

SUGGESTED AGENDA

TAYLOR COUNTY BOARD OF COUNTY COMMISSIONERS
PERRY, FLORIDA

TUESDAY, FEBRUARY 2, 2015
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

BIDS/PUBLIC HEARINGS:

5. THE BOARD TO HOLD THE FIRST OF TWO PUBLIC HEARINGS AT 6:00 P.M. TO DISCUSS THE UPCOMING FUNDING CYCLE FOR THE FLORIDA BOATING IMPROVEMENT PROGRAM (FBIP), AS AGENDAED BY THE GRANTS DIRECTOR.

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

CONSENT ITEMS:

6. EXAMINATION AND APPROVAL OF INVOICES.

7. THE BOARD TO CONSIDER APPROVAL OF MINUTES FOR JANUARY 20, 2015.
- 7-A. THE BOARD TO CONSIDER ADOPTION OF RESOLUTIONS TO REFLECT UNANTICIPATED MONIES, AS SUBMITTED BY COUNTY FINANCE.
8. THE BOARD TO AUTHORIZE RE-BIDDING ROBERTS AMAN ROAD WIDENING/RESURFACING PROJECT, AS AGENDAED BY THE COUNTY ENGINEER.
9. THE BOARD TO REVIEW AND APPROVE A BID DOCUMENT FOR ARTIFICIAL REEFS, AS AGENDAED BY GEOFF WALLAT, UNIVERSITY OF FLORIDA SEA GRANT AGENT.

COUNTY STAFF ITEMS:

10. THE BOARD TO APPROVE HOLDING A PUBLIC HEARING FEBRUARY 17, 2015 TO DISCUSS AND RECEIVE PUBLIC INPUT ON THE POSSIBLE GRANT APPLICATION SUBMISSION TO THE FEMA HAZARDOUS MITIGATION GRANT PROGRAM (HMPG) REQUESTING FUNDING ASSISTANCE FOR THE PURCHASE AND INSTALLATION OF A GENERATOR SYSTEM AT DOCTOR'S MEMORIAL HOSPITAL INC. (DMH), AS AGENDAED BY MELODY COX, GRANTS DIRECTOR.

COUNTY ADMINISTRATOR ITEMS:

11. THE BOARD TO DISCUSS AND PROVIDE GUIDANCE FOR PURCHASE REQUESTS FROM DOCTORS' MEMORIAL HOSPITAL (DMH), AS AGENDAED BY THE COUNTY ADMINISTRATOR.
12. THE BOARD TO REVIEW AND APPROVE THE AMENDED LEASE AGREEMENT WITH THE DEPARTMENT OF VETERANS AFFAIRS FOR THE PERRY VA CLINIC, AKA RURAL HEALTH CARE CLINIC, AS AGENDAED BY THE COUNTY ADMINISTRATOR.
13. 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

- 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 MARGARET DUNN, 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.

TAYLOR COUNTY BOARD OF COMMISSIONERS

County Commission Agenda Item

SUBJECT/TITLE:



Board to hold the first of two public hearings at 6:00 pm to discuss the upcoming funding cycle for the Florida Boating Improvement Program (FBIP). The second public hearing will be held February 17, 2015 at 6:05 pm.

MEETING DATE REQUESTED:

February 2, 2015

Statement of Issue: The 2015 funding cycle for the FBIP grant program will be open in late February 2015. Staff is recommending submitting grant application requesting funding assistance for the construction of restrooms at the Steinhatchee Boat Ramp.

Recommended Action: The second public hearing will be held February 17, 2015 at 6:05. The Board will make a decision on moving forward with submitting grant application and approve a project at that time.

Fiscal Impact: Staff is recommending submitting grant application requesting funding assistance for the construction of restrooms at the Steinhatchee Boat Ramp. Engineering has estimated the restrooms to have a cost of approximately \$75,000. A cash match of 50% of the total project cost would be required for the application to be competitive. "In Kind" services can be used for a portion of the match. The match would be required FY 2015-2016. Staff is recommending a portion of the donation received for Steinhatchee in December 2014 be used for the match.

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

Submitted By: Melody Cox

Contact: Melody Cox

SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

History, Facts & Issues: The 2015 funding cycle will be open in February for the FBIP grant program. Eligible use of grant funds include: Boat ramps, piers, docks, recreational channel markers, derelict vessel removal, boating education, and other boating-related activities that enhance boating access for recreational boating such as restroom facilities and paved parking in the immediate area of the boat ramp.

It is important to note these grant funds can only be used for recreational boating enhancements and improvements not commercial activities and use. The County was awarded a grant FY 2013 for improvements to the Williams Fish Camp Landing (Mandalay) boat ramp and this project is currently well underway. The County did not submit application to the FBIP grant program in 2014.

Attachments: Information on the FBIP Program and staff recommendation project site pictures.



**Florida Fish
and Wildlife
Conservation
Commission**

MyFWC.com

Division of Law
Enforcement

Boating and
Waterways Section

Florida Boating
Improvement
Program

620 South Meridian
Street
Tallahassee, FL
32399-1600

Tel: (850) 488-5600
Fax: (850) 488-9284
E-mail:
FBIP@MyFWC.com

Florida Boating Improvement Program Guidelines

January 2015

Permission is granted for duplication, use and reuse of any and all information contained in this document.

PROGRAM ADMINISTRATOR: The Commission's staff member designated by the Director, Division of Law Enforcement, to manage the Florida Boating Improvement Program.

PROGRAM FUNDS: Funds appropriated for the Florida Boating Improvement Program as specified in Sections 206.606 and 370.0603, Florida Statutes.

PROJECT: Component(s) designed to provide additional or enhanced boating access that meet criteria.

PROJECT COMPLETION CERTIFICATION: Form completed by the Recipient certifying that the Project is completed in accordance with the Agreement.

PUBLIC LAUNCHING FACILITY: A boat ramp, lift, hoist, marine railway or similar facility for launching and retrieving vessels from the water; includes associated amenities like boarding docks and boat trailer parking.

RECIPIENT: The Applicant that has been awarded Program funds and party responsible for completing the project and the operation and maintenance of the site.

RECREATIONAL CHANNEL MARKING: Labor and materials to provide and install any device external to a vessel intended to assist a mariner to determine position or safe course, warn of dangers or obstructions to navigation, or to alert the mariner of various regulatory matters.

RURAL AREA OF CRITICAL ECONOMIC CONCERN: A region composed of rural communities adversely affected by extraordinary economic events, meet the criteria stipulated in Section 288.0656, Florida Statutes, and designated as established by Executive Order.

SECTION III – ELIGIBILITY

3.1 Eligible Participants

Eligible participants shall include county governments, municipalities and other local governmental entities of the State of Florida.

3.2 Eligible Uses of Program Funds

Only those funds necessary for the planning, design, engineering, permitting, development, new construction, expansion or rehabilitation of projects statewide on coastal and inland waters that enhance recreational boating for motorized vessels through projects in the following categories:

A. Recreational Channel Marking and Other Uniform Waterway Markers:

- Costs associated with the installation, repair, or replacement of signs or buoys marking an FWC permitted boating restricted zone.

- Costs associated with the installation, repair, or replacement of permitted signs or buoys marking a channel to/from a recreational boating access facility.
- Costs associated with the installation, repair, or replacement of permitted signs or buoys which provide information to recreational boaters (other than aids to navigation).

B. Boating Access:

- Costs associated with the construction, repair, or enhancement of publicly owned boat ramps, lifts, hoists, marine railways and other public launching facilities for recreational boaters.
- Costs associated with the construction, repair, or enhancement of a publicly-owned marina, mooring field, dry storage facility and associated amenities.
- Costs associated with the construction, repair, or enhancement of associated amenities for recreational boaters. Eligible amenities include boarding docks, staging areas, restrooms, trailer parking, access roads, utilities hook-ups, and educational kiosks.

C. Derelict Vessel Removal:

- Costs for the removal and disposal of derelict vessels as defined in section 823.11, Florida Statutes. A sworn law enforcement officer must determine a vessel meets the definition in statute and this determination must be verified by the Commission in the Florida Fish and Wildlife Conservation Commission's Statewide At-Risk and Derelict Vessel Database to be eligible for removal.
- Only derelict vessels that are located on the public waters of the state may be removed with grant funds.

D. Boater Education:

- Costs associated with projects that will increase public knowledge of boating issues through brochures, pamphlets, boaters guides, educational programs, or kiosks.

E. Other Local Boating-Related Activities:

- Costs associated with non-construction projects that increase or enhance boating access for recreational boaters including, but not limited to, research, studies, or planning to determine the need for additional boating access or improvements.
- Costs associated with projects that improve boater safety, boater education, or boater understanding of waterway regulations.

- Costs associated with construction projects (excluding boat ramps, lifts, hoists, marine railways, piers, docks, or other public launching facilities) that increase boating access for recreational boaters.
- Costs associated with projects that provide economic development and promote boating in the state.

3.3 Ineligible Uses of Program Funds

Program Funds will not be awarded for projects that do not directly relate to the enhancement of boating or boating access within the state. Costs listed below are **not** eligible for reimbursement under this Program:

- Costs for the construction or repair of any facilities not directly related to boating access (such as park benches, gazebos, trails, fishing piers, picnic areas, general parking for picnic areas, restrooms and walkways for picnic areas, etc.)
- Costs for the construction or repair of any boating access facilities not open to the general public on a first come, first served basis with no qualifying requirements such as club membership or stock ownership or equity interest.
- Costs associated with preparation of grant application(s). This includes overhead, payroll, salaries or accounting costs.
- Costs related to the acquisition of real property.
- Costs for any legal fees.
- Costs associated with ordinary operation, or routine maintenance of the proposed project. This includes costs to provide power, water or sewer or any other utilities or services to the facility for the stipulated length of the Grant Agreement.
- Costs expended for any type or form of security activities, watchmen, fee collection, maintenance or other personnel costs.
- Costs associated with the acquisition or use of any type of equipment such as park equipment, vehicles, lawn care, dredge, computers, projectors, or other capital equipment used for operation and maintenance of the existing or completed project.
- Costs associated or directly related to a component of a project that would create or increase a boating safety hazard.
- Costs for any type of general business, marketing or promotional plans.



Steinhatchee Boat Ramp



7-A.

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 a (shortfall) of monies for a particular purpose which caused the **TOURIST TAX (one-cent) INFRASTRUCTURE FUND (FCH)** for the fiscal period ending September 30, 2015, to be less than the advertised budget.

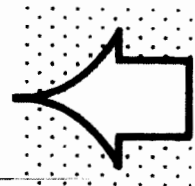
BE IT RESOLVED that the listed receipts and appropriations be transferred from the **TOURIST TAX INFRASTRUCTURE FUND** budget for the fiscal year ending September 30, 2015.

<u>Amount</u>	<u>Account</u>	<u>Account Name</u>
\$ (901)	627-3899010	Cash Brought Forward
\$ (901)	1351-53401	Armory Infrastructure- Contractual Services

NOW THEREFORE BE IT RESOLVED by the Board of County Commissioners of Taylor County, Florida, that they do approve as provided by law this resolution this 2nd day of February, 2015 at Perry, Taylor County, Florida, to amend the budget for the fiscal period ending September 30, 2015 with a motion by Commissioner _____, seconded by Commissioner _____, and carried unanimously.

Annie Mae Murphy, Clerk-Auditor

Chairman



(The actual balance remaining in this fund @ 9/3014 FYE was less than the amount budgeted in 2015 FY, due to a FYE 2014 unanticipated expenditure. This fund will close out 2015 FY.)

