management of an entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989 AND (Please indicate which additional statement applies.)

\_\_\_\_\_ There has been a proceeding concerning the conviction before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. (Please attach a copy of the final order.)

\_\_\_\_\_ The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing office of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate on the convicted vendor list. (Please attach a copy of the final order.)

\_\_\_\_\_ The person or affiliate has not been placed on the convicted vendor list. (Please describe any action taken by or pending with the Department of General Services.)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

PERSONALLY APPEARED BEFORE ME, the undersigned authority, \_\_\_\_\_,  
(Name of individual signing)

who, after first being sworn by me, affixed his/her signature in the space provided above on this \_\_\_\_\_

day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires: \_\_\_\_\_



# TAYLOR COUNTY BOARD OF COUNTY COMMISSIONERS

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(850) 584-2433 Fax

THIS CONTRACT, made the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
Between TAYLOR COUNTY, hereinafter called the COUNTY, and \_\_\_\_\_

Hereinafter called the **CONTRACTOR. WITNESSETH**, that the County and the Contractor  
for the consideration stated herein agree as follows:

1. **SCOPE OF WORK.** The contractor shall provide all equipment and materials in strict accordance with the specification of the County and other documents herein mentioned which are a part of this Contract in connection with the following

**"THE LEASING OF EIGHTY (80) ± ACRES TO BE HARVESTED AT  
THE PERRY – FOLEY AIRPORT."**

The eighty (80) ± acre field was planted at the Perry – Foley Airport in March of 2001.

Hay is typically harvested in early June or late May, again in early August and again in early October as weather permits. It is the successful bidder's option to harvest hay either as rolls or square bales.

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The successful bidder is required to fertilize the eighty (80) ± acres at each hay cutting. The successful bidder is required to provide the County all information as to the type of fertilization and micro nutrients used at each cutting. Non-compliance with these requirements is grounds for contract termination.

Successful bidder will provide weed control at rate and times to maintain or improve stand purity. Bidder will have all materials and rates and application technologies approved by the County prior to application. Non-compliance with these requirements is grounds for contract termination.

Bid will be awarded according to maximum revenue generated for the County.

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This agreement will be for a period of five (5) years.

If for some reason the successful bidder is unable to fertilize and harvest hay for an entire season the annual lease fee is still due to the County unless there is prior written consent from the Taylor County Board of Commission.

The successful bidder may not sub-lease the acreage.

Successful bidder has 30 days to provide proof of liability insurance according to County Policy.

The successful bidder may only use the land leased for the harvesting of hay.

Hay needs to be removed from the field within 30 days of baling.

2. **THE CONTRACT PRICE.** Successful Bidder shall pay to the County for the performance of this Contract, subject to any additions or deductions provided therein, by Cashier's check payable to the Taylor County Board of County Commissioners.
3. **PRESERVATION OF PROPERTY.** The Contractor shall preserve from damages all property associated with or which is in the vicinity of, or is in any way affected by the work. This applies to public and private property and/or utilities.
4. **HOLD HARMLESS AND INSURANCE.** To the extent allowed by law, the Contractor shall indemnify, defend and save and hold harmless, the County, all of its officers, Agents or Employees from all suits, actions, claims, demands, liabilities of any nature whatsoever arising out of, because of, or due to breach of this Agreement by the Contractor, its subcontractors, agents or employees or due to any negligent act or occurrence of omission or commission of the Contractor, its Subcontractors, Agents or employees. Neither Contractor nor any of its subcontractors will be liable under this section for damages arising out of injury or damage to persons or property directly caused or resulting from the sole negligence of the County or any of its Officer, Agents or Employees.
5. **GENERAL LIABILITY INSURANCE.** The Contractor shall maintain general liability insurance of at least \$1,000,000.00 holding the County harmless for the Contractor's negligence, **and list the County as additionally insured under the Contractor's coverage.**
6. **WORKER'S COMPENSATION INSURANCE.** The Contractor shall provide Worker's Compensation insurance in accordance with the laws of the State of Florida and in amounts sufficient to secure the benefits of the Florida Worker's Compensation law for all of its employees.

7. **COMPONENT PARTS OF THIS CONTRACT.** This Contract consists of the following component parts, all of which are as fully a part of this contract as if herein set out verbatim or, in not attached, as if hereto attached.

- (a) Bid Specification and Details
- (b) The Contractor's Proposal
- (c) This Instrument

In the event that any provision in any of the above component parts, the provision in the component list enumerated above shall govern over any other component part, which follows it numerically except as may be otherwise specifically stated.

8. **AUTHORIZED PERSONNEL.** The Contractor is to contact the following for any correspondence or questions regarding this project: **BILL ROBERTS, PERRY – FOLEY AIRPORT, 401 INDUSTRIAL PARK DRIVE, PERRY, FLORIDA 32348 TELEPHONE (850)838-3519, or airport@taylorcountygov.com**
9. **LITIGATION.** If any litigation arises out of this Contract, venue of all such cases shall be in Taylor County, Florida, and the prevailing party is entitled to reasonable attorney fees and costs.

**IN WITNESS WHEREOF,** THE Parties hereto have caused this instrument, as of the \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_.

**WITNESS:**

**TAYLOR COUNTY**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Chairman

**ATTEST:** \_\_\_\_\_

Annie Mae Murphy  
Clerk of Courts

**WITNESSES:**

**CONTRACTOR**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

STATE OF FLORIDA  
COUNTY OF TAYLOR

THIS FOREGOING INSTRUMENT was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, who is personally know to me and who did not take an oath.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_





### Taylor County Property Appraiser

Parcel: undefined Acres:

|       |  |                |  |
|-------|--|----------------|--|
| Name: |  | Land Value     |  |
| Site: |  | Building Value |  |
| Sale: |  | Misc Value     |  |
| Mail: |  | Just Value     |  |
|       |  | Assessed Value |  |
|       |  | Exempt Value   |  |
|       |  | Taxable Value  |  |



The Taylor County Property Appraiser's Office makes every effort to produce the most accurate information possible. No warranties, expressed or implied, are provided for the data herein, its use or interpretation. The assessment information is from the last certified taxroll. All data is subject to change before the next certified taxroll. PLEASE NOTE THAT THE PROPERTY APPRAISER MAPS ARE FOR ASSESSMENT PURPOSES ONLY NEITHER TAYLOR COUNTY NOR ITS EMPLOYEES ASSUME RESPONSIBILITY FOR ERRORS OR OMISSIONS —THIS IS NOT A SURVEY—  
Date printed: 06/11/12 : 14:30:45



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## TAYLOR COUNTY BOARD OF COMMISSIONERS

### County Commission Agenda Item

**SUBJECT/TITLE:**

Requesting Board approval to move forward with submitting application to the Florida Department of Health (FDOH), EMS Services Program, Division of Emergency Preparedness and Community Support grant program for Automatic External Defibrillator's (AED's) for eleven unequipped County Fire Rescue vehicles. Due to grant timelines, we are requesting to forego the public hearings.

**MEETING DATE REQUESTED:**

January 22, 2014

**Statement of Issue:** The funding cycle is currently open for the 2014 FDOH, EMS Services Grant Program. Grants and Fire Rescue staff are requesting approval to move forward with submitting a grant application requesting funding assistance for the purchase of eleven AED's for County Fire Rescue vehicles. Staff is requesting the Board to waive public hearings due to grant timelines.

**Recommended Action:** Board to approve moving forward with submitting grant application to FDOH.

**Fiscal Impact:** The County would be submitting a grant application requesting funding assistance in the amount of \$14,245 (\$1,295 per AED). This grant has a 10 to 25% match if funded, based on how the grant application is ranked. The Board would have a maximum match of \$3,561.25 if the grant is funded. The County will be notified in July 2014 as to the status of the grant application. If necessary the match could be budgeted for FY 2014-2015 as the County will have one year to expend the funds.

**Budgeted Expense:** Not budgeted at this time.

**Submitted By:** Melody Cox

**Contact:** Melody Cox

### SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

**History, Facts & Issues:** Taylor County Fire Rescue is the secondary responder to medical calls if DMH EMS is responding to other calls. Over the past three years Fire Rescue has responded to 404 medical calls which were non-fire related. Fire Rescue currently only has two AED's which are more than six

years old. Per the National Fire Protection Agency Standards (NFPA) each Engine and Tanker Truck are required to have one AED. Though this grant program is targeted to Emergency Medical Services, Fire Departments are eligible to apply. In 2013 FDOH awarded three grants to Fire Departments in the state. The quotes which have been obtained for the AED's offer a 8 year warranty with a 4 year battery pack which have 4 year warranties.

**Attachments: FDOH EMS Grant Program information, and NFPA standards.**

**Mission:**

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

**Rick Scott**

Governor

**John H. Armstrong, MD, FACS**

State Surgeon General &amp; Secretary

**Vision:** To be the Healthiest State in the Nation

**ANNOUNCEMENT: APPLY FOR FLORIDA EMERGENCY MEDICAL SERVICES (EMS) MATCHING GRANTS BEGINNING NOVEMBER 15, 2013. FLORIDA EMS MUST RECEIVE YOUR APPLICATION BY FEBRUARY 28, 2014, 4:00 P. M. EASTERN STANDARD TIME**

You can request any amount. Over the past three years, this grant program awarded 167 projects a total of \$7.3 million in state funds.

You may submit more than one application but each original and its four copies must be distinguishable if sent in one package. For each request, send your completed: (A) original paper application and (B) Request for Grant Fund Distribution Form, and (C) four copies, to **ONE** of the following addresses. We will not accept applications via facsimile (fax) or e-mail attachment.

| Mailing Address  | Physical Address   |
|--|--|
| <b>EMS MATCHING GRANTS</b><br>Attn: Alan Van Lewen<br>DOH EMS Program, Grants<br>4052 Bald Cypress Way, A-22<br>Tallahassee, FL 32399-1722 | <b>EMS MATCHING GRANTS</b><br>Attn: Alan Van Lewen<br>DOH EMS Program, Grants<br>4042 Bald Cypress Way, 2nd Floor<br>Tallahassee, Florida 32399-1748 |

Optional: In your application package cover letter, you may request to be, or recommend a person to be, a reviewer of grant applications. Reviewers will not evaluate applications in which they have, or may appear to have, an interest in the outcome.

The application form is the same used last year, and you can obtain it and the below items on the state EMS grant website or from state EMS grant staff. <http://www.floridahealth.gov/provider-and-partner-resources/ems-grants/index.html>

|   |                          |                                      |
|---|--------------------------|--------------------------------------|
| Application Form Facts                    | Application Form in Word | Application Form with Fields in Word |
| Eligibility of Organizations and Projects | Scoring Tips             | Two Types of Matching Grants         |

For your requests, questions, or assistance: telephone (850) 245-4440, extensions 2734, or 2782, or 2773, fax (850) 488-2512, or e-mail [alan.vanlewen@flhealth.gov](mailto:alan.vanlewen@flhealth.gov). However, Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may, therefore, be subject to disclosure (section 668.6076, *Florida Statutes*).

The Department of Health, EMS Program in the best interests of the state reserves the right to give awards, to reduce budgets, and to reject any and all applications.

**Florida Department of Health**

Bureau of Emergency Medical Oversight, EMS Program  
4052 Bald Cypress Way, Bin A-22 • Tallahassee, FL 32399-1722  
PHONE: (850) 245-4440, Ext. 2734 • FAX (850) 245-4378

**[www.FloridasHealth.com](http://www.FloridasHealth.com)**

TWITTER:HealthyFLA

FACEBOOK:FLDepartmentofHealth

YOUTUBE: fidoH

The following should assist when you proceed to complete the application form. However, the application form will walk you through what to do, and you can always ask state emergency medical services (EMS) staff to clarify or provide information about any aspect.

### **Rural and General Matching Grant Application Form**

**Application and Request for Grant Fund Distribution Forms.** State EMS uses the same application and grant distribution form for both the General and Rural matching grant programs.

If the applicant is a rural organization, state EMS can consider the same application twice, once for the General matching grant (75% funds), and once for a Rural matching grant (90% funds).

**Rural Matching Grants.** Only EMS organizations based in counties with populations in the U.S. 2010 census of 100,000 or fewer and a population density of less than 100 people per square mile are eligible for a rural matching grant for which the state will pay 90% of the approved budget.

**General Matching Grant Eligibility.** All EMS organizations, county, city, and private, including all rural and urban-based organizations are eligible for general matching grants for which the state will pay 75% of approved budgets. However, state EMS can only consider projects that improve and expand EMS for the 75% funding program. The 75% grant program cannot legally fund replacement and ongoing operations.

**Dual Review for Rural Organizations.** The applicant should not send two applications for the same project to get both a General and Rural matching grant review of the project. State EMS will automatically evaluate all rural matching grant applications that improve and expand EMS for both the rural matching and general matching grant awards, unless the rural applicant at the top of the first page of the application writes, "Solely Consider for Rural 90% Grant Only."

However, rural projects for replacement and ongoing operations cannot legally receive the 75% grants.

### **Application Form Structure**

The matching grant application form gives a choice to the applicant to select only one of four types of projects for which to request funds, and defines each:

- Direct services,
- Training,
- "Other," and
- Research/evaluation.

The application form will guide the applicant to the parts of the form to complete for the type of project the applicant chooses.

The applicant must complete only one of these four specialized parts, but also complete the balance of the application form.

Some of the parts of the application form are common to all types of projects, but the applicant must complete only one specialized section where the form indicates the choice among the four.

More specifically, in the application form:

The specialized section for Direct Services is Item 11. The applicant must complete Items 10 and 11, omit Items 12, 13, and 14, and resume at Item 15.

The specialized section for Training is Item 12. The applicant must complete Items 10 and 12, omit Items 11, 13, and 14, and resume at Item 15.

The specialized section for "Other" is Item 13. The applicant must complete Items 10 and 13, omit Items 11, 12, and 14, and resume at Item 15.

The specialized section for Research/evaluation is Item 14. The applicant must complete Item 14, omit Items 10, 11, 12, and 13, and resume at Item 15.

Some projects may have relevance to more than one of the four types, but the applicant must choose only one for each request.

All applicants must complete and sign as indicated on the form: Items 1 through nine, Items 16 through 19, and the Request for Grant Fund Distribution form.

### **Request for Grant Fund Distribution Form**

All applicants must complete the top part of the one-page "Request for Grant Fund Distribution Form". The state EMS office completes the bottom part.

The form is not a direct part of the scoring process, but is required by our state finance office before they can remit your state grant funds.

State EMS has added this Request Form to the application form that it distributes. So you should automatically get it when you get the application form from the state EMS grant website or by e-mail attachment.

## ~~Chapter 5 Pumper Fire Apparatus~~

### 5.1 General.

If the apparatus is to function as a pumper, it shall meet the requirements of this chapter.

### 5.2 Fire Pump.

The apparatus shall be equipped with a fire pump that meets the requirements of Chapter 16 and that has a minimum rated capacity of 750 gpm (3000 L/min).

### 5.3 Aerial Device.

If the pumper is equipped with an aerial device, the requirements of 5.3.1 through 5.3.4 shall apply.

5.3.1 The aerial device shall meet the requirements of Chapter 19.

5.3.2 If the aerial device is equipped with a permanently mounted waterway, the fire pump shall be capable of supplying the flow requirements of 19.6.1, 19.12.1, or 19.16.1 with a maximum intake gauge pressure of 20 psi (138 kPa).

5.3.3 Provisions shall be made to ensure that the pump operator is not in contact with the ground.

5.3.4 Signs shall be placed to warn the pump operator of electrocution hazards.

### 5.4\* Water Tank.

The pumper shall be equipped with a water tank(s) that meets the requirements of Chapter 18 and that has a minimum certified capacity (combined, if applicable) of 300 gal (1100 L).

### 5.5\* Equipment Storage.

A minimum of 40 ft<sup>3</sup> (1.1 m<sup>3</sup>) of enclosed weather-resistant compartmentation that meets the requirements of Section 15.1 shall be provided for the storage of equipment.

### 5.6\* Hose Storage.

Hose bed area(s), compartments, or reels that comply with Section 15.10 shall be provided to accommodate the following:

- (1) A minimum hose storage area of 30 ft<sup>3</sup> (0.8 m<sup>3</sup>) for 2½ in. (65 mm) or larger fire hose
- (2) Two areas, each a minimum of 3.5 ft<sup>3</sup> (0.1 m<sup>3</sup>), to accommodate 1½ in. (38 mm) or larger preconnected fire hose lines

### 5.7\* Equipment Supplied by the Contractor.

The contractor shall supply the equipment listed in 5.7.1 and 5.7.2 and shall provide and install such brackets or compartments as are necessary to mount the equipment.

#### 5.7.1 Ground Ladders.

5.7.1.1 All fire department ground ladders carried on the apparatus shall meet the requirements of NFPA 1931, *Standard for Manufacturer's Design of Fire Department Ground Ladders*, except as permitted by 5.7.1.3 and 5.7.1.4.

5.7.1.2\* At a minimum, the following fire department ground ladders shall be carried on the apparatus:

- (1) One straight ladder equipped with roof hooks
- (2) One extension ladder
- (3) One folding ladder

5.7.1.3 Stepladders and other types of multipurpose ladders meeting ANSI A14.2, *Ladders — Portable Metal — Safety Requirements*, or ANSI A14.5, *Ladders — Portable Reinforced Plastic — Safety Requirements*, with duty ratings of Type 1A or 1AA shall be permitted to be substituted for the folding ladder required in 5.7.1.2(3).

5.7.1.4 Stepladders and other types of multipurpose ladders shall be permitted to be carried in addition to the minimum fire department ground ladders specified in 5.7.1.2 provided they meet either ANSI A14.2 or ANSI A14.5 with duty ratings of Type 1A or 1AA.

#### 5.7.2 Suction Hose or Supply Hose.

5.7.2.1 A minimum of 20 ft (6 m) of suction hose or 15 ft (4.5 m) of supply hose shall be carried.

5.7.2.1.1 Where suction hose is provided, a suction strainer shall be furnished.

5.7.2.1.2 Where suction hose is provided, the friction and entrance loss of the combination suction hose and strainer shall not exceed the losses listed in Table 16.2.4.1(b) or Table 16.2.4.1(c).

5.7.2.1.3 Where supply hose is provided, it shall have couplings compatible with the local hydrant outlet connection on one end and the pump intake connection on the other end.

5.7.2.2 Suction hose and supply hose shall meet the requirements of NFPA 1961, *Standard on Fire Hose*.

5.7.2.3 The purchaser shall specify whether suction hose or supply hose is to be provided, the length and size of the hose, the type and size of the couplings, the manner in which the hose is to be carried on the apparatus, and the style of brackets desired.

#### 5.8\* Minor Equipment.

5.8.1 General. The equipment listed in 5.8.2 and 5.8.3 shall be available on the pumper fire apparatus before the apparatus is placed in service.

5.8.1.1 Brackets or compartments shall be furnished so as to organize and mount the specified equipment.

5.8.1.2 A detailed list of who is to furnish the items and the method for organizing and mounting these items shall be supplied by the purchasing authority.