BUNGARD PENTAMATION, INC.
DATE: 10/27/2014
TIME: 15:09:57

TAYLOR COUNTY BOARD OF COMMISSIONERS
PRINT BALANCE SHEETS BY FUND

PAGE NUMBER: 1
STATMN11

SELECTION CRITERIA: genledgr.fund='627'
ACCOUNTING PERIOD: 13/14

FUND - 627 - TOURIST TAX1% INFRA/FCH

ACCOUNT	TITLE	DEBITS	CREDITS
1011010	CASH OPERATING/CHECKING	1,503.43	
1511061	GF MONEY MARKET INVEST	1.63	
	TOTAL CASH IN BANK	1,505.06	.00
	TOTAL ASSETS	1,505.06	.00
2020000	ACCOUNTS PAYABLE		902.69
	TOTAL ACCOUNTS PAYABLE	.00	902.69
	TOTAL LIABILITIES	.00	902.69
2410001	EXPENDITURE BUDGET CNTRL		6,900.00
2410002	REVENUE BUDGET CONTROL	6,900.00	
2420001	EXPENDITURE CONTROL	6,138.43	
2440000	REVENUE CONTROL		5.88
	TOTAL CONTROLS	13,038.43	6,905.88
2710000	UNRESERVED FUND BALANCE		6,734.92
	TOTAL UNRESERVED FUND BALANCE	.00	6,734.92
	TOTAL EQUITIES	13,038.43	13,640.80
	TOTAL TOURIST TAX1% INFRA/FCH	14,543.49	14,543.49
	TOTAL REPORT	14,543.49	14,543.49

Budgeted 1504 2015 FY

(Fan Motor Repair
expended 10/21/14)

Actual
Fund Balance
9-30-14 \$ 602.37
Budgeted 2015 1504

Balance 9/30/14

Budgeted 2015
Actual Available

(Shortfall)
Reduce/Amend
2015 Budget by
Dept (#1351) \$ 901.00
Amend Infrastructure/Construction (901.00)

Tammy Taylor

From: Tammy Taylor <ttaylor@taylorclerk.com>
Sent: [REDACTED] 4:07 PM
To: 'Virginia Livingston'; 'Jay Taylor'; 'Clay Olson'; 'Dustin Hinkel'; 'Kristy Anderson'; Theresa A. Copeland'; 'Tyson Hill'
Cc: 'Edwards, Jessica Lundy'
Subject: RE: Purchase Order Request SV046131

Please be aware that [REDACTED]
this amount (as this expenditure was unanticipated for 2014, and funds were budgeted to "carry forward" to 2015).

Thanks!!

Tammy

—Original Message—

From: Virginia Livingston [mailto:bccpayables@taylorclerk.com]
Sent: Monday, October 27, 2014 2:50 PM
To: 'Jay Taylor'; 'Clay Olson'; 'Dustin Hinkel'; 'Kristy Anderson'; 'Tammy Taylor'; 'Theresa A. Copeland'; 'Tyson Hill'
Cc: 'Edwards, Jessica Lundy'
Subject: RE: Purchase Order Request SV046131

FYI Everyone ~

A purchase order (#2014-1781) was issued on 8/27/14 for this, which was for a [REDACTED]
[REDACTED] This invoice was just paid last week on 10/21/14, by check #50047. If you have any further questions, please let me know.

Thanks!

Virginia

—Original Message—

From: Jay Taylor [mailto:purchasing@taylorcountygov.com]
Sent: Monday, October 27, 2014 7:34 AM
To: Clay Olson; Dustin Hinkel; Kristy Anderson; Tammy Taylor; Theresa A. Copeland; Tyson Hill; Virginia Livingston (bccpayables@taylorclerk.com)
Cc: Edwards, Jessica Lundy
Subject: FW: Purchase Order Request SV046131

From: Crystal DeGraaf [mailto:crystal@engineeredcooling.com]
Sent: Friday, October 24, 2014 1:54 PM
To: Jay Taylor
Subject: FW: Purchase Order Request SV046131

Please provide a purchase order for the attached invoice.

From: Crystal DeGraaf

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.

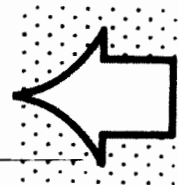
BE IT RESOLVED that the listed receipts and appropriations be added to, included in and transferred to the **GENERAL FUND** budget for the fiscal year ending September 30, 2014.

<u>Amount</u>	<u>Account</u>	<u>Account Name</u>
\$20,812	001-3899010	General Fund-Cash Brought Forward
\$ 3,000	0106-54901	BCC Gen.Operations-Misc.
\$ 4,350	0487-55103	Sports Complex Concessions-Equipment < \$1,000
\$13,462	0453-59922	Keaton Beach Boat Ramp-Sinking Fund

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 2nd day of February, 2015 at Perry, Taylor County, Florida, to amend the budget for the fiscal period ending September 30, 2015 with a motion by Commissioner _____, seconded by Commissioner _____, and carried unanimously.

Annie Mae Murphy, Clerk-Auditor

Chairman



**SIGN
HERE**

(Represents designated funding remaining @ FYE'14 - not included in the 2015 budget)

Taylor County BOCC
FY 2014 Wellness Program
10/1/13-9/30/14

Employees	Employer	Gift Card Amount
Virginia Levingston	Clerk of Courts	\$ 40
Trina Stengel	Tax Collector	\$ 40
Mary Lamb	BOCC	\$ 40
Stephen Spradley	BOCC	\$ 40
Tammy Taylor	Clerk of Courts	\$ 40
Laurel LaValle	Tax Collector	\$ 40
Kim Eastman	Tax Collector	\$ 40
Dana McAfee	Tax Collector	\$ 40
Cynthia Mock	Clerk of Courts	\$ 40
Bonnie English	Tax Collector	\$ 40
Nate Burnett	BOCC	\$ 40
Jay Taylor	BOCC	\$ 40
Daniel Cassell	BOCC	\$ 40
Juan Jimenez	BOCC	\$ 40
James Whitehead	BOCC	\$ 40
Joseph Ross	Tax Collector	\$ 40
Sarah Meade	Tax Collector	\$ 40
John Perkins	BOCC	\$ 40
Rennette Griffin	Tax Collector	\$ 40
Brian Crouch	Property Appraiser	\$ 40
March Morgan	BOCC	\$ 40
Ella Grubbs	Supervisor of Elections	\$ 40
Theresa Copeland	BOCC	\$ 40
Dustin Hinkel	BOCC	\$ 40
Jami Boothby	BOCC	\$ 40
Drew Pegg	BOCC	\$ 40
Johnnie Campbell	BOCC	\$ 40
Joseph Taylor	Property Appraiser	\$ 40
William Knight	BOCC	\$ 40
Dobbie Gaines	BOCC	\$ 40
Darwin Carter	BOCC	\$ 40
Marcella Bridier	BOCC	\$ 40
Dawn Holden	Tax Collector	\$ 40

Totals (Gift Cards Redeemed) \$ 1,320

Amount Budgeted	\$ 5,000
Gift Cards Purchased	\$ 2,000
Gift Cards Redeemed	\$ 1,320
Gift Cards Remaining	17 680

33 cards
x \$40
\$1320
10/27/14

1320
680
2000 = amt purchased
checks + receipts
10/27/14

~~Amount Budgeted \$5,000~~
~~Gift Cards Purchased \$2,000~~
~~Gift Cards Redeemed \$1,320~~
~~Gift Cards Remaining 17 680~~
~~Amount Available for Purchase \$3,680~~
~~Amount Available for Purchase \$3,680~~
~~Amount Available for Purchase \$3,680~~

SUNGARD PENTAMATION, INC.
DATE: 01/26/2015
TIME: 17:24:39

TAYLOR COUNTY BOARD OF COMMISSIONERS
EXPENDITURE STATUS REPORT

PAGE NUMBER: 1
EXPSTA11

SELECTION CRITERIA: expmgr.key_argn='0487'
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-570 CULTURE/RECREATION
ACTIVITY-572 PARKS & RECREATION
TOTL/DEPT-0487 CONCESSIONS

ACCOUNT	TITLE	BUDGET	PERIOD EXPENDITURES	ENCUMBRANCES OUTSTANDING	YEAR TO DATE EXP	AVAILABLE BALANCE	YTD/ BUD
51200	REGULAR SALARIES & WAGES	20,878.48	63.40	.00	13,341.74	7,536.74	63.90
52110	FICA/MEDICARE TAXES	1,980.36	4.85	.00	1,011.89	968.47	51.10
52200	RETIREMENT CONTRIBUTIONS	1,789.00	.00	.00	376.90	1,412.10	21.07
52300	HEALTH INSURANCE	1,549.00	.00	.00	1,542.29	6.71	99.57
52320	LIFE INSURANCE	10.00	.00	.00	9.36	.64	93.60
52400	WORKERS' COMPENSATION	775.00	95.59	.00	508.01	266.99	65.55
52500	UNEMPLOYMENT COMPENSATIO	500.00	.00	.00	99.17	400.83	19.83
53401	CONTRACTUAL SERVICES	100.00	.00	.00	72.00	28.00	72.00
54100	COMMUNICATIONS	384.00	.00	.00	324.50	59.50	84.51
54620	R&M EQUIPMENT	500.00	.00	.00	299.51	200.49	59.90
54902	LEGAL ADVERTISING	200.00	.00	.00	9.12	190.88	4.56
54910	DRUG TESTING	240.00	.00	.00	.00	240.00	.00
		4,350.00	.00	.00	.00		.00
55201	GEN. OPERATING SUPPLIES	560.00	.00	.00	513.74	46.26	91.74
55203	FOOD & BEVERAGE	14,360.00	.00	.00	13,561.61	798.39	94.44
55220	TOOLS & IMPLEMENTS	100.00	.00	.00	.00	100.00	.00
55401	BOOK/PUBL/SUB/MEMB/TRAIN	125.00	.00	.00	125.00	.00	100.00
	TOTAL CONCESSIONS MGT/SPORTS	48,400.84	163.84	.00	31,794.84	16,606.00	65.69
	TOTAL GENERAL FUND	48,400.84	163.84	.00	31,794.84	16,606.00	65.69
	TOTAL REPORT	48,400.84	163.84	.00	31,794.84	16,606.00	65.69

Balance 9/30/14
To Re-Budget 2015 FY
(Cash CF)

0487-55103

Tammy Taylor

From: Kenneth Dudley <county.engineer@taylorcountygov.com>
Sent: Monday, January 26, 2015 2:48 PM
To: Tammy Taylor
Subject: RE: Budget Carryover - 0487



Do you know if this ever made it into the 0487 cost center somewhere?
About time to make some equipment purchases.

-----Original Message-----

From: Tammy Taylor [mailto:ttaylor@taylorclerk.com]
Sent: Wednesday, September 10, 2014 11:39 AM
To: Kenneth Dudley
Subject: RE: Budget Carryover - 0487

:) thanks!

-----Original Message-----

From: Kenneth Dudley [mailto:county.engineer@taylorcountygov.com]
Sent: Wednesday, September 10, 2014 11:32 AM
To: Tammy Taylor
Cc: Dustin Hinkel; Margaret Dunn
Subject: RE: Budget Carryover - 0487

At the rate they are working, I am expecting it to be closer to Christmas.

-----Original Message-----

From: Tammy Taylor [mailto:ttaylor@taylorclerk.com]
Sent: Wednesday, September 10, 2014 11:30 AM
To: Kenneth Dudley
Cc: Dustin Hinkel; Margaret Dunn
Subject: RE: Budget Carryover - 0487

I have no problem with that. Just keep in mind that these 2014/2015 CF transactions will not be recorded until sometime well after Oct. 1, as we will be dealing with the year-end close out. I generally begin amending the new year budget subsequent to Oct.31 (once all payables are recorded from 9/30 fye). Thanks!!

Tammy

-----Original Message-----

From: Kenneth Dudley [mailto:county.engineer@taylorcountygov.com]
Sent: Wednesday, September 10, 2014 11:21 AM
To: "Tammy Taylor"
Cc: Dustin Hinkel; Margaret Dunn
Subject: Budget Carryover - 0487

Good morning Tammy.