5.8.2 Fire Hose and Nozzles. The following fire hose and nozzles shall be carried on the apparatus:

- (1) 800 ft (240 m) of 2½ in. (65 mm) or larger fire hose
- (2) 400 ft (120 m) of 1½ in. (38 mm), 1¾ in. (45 mm), or 2 in. (52 mm) fire hose
- (3) One handline nozzle, 200 gpm (750 L/min) minimum
- (4) Two handline nozzles, 95 gpm (360 L/min) minimum
- (5) One playpipe with shutoff and 1 in. (25 mm), 1½ in. (29 mm), and 1¾ in. (32 mm) tips

5.8.3\* Miscellaneous Equipment. The following additional equipment shall be carried on the apparatus:

- (1) One 6 lb (2.7 kg) flathead axe mounted in a bracket fastened to the apparatus
- (2) One 6 lb (2.7 kg) pickhead axe mounted in a bracket fastened to the apparatus
- (3) One 6 ft (2 m) pike pole or plaster hook mounted in a bracket fastened to the apparatus

- (4) One 8 ft (2.4 m) or longer pike pole mounted in a bracket fastened to the apparatus
- (5) Two portable hand lights mounted in brackets fastened to the apparatus
- (6) One approved dry chemical portable fire extinguisher with a minimum 80-B:C rating mounted in a bracket fastened to the apparatus
- (7) One 2½ gal (9.5 L) or larger water extinguisher mounted in a bracket fastened to the apparatus
- (8) One self-contained breathing apparatus (SCBA) complying with NEPA 1981, Standard on Open-Circuit Self-Contained Breathing Apparatus (SCBA) for Emergency Services, for each assigned seating position, but not fewer than four, mounted in brackets fastened to the apparatus or stored in containers supplied by the SCBA manufacturer
- (9) One spare SCBA cylinder for each SCBA carried, each mounted in a bracket fastened to the apparatus or stored in a specially designed storage space
- (10) One first aid kit
- (11) Four combination spanner wrenches mounted in brackets fastened to the apparatus
- (12) Two hydrant wrenches mounted in brackets fastened to the apparatus
- (13) One double female 2½ in. (65 mm) adapter with National Hose (NH) threads, mounted in a bracket fastened to the apparatus
- (14) One double male 2½ in. (65 mm) adapter with NH threads, mounted in a bracket fastened to the apparatus
- (15) One rubber mallet, suitable for use on suction hose connections, mounted in a bracket fastened to the apparatus
- (16) Two salvage covers each a minimum size of 12 ft x 14 ft (3.7 m x 4.3 m)
- (17) Two or more wheel chocks, mounted in readily accessible locations, that together will hold the apparatus, when loaded to its GVWR or GCWR, on a hard surface with a 20 percent grade with the transmission in neutral and the parking brake released
- (18) One traffic vest for each seating position, each vest to comply with ANSI/ISEA 207, *Standard for High-Visibility Public Safety Vests*, and have a five-point breakaway feature that includes two at the shoulders, two at the sides, and one at the front
- (19) Five fluorescent orange traffic cones not less than 28 in. (711 mm) in height, each equipped with a 6 in. (152 mm) retroreflective white band no more than 4 in. (102 mm) from the top of the cone, and an additional 4 in. (102 mm) retroreflective white band 2 in. (51 mm) below the 6 in. (152 mm) band
- (20) Five illuminated warning devices such as highway flares, unless the five fluorescent orange traffic cones have illuminating capabilities
- ~~(21) One automatic external defibrillator (AED)~~

5.8.3.1 If the supply hose carried does not use sexless couplings, an additional double female adapter and double male adapter, sized to fit the supply hose carried, shall be carried mounted in brackets fastened to the apparatus.

5.8.3.2 If none of the pump intakes are valved, a hose appliance that is equipped with one or more gated intakes with female swivel connection(s) compatible with the supply



hose used on one side and a swivel connection with pump intake threads on the other side shall be carried. Any intake connection larger than 3 in. (75 mm) shall include a pressure relief device that meets the requirements of 16.6.6.

5.8.3.3 If the pumper is equipped with an aerial device with a permanently mounted ladder, four ladder belts meeting the requirements of NFPA 1983, *Standard on Life Safety Rope and Equipment for Emergency Services*, shall be provided.

5.8.3.4 If the apparatus does not have a 2½ in. intake with NH threads, an adapter from 2½ in. NH female to a pump intake shall be carried, mounted in a bracket fastened to the apparatus if not already mounted directly to the intake.

5.8.3.5 If the supply hose carried has other than 2½ in. NH threads, adapters shall be carried to allow feeding the supply hose from a 2½ in. NH thread male discharge and to allow the hose to connect to a 2½ in. NH female intake, mounted in brackets fastened to the apparatus if not already mounted directly to the discharge or intake.

## ~~Chapter 7 Mobile Water Supply Fire Apparatus~~

### 7.1 General.

If the apparatus is to function as a mobile water supply apparatus, it shall meet the requirements of this chapter.

### 7.2 Pump.

If the apparatus is equipped with a fire pump, the pump shall meet the requirements of Chapter 16.

### 7.3 Water Tank.

The mobile water supply apparatus shall be equipped with a water tank(s) that meets the requirements of Chapter 18 and that has a minimum certified capacity (combined, if applicable) of 1000 gal (4000 L).

### 7.4\* Equipment Storage.

A minimum of 20 ft<sup>3</sup> (0.57 m<sup>3</sup>) of enclosed weather-resistant compartmentation meeting the requirements of Section 15.1 shall be provided for the storage of equipment.

### 7.5 Hose Storage.

7.5.1\* A minimum hose storage area of 6 ft<sup>3</sup> (0.2 m<sup>3</sup>) for 2½ in. (65 mm) or larger fire hose that meets the requirements of Section 15.10 shall be provided.

7.5.2 If the apparatus is equipped with a fire pump, two areas, each a minimum of 3.5 ft<sup>3</sup> (0.1 m<sup>3</sup>), to accommodate 1½ in. (38 mm) or larger preconnected fire hose lines shall be provided.

### 7.6\* Suction Hose or Supply Hose.

If the mobile water supply fire apparatus is equipped with a pump, the requirements in 7.6.1 through 7.6.3 shall apply.

7.6.1 A minimum of 20 ft (6 m) of suction hose or 15 ft (4.5 m) of supply hose shall be carried.

7.6.1.1 Where suction hose is provided, a suction strainer shall be furnished.

7.6.1.2 Where suction hose is provided, the friction and entrance loss of the combination suction hose and strainer shall not exceed the losses listed in Table 16.2.4.1(b) or Table 16.2.4.1(c).

7.6.1.3 Where supply hose is provided, it shall have couplings compatible with the local hydrant outlet connection on one end and the pump intake connection on the other end.

7.6.2 Suction hose and supply hose shall meet the requirements of NEPA 1961, Standard on Fire Hose.

7.6.3\* The purchaser shall specify whether suction hose or supply hose is to be provided, the length and size of the hose, the type and size of the couplings, the manner in which the hose is to be carried on the apparatus, and the style of brackets desired.

### 7.7\* Minor Equipment.

7.7.1 The equipment listed in 7.7.2 and 7.7.3 shall be available on the initial attack fire apparatus before the apparatus is placed in service.

7.7.1.1 Brackets or compartments shall be furnished so as to organize and mount the specified equipment.

7.7.1.2 A detailed list of who is to furnish the items and the method for organizing and mounting these items shall be supplied by the purchasing authority.

### 7.7.2 Fire Hose and Nozzles.

7.7.2.1 The mobile water supply apparatus shall be equipped with at least 200 ft (60 m) of 2½ in. (65 mm) or larger fire hose.

7.7.2.2\* If the mobile water supply apparatus is equipped with a fire pump, the following shall be provided:

- (1) 400 ft (120 m) of 1½ in. (38 mm), 1¾ in. (45 mm), or 2 in. (52 mm) fire hose
- (2) Two handline nozzles, 95 gpm (360 L/min) minimum

### 7.7.3 Equipment.

7.7.3.1\* Mobile water supply fire apparatus shall be equipped with at least the following equipment:

- (1) One 6 lb (2.7 kg) flathead or pickhead axe mounted in a bracket fastened to the apparatus
- (2) One 6 ft (2 m) or longer pike pole or plaster hook mounted in a bracket fastened to the apparatus
- (3) Two portable hand lights mounted in brackets fastened to the apparatus
- (4) One approved dry chemical portable fire extinguisher with a minimum 80-B:C rating mounted in a bracket fastened to the apparatus
- (5) One 2½ gal (9.5 L) or larger water extinguisher mounted in a bracket fastened to the apparatus
- (6) One SCBA complying with NEPA 1981, *Standard on Open-Circuit Self-Contained Breathing Apparatus (SCBA) for Emergency Services*, for each assigned seating position, but not fewer than two, mounted in brackets fastened to the apparatus or stored in containers supplied by the SCBA manufacturer
- (7) One spare SCBA cylinder for each SCBA carried, each mounted in a bracket fastened to the apparatus or stored in a specially designed storage space(s)
- (8) One first aid kit
- (9) Two combination spanner wrenches mounted in a bracket fastened to the apparatus
- (10) One hydrant wrench mounted in a bracket fastened to the apparatus
- (11) One double female adapter, sized to fit 2½ in. (65 mm) or larger fire hose, mounted in a bracket fastened to the apparatus
- (12) One double male adapter, sized to fit 2½ in. (65 mm) or larger fire hose, mounted in a bracket fastened to the apparatus
- (13) Two or more wheel chocks, mounted in readily accessible locations, that together will hold the apparatus, when loaded to its GVWR or GCWR, on a hard surface with a 20 percent grade with the transmission in neutral and the parking brake released
- (14) One traffic vest for each seating position, each vest to comply with ANSI/ISEA 207, *Standard for High-Visibility Public Safety Vests*, and have a five-point breakaway feature that includes two at the shoulders, two at the sides, and one at the front
- (15) Five fluorescent orange traffic cones not less than 28 in. (711 mm) in height, each equipped with a 6 in. (152 mm) retroreflective white band no more than 4 in. (102 mm) from the top of the cone, and an additional 4 in. (102 mm) retroreflective white band 2 in. (51 mm) below the 6 in. (152 mm) band

- (16) Five illuminated warning devices such as highway flares, unless the five fluorescent orange traffic cones have illuminating capabilities

~~(17) One automatic external defibrillator (AED).~~

7.7.3.2 If the mobile water supply apparatus is equipped with a fire pump and none of the pump intakes are valved, a hose appliance that is equipped with one or more gated intakes with female swivel connection(s) compatible with the supply hose used on one side and a swivel connection with pump intake threads on the other side shall be carried. Any intake connection larger than 3 in. (75 mm) shall include a pressure relief device that meets the requirements of 16.6.6.

7.7.3.3 If the mobile water supply apparatus is equipped with a fire pump, a rubber mallet for use on suction hose connections shall be carried in a bracket fastened to the apparatus.

7.7.3.4 If the apparatus does not have a 2½ in. intake with NH threads, an adapter from 2½ in. NH female to a pump intake shall be carried, mounted in a bracket fastened to the apparatus if not already mounted directly to the intake.

7.7.3.5 If the supply hose carried has other than 2½ in. NH threads, adapters shall be carried to allow feeding the supply hose from a 2½ in. NH thread male discharge and to allow the hose to connect to a 2½ in. NH female intake, mounted in brackets fastened to the apparatus if not already mounted directly to the discharge or intake.

# TAYLOR COUNTY BOARD OF COMMISSIONERS

## County Commission Agenda Item

### SUBJECT/TITLE:



BOARD TO CONSIDER APPROVAL OF WORK ORDER NO. 3 WITH JONES EDMUNDS & ASSOCIATES, INC. TO PROVIDE SERVICES ASSOCIATED WITH PERMITTING AN AIR-CURTAIN INCINERATOR AT THE TAYLOR COUNTY CLOSED LANDFILL.

### MEETING DATE REQUESTED:

JANUARY 21, 2014

### Statement of Issue:

Board to consider approval of Work Order No. 3 with Jones Edmunds & Associates, Inc. (JEA) for Services associated with permitting an air-curtain incinerator at the Taylor County Closed Landfill. Such facility was approved by the Board as part of the the 2014 capital-improvement plan.

### Recommended Action:

The Board should approve proposed Work Order No. 3 with Jones Edmunds & Associates, Inc., to provide services associated with permitting an air-curtain incinerator at the Taylor County Closed Landfill.

**Fiscal Impact:** FISCAL YR 2013/14 - \$9,220.29, NTE

**Budgeted Expense:** NO

**Submitted By:** ENGINEERING DIVISION

**Contact:** COUNTY ENGINEER

### SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

#### History, Facts & Issues:

On October 16, 2012, the Board of County Commissioners selected JEA to provide Professional Services at the Taylor County Closed Landfill from October 1, 2012 through September 30, 2016. This agreement allows for individual Task Orders to be entered throughout the term of the agreement based on specific scopes of work related to the Taylor County Landfill facility.

- Work Order No. 1 to the Professional Services Agreement covers the scope of the required Compliance Monitoring Services during the period October 1, 2012 through September 30, 2016 as required by FDEP Permit No. 0013295-003-SF and its modifications.
- Work Order No. 2 covered a scope of work related to abandonment of an observation well along with contamination assessment correspondence with FDEP regarding continued sampling requirements based on levels noted in one of the observation wells.

During it capital-improvement workshop last year, the Board approved locating a burn facility at the Taylor County Closed Landfill. The current proposal, Work Order No. 3, addresses this plan by attempting to site and permit a yard trash and storm debris burn facility using an air-curtain incinerator

recently purchased by the Taylor County Environmental Services Department. JEA, as the current and original firm responsible for water and gas monitoring, was approached to ensure that siting such an operation at the landfill would not have any negative impacts related to our continued groundwater monitoring obligation or the waste cells themselves. Their review determined that such operation though seemingly simple was addressed by several Florida Department of Environmental Protection regulations related to both siting and continued operation of the burn facility. See attached FDEP memo.

JEA's familiarity with our landfill site, relationship with FDEP permitting personnel, and experience with the governing regulations should prove to expedite the requested permit and avoid any unforeseen circumstances with its operation. Therefore, Staff recommends that the Board approve Work Order No. 3 with Jones Edmunds & Associates, Inc., to provide services associated with permitting an air-curtain incinerator at the Taylor County Closed Landfill.

**Options:**

- 1) Approve Work Order No. 3 with Jones Edmunds & Associates, Inc.
- 2) Deny the request and state reasons for such denial.

**Attachments/Signatures:**

Work Order No. 3  
FDEP memo

**TAYLOR COUNTY  
YARD TRASH BURNING PERMITTING**

**WORK ORDER NO. 3**

**MASTER AGREEMENT FOR PROFESSIONAL SERVICES**

This WORK ORDER, made and entered into this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by mutual agreement of the parties hereto, is made a part of the Master Agreement for Professional Services dated \_\_\_\_\_ by and between Taylor County (OWNER) and Jones Edmunds & Associates, Inc. (ENGINEER), and by being made a part of said Agreement is therefore subject to the conditions and considerations contained therein, unless otherwise provided herein.

This WORK ORDER consists of providing engineering and environmental services and serving as the Engineer of Record for the work described in the Workslope and Fee Estimate attached hereto. The compensation authorized by this work order is \$9,220.<sup>00</sup>. Compensation for these services shall be as described herein.

IN WITNESS WHEREOF, the parties hereto have accepted, made, and executed this WORK ORDER upon the terms and conditions stated herein on the day and year first above written.

**OWNER:**  
**TAYLOR COUNTY**

By: \_\_\_\_\_

Name: Jack R. Brown

Title: County Administrator

Date: \_\_\_\_\_

ATTEST

By: \_\_\_\_\_

Name: Annie Mae Murphy

Title: Clerk of Circuit Court

Date: \_\_\_\_\_

**ENGINEER:**  
**JONES EDMUNDS & ASSOCIATES, INC.**

By: Kenneth Vogel

Name: Kenneth S. Vogel, PE

Title: Senior Vice President

Date: 12-16-13

ATTEST

By: Linda Freese

Name: Linda S. Freese

Title: Contracts & Liability Coordinator

Date: 12/16/2013

Project Manager [Signature] Office Manager [Signature]

# **TAYLOR COUNTY YARD TRASH BURNING PERMITTING**

## **WORK ORDER NO. 3**

### **WORKSCOPE**

#### **1.0 Overview**

Taylor County purchased an air-curtain incinerator to burn yard trash and storm debris. The County's intent is to locate the air-curtain incinerator at the Taylor County Closed Landfill. The ash resulting from incineration will be transported to an active Class I Landfill for disposal (such as the Aucilla Class I SWF) and will not be disposed of on site.

The Environmental Protection Agency (EPA) and Florida Department of Environmental Protection (FDEP) regulate the burning of yard trash and the use of air-curtain incinerators. The following regulations affect the permitting of this project:

- Chapter 62-701, FAC – Solid Waste Management Facilities
- Chapter 62-709, FAC – Criteria for Organics Processing and Recycling Facilities
- Chapter 62-256, FAC – Open Burning and Frost Protection Fires
- Chapter 62-296, FAC – Stationary Sources – Emission Standards
- 40 CFR 60, Subpart EEEE – Standards of Performance for Other Solid Waste Incineration Units for Which Construction is Commenced After December 9, 2004, or for Which Modification or Reconstruction is Commenced on or After June 16, 2006

Additionally, there may be considerations regarding storm debris staging and possibly County zoning or fire-protection ordinances. This Workscope is designed to help Taylor County comply with these regulations.

#### **1.1 Determine Permitting Requirements**

Jones Edmunds has already done substantial preliminary work to determine the permitting requirements for this project and participated in a teleconference with FDEP to discuss our findings. We have prepared and submitted a Technical Memorandum dated December 6, 2013 to FDEP to document the permitting requirements. We will continue this effort and proceed with the registration/permitting requirements for the air-curtain incineration of yard waste.

Work under this task includes:

- Compile air-curtain incinerator specification data.
- Determine the regulatory permitting requirements and document these with FDEP.
- Conduct a teleconference with FDEP before submitting the permit applications.
- Consult with the County regarding on-site yard trash storage, the expected amount of yard trash to be process, and the expected disposal of the ash.
- Conduct a teleconference with the County to review this information.



Because Jones Edmunds is working with the Taylor County on the landfill compliance project, some of this information is already available. We assume any additional information required will be supplied by Taylor County.

*Deliverables:*

- A listing of the permitting requirements and fees (initial and recurring).
  - A determination and documentation of the on-site operational considerations with the County.
  - A record of the County and FDEP teleconference notes.
- 

## 1.2 Registration and Operations Plan

Jones Edmunds will prepare the required permit applications and/or registrations. The registration application will be prepared in accordance with the applicable regulations.

In our initial teleconference with FDEP, they requested that an Operations Plan be prepared for the air-curtain incinerator and yard-trash-burning operation. We will prepare the Operations Plan for the County and for submittal to FDEP. The Operations Plan will include a site plan, facility operations, a description of barriers to prevent unauthorized entry and dumping, and fire protection and control.

Work under this task includes:

- Compare air-curtain specifications to regulation requirements.
- Compile relevant regulation requirements for solid waste, air, and other.
- Prepare the Permit/Registration Application(s).
- Prepare an Operations Plan explaining the County's obligations for submittal to the County and FDEP.

*Deliverable:*

- Air-Curtain Permit/Registration Application(s) and Operations Plan.
- 

## 1.3 Project Closeout

After completing and submitting the Permit/Registration Application and Operations Plan, Jones Edmunds will conduct a teleconference with the County to discuss the plan. Jones Edmunds will present the findings and requirements of the Operations Plan and lay out a path forward for compliance. Jones Edmunds will answer questions and provide project closeout.

*Deliverable:*

- Project closeout teleconference notes.
-

## Exclusions and Conditions

All items included in this Work Order No. 3 are specifically listed in this document, and any other work that may be required is not included in this Work Order. The following are specific exclusions to and conditions of this Work Order:

- **Because the exact permitting requirements and fees are unknown at this time, we have not included the initial or recurring permitting fees required by FDEP in the fee estimate. We expect that the County will directly pay all permitting/registration fees to FDEP.**
- Design and/or construction services are not included in this Workscope.
- This Workscope includes solid waste and air-permitting for one air-curtain incinerator only.
- Based on discussions with the County, all information about the air-curtain incinerator required for this project will be provided by the County. No time is included for Jones Edmunds to research the equipment specifications, usage, and other considerations.
- Questions and concerns will be addressed by telephone or e-mail as much as possible. To conserve costs, no site meetings are included in this Workscope.
- The Fee Estimate is based on our current understanding of the project requirements. Changes to regulations, permits, or other requirements may change the Workscope and Fee Estimate.

## SCHEDULE AND DELIVERABLES

| Deliverable   | Schedule                         |
|---|----------------------------------|
| Task 1.1: Determine Permitting Requirements   |                                  |
| Client Kickoff Teleconference   | 2 days after Notice to Proceed   |
| FDEP Pre-Application Teleconference   | 5 days after Notice to Proceed   |
| Finalize Permitting Requirements  | 7 days after Notice to Proceed   |
| Task 1.2: Registration and Operations Plan  |                                  |
| Submit Air-Curtain Incinerator Registration and Operations Plan to FDEP for Approval* | 14 days after Notice to Proceed  |
| Task 1.3: Project Closeout  |                                  |
| Project Closeout Teleconference Notes   | After Permits are Issued by FDEP |

\* This schedule does not include the expected date at which FDEP will approve/issue the permit(s) because these dates are unknown at this time. Typically, FDEP issues the permit within 180 days of submittal of the permit application.