55240 TRAFFIC/SAFETY MARKING \$1,100.00

SUPPLIES USED TO REPAIR TRAFFIC LIGHTS
LIGHTS AND ROAD MARKINGS

55245 SIGNS/MATERIALS \$500.00

SUPPLIES USED IN MAINTAINING
STREET SIGNS THROUGH OUT THE
COUNTY

AMOUNT REQUESTED BY DEPARTMENT:

subtotal
Operations
\$15,411.00 ✓

0453-
59922 SINKING FUND

→ \$100,589 +
86
425/H.

*0453
K.B. Boat
Fund*

\$116,000
Budget Total 88

2015 Revenue Budget:

Duclos (net 3479011)	23,000
On Site (net 3479010)	6,100
<u>State Refund 2014/15</u>	<u>29,100</u>
Estimated Carry Forward (balance of year 9/30/14)	94,000
	123,100
K.B. Boat Ramp Operational Budget	15,411
	107,689
Available 2015 Dedicated 2015	(34,800) (2500)

→ Sinking Fund = 100,589

Actual CF 107,462
~~13,462~~

Designated
CF
94,000

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, 2015, to be in excess of the advertised budget.

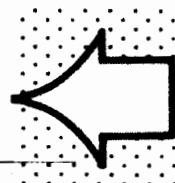
BE IT RESOLVED that the listed receipts and appropriations be added to, included in and transferred to the **GENERAL FUND** budget for the fiscal year ending September 30, 2015.

<u>Amount</u>	<u>Account</u>	<u>Account Name</u>
Revenue:		
\$5,154	001-3312022	FDEM (Emergency Management) Certification Grant
Expenditures:		
\$1,500	2225-53401	Contractual Services
\$ 404	2225-54100	Communications
\$1,500	2225-55103	Equipment < \$1,000
\$ 750	2225-55202	Safety Products/Supplies
\$1,000	2225-55401	Books/Pub/Memb/Training
\$5,154	Total	

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 2nd day of February, 2015 at Perry, Taylor County, Florida, to amend the budget for the fiscal period ending September 30, 2015 with a motion by Commissioner _____, seconded by Commissioner _____, and carried unanimously.

Annie Mae Murphy, Clerk-Auditor

Chairman



**SIGN
HERE**

(New Emergency Management Grant FY 2015)

**DETAIL BUDGET REQUEST
2014/2015 FISCAL YEAR**

DEPARTMENT: FDEM CERT GRANT
Source of Funding: 100% FUNDING
DEPARTMENT #: PENDING (01/15/15-09/30/15)

PREPARED BY: Shirley Spradley 1-20-15
(department head signature & date)

Expenditure

<u>Account #</u>	<u>Account Description</u>	<u>Amount</u>
53401	CONTRACTUAL SERVICES	\$1,500
54100	COMMUNICATIONS	\$404
55103	EQUIPMENT <\$1,000	\$1,500
55202	SAFETY PRODUCTS/SUPPLIES	\$750
55401	BOOKS/PUBL/SUB/MEMB/TRAIN.	\$1,000
TOTAL		\$5,154

100% of \$5,154 grant award

001
520
525
#2225

(Federally Funded)
001-3312022

EXHIBIT – 1

THE FOLLOWING FEDERAL RESOURCES ARE AWARDED TO THE RECIPIENT UNDER THIS AGREEMENT:

Federal Program

Federal agency: U.S. Department of Homeland Security, Federal Emergency Management Agency, Grants Programs Directorate
Catalog of Federal Domestic Assistance title and number: Emergency Management Performance Grant (EMPG) Program 97.042
Award amount: \$ 5,154

THE FOLLOWING COMPLIANCE REQUIREMENTS APPLY TO THE FEDERAL RESOURCES AWARDED UNDER THIS AGREEMENT:

Chapter 252, Florida Statutes

Rule Chapters 27P-6, 27P-11 and 27P-19, Florida Administrative Code

44 CFR (Code of Federal Regulations) Part 13 (Common Rule)

44 CFR, Part 302

48 CFR, Part 31

OMB Circular A-21, A-102, A-110, A-122, A-128, A-87 and A-133

Federal Program: Emergency Management Performance Grant (EMPG) Program

List applicable compliance requirements as follows:

1. Recipient is to use funding to perform eligible activities as identified FY2014 Department of Homeland Security Funding Opportunity Announcement.
2. Recipient is subject to all administrative and financial requirements as set forth in this Agreement or will not be in compliant with the terms of the Agreement.

NOTE: Section .400(d) of OMB Circular A-133, as revised, and Section 215.97(5)(a), Florida Statutes, require that the information about Federal Programs and State Projects included in Exhibit 1 be provided to the Recipient.

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, 2015, 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, 2015.

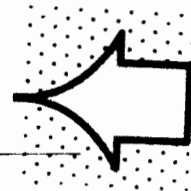
<u>Amount</u>	<u>Account</u>	<u>Account Name</u>
Revenue:		
\$12,308	001-3342020	Homeland Security Grant
Expenditures:		
\$12,308	0249-53401	Contractual Services

NOW THEREFORE BE IT RESOLVED by the Board of County Commissioners of Taylor County, Florida, that they do approve as provided by law this resolution this 2nd day of February, 2015 at Perry, Taylor County, Florida, to amend the budget for the fiscal period ending September 30, 2015 with a motion by Commissioner _____, seconded by Commissioner _____, and carried unanimously.

Annie Mae Murphy, Clerk-Auditor

Chairman

(New Homeland Security Grant FY 2015)



**SIGN
HERE**

Det #0249

**DETAIL BUDGET REQUEST
2014/2015 FISCAL YEAR**

DEPARTMENT: HOMELAND SECURITY GRANT

Source of Funding: 100% FUNDING

DEPARTMENT #: PENDING (01/15/15-12/31/15)
#0249

PREPARED BY: *Glenn Smedley* 1-20-15
(department head signature & date)

Expenditure

<u>Account #</u>	<u>Account Description</u>	<u>Amount</u>
53401	CONTRACTUAL SERVICES	\$12,308

TOTAL **\$12,308**

100% of \$12,308 grant award *001-3342020*

**GRANT TO BE CARRIED OVER INTO 2015-2016 BUDGET IF FUNDS
NOT EXPENDED BEFORE SEPTEMBER 30, 2015**



STATE OF FLORIDA
DIVISION OF EMERGENCY MANAGEMENT

RICK SCOTT
Governor

BRYAN W. KOON
Director

January 20, 2015

Mr. Steve Spradley
Taylor County
591 East US Highway 27
Perry, Florida 32347

Certified Mail-Return Receipt Requested

RE: Agreement Number 15-DS-P4-03-72-01-294

Dear Mr. Spradley,

Enclosed is the fully executed agreement between the Taylor County and the Florida Division of Emergency Management, executed on January 15, 2015. Under Section (13) (c), Notice and Contact, of this Agreement you have been identified as the Representative of the Recipient responsible for the administration of this Agreement. It is your responsibility to thoroughly read, understand and oversee the compliance of all the conditions within this Agreement.

Attached are the complete **AMENDED** package of forms identified in Section (7) (a) through (f). It is very important that these reports be fully completed and remitted within the time frames specified under Section (7). Failure to supply this information in a timely manner can cause non-compliance of this Agreement or a delay in processing your reimbursement requests.

If you have any questions about this Agreement please contact me at 850-413-9939 or email Justin.Williams@em.myflorida.com.

Sincerely,

Justin Williams
Community Assistance Consultant
Division of Emergency Management
Bureau of Preparedness

TAYLOR COUNTY BOARD OF COMMISSIONERS

County Commission Agenda Item

SUBJECT/TITLE:



THE BOARD TO CONSIDER APPROVAL OF GRANT CONTRACT FOR THE 2014 U.S. HOMELAND SECURITY GRANT PROGRAM FOR THE PERIOD FROM DATE OF EXECUTION UNTIL DECEMBER 31, 2015 AS AGENDAED BY STEVE SPRADLEY, EMERGENCY MANAGEMENT DIRECTOR

Meeting Date:

December 16, 2014

Statement of Issue: THE BOARD TO CONSIDER APPROVAL OF STATE GRANT

Recommendation: APPROVE

Fiscal Impact: \$ 12,308

Budgeted Expense: Yes ☒ No ☐ N/A ☐

Submitted By: STEVE SPRADLEY, EM DIRECTOR

Contact: 850-838-3575

SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

History, Facts & Issues: THE DHS FUNDS RECEIVED FROM THE STATE WILL BE USED TO DEVELOP TRAINING & EXERCISES TO TEST THE KNOWLEDGE, SKILLS AND ABILITIES OF PERSONNEL, ORGANIZATIONS, TEAMS AND THE PUBLIC/PRIVATE PARTNERSHIPS.

Options: 1. APPROVE

2. NOT APPROVE

Attachments: 1. DHS CONTRACT (4 ORIGINALS FOR SIGNATURE)

2. _____

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 a (SHORTFALL) of monies for a particular purpose which caused the **GENERAL FUND** for the fiscal period ending September 30, 2015, to be LESS than the advertised budget.

BE IT RESOLVED that the listed receipts and appropriations be transferred from the **GENERAL FUND** budget for the fiscal year ending September 30, 2015.

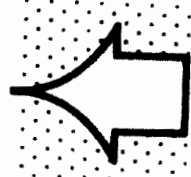
<u>Amount</u>	<u>Account</u>	<u>Account Name</u>
\$(5,501)	001-3899010	General Fund-Cash Brought Forward
		E911 Funds -
\$(5,501)	0227-59922	Sinking Fund

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 2nd day of February 2015, at Perry, Taylor County, Florida, to amend the budget for the fiscal period ending September 30, 2015 with a motion by Commissioner _____, seconded by Commissioner _____, and carried unanimously.

Annie Mae Murphy, Clerk-Auditor

Chairman

(the actual balance of E911 Funds @ 9/30/14 was less than projected/budgeted in the 2015 budget)



**SIGN
HERE**

2014/2015 Budget

Expenditures Dept. #0227

2911

54000	Travel and Per Diem estimated travel and per diem cost to attend 911 Coordinator Meeting and APCO/NENA conferences			
54100	Communications Payments to Verizon Wireless and other misc charges			
54630	R & M Office Equipment Cost associated with replacement of 911 equipment	2014/15 Amendment:		10/1/14 Original Approved Budget:
56400	Capital Outlay Equipment 30% of total revenue that can be carried forward at the end of the fiscal year	—	\$ 5,197.00	5,197
59105	Transfer to Constitutional Officer Reimbursement to the Taylor County Sheriff's Office to cover the salary and wages of a full time 911 Coordinator and staff	—	\$ 35,348.00	35,348
59922	Sinking Fund Amount to be carried forward for capitol improvements	(5,501)	\$ 51,688.08	57,189
Total Expenditures Dept. #0227		(5,501)	\$ 92,233.08	97,734

*Amended budget 01/08/2015 based on actual carry forward figures L.Hershberger

Decrease
overall Budget
(5,501)

EMERGENCY 911 FUND

BEGINNING BALANCE 10/1/13

\$ 57,189.64

RECEIPTS

911 ACCESS FEE/LOCAL EXCH (13 months posted) \$ 43,161.19 001-3631150

Net
(+5,501.59)

EXPENDITURES

\$ (48,662.78) #0227

OPERATING EXPENSE

\$ -

CAPITAL OUTLAY

\$ -

subtotal

\$ -

TRANSFER TO SHERIFF -

\$ (48,662.78)

Expenditures incurred by Sheriff for

911 Coordinator (salaries & benefits)

ENDING BALANCE 9/30/2014

\$ 51,688.05 (*)

Budgeted
CF 2015:

\$ 51,189

(This balance does not include 911 Wireless/State or 911 Supplemental Wireless/State funds, which are reported separately)

(*) This amount is reserved on the balance sheet (001-2470009).