**TAYLOR COUNTY  
YARD TRASH BURNING PERMITTING**

**WORK ORDER NO. 3**

**COST ESTIMATE**

The following is attached:

- Taylor County – Yard Trash Burning Permit – Cost Estimate

**COMPENSATION AND INVOICING**

The Total Fee amount will be available for all tasks under this Workscope. Individual line-item fees are estimates only, and project invoicing will be compared to the Total Fee and not individual line-item fee estimates. Funds will be available for all aspects of this project and the needs of the Taylor County.

Jones Edmunds proposes to perform the Workscope as described herein with labor costs and other-direct-costs invoiced to Taylor County per a time-and-materials basis (3.20 Labor Multiplier, 1.10 ODC Multiplier). Any unused fee on this project will be returned to Taylor County.

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**TAYLOR COUNTY  
TAYLOR COUNTY- YARD TRASH BURNING PERMITTING**

**WORK ORDER NO. 3**

**COST ESTIMATE**

---

|                          |                                   |                        |
|--------------------------|-----------------------------------|------------------------|
| Task 1.1                 | Determine Permitting Requirements | \$3,077. <sup>00</sup> |
| Task 1.2                 | Registration and Operations Plan  | \$5,693. <sup>00</sup> |
| Task 1.3                 | Project Closeout                  | \$ 450. <sup>00</sup>  |
|                          |                                   | <hr/>                  |
| Total – Work Order No. 3 |                                   | \$9,220. <sup>00</sup> |

## TECHNICAL MEMORANDUM



**TO:** John Phillips, PG, FDEP

**FROM:** Tim Cully

**XC:** Kenneth Dudley, PE

**DATE:** 12/6/2013

**SUBJECT:** Yard Trash and Storm Debris Burning Permitting for the Taylor County Closed Landfill

---

Taylor County desires to use a portion of the closed landfill property for a site to burn yard trash and storm debris using an air-curtain incinerator. On November 15, 2013, Jones Edmunds participated in a teleconference with FDEP to discuss the registration / permitting requirements for the yard trash and storm debris burning operation. The information below reflects items discussed with FDEP and other considerations for this project.

It is Jones Edmunds understanding that the regulations discussed below affect this project. Listed under each section are the expected submittals to FDEP.

### **Chapter 62-701, FAC – Solid Waste Management Facilities:**

- The air-curtain incinerator will not be located on an area that is, or has been, filled with solid-waste. No waste-filled areas will be disturbed.
- Chapter 62-701.710, FAC Waste Processing Facilities – this section references yard trash processing facilities that are registered under Chapter 62-709.320, FAC, indicating that no permitting under Chapter 62-701, FAC is required.

#### **Submittal:**

- We do not expect that any submittal or fee is required under this section.

### **Chapter 62-709, FAC – Criteria For Organics Processing and Recycling Facilities:**

- The proposed project meets the definition of Yard Trash Processing Facility under this section.
- The proposed project will accept only yard trash.
- There has been discussion with the County regarding burning storm-generated debris. Any storm-generated debris must meet the general description of "yard trash" as defined in Chapter 62-701.200(135) – *"vegetative matter resulting from landscaping maintenance or land clearing operations and includes materials such as tree and shrub trimmings,*

*grass clippings, palm fronds, trees and tree stumps, and associated rocks and soils". Any storm-generated debris to be burned could not contain other types of waste.*

- Off-site disposal - it is expected that the County will dispose of the ash generated from the air-curtain incinerator off-site at a lined Class I landfill (such as the Aucilla Class I SWF).
- All material temporarily stored on-site for burning must be removed (or processed) within 18 months.

**Submittal:**

- Form 62-709.901(3) Application for Registration and Annual Report for a Yard Trash Transfer Station or a Solid Waste Organics Recycling Facility - will be submitted.
- The appropriate Application Fee and Annual Report Fees will be submitted.

**Chapter 62-256, FAC – Open Burning and Frost Protection Fires:**

- The burning will be conducted using a department approved air-curtain incinerator; meaning that this project will be permitted / registered – not that FDEP will specify or approve a particular brand of equipment.

**Submittal:**

- We do not expect that any submittal or fee is required under this section.

**Chapter 62-296, FAC - Stationary Sources – Emission Standards:**

- There will be less than 50 tons per day of material burned (charging rate).
- Visible emission testing using EPA Method 9 will be conducted annually.
- Only vegetative material meeting the definition of "yard trash" will be burned.
- The air-curtain incinerator will only be operated during daylight hours.
- The air-curtain incinerator will be located at least 50 feet from combustible material.
- The air-curtain incinerator will not be overloaded based on the manufacturer's specifications.
- The County will not allow the ash to "build out" of the air-curtain incinerator.
- The yard trash incineration operation will have an Operations Plan.

**Submittal:**

- Any reporting requirements will be met.
- Annual visible emissions testing will be conducted and reports submitted as required.
- An Operations Plan will be prepared and submitted to FDEP before start-up.
- We do not expect that any fee is required under this section.

**40 CFR 60, Subpart EEEE - Standards of Performance for Other Solid Waste Incineration Units for Which Construction is Commenced After December 9, 2004, or for Which Modification or Reconstruction is Commenced on or After June 16, 2006:**

- The required opacity limits will be met as determined by the EPA Method 9 visible emissions testing.
- Records of opacity testing will be maintained.
- An Air Operations Permit using Form 62-210.900(1) will be prepared.

**Submittal:**

- The submittal will include:
  - Notification.
  - The initial startup date.
  - A description of the materials to be burned.
- An Air Operations Permit (Form 62-210.900(1)).
- The fee required for the Air Operations Permit will be submitted with the application.

**Other Considerations:**

- Taylor County complies with the requirements of Section 218.075 Florida Statutes regarding its provisions for permit application fee reduction. Therefore, Jones Edmunds expects that all permit registration / application fees required by this project will not exceed \$100.00 each. Additionally, an internal FDEP Northeast District e-mail dated February 15, 2013 referencing – *Guidance on application fees for governmental agencies qualifying for relief under Section 218.075, Florida Statutes* – suggests that possibly no permitting fees will be required for this project. However, it is not clear at this time how this applies to the Air Operations Permit for this project.
- If the site is used as a staging area for storm-generated debris, the requirements of Section 403.7071 Florida Statutes – Management of storm-generated debris – will be observed and also the FDEP Guidance – *Florida Department of Environmental Protection Guidance for Establishment, Operation and Closure of Staging Areas for Storm-generated Debris with or without Deepwater Horizon Oil Spill Debris* – June 25, 2010.
- The possibility of on-site fuel storage for the air-curtain incinerator may require consideration of other regulations. To Jones Edmunds knowledge, the following regulations need consideration:
  - Chapter 62-762 FAC – Aboveground Storage Tank Systems – this regulation is only applicable to fuel storage systems with a capacity greater than 550 gallons. The air-curtain incinerator system is not expected to approach or exceed this fuel capacity, nor are the on-site additional fuel storage tanks (if used).
  - 40 CFR Part 112 – Oil Pollution Prevention – this regulation requires a Spill Prevention Control and Countermeasures (SPCC) Plan for facilities that have an aboveground oil storage capacity of more than 1,320 gallons. The air-curtain incinerator system is not expected to approach or exceed this fuel capacity, nor are the on-site additional fuel storage tanks (if used).

- Taylor County will determine if any County or other local ordinances (such as zoning, burning, or fire protection) need to be addressed.

*W. White*



## TAYLOR COUNTY BOARD OF COMMISSIONERS

### County Commission Agenda Item

**SUBJECT/TITLE:**

THE BOARD TO CONSIDER A REQUEST TO HOLD TWO PUBLIC HEARINGS TO REVIEW AND HEAR PUBLIC INPUT REGARDING AN UPCOMING GRANT APPLICATION FOR A REEF CONSTRUCTION GRANT FROM THE FLORIDA FISH AND WILDLIFE COMMISSION, AS AGENDAED BY GEOFF WALLAT, COUNTY MARINE AGENT.

**MEETING DATE REQUESTED:**

January 21, 2014

**Statement of Issue:** Board to set two public hearings

**Recommended Action:** Set public hearings for February 3 and 18

**Fiscal Impact:** N/A

**Budgeted Expense:** Yes

**Submitted By:** Geoff Wallat


**Contact:** 838-3508

### SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

**History, Facts & Issues:** The County Extension Office is considering applying for a grant for reef construction. The grant application will be released later in January with an anticipated deadline of mid to late March. To comply with the Board's policy for grant applications 2 public hearings are requested.

**Options:**

**Attachments:**

| TAYLOR COUNTY BOARD OF COMMISSIONERS   |  |
|--|--|
| County Commission Agenda Item  |  |
| <b>SUBJECT/TITLE:</b><br> | The Board to discuss and receive an overview of Citizen's Engagement Programs as agendaed by the County Administrator, Jack Brown. |
| <b>MEETING DATE REQUESTED:</b> January 21, 2014  |  |

**Statement of Issue:** Last year's Chairperson, Com. Feagle requested that the County Administrator put together a Citizen's Engagement program.

**Recommended Action:** Listen to the presentation and to give guidance

**Fiscal Impact:** None

**Budgeted Item:** N/A

**Submitted By:** Jack R. Brown, County Administrator

**Contact:** (850) 838-3500, Ext 7.  
[County.admin@taylorcountygov.com](mailto:County.admin@taylorcountygov.com)

**SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS**

**History, Facts & Issues:** The purpose of a citizen's engagement program is to help provide a means for citizens to better understand the role, purpose, and constraints of government, provide greater transparency, and to enhance communication with the public on what the county is doing. Board guidance is needed to what the Board members consider important, the number of presentations desirable, topics, and the length of modules.

**Options:** Listen to the overview and provide guidance.

**Attachments:**

## **TAYLOR COUNTY BOARD OF COMMISSIONERS**

### ***County Commission Agenda Item***

**SUBJECT/TITLE:**



THE BOARD TO REVIEW AND CONSIDER BIDS AND STAFF RECOMMENDATIONS FOR THE PURCHASE OF A STAFF CAR, AS AGENDAED BY JACK BROWN, COUNTY ADMINISTRATOR

**MEETING DATE REQUESTED:**

JANUARY 21, 2014

**Statement of Issue:** THE BOARD TO CONSIDER BIDS

**Recommended Action:** APPROVE LOCAL BIDDER

**Fiscal Impact:** \$17,480

**Budgeted Expense:** YES

**Submitted By:** JACK BROWN, COUNTY ADMINISTRATOR

**Contact:** 838-3500x7

### **SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS**

**History, Facts & Issues:** THE BOARD APPROVED AND BUDGETED FOR THE PROCUREMENT OF A STAFF VEHICLE AS A FY 2014 CAPITAL PURCHASE. STAFF IS A PRESENTING THE BIDS FOR THE BOARD'S CONSIDERATION IN AWARDING.

**Options:** APPROVE LOW BID/APPROVE LOCAL VENDOR BID/RE-ADVERTISE

**Attachments:** LETTER OF EXPLANATION/RECOMMENDATION BIDS



## TAYLOR COUNTY BOARD OF COUNTY COMMISSIONERS

ANNIE MAE MURPHY, Clerk  
Post Office Box 620  
Perry, Florida 32348  
(850) 838-3506 Phone  
(850) 838-3549 Fax

JACK R. BROWN, 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

January 21, 2014

Commissioner Malcolm Page, Chairman  
Taylor County Board of County Commissioners

Commissioner Page:

You will find attached to this letter quotes obtained by Purchasing staff for a midsize sedan. The lowest quote obtained was for a 2014 Ford Fusion Base Model from the Florida State Contract (071-000-14-1) in the amount of \$16,480. Staff received a quote from a local vendor, Timberland Ford, for the same vehicle in the amount of \$17,480. The difference in price represents a 6% difference between the local vendor and the low quote. When staff adds the 5% local vendor preference to the lowest bid, the comparative bids are separated by \$176. Given the competitiveness of the local vendor's bid for the same vehicle, staff recommends that the Board exercise its purchasing authority to accept the bid from the local vendor, Timberland Ford. The local vendor bid is within the budget set by the Board for the acquisition of this vehicle.

Sincerely,



Jack R. Brown  
County Administrator

This request has been APPROVED by the Board of County Commissioners in regular session on the above date.

---

Malcolm Page, Chairman

## Quotation Evaluation

DATE \_\_\_\_\_  
JOB \_\_\_\_\_ Administrative Car  
JOB NUMBER \_\_\_\_\_

|                       |                  |
|-----------------------|------------------|
| DESCRIPTION<br>OF JOB | 2014 Ford Fusion |
|                       |                  |

|         |                    | QTY                         | DELIVERY<br>SCHED | DISC<br>TERMS | TOTAL<br>PRICE | UNIT<br>PRICE | DELIVERY<br>CHARGE | NET<br>PRICE         | ADJ UNIT<br>PRICE   |
|---------|--------------------|-----------------------------|-------------------|---------------|----------------|---------------|--------------------|----------------------|---------------------|
| FIRM    | Timberland Ford    | 1                           | 8 weeks           |               |                |               |                    | <del>20,372.54</del> | <del>20372.54</del> |
| CONTACT | Joe Cook           | 2014 Ford Fusion base model |                   |               |                |               |                    |                      |                     |
| PHONE   | 850-584-3228       |                             |                   |               |                |               |                    |                      |                     |
| FAX     | 850-584-9059       |                             |                   |               |                |               |                    |                      |                     |
| FIRM    | Timberland Ford    | 1                           | 8 Weeks           |               |                |               |                    | 21,861.54            | 21861.54            |
| CONTACT | Joe Cook           | 2014 Ford Fusion se model   |                   |               |                |               |                    |                      |                     |
| PHONE   | 850-584-3228       |                             |                   |               |                |               |                    |                      |                     |
| FAX     | 850-584-9059       |                             |                   |               |                |               |                    |                      |                     |
| FIRM    | FI Sheriffs Assoc  | 1                           | 8 weeks           |               |                |               |                    | 16,696               | 16696               |
| CONTACT | 12-21-0904         | 2014 Ford Fusion Base Model |                   |               |                |               |                    |                      |                     |
| PHONE   |                    |                             |                   |               |                |               |                    |                      |                     |
| FAX     |                    |                             |                   |               |                |               |                    |                      |                     |
| FIRM    | FL State Contract  | 1                           |                   |               |                |               |                    | 16,480               | 16480               |
| CONTACT | 071-000-14-1       | 2014 Ford Fusion Base Model |                   |               |                |               |                    |                      |                     |
| PHONE   |                    |                             |                   |               |                |               |                    |                      |                     |
| FAX     |                    |                             |                   |               |                |               |                    |                      |                     |
| FIRM    | Fl. State Contract | 1                           |                   |               |                |               |                    | 17,792               | 17,792              |
| CONTACT |                    | 2014 Ford Fusion se Model   |                   |               |                |               |                    |                      |                     |
| PHONE   |                    |                             |                   |               |                |               |                    |                      |                     |
| FAX     |                    |                             |                   |               |                |               |                    |                      |                     |

## Quotation Evaluation

DATE \_\_\_\_\_  
JOB Administrative Car  
JOB NUMBER \_\_\_\_\_

DESCRIPTION OF JOB 2014 Chev

|         |                   | QTY                   | DELIVERY<br>SCHED | DISC<br>TERMS | TOTAL<br>PRICE | UNIT<br>PRICE | DELIVERY<br>CHARGE | NET<br>PRICE | ADJ UNIT<br>PRICE |
|---------|-------------------|-----------------------|-------------------|---------------|----------------|---------------|--------------------|--------------|-------------------|
| FIRM    | Thomas Chevrolet  | 1                     | 8 weeks           |               |                |               |                    | 19,700.00    | 19700             |
| CONTACT | John              | 2014 Chevrolet Malibu |                   |               |                |               |                    |              |                   |
| PHONE   | 850-584-6221      |                       |                   |               |                |               |                    |              |                   |
| FAX     | 850-584-9466      |                       |                   |               |                |               |                    |              |                   |
| FIRM    | Fi Sheriffs Assoc | 1                     | 8 Weeks           |               |                |               |                    | 18,294.00    | 18294             |
| CONTACT | 12-21-0904        | 2014 Chevrolet Malibu |                   |               |                |               |                    |              |                   |
| PHONE   |                   |                       |                   |               |                |               |                    |              |                   |
| FAX     |                   |                       |                   |               |                |               |                    |              |                   |
| FIRM    | FL State Contract | 1                     | 8 weeks           |               |                |               |                    | 18,132       | 18132             |
| CONTACT | 071-000-14-0      | 2014 Chevrolet Malibu |                   |               |                |               |                    |              |                   |
| PHONE   |                   |                       |                   |               |                |               |                    |              |                   |
| FAX     |                   |                       |                   |               |                |               |                    |              |                   |
| FIRM    |                   |                       |                   |               |                |               |                    |              |                   |
| CONTACT |                   |                       |                   |               |                |               |                    |              |                   |
| PHONE   |                   |                       |                   |               |                |               |                    |              |                   |
| FAX     |                   |                       |                   |               |                |               |                    |              |                   |

## VEHICLE ORDER CONFIRMATION

01/07/14 10:20:25

2014 FUSION

Page: 1 of 1

Order No: P100 Priority: B4 Ord FIN: QA091 Order Type: 5B Price Level: 440  
Ord Code: 100A Cust/Flt Name: CITY OF PERRY PO Number:

RETAIL DLR INV

RETAIL DLR INV

POG FUSION S \$21970 \$20488.00 TOTAL

\$22795 \$20172.54

YZ OXFORD WHITE

\*THIS IS NOT AN INVOICE\*

A CLOTH SEATING

\*TOTAL PRICE EXCLUDES COMP PRICE ALLOW\*

E EARTH

100A EQUIP GRP

997 .2.5L I4 IVCT NC NC

44W .6-SPD AUTO TRAN NC NC

794 PRICE CONCESSN

REMARKS TRAILER

SP DLR ACCT ADJ (879.00)

SP FLT ACCT CR (275.00)

FUEL CHARGE 6.54

B4A NET INV FLT OPT NC 7.00

DEST AND DELIV 825 825.00

TOTAL BASE AND OPTIONS 22795 20172.54

F1=Help

F2=Return to Order

F3/F12=Veh Ord Menu

F4=Submit

ATTN: JAY.  
FROM: JOE COOK  
850-228-0454  
TIMBERLAND FORD

SALES PRICE - 17480.00

2128 S. Byron Butler Parkway  
Perry Fl 32347  
850-584-6221 Phone  
850-584-9466 Fax

Dealer Codes  
Chevrolet 26494  
Pontiac 17299  
Buick 52395

**Thomas Chevrolet  
Buick, Pontiac**

# Fax

To: Jay From: John  
Fax: \_\_\_\_\_ Pages: \_\_\_\_\_  
Phone: \_\_\_\_\_ Date: \_\_\_\_\_  
Re: \_\_\_\_\_ CC: \_\_\_\_\_

( Urgent ( For Review ( Please Comment ( Please Reply ( Please Recycle

☐ Comments: Order may Take 8 weeks

## Configure a New Vehicle: Summary

PAC: 114711    SFC: 1    Name: THOMAS CHEVROLET-BUICK INC.

Choose Model

Choose Options

Summary

RELATED LINKS

Review the vehicle configuration information in order to ensure that it is correct. If you need to make a change, click "Back" to return to the Configure a New Vehicle: Select Options screen. Click "Submit as Preliminary Order" to submit this configuration as a preliminary order. Click "Save in Stored Configurations" in order to store this configuration. Click "Cancel" to cancel the entire configuration.

Note: A submitted preliminary order is assigned Code 1100 (Preliminary Order Accepted).

- View My Allocation and Constraints
- View Stored Configurations
- View What's Hot
- US On-Line Order/Reference Guide

View Customer Version

### Model Information

Model Year: 2014    Division: CHEVROLET CAR    Allocation Group: MALIBU

Model: 1GB69 - Malibu LS Sedan    Order Type: TRS Retail Stock

DAN:

Stock No.  Quantity: 1

MSRP: \$22,140.00    MSRP W/OFC: \$22,985.00

### Prefabricated Equipment Group

PEG: 1L8

### Color

Primary Color: GAZ - Summit White

### Trim

AFC: Jet Black/Titanium, Premium Cloth Seat Trim

### Options

|   |  |
|---|--|
| BL3: Tire, spare, not desired                                   | R1H: Wheels, 16" (40.6 cm) aluminum  |
| FEB: Emissions, Federal requirements                            | USJ: SiriusXM Satellite Radio, delete  |
| LXW: Engine, ECOTEC 2.5L DOHC 4-cylinder DI                     | UE1: OnStar, 6 months of Directions and Connections plan                           |
| M4H: Transmission, 6-speed automatic, electronically-controlled | UPA: Bluetooth for phone, personal cell phone connectivity to vehicle audio system |
| QPC: Tires, P215/R16 all-season blackwall                       | UYE: Audio system, AM/FM stereo with CD player and MP3 playback capability         |

Power Windows Standard

Save in Stored Configurations

\* North American Order: Manufacturer is intended solely for business use by GM Dealers. Pricing shown is for illustration purposes only. Refer to GMPricing.com for official GM Price schedules. GM pricing is subject to change by GM at anytime without notice.