Actual
cash carry forward
is less than
Budget for 2015 -

To Amend /
Decrease 2015

Overall
Budget by

↓ (+5500.95)

Prepared By: *tb* Tammy Taylor, Fin. Director 12/3/14

001-0227

2014/2015 Budget Request
Emergency 911 System (Dept. #0227)
E911 General Fund

Revenue

3631150

911 Access Fee-DMS

\$ 40,545.00 *ok*

Estimated annual collections from DMS.

Represents the \$0.50 surcharge on all telephone bills for the 911 access line fee. Collected by phone carriers and remitted to DMS on a monthly basis.

3899010

Previous Sinking Fund

*866
Cash Cash
Carry forward to*

\$ 57,189.00

*disputed
Cash CF
H*

Total Revenue Dept. #0227

\$ 97,734.00 *✓*

*Actual
CF
+ 51,680
(5501)
Short*

*2/15
1-11-15*

SUNGARD PENTAMATION, INC.
DATE: 01/14/2019
TIME: 11:40:03

TAYLOR COUNTY BOARD OF COMMISSIONERS
GAAP EXPENDITURE STATUS REPORT

PAGE NUMBER: 1
EXPSTAL1

SELECTION CRITERIA: expldgr_key_01gn='0227'
ACCOUNTING PERIOD: 4/15

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-0227 E911 SYSTEM

ACCOUNT	TITLE	ORIGINAL BUDGET	AMENDED BUDGET	BUDGET VARIANCE	ACTUAL Y-T-D EXP	AVAILABLE BALANCE	YTD/ BUD
53401	CONTRACTUAL SERVICES	.00	.00	.00	.00	.00	.00
54000	TRAVEL & PER DIEM	.00	.00	.00	.00	.00	.00
54100	COMMUNICATIONS	.00	.00	.00	.00	.00	.00
54500	INSURANCE	.00	.00	.00	.00	.00	.00
54620	REM EQUIPMENT	.00	.00	.00	.00	.00	.00
54630	REM OFFICE MACHINES/ROUT	.00	.00	.00	.00	.00	.00
54901	OTHER CURRENT CHGS (MISC	.00	.00	.00	.00	.00	.00
54902	LEGAL ADVERTISING	.00	.00	.00	.00	.00	.00
55101	OFFICE SUPPLIES	.00	.00	.00	.00	.00	.00
55102	OPFC.EQUIP/FURN.<\$1,000	.00	.00	.00	.00	.00	.00
55230	COMPUTER SOFTWARE	.00	.00	.00	.00	.00	.00
55401	BOOK/PUBL/BOB/MEMB/TRAIN	.00	.00	.00	.00	.00	.00
55900	DEPRECIATION EXPENSE	.00	.00	.00	.00	.00	.00
56400	CAPITAL OUTLAY-EQUIPMENT	5,197.00	5,197.00	.00	.00	5,197.00	.00
56402	CAPITAL OUTLAY-EQUIPMENT	.00	.00	.00	.00	.00	.00
56410	LEASE PAYMENT-EQUIPMENT	.00	.00	.00	.00	.00	.00
58120	DIXIE CNTY-911 ACCESS FZ	35,348.00	35,348.00	.00	.00	35,348.00	.00
59105	TRANSFER TO CONST.OFFICE	57,179.00	54,179.00	3,000.00	.00	54,179.00	.00
59922	SINKING FUND/RESERVE	97,734.00	97,734.00	.00	.00	94,724.00	3.08
	TOTAL E911 SYSTEM	97,734.00	97,734.00	.00	3,010.00	94,724.00	3.08
	TOTAL GENERAL FUND	97,734.00	97,734.00	.00	3,010.00	94,724.00	3.08
	TOTAL REPORT	97,734.00	97,734.00	.00	3,010.00	94,724.00	3.08

(5501)
↓
O'Dell
Budget
2-2-14

**2014/2015 Budget Request
Emergency 911 System (Dept. #0227)
E911 General Fund**

Revenue

3631150	911 Access Fee-DMS	\$ 40,545.00
----------------	---------------------------	---------------------

Estimated annual collections from DMS.
Represents the \$0.50 surcharge on all telephone
bills for the 911 access line fee. Collected by
phone carriers and remitted to DMS on a monthly
basis.

3899010	Previous Sinking Fund	\$ 51,688.05
----------------	------------------------------	---------------------

Total Revenue Dept. #0227

\$ 92,233.05

***Amended budget 01/08/2015 based on actual carry forward figures L.Hershberger**

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 a (SHORTFALL) of monies for a particular purpose which caused the **GENERAL FUND** for the fiscal period ending September 30, 2015, to be less than the advertised budget.

BE IT RESOLVED that the listed receipts and appropriations be transferred from the **GENERAL FUND** budget for the fiscal year ending September 30, 2015.

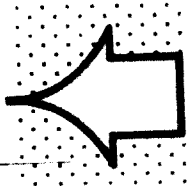
<u>Amount</u>	<u>Account</u>	<u>Account Name</u>
\$(10,390)	001-3899010	General Fund-Cash Brought Forward
		911 Wireless State Funds -
\$(10,390)	0239-59922	Sinking Fund

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 2nd day of February 2015, at Perry, Taylor County, Florida, to amend the budget for the fiscal period ending September 30, 2015 with a motion by Commissioner _____, seconded by Commissioner _____, and carried unanimously.

Annie Mae Murphy, Clerk-Auditor

Chairman

(the actual balance of 911 Funds @ 9/30/14 was less than projected/budgeted in the 2015 FY budget)



2014/2015 Budget
Expenditure Dept. #0239

Amended Budget

Original Budget 10/1/14:

54000

Travel and Per Diem
Estimated travel and per diemcost to
attend 911 Coordinator Meeting and
APCO/NENA Conferences.

*Amended Budget 2/8/15:
- 0 -*

\$ -

54100

Communications

\$ 33,710.00

33,710

Payments to Fairpoint for 911
related cost (dedicated phone lines,
backup lines, data line, E911 trunks
and ANI/ALI services) also, additional
costs associated with equipping
backup PSAP (Public Safety Answering
Point) with necessary phone lines, 911
trunks, etc. Payments to Verizon for
cellular phone for 911 Coordinator and
other misc phone charges associated with
911

54630

R & M Office Equipment
Cost associated with replacement of
911 equipment

56400

Capital Outlay Equipment

59922

Sinking Fund

(10,390)

\$ 21,497.00

31,887

Total Expenditures Dept. #0239

(10,390)

\$ 55,207.00

65,597

*Amended budget 01/08/2015 based on actual carry forward figures
L.Hershberger

[Signature]
1/8

911 WIRELESS STATE FUNDS

BEGINNING BALANCE 10/1/13		\$	36,887.66	
RECEIPTS	(13 months posted)	\$	36,545.41	001-3631152
EXPENDITURES				
OPERATING		\$	(51,935.65)	
CAPITAL OUTLAY		\$	-	\$ (51,935.65) #0239
ENDING BALANCE 9/30/2014		\$	<u>21,497.42</u>	

Net (15,390.24)

2015 Budgeted Cash CF \$ 31,887.00

(*) This amount is reserved on the balance sheet (001-2470023) at FYE.

(+ 10,389.58)
Actual Cash CF
is less than 2015
Budgeted CF -
To Amend /
Decrease 2015
Overall Budget Req
0239 ↓ (+ 10,390)

Prepared By:  Tammy Taylor, Finance Director (12/3/2014)

2014/2015 Budget
Emergency 911 System (Dept. #0239)

E911 Wireless Funds

Revenue

3561152

State Department of Management Services

\$ 33,710.00 ✓

Estimated disbursements by the Department of Management Services for wireless 911 access surcharge. Disbursed on a monthly basis to counties for that portion of the wireless 911 access fees collected by wireless service providers and remitted to the Department of Management Services.

911 Access Fee (Others)

3899010

Previous Sinking Fund

(Disseminated Cash carry forward)

\$ 31,887.00 ^{ch} _{rd}

Total Revenue Dept. #0239

\$ 65,597.00 _f

actual
21,497
(10,390)

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, 2015, to be in excess of the advertised budget.

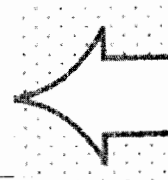
BE IT RESOLVED that the listed receipts and appropriations be added to, included in and transferred to the **GENERAL FUND** budget for the fiscal year ending September 30, 2015.

<u>Amount</u>	<u>Account</u>	<u>Account Name</u>
Revenue:		
\$33,814	001-3342007	911 Rural County Maintenance(Fall)Grant
Expenditures:		
\$33,814	0255-54630	R&M - Office 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 2nd day of February, 2015 at Perry, Taylor County, Florida, to amend the budget for the fiscal period ending September 30, 2015 with a motion by Commissioner _____, seconded by Commissioner _____, and carried unanimously.

Annie Mae Murphy, Clerk-Auditor

Chairman



**SIGN
HERE**

(New Grant Awarded for 2015 FY-"fall" grant)



2015

Florida E911 Board
4030 Esplanade Way
Tallahassee, FL 32399-0950
Tel: 850-922-7451
Fax: 850-488-9837
<http://florida911.myflorida.com/>

Oct. 28, 2014

Taylor County Board of County Commissioners
Attn: Finance & Accounting
Post Office Box 620
Perry, FL 32348

Return Acct # 001-3342007
Sept # 0255

Subject: 2014-15 Rural County Grant Fall Program Award

Dear Taylor County Board of County Commissioners:

The State of Florida E911 Board thanks you for submitting the grant request for funding to better improve the E911 system serving your county. The Board is pleased to inform that the grant request was unanimously approved.

The following provides details concerning your specific request:

<u>Amount Requested</u>	<u>Amount Awarded</u>	<u>Grant #</u>	<u>Justification</u>
\$33,813.24	\$33,813.24	14-10-18	E911 Maintenance
Total Grant Award	\$33,813.24		

The Florida Single Audit Act was established by the 1981 Legislature in Chapter 215.97, F.S., which became effective on July 1, 2000. The Board as an awarding agency and the County as a recipient must comply with the requirements of this Act. Please reference attached Sections 5, 6 and 7 of the Florida Single Audit Act which is also available at the following web site address:

<https://apps.fldfs.com/fsaa/statutes.aspx>

Rec'd by
EFT 11/25/14

Board Members: Laurene J. Anderson • Carolyn Hill-Coffey • Gresham Brown • John D. Foltz • Benjamin S. Gaultie
Steph L. Green • Sandra A. Kinnaree • David A. Kowich • Lisa A. Mitchell • Other Members: Liz W. Pyles

We serve those who serve Florida

911 Rural County Maint Grant Dept. #0255

Revenue	Department of Management Services	\$ 33,813.24
---------	-----------------------------------	--------------

For upkeep and maintenance of E911
systems in rural areas

Total Revenue Dept. #0255	\$ 33,813.24
---------------------------	--------------

911 Rural County Maintenance Grant Dept. #0255
Expenditure

54630	R & M Office Machines/Equip Cost associated with repair or maint. of 911 equipment	\$ 33,813.24
56400	Capital Outlay-Equipment	

<u>Total Expenditure Dept. #0255</u>		<u>\$ 33,813.24</u>
--------------------------------------	--	---------------------

*Fall 2014 Submittal

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, 2015, 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, 2015.

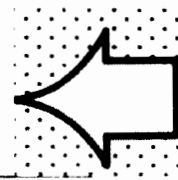
<u>Amount</u>	<u>Account</u>	<u>Account Name</u>
\$42,098	001-3899010	General Fund-Cash Brought Forward
		911 Supplemental Wireless Funds -
\$ 2,000	0237-55401	Books/Pub/Memb/Training
\$ 1,000	0237-55101	Office Supplies
\$39,098	0237-59922	Sinking Fund
<u>\$42,098</u>	Total	

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 2nd day of February 2015, at Perry, Taylor County, Florida, to amend the budget for the fiscal period ending September 30, 2015 with a motion by Commissioner _____, seconded by Commissioner _____, and carried unanimously.