\$ 19700  
Payment due  
on delivery



# PROPOSAL

NAME: TAYLOR COUNTY

DATE: JANUARY 10, 2014

EMAIL:  
PURCHASING@TAYLORCOUNTYGOV.COM

ATTN: JAY

2014 FORD FUSION 4DR SEDAN S FWD (P0G) \$16,480.00  
2.5L DURATEC I-4 ENGINE  
AUTOMATIC TRANSMISSION  
AIR CONDITIONING  
POWER WINDOWS & LOCKS  
CRUISE CONTROL  
AM/FM/CD  
FLOORMATS (1<sup>ST</sup> ROW)  
AUTOMATIC HEADLAMPS  
INTERMITTENT/SPEED – SENSITIVE WIPERS  
MYKEY  
SYNC WITH MYFORD VOICE ACTIVATED COMMUNICATIONS & ENTERTAINMENT  
SYSTEM

TOTAL \$16,480.00

PER STATE CONTRACT# 071-000-14-1  
DELIVERY: 75 – 90 DAYS ARO

We thank you for the opportunity to make this proposal and will appreciate your acceptance. Acceptance of this proposal will not be binding upon us until this proposal is approved hereonin writing by an official of Don Reid Ford, Inc. Return of one copy of this proposal and your purchase order number constitutes your official acceptance.

PO# \_\_\_\_\_

Respectfully submitted  
DON REID FORD, INC.

ACCEPTED: \_\_\_\_\_

BY: \_\_\_\_\_  
FLEET MANAGER



## **FLORIDA SHERIFFS ASSOCIATION & FLORIDA ASSOCIATION OF COUNTIES**

### **MID SIZE 4-DOOR ADMINISTRATIVE VEHICLES SPECIFICATION #9**

#### **2014 Ford Fusion (P0G)**

The Ford Fusion (P0G) purchased through this contract comes with all the standard equipment as specified by the manufacturer for this model and FSA's base vehicle specification(s) requirements which are included and made a part of this contract's vehicle base price as awarded by specification by zone.

|             |             |             |             |             |
|-------------|-------------|-------------|-------------|-------------|
| ZONE:       | Western     | Northern    | Central     | Southern    |
| BASE PRICE: | \$16,696.00 | \$16,696.00 | \$16,696.00 | \$16,696.00 |

While the Florida Sheriffs Association and Florida Association of Counties have attempted to identify and include those equipment items most often requested by participating agencies for full size vehicles, we realize equipment needs and preferences are going to vary from agency to agency. In an effort to incorporate flexibility into our program, we have created specific add/delete options which allow the purchaser to tailor the vehicle to their particular wants or needs.

The following equipment delete and add options and their related cost are provided here to assist you in approximating the total cost of the type vehicle(s) you wish to order through this program. Simply deduct the cost of any of the following equipment items you wish deleted from the base unit cost and/or add the cost of any equipment items you wish added to the base unit cost to determine the approximate cost of the type vehicle(s) you wish to order.

NOTE: An official listing of all add/delete options and their prices should be obtained from the appropriate dealer in your zone when preparing your order. Additional add/delete options other than those listed here may be available through the dealers, however, those listed here must be honored by the dealers in your zone at the stated prices.

|                    |               |               |               |               |
|--------------------|---------------|---------------|---------------|---------------|
| <b>VEHICLE:</b>    | Fusion (P0G)  |               |               |               |
| <b>DEALER:</b>     | Hub City Ford | Hub City Ford | Hub City Ford | Hub City Ford |
| <b>ZONE:</b>       | Western       | Northern      | Central       | Southern      |
| <b>BASE PRICE:</b> | \$16,696.00   | \$16,696.00   | \$16,696.00   | \$16,696.00   |

| Order Code | Delete Options            | All Zones |
|------------|---------------------------|-----------|
|            | Front and rear floor mats | NA        |
|            | Cruise control            | NA        |
|            | On-Star                   | NA        |
|            | Satellite radio           | NA        |
|            | Trim package              | NA        |

| Order Code | Add Options | All Zones |
|------------|-------------|-----------|
|------------|-------------|-----------|

**Please refer to Part E - Emergency Vehicle Lighting Specifications for lightbar descriptions and the awarded dealer pricing.**

|                           |   |                          |
|---------------------------|---|--------------------------|
| POH-201A-999 <sup>1</sup> | Engine upgrade - specify<br><i>REQ UPGRADE PKG (2.0L ECOBOOST ENG)</i> <sup>1</sup>   | \$2,779.00 <sup>1</sup>  |
|                           | CNG model - specify   | NA                       |
|                           | Bi-fuel model - specify   | NA                       |
|                           | CNG conversion (discuss with dealer)  | NA                       |
|                           | LPG conversion (discuss with dealer)  | NA                       |
| POH-200A <sup>1</sup>     | Vehicle upgrade package - specify   | \$1,954.00 <sup>1</sup>  |
| 202A <sup>1</sup>         | Seat trim upgrade - specify<br><i>REQ UPGRADE OKG</i> <sup>1</sup>  | \$2,049.00 <sup>1</sup>  |
| P0D-300A <sup>1</sup>     | AWD   | \$10,599.00 <sup>1</sup> |
|                           | Power seats<br><i>REQ UPGRADE PKG</i> <sup>1</sup>  | Std <sup>1</sup>         |
|                           | Bucket seats  | Std                      |
|                           | Split folding rear seat   | Std                      |
|                           | Side air protection   | Std                      |
|                           | AM/FM radio with single CD  | Std                      |
| 3K <sup>1</sup>           | Third key   | \$275.00 <sup>1</sup>    |
|                           | Remote keyless entry  | Std                      |
| VVS <sup>1</sup>          | Vent visors - stick-on style  | \$144.00 <sup>1</sup>    |
| RFS <sup>1</sup>          | Rainshields - flange style  | \$144.00 <sup>1</sup>    |
| 43P <sup>1</sup>          | Backup alarm, factory installed<br><i>REQ UPGRADE PKG (REVERSE SENSING SYSTEM)</i> <sup>1</sup>   | \$294.00 <sup>1</sup>    |
| BAD <sup>1</sup>          | Backup alarm, dealer installed  | \$130.00 <sup>1</sup>    |
| 14K <sup>1</sup>          | Backup camera with 3.5" LCD (rear mounted camera to provide wide angle field of vision at rear of vehicle) - factory installed<br><i>REQ UPGRADE PKG</i> <sup>1</sup> | \$1,099.00 <sup>1</sup>  |



## **FLORIDA SHERIFFS ASSOCIATION & FLORIDA ASSOCIATION OF COUNTIES**

### **MID SIZE 4-DOOR ADMINISTRATIVE VEHICLES SPECIFICATION #9**

#### **2014 Chevrolet Malibu (1GB69)**

The Chevrolet Malibu (1GB69) purchased through this contract comes with all the standard equipment as specified by the manufacturer for this model and FSA's base vehicle specification(s) requirements which are included and made a part of this contract's vehicle base price as awarded by specification by zone.

|             |             |             |             |             |
|-------------|-------------|-------------|-------------|-------------|
| ZONE:       | Western     | Northern    | Central     | Southern    |
| BASE PRICE: | \$18,459.00 | \$18,339.00 | \$18,259.00 | \$18,294.00 |

While the Florida Sheriffs Association and Florida Association of Counties have attempted to identify and include those equipment items most often requested by participating agencies for full size vehicles, we realize equipment needs and preferences are going to vary from agency to agency. In an effort to incorporate flexibility into our program, we have created specific add/delete options which allow the purchaser to tailor the vehicle to their particular wants or needs.

The following equipment delete and add options and their related cost are provided here to assist you in approximating the total cost of the type vehicle(s) you wish to order through this program. Simply deduct the cost of any of the following equipment items you wish deleted from the base unit cost and/or add the cost of any equipment items you wish added to the base unit cost to determine the approximate cost of the type vehicle(s) you wish to order.

NOTE: An official listing of all add/delete options and their prices should be obtained from the appropriate dealer in your zone when preparing your order. Additional add/delete options other than those listed here may be available through the dealers, however, those listed here must be honored by the dealers in your zone at the stated prices.

|             |  |  |  |  |
|-------------|--|--|--|--|
| VEHICLE:    | Malibu (1GB69)                           |  |  |  |
| DEALER:     | Alan Jay Chevrolet Buick<br>GMC Cadillac | Alan Jay Chevrolet Buick<br>GMC Cadillac | Alan Jay Chevrolet Buick<br>GMC Cadillac | Alan Jay Chevrolet Buick<br>GMC Cadillac |
| ZONE:       | Western                                  | Northern                                 | Central                                  | Southern                                 |
| BASE PRICE: | \$18,459.00                              | \$18,339.00                              | \$18,259.00                              | \$18,294.00                              |

| Order Code         | Delete Options  | All Zones             |
|--------------------|---|-----------------------|
| D PCR <sup>1</sup> | Front and rear floor mats<br><i>Deletes mats, body side moldings, and cargo net.</i> <sup>1</sup> | \$100.00 <sup>1</sup> |
|                    | Cruise control  | NA                    |
|                    | On-Star   | NA                    |
|                    | Satellite radio   | NA                    |
|                    | Trim package  | NA                    |

| Order Code | Add Options | All Zones |
|------------|-------------|-----------|
|------------|-------------|-----------|