Annie Mae Murphy, Clerk-Auditor

Chairman

(Represents balance of 911 Funds @ 9/30/14 - not included in the 2015 FY budget)



**SIGN
HERE**

2014/2015 Budget
Expenditures Dept. #0237

2/2/15
Amended:

Amended
Budget:

Original
Budget
@ 10/1/14:

55101	Office Supplies Office supplies for 911 Coordinator and 911 call takers.	\$ 1,000.00	\$ 1,000.00
54000	Travel and Per Diem Estimated travel and per diem cost to attend 911 Coordinator meeting and APCO/NENA conferences	-	\$ 3,000.00
55102	Office Equip/Furn < \$1000.00	-	\$ -
55260	Demonstration Material/Supplies Demonstration materials for public officials to promote 911 safety within the county	-	\$ 3,000.00
55401	Training/Membership/Books/Subscriptions To cover costs associated with membership in NENA (National Emergency Number Association) and APCO (Association of Public Safety Communications Officers) as well as APCO/NENA conference registration fees.	\$ 4,000.00	\$ 4,000.00
56400	Capital Outlay Equipment Remainder of this funding at the end of fiscal year can be carried forward to sinking fund. There is no allocated percentage set by Florida Statute to carry forward.	\$ 32,289.00	\$ 32,289.00
59105	Transfer to Constitutional Officer Reimbursement to the Taylor County Sheriff's Office to cover the salary and wages of the 911 Coordinator and/or assistant 911 coordinator and/or part time GIS position.	\$ 20,000.00	\$ 20,000.00
59922	Sinking Fund Amount to be carried forward for capital improvement projects associated with the 911 system.	\$ 217,067.62	\$ 217,067.62
Total Expenditures Dept. #0237		\$ 280,356.62	\$ 280,356.62

*Amended budget 01/08/2015 based on actual carry forward figures L.Hershberger

238,258



2014/2015 Budget

Emergency 911 System (Dept. #0237)

E911 Wireless Supplemental Grant

Revenue

3631154	State Department of Management Services	\$ 60,289.00
---------	---	--------------

Estimated disbursements by the Department of Management Services under the Rural County Supplemental Grant Program. The objective of this program is to supplement revenues from wireless user fees currently distributed, so that each rural county receives a minimum of \$6000.00 each month. The amount of the supplemental grant is determined by the difference of the monthly disbursement from the wireless 911 fee and the \$6000.00 per month minimum.

3899010	Sinking Fund Balance	\$ 220,067.62
---------	----------------------	---------------

Total Revenue Dept. #0237

\$ 280,356.62

*Amended budget 01/08/2015 based on actual carry forward figures L.Hershberger

911 WIRELESS SUPPLEMENTAL GRANT FUNDS

BEGINNING BALANCE 10/1/13

\$ 177,969.59

RECEIPTS

\$ 54,454.59 001-3631154

monthly supplemental (13months) \$ 54,454.59

special disbursement \$ -

EXPENDITURES

#0237

OPERATING \$ (200.00)

TRANSFER TO SHERIFF \$ (12,156.56)

CAPITAL OUTLAY \$ - \$ (12,356.56)

ENDING BALANCE 9/30/2014

\$ 220,067.62

2015 Budgeted Cash CF
+ 177,969.00

(*) This amount is reserved on the balance sheet (001-2470019) at FYE.

excess cash
carry forward
for 2014/2015 Budget
#42,098.62

Dept
#0237

↓
To increase/
Overall Amendment
to 2015 FY Budget

Prepared By: Tammy Taylor, Finance Director (12/3/14)

2014/2015 Budget

Emergency 911 System (Dept. #0237)

E911 Wireless Supplemental Grant

Revenue

3631154

State Department of Management Services

\$ 60,289.00

Estimated disbursements by the Department of Management Services under the Rural County Supplemental Grant Program. The objective of this program is to supplement revenues from wireless user fees currently distributed, so that each rural county receives a minimum of \$6000.00 each month. The amount of the supplemental grant is determined by the difference of the monthly disbursement from the wireless 911 fee and the \$6000.00 per month minimum.

3899010

Sinking Fund Balance

(Designated Cash Carry Forward)

\$ 177,969.00

Total Revenue Dept. #0237

\$ 238,258.00

Actual
220,067

+ 42,098

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, 2015, 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, 2015.

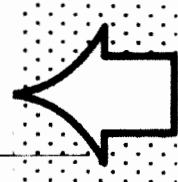
<u>Amount</u>	<u>Account</u>	<u>Account Name</u>
Revenue:		
\$4,885	001-3899010	Cash Brought Forward
Expenditures:		
\$4,885	0331-53401	Contractor Road Repaving Contractual Services

NOW THEREFORE BE IT RESOLVED by the Board of County Commissioners of Taylor County, Florida, that they do approve as provided by law this resolution this 2nd day of February, 2015 at Perry, Taylor County, Florida, to amend the budget for the fiscal period ending September 30, 2015 with a motion by Commissioner _____, seconded by Commissioner _____, and carried unanimously.

Annie Mae Murphy, Clerk-Auditor

Chairman

(Balance of designated funding @FYE 2014, in excess of 2015 Budget)



**SIGN
HERE**

BUNGARD PENTAMATION, INC.
DATE: 11/18/2014
TIME: 16:03:39

TAYLOR COUNTY BOARD OF COMMISSIONERS
EXPENDITURE STATUS REPORT

PAGE NUMBER:
EXPST11

SELECTION CRITERIA: expldgr_key_argn='0331'
ACCOUNTING PERIOD: 2/15

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

FUND-001 GENERAL FUND
FUNCTION-540 TRANSPORTATION
ACTIVITY-541 ROAD & STREET FACILITIES
TOTL/DEPT-0331 CONTRACTOR ROAD REPAVING

ACCOUNT	TITLE	BUDGET	PERIOD EXPENDITURES	ENCUMBRANCES OUTSTANDING	YEAR TO DATE EXP	AVAILABLE BALANCE	YTD/ BUD
53101	PROFESSIONAL SERVICES	31,500.00	.00	.00	.00	31,500.00	.00
53401	CONTRACTUAL SERVICES	161,000.00	.00	.00	.00	161,000.00	.00
54902	LEGAL ADVERTISING	.00	.00	.00	.00	.00	.00
TOTAL CONTRACTOR ROAD REPAVIN		192,500.00	.00	.00	.00	192,500.00	.00
TOTAL GENERAL FUND		192,500.00	.00	.00	.00	192,500.00	.00
TOTAL REPORT		192,500.00	.00	.00	.00	192,500.00	.00

@ 10/1/15

Balance 9/30/14

197,385

To Amend 2015 Budget
+ \$4885
Excess

Contractual Services

Excess cash
Carry forward
(Previously designated
fund for project)

[Handwritten signature]

[Handwritten signature]

BUNGARD PENTAMATION, INC.
DATE: 11/18/2014
TIME: 15:58:49

TAYLOR COUNTY BOARD OF COMMISSIONERS
EXPENDITURE STATUS REPORT

PAGE NUMBER: 1
EXPRTA11

SELECTION CRITERIA: expldgr:key_orgn='0311'
ACCOUNTING PERIOD: 13/14

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

FUND 001 GENERAL FUND
FUNCTION 540 TRANSPORTATION
ACTIVITY 541 ROAD & STREET FACILITIES
TOTL/DEPT 0311 CONTRACTOR ROAD REPAVING

ACCOUNT	TITLE	BUDGET	PERIOD EXPENDITURES	ENCUMBRANCES OUTSTANDING	YEAR TO DATE EXP	AVAILABLE BALANCE	YTD/ BUD
53101	PROFESSIONAL SERVICES	5,000.00	-2,615.00	.00	.00	7,000.00	.00
53401	CONTRACTUAL SERVICES	194,500.00	.00	.00	.00	194,500.00	.00
54902	LEGAL ADVERTISING	500.00	.00	.00	.00	500.00	.00
56500	CONSTRUCTION IN PROGRESS	.00	2,615.00	.00	2,615.00	-2,615.00	.00
TOTAL CONTRACTOR ROAD REPAVIN		200,000.00	.00	.00	2,615.00	197,385.00	1.31
TOTAL GENERAL FUND		200,000.00	.00	.00	2,615.00	197,385.00	1.31
TOTAL REPORT		200,000.00	.00	.00	2,615.00	197,385.00	1.31

9-30-14
Balace

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 **SECONDARY ROAD PROJECT (PAVING) FUND** for the fiscal period ending September 30, 2015, 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 **SECONDARY ROAD PROJECT FUND** budget for the fiscal year ending September 30, 2015.

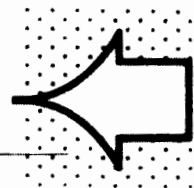
<u>Amount</u>	<u>Account</u>	<u>Account Name</u>
\$35,355	106-3899010	Secondary Road Project Fund - Cash Brought Forward
\$35,355	0308-56308	Aucilla Landing Paving

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 2nd day of February, 2015 at Perry, Taylor County, Florida, to amend the budget for the fiscal period ending September 30, 2015 with a motion by Commissioner _____, seconded by Commissioner _____, and carried unanimously.

Annie Mae Murphy, Clerk-Auditor

Chairman

(Represents balance of funding for designated project in the 2014 FY Budget, not included in the 2015 Budget)



**SIGN
HERE**

BUNGARD PENTAMATION, INC.
DATE: 01/28/2015
TIME: 10:37:14

TAYLOR COUNTY BOARD OF COMMISSIONERS
EXPENDITURE STATUS REPORT

PAGE NUMBER: 1
EXPSTAL1

SELECTION CRITERIA: expledgr.key_orgn='0308' and expledgr.account='56308'
ACCOUNTING PERIOD: 13/14

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

FUND-106 SECONDARY ROAD PROJECT FD
FUNCTION-540 TRANSPORTATION
ACTIVITY-541 ROAD & STREET FACILITIES
TOTL/DEPT-0308 SECONDARY-ROAD PAVING

ACCOUNT	TITLE	BUDGET	PERIOD EXPENDITURES	ENCUMBRANCES OUTSTANDING	YEAR TO DATE EXP	AVAILABLE BALANCE	YTD/ BUD
56308	AUCILLA LANDING PAVING	47,480.00	.00	.00	12,125.00	35,355.00	25.54
	TOTAL SECONDARY-ROAD PAVING	47,480.00	.00	.00	12,125.00	35,355.00	25.54
	TOTAL SECONDARY ROAD PROJECT	47,480.00	.00	.00	12,125.00	35,355.00	25.54
	TOTAL REPORT	47,480.00	.00	.00	12,125.00	35,355.00	25.54

*Unspent
Disbursed
Audited
Remaining
@ 9/30/14*

*To Amend/
Increase
2015 Budget -
Cash @ F*

Tammy Taylor

From: Dustin Hinkel <dustin.hinkel@taylorcountygov.com>
Sent: Wednesday, January 28, 2015 10:05 AM
To: Kenneth Dudley
Cc: Tammy Taylor; Margaret Dunn; Andy McLeod; Brenda Brannen
Subject: Re: 9/30/14 Balance Aucilla Landing Paving

Please roll forward.

Dustin Hinkel

County Administrator
Taylor County Board of County Commissioners

On Jan 27, 2015, at 17:14, Kenneth Dudley <county.engineer@taylorcountygov.com> wrote:

That is correct.

The milling project was completed with no other planned activities in this budget year.

However, Andy and Commissioner Feagle are currently discussing additional milling placement on that road so it may be a good idea to amend the budget to roll that money forward.

Kenneth Dudley, P.E.

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.

From: Tammy Taylor [mailto:ttaylor@taylorclerk.com]
Sent: Tuesday, January 27, 2015 5:05 PM
To: Kenneth Dudley
Cc: Dustin Hinkel; Margaret Dunn
Subject: 9/30/14 Balance Aucilla Landing Paving
Importance: High

Kenneth-

At FYE 9/30/14 there was a budget balance of \$35,355 in the Secondary Road Paving budget for Aucilla Landing Paving (0308-56308).

\$0 was budgeted for 2015 FY.

Is this correct??

Thanks!!!

Tammy Taylor
County Finance Director
P.O. Box 620
Perry, FL 32348
(850) 838-3506, ext.122
(850) 838-3540 (fax)
ttaylor@taylorclerk.com

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 a (shortfall) of monies for a particular purpose which caused the **SCRAP ROAD PROJECT (East Ellison Road) FUND** for the fiscal period ending September 30, 2015, to be less than the advertised budget.

BE IT RESOLVED that the listed receipts and appropriations be transferred from the **SCRAP ROAD PROJECT FUND** budget for the fiscal year ending September 30, 2015.

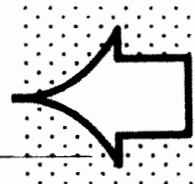
<u>Amount</u>	<u>Account</u>	<u>Account Name</u>
\$(4,007)	170-3344906	SCRAP Grant - Revenue
		SCRAP Project/E. Ellison Road
\$(4,007)	0332-53401	Contractual Services

NOW THEREFORE BE IT RESOLVED by the Board of County Commissioners of Taylor County, Florida, that they do approve as provided by law this resolution this 2nd day of February, 2015 at Perry, Taylor County, Florida, to amend the budget for the fiscal period ending September 30, 2015 with a motion by Commissioner _____, seconded by Commissioner _____, and carried unanimously.

Annie Mae Murphy, Clerk-Auditor

Chairman

(Balance of Grant @ 2014 FYE, which is less than 2015 Budget)



**SIGN
HERE**

SUNGARD PENTAMATION, INC.
DATE: 01/27/2015
TIME: 14:01:15

TAYLOR COUNTY BOARD OF COMMISSIONERS
EXPENDITURE STATUS REPORT

PAGE NUMBER: 1
EXPST11

SELECTION CRITERIA: expledgr.key_orgn='0332'
ACCOUNTING PERIOD: 4/15

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

FUND-170 SCRAP PROJ/E. ELLISON RD
FUNCTION-540 TRANSPORTATION
ACTIVITY-541 ROAD & STREET FACILITIES
TOTL/DEPT-0332 SCRAP/ E. ELLISON RD

2015

ACCOUNT	TITLE	BUDGET	PERIOD EXPENDITURES	ENCUMBRANCES OUTSTANDING	YEAR TO DATE EXP	AVAILABLE BALANCE	YTD/ BUD
53101	PROFESSIONAL SERVICES	24,570.00	.00	.00	.00	24,570.00	.00
53401	CONTRACTUAL SERVICES	135,400.00	.00	.00	.00	135,400.00	.00
54902	LEGAL ADVERTISING	.00	.00	.00	.00	.00	.00
56500	CONSTRUCTION IN PROGRESS	.00	.00	.00	.00	.00	.00
	TOTAL SCRAP/ E. ELLISON RD	159,970.00	.00	.00	.00	159,970.00	.00
	TOTAL SCRAP PROJ/E. ELLISON R	159,970.00	.00	.00	.00	159,970.00	.00
TOTAL REPORT		159,970.00	.00	.00	.00	159,970.00	.00

*Actual
9/30/14*

+ 155,963

+ 4,007

*over budgeted
2015*

*Need to
Reduce*

11/27/15

BUNGARD PENTAMATION, INC.
DATE: 11/19/2014
TIME: 12:41:57

TAYLOR COUNTY BOARD OF COMMISSIONERS
EXPENDITURE STATUS REPORT

PAGE NUMBER: 1
EXPSTA11

SELECTION CRITERIA: ORGN.FUND='170'
ACCOUNTING PERIOD: 13/14

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

FUND-170 SCRAP PROJ/E. ELLISON RD
FUNCTION-540 TRANSPORTATION
ACTIVITY-541 ROAD & STREET FACILITIES
TOTL/DEPT-0332 SCRAP/ E. ELLISON RD

ACCOUNT	TITLE	BUDGET	PERIOD EXPENDITURES	ENCUMBRANCES OUTSTANDING	YEAR TO DATE EXP	AVAILABLE BALANCE	YTD/ BUD
53101	PROFESSIONAL SERVICES	72,000.00	-4,304.72	.00	.00	72,000.00	.00
51401	CONTRACTUAL SERVICES	91,619.00	.00	.00	.00	91,619.00	.00
54902	LEGAL ADVERTISING	300.00	.00	.00	.00	300.00	.00
56300	CAPITAL/INFRASTRUCTURE	.00	.00	.00	.00	.00	.00
56500	CONSTRUCTION IN PROGRESS	.00	7,956.17	.00	7,956.17	-7,956.17	.00
	TOTAL SCRAP/ E. ELLISON RD	163,919.00	3,651.45	.00	7,956.17	155,962.83	4.85
	TOTAL SCRAP PROJ/E. ELLISON R	163,919.00	3,651.45	.00	7,956.17	155,962.83	4.85
	TOTAL REPORT	163,919.00	3,651.45	.00	7,956.17	155,962.83	4.85

Balance
9/30/14

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 **SCOP ROAD PAVING PROJECT (East Ellison Road) FUND** for the fiscal period ending September 30, 2015, to be in excess of the advertised budget.

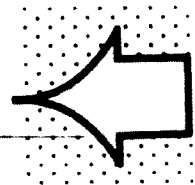
BE IT RESOLVED that the listed receipts and appropriations be added to, included in and transferred to the **SCOP ROAD PROJECT FUND** budget for the fiscal year ending September 30, 2015.

<u>Amount</u>	<u>Account</u>	<u>Account Name</u>
\$5,251	172-3344905	SCOP Grant
		SCOP Project/East Ellison Rd-
\$5,251	0334-53401	Contractual Services

NOW THEREFORE BE IT RESOLVED by the Board of County Commissioners of Taylor County, Florida, that they do approve as provided by law this resolution this 2nd day of February, 2015 at Perry, Taylor County, Florida, to amend the budget for the fiscal period ending September 30, 2015 with a motion by Commissioner _____, seconded by Commissioner _____, and carried unanimously.

Annie Mae Murphy, Clerk-Auditor

Chairman



**SIGN
HERE**

(Grant Balance 2014 FYE in Excess of 2015 Budget)

SUNGARD PENTAMATION, INC.
DATE: 01/27/2015
TIME: 14:01:59

TAYLOR COUNTY BOARD OF COMMISSIONERS
EXPENDITURE STATUS REPORT

PAGE NUMBER: 1
EXPSTALL

SELECTION CRITERIA: expledgr.key_orgn='0334'
ACCOUNTING PERIOD: 4/15

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

FUND-172 SCOP/EAST ELLISON ROAD
FUNCTION-540 TRANSPORTATION
ACTIVITY-541 ROAD & STREET FACILITIES
TOTL/DEPT-0334 SCOP/EAST ELLISON ROAD

ACCOUNT	TITLE	BUDGET	PERIOD EXPENDITURES	ENCUMBRANCES OUTSTANDING	YEAR TO DATE EXP	AVAILABLE BALANCE	YTD/ BUD
53101	PROFESSIONAL SERVICES	38,430.00	.00	.00	.00	38,430.00	.00
53401	CONTRACTUAL SERVICES	211,175.00	.00	.00	.00	211,175.00	.00
54902	LEGAL, ADVERTISING	.00	.00	.00	.00	.00	.00
56500	CONSTRUCTION IN PROGRESS	.00	.00	.00	.00	.00	.00
TOTAL SCOP/EAST ELLISON ROAD		249,605.00	.00	.00	.00	249,605.00	.00
TOTAL SCOP/EAST ELLISON ROAD		249,605.00	.00	.00	.00	249,605.00	.00
TOTAL REPORT		249,605.00	.00	.00	.00	249,605.00	.00

↓
* $254,856 = \text{Balance of Grant } 9/30/14$ (to expenditures to date)

$\$ + 5,251 \Rightarrow \text{Increase 2015 Overall Budget}$

[Handwritten signature]

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 **SCOP ROAD PAVING PROJECT (East Ellison Road) FUND** for the fiscal period ending September 30, 2015, to be in excess of the advertised budget.

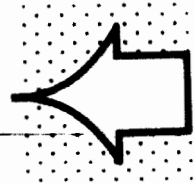
BE IT RESOLVED that the listed receipts and appropriations be added to, included in and transferred to the **SCOP ROAD PROJECT FUND** budget for the fiscal year ending September 30, 2015.

<u>Amount</u>	<u>Account</u>	<u>Account Name</u>
\$5,251	172-3344905	SCOP Grant
\$5,251	0334-53401	SCOP Project/East Ellison Rd- Contractual Services

NOW THEREFORE BE IT RESOLVED by the Board of County Commissioners of Taylor County, Florida, that they do approve as provided by law this resolution this 2nd day of February, 2015 at Perry, Taylor County, Florida, to amend the budget for the fiscal period ending September 30, 2015 with a motion by Commissioner _____, seconded by Commissioner _____, and carried unanimously.

Annie Mae Murphy, Clerk-Auditor

Chairman



**SIGN
HERE**

(Grant Balance 2014 FYE in Excess of 2015 Budget)

SUNGARD PENTAMATION, INC.
DATE: 01/27/2015
TIME: 14:01:59

TAYLOR COUNTY BOARD OF COMMISSIONERS
EXPENDITURE STATUS REPORT

PAGE NUMBER: 1
EXPSTALL

SELECTION CRITERIA: expledgr.key_orgn='0334'
ACCOUNTING PERIOD: 4/15

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

FUND-172 SCOP/EAST ELLISON ROAD
FUNCTION-540 TRANSPORTATION
ACTIVITY-541 ROAD & STREET FACILITIES
TOTL/DEPT-0334 SCOP/EAST ELLISON ROAD

ACCOUNT	===== TITLE =====	BUDGET	PERIOD EXPENDITURES	ENCUMBRANCES OUTSTANDING	YEAR TO DATE EXP	AVAILABLE BALANCE	YTD/ BUD
53101	PROFESSIONAL SERVICES	38,430.00	.00	.00	.00	38,430.00	.00
53401	CONTRACTUAL SERVICES	211,175.00	.00	.00	.00	211,175.00	.00
54902	LEGAL ADVERTISING	.00	.00	.00	.00	.00	.00
56500	CONSTRUCTION IN PROGRESS	.00	.00	.00	.00	.00	.00
	TOTAL SCOP/EAST ELLISON ROAD	249,605.00	.00	.00	.00	249,605.00	.00
	TOTAL SCOP/EAST ELLISON ROAD	249,605.00	.00	.00	.00	249,605.00	.00
	TOTAL REPORT	249,605.00	.00	.00	.00	249,605.00	.00

↓
* $254,856 = \text{Balance of Grant } 9/30/14$ (to expenditures to date)

$\$ + 5,251 \Rightarrow \text{Increase 2015 Overall Budget}$

[Handwritten signature]

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 **SCRAP ROAD PROJECT (Osteen Road) FUND** for the fiscal period ending September 30, 2015, to be in excess of the advertised budget.

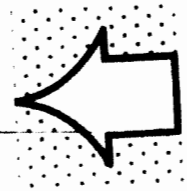
BE IT RESOLVED that the listed receipts and appropriations be added to, included in and transferred to the **SCRAP ROAD PROJECT FUND** budget for the fiscal year ending September 30, 2015.