**Please refer to Part E - Emergency Vehicle Lighting Specifications for lightbar descriptions and the awarded dealer pricing.**

|                        |  |                         |
|------------------------|--|-------------------------|
|                        | Engine upgrade - specify   | NA                      |
|                        | CNG model - specify  | NA                      |
|                        | Bi-fuel model - specify  | NA                      |
|                        | CNG conversion (discuss with dealer)   | NA                      |
|                        | LPG conversion (discuss with dealer)   | NA                      |
| 1GC69-1LT <sup>1</sup> | Vehicle upgrade package - specify<br><i>Includes: 60 amp hour battery, 16" Aluminum wheels, projector type headlamps, outside power heated mirrors with integrated turn signal, XM radio with 7" color monitor, MyLink bluetooth streaming audio, USB port, Voice recognition, premium cloth/leatherette seat trim, Compass, storage behind radio display, and Ice blue ambient lighting.</i> <sup>1</sup> | \$1,094.00 <sup>1</sup> |
|                        | Seat trim upgrade - specify<br><i>Leatherette / Cloth upgraded trim included in 1GC69-1LT option above. (Dealer installed leather trim seats available on all models \$1497).</i> <sup>1</sup>   | NA <sup>1</sup>         |
| 1GC69-2LT <sup>1</sup> | AWD  | NA                      |
|                        | Power seats<br><i>Includes all items listed above in upgrade package 1GC69-1LT, plus: road emergency tool kit, compact spare wheel and tire, fog lamps, premium cloth seats, 8-way power driver seat with power lumbar, leather wrapped steering wheel, remote start, dual zone A/C, and leather wrapped shift knob.</i> <sup>1</sup>  | \$1,704.00 <sup>1</sup> |
|                        | Bucket seats   | Std                     |
|                        | Split folding rear seat  | Std                     |
|                        | Side air protection  | Std                     |
|                        | AM/FM radio with single CD   | Std                     |
| 3K <sup>1</sup>        | Third key  | \$373.00 <sup>1</sup>   |
|                        | Remote keyless entry   | Std                     |
| RS <sup>1</sup>        | Vent visors - stick-on style   | \$145.00 <sup>1</sup>   |
| RSF <sup>1</sup>       | Rainshields - flange style   | \$145.00 <sup>1</sup>   |
|                        | Backup alarm, factory installed  | NA                      |
| BUA <sup>1</sup>       | Backup alarm, dealer installed   | \$149.00 <sup>1</sup>   |

|             |  |  |  |  |
|-------------|--|--|--|--|
| VEHICLE:    | Malibu (1GB69)                           |  |  |  |
| DEALER:     | Alan Jay Chevrolet Buick<br>GMC Cadillac | Alan Jay Chevrolet Buick<br>GMC Cadillac | Alan Jay Chevrolet Buick<br>GMC Cadillac | Alan Jay Chevrolet Buick<br>GMC Cadillac |
| ZONE:       | Western                                  | Northern                                 | Central                                  | Southern                                 |
| BASE PRICE: | \$18,459.00                              | \$18,339.00                              | \$18,259.00                              | \$18,294.00                              |

|                    |  |                         |
|--------------------|--|-------------------------|
| PCN <sup>1</sup>   | Backup camera with 3.5" LCD (rear mounted camera to provide wide angle field of vision at rear of vehicle) - factory installed<br><i>Power Convenience Package Includes: Remote vehicle start, driver power lumbar, 8-way power driver seat, auto dimming rear view mirror, rear vision camera, universal home remote, cargo net, body side moldings, P225/55R17 tires, 17" aluminum wheels. Requires manufactures upgrade package.</i> <sup>1</sup> | \$1,264.00 <sup>1</sup> |
| BUC <sup>1</sup>   | Backup camera with 3.5" LCD (rear mounted camera to provide wide angle field of vision at rear of vehicle) - dealer installed<br><i>Specify dash or rearview mirror mounted monitor.</i> <sup>1</sup>  | \$649.00 <sup>1</sup>   |
|                    | Aluminum wheels  | Std                     |
| FSS <sup>1</sup>   | Full size spare tire and rim<br><i>Ships loose (may not cosmetically match factory wheel and tire)</i> <sup>1</sup>  | \$479.00 <sup>1</sup>   |
| PSDG <sup>1</sup>  | Pin stripes/door edge guard  | \$199.00 <sup>1</sup>   |
|                    | Body side moldings   | Incl.                   |
| N2 <sup>1</sup>    | Nitrogen filled tires including spare tire   | \$89.00 <sup>1</sup>    |
|                    | Daytime running lights   | Std                     |
|                    | Immobilize daytime running lights  | NA                      |
| VK3 <sup>1</sup>   | Front license bracket<br><i>Factory Ordered (Dlr provided \$79)</i> <sup>1</sup>   | \$14.00 <sup>1</sup>    |
| PULSE <sup>1</sup> | Optional equipment - specify<br><i>3rd Brake Light Safety Pulse "Rear Collision Avoidance" (Pulses 3rd Brake Light (4) times upon application of brake pedal to increase driver awareness behind you when stopping)</i> <sup>1</sup>   | \$229.00 <sup>1</sup>   |
| WTF <sup>1</sup>   | Optional equipment - specify<br><i>HD Floor liner system</i> <sup>1</sup>  | \$199.00 <sup>1</sup>   |
| JOTTO <sup>1</sup> | Optional equipment - specify<br><i>JOTTO Computer mount stand. (Add \$329 to include 700 Watt power inverter with (2) 110V outlets. (Used primarily for charging laptop computers and tablets)</i> <sup>1</sup>  | \$497.00 <sup>1</sup>   |
| DTF <sup>1</sup>   | Optional equipment - specify<br><i>Dealer installed Florida legal deep tint film on all door glass including rear window (Add \$49 for windshield strip). Check with dealer for LIMO tint availability.</i> <sup>1</sup>   | \$279.00 <sup>1</sup>   |
| UD7 <sup>1</sup>   | Optional equipment - specify<br><i>Rear Park Assist</i> <sup>1</sup>   | \$294.00 <sup>1</sup>   |
| DSL <sup>1</sup>   | Labor rate per hour<br><i>Dealer Sedan Labor</i> <sup>1</sup>  | \$95.00 <sup>1</sup>    |
| TEMP <sup>1</sup>  | Temporary tag  | \$25.00 <sup>1</sup>    |
| TRANS <sup>1</sup> | Transfer existing registration (must provide tag number)<br><i>Includes two way overnight shipping for signature</i> <sup>1</sup>  | \$123.60 <sup>1</sup>   |
| TAG <sup>1</sup>   | New state tag (specify state, county, city, sheriff, etc.)<br><i>Includes two way overnight shipping for signature</i> <sup>1</sup>  | \$175.70 <sup>1</sup>   |
| FMP <sup>1</sup>   | Maintenance Plan - specify<br><i>24mo / 24k mile scheduled maintenance program to include oil / filter change, 4-wheel tire rotation, and conduct a 27-point vehicle inspection. The plan covers up to (4) service visits within the 24 month period.</i> <sup>1</sup>   | Std <sup>1</sup>        |
|                    | Maintenance Plan - specify   | NA                      |
|                    | Maintenance Plan - specify   | NA                      |

14B

## TAYLOR COUNTY BOARD OF COMMISSIONERS

### County Commission Agenda Item

**SUBJECT/TITLE:**



The Board to Review and Consider Staff Recommendation to Approve Appraisal on Property Parcel # 03115-000 to Establish Benchmark for Potential Purchase to Relocate the Supervisor of Elections' Office as Discussed in Budget Hearings and Approved as Part of the County's Capital Improvement Plan (CIP), as agendaed by Jack R. Brown, County Administrator.

**MEETING DATE REQUESTED:**

January 21, 2014

**Statement of Issue:**

The Board directed the County Administrator as part of the CIP to look for property and a building to relocate the Supervisor of Elections' Office in order to free up additional space for the State Attorney's staff in the courthouse.

**Recommended Action:**

Motion to approve the Appraisal with Mr. Al Jones for property parcel # 03115-000 in the amount of \$2,000.

**Fiscal Impact:**

\$2,000

**Budgeted Item:**

Yes

**Submitted By:**

Jack R. Brown, County Administrator

### SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

**History, Facts & Issues:**

The timeline on this project has dragged out as staff has looked at numerous pieces of property with the Supervisor of Elections, go through negotiations with various parties, and the serious illness of the Supervisor of Election's husband. Time is of the essence. We have used Mr. Jones numerous times based upon his winning a competitive quote. The normal threshold for not having to have additional quotes is \$1,500. Request that the Board approve a single quote by Mr. Jones due to:

- 1) His record of winning the last several competitive requests for an appraiser, as he is the only local appraiser that is state certified.
- 2) His familiarity with the property.
- 3) Local business
- 4) Time sensitivity.

**Options:** Approve / Disapprove

**Attachments:** 1) Mr. Jones' quote, 2) Map depicting parcel number 03115-000.



## TAYLOR COUNTY BOARD OF COUNTY COMMISSIONERS

ANNIE MAE MURPHY, Clerk  
Post Office Box 620  
Perry, Florida 32348  
(850) 838-3506 Phone  
(850) 838-3549 Fax

JACK R. BROWN, 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

January 21, 2014

Commissioner Malcolm Page, Chairman  
Taylor County Board of County Commissioners

Commissioner Page:

The Board directed the County Administrator as part of the CIP to look for property and a building to relocate the Supervisor of Elections' Office in order to free up additional space for the State Attorney's staff in the courthouse.

The timeline on this project has dragged out as staff has looked at numerous pieces of property with the Supervisor of Elections, go through negotiations with various parties, and the serious illness of the Supervisor of Election's husband. Time is of the essence. We have used Mr. Jones numerous times based upon his winning a competitive quote. The normal threshold for not having to have additional quotes is \$1,500. Request that the Board approve a single quote by Mr. Jones due to:

- 1) His record of winning the last several competitive requests for an appraiser, as he is the only local appraiser that is state certified;
- 2) His familiarity with the property;
- 3) His local business status; and
- 4) Timeliness.

Sincerely,

A handwritten signature in black ink, appearing to read "Jack R. Brown".

Jack R. Brown  
County Administrator

This request has been APPROVED by the Board of County Commissioners in regular session on the above date.

---

Malcolm Page, Chairman



**Jack Brown**

---

**From:** Al Jones <aljones@gtcom.net>  
**Sent:** Friday, January 10, 2014 3:36 PM  
**To:** Jack Brown  
**Subject:** appraisal 433 US Hwy 19, Perry, FL

To: Jack Brown  
County Administrator  
Taylor County, FL

Re: Appraisal Fee for 433 US Hwy 19, Perry, FL, parcel # 03115-000

Fee: \$2,000.

Sincerely,

Al Jones  
Appraiser