<u>Amount</u>	<u>Account</u>	<u>Account Name</u>
\$2,480	169-3344906	SCRAP Grant - Revenue
		SCRAP Project/Osteen Road
\$2,480	0329-53401	Contractual Services

NOW THEREFORE BE IT RESOLVED by the Board of County Commissioners of Taylor County, Florida, that they do approve as provided by law this resolution this 2nd day of February, 2015 at Perry, Taylor County, Florida, to amend the budget for the fiscal period ending September 30, 2015 with a motion by Commissioner _____, seconded by Commissioner _____, and carried unanimously.

Annie Mae Murphy, Clerk-Auditor

Chairman



**SIGN
HERE**

(Balance SCRAP Paving Grant 2014 FYE in Excess of 2015 Budget)

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 **SCRAP ROAD PROJECT (Osteen Road) FUND** for the fiscal period ending September 30, 2015, to be in excess of the advertised budget.

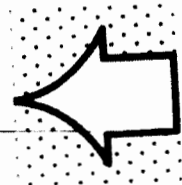
BE IT RESOLVED that the listed receipts and appropriations be added to, included in and transferred to the **SCRAP ROAD PROJECT FUND** budget for the fiscal year ending September 30, 2015.

<u>Amount</u>	<u>Account</u>	<u>Account Name</u>
\$2,480	169-3344906	SCRAP Grant - Revenue
		SCRAP Project/Osteen Road
\$2,480	0329-53401	Contractual Services

NOW THEREFORE BE IT RESOLVED by the Board of County Commissioners of Taylor County, Florida, that they do approve as provided by law this resolution this 2nd day of February, 2015 at Perry, Taylor County, Florida, to amend the budget for the fiscal period ending September 30, 2015 with a motion by Commissioner _____, seconded by Commissioner _____, and carried unanimously.

Annie Mae Murphy, Clerk-Auditor

Chairman



**SIGN
HERE**

(Balance SCRAP Paving Grant 2014 FYE in Excess of 2015 Budget)

HUNGARD PENTAMATION, INC.
DATE: 11/17/2014
TIME: 17:29:52

TAYLOR COUNTY BOARD OF COMMISSIONERS
EXPENDITURE STATUS REPORT

PAGE NUMBER: 1
EXPSTALL

2015 FY

SELECTION CRITERIA: expledgr.key_orgn='0129'
ACCOUNTING PERIOD: 2/15

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

FUND-169 SCRAP PROJ/OSTEEN ROAD
FUNCTION-540 TRANSPORTATION
ACTIVITY-541 ROAD & STREET FACILITIES
TOTL/DEPT-0129 SCRAP/OSTEEN ROAD

2015

ACCOUNT	TITLE	BUDGET	PERIOD EXPENDITURES	ENCUMBRANCES OUTSTANDING	YEAR TO DATE EXP	AVAILABLE BALANCE	YTD/ BUD
53101	PROFESSIONAL SERVICES	94,500.00	.00	.00	.00	94,500.00	.00
53401	CONTRACTUAL SERVICES	641,117.00	.00	.00	.00	641,117.00	.00
54902	LEGAL ADVERTISING	.00	.00	.00	.00	.00	.00
56500	CONSTRUCTION IN PROGRESS	.00	.00	.00	.00	.00	.00
	TOTAL SCRAP/OSTEEN ROAD	735,617.00	.00	.00	.00	735,617.00	.00
	TOTAL SCRAP PROJ/OSTEEN ROAD	735,617.00	.00	.00	.00	735,617.00	.00
TOTAL REPORT		735,617.00	.00	.00	.00	735,617.00	.00

Budget
Balance 9/30/14
\$738,087

increase 2015
+ 2480

Contractual
5Ks per Kenneth

2/15

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 **SCOP PAVING PROJECT FUND (Roberts Aman Road)** for the fiscal period ending September 30, 2015, 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 **SCOP PAVING PROJECT FUND** Budget for the fiscal year ending September 30, 2015.

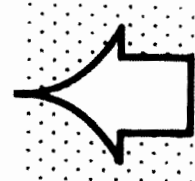
<u>Amount</u>	<u>Account</u>	<u>Account Name</u>
\$500,000	163-3344905	SCOP Grant-Roberts Aman Rd
\$ (1,098)	163-3899010	Cash Brought Forward
<u>\$498,902</u>	Total Revenue	
\$500,000	0322-53401	Contractual Services
\$ (1,098)	0322-53401	Contractual Services
<u>\$498,902</u>	Total Expenditures	

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 2nd day of February, 2015 at Perry, Taylor County, Florida, to amend the budget for the fiscal period ending September 30, 2015 with a motion by Commissioner _____, seconded by Commissioner _____, and carried unanimously.

Annie Mae Murphy, Clerk-Auditor

Chairman

(Supplemental SCOP Grant Awarded 2015 Fiscal Year-and adjustment for FYE 2014 carryforward balance)



**SIGN
HERE**

Tammy Taylor

From: Kenneth Dudley <county.engineer@taylorcountygov.com>
Sent: Friday, January 23, 2015 8:48 AM
To: 'Tammy Taylor'
Cc: Dustin Hinkel; Margaret Dunn
Subject: FW: Supplemental Agreement #1 for Project: 430692-1-58-01
Attachments: 430692-1-58-01 Supplemental Agreement #1.pdf; 0322.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Categories: Red Category

More money, more money, more money.

Please add to the Roberts Aman Rd SCOP Account as Contractual Services.

0322 - 53401.

Thank you.

\$500,000

Kenneth Dudley, P.E.

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.

From: Musgrove, Mandy [mailto:Mandy.Musgrove@dot.state.fl.us]
Sent: Friday, January 23, 2015 8:37 AM
To: Kenneth Dudley
Subject: Supplemental Agreement #1 for Project: 430692-1-58-01

Good morning,

I have attached for you the Supplemental Agreement #1 for project 430692-1-58-01. Thank you.

Sincerely,
Mandy Musgrove
Program Management
Florida Department of Transportation
1109 South Marion Ave.
Lake City, FL 32025
Mail Station: 2014
mandy.musgrove@dot.state.fl.us<mailto:mandy.musgrove@dot.state.fl.us>
Phone:(386)-758-3765
Work Hours: M-T 7:30-5:00, Friday 7:30-11:30



Florida Department of Transportation

January 23, 2015

**The Honorable Patricia Patterson, Chair
Taylor County Board of County Commissioners
201 E. Green Street
Perry, Florida 32347**

**Subject: SMALL COUNTY OUTREACH PROGRAM (SCOP) – SA # 1
Widening and resurfacing of CR 361 (Robert Aman Road)
from East of Joel Aman Road to CR 361
Financial Project ID: 438692-1-58-01
Contract Number: ARB15**

Dear Chair Patterson:

Please find attached executed Small County Outreach Program – Supplemental Agreement #1 for the widening and resurfacing of CR 361 (Roberts Aman Road) from East Joel Aman Road to CR 361 in Taylor County, Florida. Construction funds in the amount of \$588,888.88 have been added to match the bid amount.

Should you have any questions or need additional information, please contact Kim Evans at 386-961-7402.

Sincerely,

**Signed on behalf of
James M. Driggers, Jr.
District Program Administration Engineer**

**JMD:ke
Enclosures**

CC: Mr. Kenneth Dudley, P.E., County Engineer

The Honorable Patricia Patterson, Chair Taylor County BOCC 281 E. Green Street Perry, Florida 32347	STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION SMALL COUNTY OUTREACH PROGRAM (SCOP) SUPPLEMENTAL AGREEMENT # 1	Financial Project ID: 430092-1-08-01 Contract Number: ARB15
--	--	--

PROJECT DESCRIPTION

Per Florida Statutes 339.2818 and Executive Order Number 08-132, Taylor County (Agency) desires to supplement the Small County Outreach Program Agreement (SCOP) as identified above. All provisions in the basic Agreement remain in effect except as expressly modified by this Supplement. The changes to the Agreement is described below:

Name: CR 361 (Robert Arnan Road) Length N/A

termini: from East of Joel Arnan Road to CR 361

Description of Work: widening and resurfacing

Reason for Supplement: construction funds in the amount of \$500,000.00 have been added to match the bid amount.

TYPE OF WORK By Fiscal Year	(1) TOTAL PROJECT ESTIMATE FUNDS (000s)	(2) AGENCY FUNDS (000s)	(3) STATE & FEDERAL FUNDS (000s)
Design <u>2007-2008</u> <u>2008-2009</u> <u>2009-2010</u> Total Design Cost	 	 	
Right of Way <u>2008-2009</u> <u>2009-2010</u> <u>2010-2011</u> Total Right of Way Cost	 	 	
Construction <u>2011-2012</u> <u>2012-2013</u> <u>2013-2014</u> <u>2013-2014</u> <u>2014-2015 SA # 1</u> <u>2015-2016</u> Total Contract Costs	 <u>\$ 300,940.00</u> <u>\$ 500,000.00</u> <u>\$ 800,940.00</u>	 	 <u>\$ 300,940.00</u> <u>\$ 500,000.00</u> <u>\$ 800,940.00</u>
Construction Engineering and Inspection <u>2012-2013</u> <u>2013-2014</u> <u>2014-2015</u> <u>2015-2016</u> Total Construction Engineering	 	 	
Total Cost of Project	<u>\$ 800,940.00</u>		<u>\$ 800,940.00</u>

The Department's fiscal year begins on July 1. For this project, funds are not projected to be available until after July 1st each fiscal year. The Department will notify the Agency, in writing, when funds are available.

The Small County Outreach Program project (SCOP) statutory percentage is 75/25% as outlined in Section 339.2812, F.S. Taylor County has requested a REDI waiver and the waiver has been granted. Therefore, in-kind services equivalent to 25% of the project is allowable under the waiver.

SUNGARD PENTAMATION, INC.
DATE: 11/17/2014
TIME: 16:59:55

TAYLOR COUNTY BOARD OF COMMISSIONERS
EXPENDITURE STATUS REPORT

PAGE NUMBER: 1
EXPSTALL

SELECTION CRITERIA: expledgr.key_argn='0322'
ACCOUNTING PERIOD: 2/15

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

FUND-163 SCOP PROJECT-ROBERTS AMAN
FUNCTION-540 TRANSPORTATION
ACTIVITY-541 ROAD & STREET FACILITIES
TOTL/DEPT-0322 SCOP/ROBERTS AMAN RD

2015

ACCOUNT	TITLE	BUDGET	PERIOD EXPENDITURES	ENCUMBRANCES OUTSTANDING	YEAR TO DATE EXP	AVAILABLE BALANCE	YTD/ BUD
53101	PROFESSIONAL SERVICES	39,375.00	.00	.00	.00	39,375.00	.00
53401	CONTRACTUAL SERVICES	328,074.00	.00	.00	.00	328,074.00	.00
54902	LEGAL ADVERTISING	.00	.00	.00	.00	.00	.00
56300	CAPITAL/INFRASTRUCTURE	.00	.00	.00	.00	.00	.00
56500	CONSTRUCTION IN PROGRESS	.00	.00	.00	.00	.00	.00
	TOTAL SCOP/ROBERTS AMAN RD	367,449.00	.00	.00	.00	367,449.00	.00
	TOTAL SCOP PROJECT-ROBERTS AM	367,449.00	.00	.00	.00	367,449.00	.00
	TOTAL REPORT	367,449.00	.00	.00	.00	367,449.00	.00

Budget
Balance
FYE 2014
* 366
351.52
(1097.48)
Need to reduce
28

2015

To reduce 2015 Budget

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 **CDBG GRANT FUND** for the fiscal period ending September 30, 2015, 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 **CDBG GRANT FUND** budget for the fiscal year ending September 30, 2015.

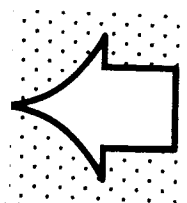
<u>Amount</u>	<u>Account</u>	<u>Account Name</u>
Revenue:		
\$750,000	112-3316201	CDBG Grant - Housing
Expenditures:		
\$112,500	1200-53401	Contractual Services
\$ 900	1200-54902	Legal Advertising
\$ 3,000	1200-54977	Recording
\$180,000	1200-58321	Rehabilitation
\$ 3,600	1200-58346	Temporary Relocation
\$450,000	1200-58348	Demolition & Reconstruction

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 2nd day of February, 2015 at Perry, Taylor County, Florida, to amend the budget for the fiscal period ending September 30, 2015 with a motion by Commissioner _____, seconded by Commissioner _____, and carried unanimously.

Annie Mae Murphy, Clerk-Auditor

Chairman

(New Grant Awarded 2015 Fiscal Year)



**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 14, 2014

Fund 112
Dept # 1200

TO: Tammy

FROM: Melody

RE: Budget Request – New
CDBG Housing Rehabilitation \$750,000.00

Tammy,

Please set a new budget for the attached CDBG Grant in the amount of \$750,000. This is a new grant. I have attached the budget for this project. There was a match but we are using SHIP grants funds for the match as we have in the past. This was a very good unexpected surprise for us! We thought we were slightly out of the funding as they were only funding five projects but some economic development projects fell through with the state and they were able to fund eight projects. We made the cut off! Please let me know if you have any questions or should need additional information.

Thank you!

RECEIVED

Melody
Melody

DETAIL BUDGET REQUEST
2014-2015 FISCAL YEAR

DEPARTMENT: CDBG Housing Rehab Grant
January 14, 2014

Expenditure

<u>Account #</u>	<u>Account Description</u>	<u>Amount</u>
53401	Contractual Services	\$112,500
	Administrative service for grant administration including bid, inspection and reporting services	
54902	Legal Advertising	\$900
	Advertise for bids or required project notifications	
54977	Recording Fees	\$3,000
	Record second mortgages on homes which received rehab assistance	
58321	Rehabilitation	\$180,000
	Rehabilitation of qualified homes	
58346	Temporary Relocation	\$3,600
	Temporary relocation allowance payable to CDBG recipients	
58348	Demolition and Reconstruction	\$450,000
	Demolition and Reconstruction of qualified homes	
Total Budget Request		\$750,000

Melody Cue

1-14-2014

TAYLOR COUNTY BOARD OF COMMISSIONERS
County Commission Agenda Item

SUBJECT/TITLE:



THE BOARD TO AUTHORIZE RE-BIDDING ROBERTS AMAN ROAD WIDENING/RESURFACING PROJECT, AS AGENDAED BY THE COUNTY ENGINEER.

MEETING DATE REQUESTED:

FEBRUARY 2, 2015

Statement of Issue:

BIDS WERE RECEIVED 9/16/14 FOR THE ROBERTS AMAN ROAD WIDENING/RESURFACING PROJECT. A CONTRACT FOR THE PROJECT HAS NOT BEEN EXECUTED. AT THE BOARD'S WORKSHOP ON 01/27/15, THE BOARD DISCUSSED THE BIDS AND DECIDED IT MAY BE IN THE COUNTY'S BEST INTEREST TO SOLICIT NEW BIDS.

Recommended Action:

AUTHORIZE THE COUNTY ENGINEER TO SOLICIT NEW BIDS.

Fiscal Impact:

IT IS ANTICIPATED THAT RE-BIDDING THE PROJECT COULD SAVE THE COUNTY MONEY.

Budgeted Expense:

Submitted By:

COUNTY ENGINEER, KENNETH DUDLEY

Contact:


SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

History, Facts & Issues:

THE BOARD RECEIVED THREE BIDS ON 9/16/14 AND, AFTER DISCUSSION, AWARDED THE PROJECT TO THE SECOND LOWEST BIDDER. THIS FIRM WAS UNABLE TO ACCEPT THE CONTRACT DUE TO CURRENT WORKLOADS. IT WAS DECIDED THAT IT IS IN THE BEST INTEREST OF THE COUNTY TO RE-BID THE PROJECT.

Options:

Attachments:

TAYLOR COUNTY BOARD OF COMMISSIONERS	
County Commission Agenda Item	
SUBJECT/TITLE: 	THE BOARD TO REVIEW AND APPROVE A BID DOCUMENT FOR ARTIFICIAL REEFS, AS AGENDAED BY GEOFF WALLAT, UNIVERSITY OF FLORIDA SEA GRANT AGENT.
MEETING DATE REQUESTED:	FEBRUARY 2, 2015

Statement of Issue:

Recommended Action:

Fiscal Impact:

Budgeted Expense:

Submitted By:

Contact:

SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

History, Facts & Issues:

Options:

Attachments:

TAYLOR COUNTY BOARD OF COMMISSIONERS

County Commission Agenda Item

SUBJECT/TITLE:



The Board to approve holding a public hearing February 17, 2015 to discuss and receive public input on the possible grant application submission to the FEMA Hazardous Mitigation Grant Program (HMPG) requesting funding assistance for the purchase and installation of a generator system at Doctors' Memorial Hospital Inc. (DMH). The generator system will ensure the continuity of operations during an emergency or disaster event. Staff is also requesting to waiver a second public hearing due to the tight timelines of the grant which is due March 6, 2015.

Meeting Date:

February 2, 2015

Statement of Issue:

DMH does not currently have sufficient generator backup to fully operate in the event of a disaster causing prolonged loss of electrical service. In the event of such a disaster or emergency event, the hospital would be required to install transfer switches and rent a large generator. Otherwise, the possibility exists that our local citizens would need to be transported out of county for medical treatment during the disaster/emergency event. The application deadline is March 6, 2015 and staff is requesting a wavier of a second public hearing.

Recommendation:

Approve February 17 public hearing and waiver of second public hearing.

Fiscal Impact:

\$ Not applicable at this time.

Budgeted Expense:

Yes ☐

No ☐

N/A ☐

X ☒

Submitted By:

Steve Spradley, Emergency Management Director

Contact:

Steve Spradley, Emergency Management Director

SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

History, Facts & Issues:

The Florida Department of Emergency Management has posted potential hazard mitigation grant funding from Presidential Disaster Declaration (DR-4177-FL) Florida Severe Storms and Flooding in 2014. An application deadline for this grant is March 9, 2015. Taylor County has the opportunity to apply and compete with other counties for any residual funds that may not be used by the counties that were declared in DR-477-FL. Generator power for critical facilities, such as hospitals, is a potential qualifying grant funding opportunity. Due to not being one of the counties declared, funding may not be available, however an application must be submitted to be considered. Staff is recommending the Board to submit grant application for the purchase and installation of a generator system at DMH.

Options:

1. APPROVE FEBRUARY 17, 2015 PUBLIC HEARING AT 6:10 PM AND WAIVER OF
SECOND PUBLIC HEARING.
2. NOT APPROVE

Attachments:

1. FEMA Letter Noticing Eligibility of Generator Purchases
- 2.

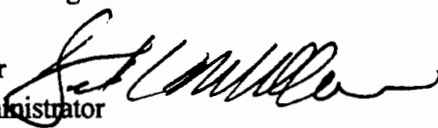


FEMA

November 15, 2012

MEMORANDUM FOR: FEMA Regional Administrators
Regions I-X

ATTENTION: Regional Mitigation Division Directors
Federal Coordinating Officers

FROM: David L. Miller 
Associate Administrator
Federal Insurance and Mitigation Administration

SUBJECT: Eligibility of Generator Purchases under the Hazard Mitigation Grant Program

The purpose of this memorandum is to address FEMA's authority to fund the purchase and installation of generators through the Hazard Mitigation Grant Program (HMGP) authorized under Section 404 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5170c; and in accordance with 44 C.F.R. Part 206, and Hazard Mitigation Assistance (HMA) criteria set forth in the Hazard Mitigation Assistance Unified Guidance (HMA Unified Guidance), dated June 2010.

Ensuring the continuity of life saving and life sustaining community services provided by critical facilities such as police and fire stations, hospitals and water and sewer treatment facilities reduces hardship, loss or suffering resulting from a major disaster. Therefore, this memorandum clarifies FEMA's determination that the purchase and installation of generators for critical facilities are eligible under HMGP, provided they are cost-effective, contribute to a long-term solution to the problem that it is intended to address and meet other project eligibility criteria as required by 44 C.F.R. § 206.434(c). Data needed to determine cost-effectiveness include return interval of the event(s) that results in the use of the generator and the value of losses avoided and other quantifiable benefits derived from its use. Generator projects that cannot be determined cost-effective via standard HMA benefit-cost methodology may be eligible under the 5 percent discretionary allowance, as described in current HMA Unified Guidance. See HMA Unified Guidance, Part III.D.1 and Part VIII.A.10. Any additional guidance clarifications specific to funding of generators via HMGP will be addressed in the next version of the HMA Unified Guidance.

Eligibility of Generators

November 15, 2012

Page 2

This memorandum applies to HMGP projects for disasters declared on or after the issuance of this memorandum, and disasters with an open HMGP application period as of the date of this memorandum.

This memorandum does not change any other statutory, regulatory or administrative requirements of HMGP. Projects approved to fund generator purchases and installation must adhere to all other applicable statutes and regulations that apply to HMGP. HMGP funds are not available as a substitute for emergency, temporary, or partial solutions under Stafford Act-Section 403, Essential Assistance (42 U.S.C. 5170b) and/or Stafford Act, Title VI-Emergency Preparedness (42 U.S.C. 5195).

If you have any question please contact Kayed Lakhia, Deputy Director, Risk Reduction Division at (202) 646-3458.

11

TAYLOR COUNTY BOARD OF COMMISSIONERS

County Commission Agenda Item

SUBJECT/TITLE:



THE BOARD TO DISCUSS AND PROVIDE GUIDANCE FOR PURCHASE REQUESTS FROM DOCTOR'S MEMORIAL HOSPITAL, AS AGENDAED BY THE COUNTY ADMINISTRATOR.

MEETING DATE REQUESTED:

FEBRUARY 2, 2015

Statement of Issue:

ON JULY 22, 2014, THE BOARD AGREED TO SET ASIDE \$2 MILLION FROM SALES TAX PROCEEDS FOR CAPITAL PURCHASES NEEDED AT DOCTOR'S MEMORIAL HOSPITAL WITH THE UNDERSTANDING THAT THE COUNTY'S PURCHASING POLICIES WERE THE STANDARD FOR THOSE PURCHASES. THE COUNTY ADMINISTRATOR SEEKS GUIDANCE IN CERTAIN SPECIFIC REQUESTS FOR PURCHASES.

Recommended Action:

Fiscal Impact:

Budgeted Expense:

Submitted By:

Contact:

SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

History, Facts & Issues:

Options:

Attachments:

Margaret Dunn

From: Amanda Gregory <agregory@doctorsmemorial.com>
Sent: Tuesday, January 20, 2015 12:16 PM
To: Margaret Dunn
Cc: Mary Lescher; Amanda Gregory
Subject: Hospital Beds
Attachments: Hospital Beds.pdf

Margaret

MED ASSETS - YES

I have attached 3 quotes for hospital beds. 39 total beds with 5 year Preventive Maintenance.

Our choice would be the Stryker because this bed is upgradeable to allow facility to have the ability to implement documentation at the bedside that links to the electronic medical record. It is also compatible with current nurse call system without the additional purchase of integration software. It also provides caregiver with a one-handed operation to aid in patient ingress and egress, potentially reducing caregiver back strain and helping to place patient in bed in the correct position the first time, minimizing the need to boost the patient back up in the bed.. During egress, the intermediate side rails provide two sturdy grip points to improve patient strength while getting in and out of bed while preserving the caregivers back.

If there is anything else you need please let me know.

*Thank you
Amanda*

Amanda Gregory
Materials Management Director
850-584-0155

Stryker 355,875
HILL Rom 302,364.70
LINET 283,099.17

39 beds



A partnership with Tallahassee Memorial HealthCare

Margaret Dunn

From: Amanda Gregory <agregory@doctorsmemorial.com>
Sent: Tuesday, January 20, 2015 1:45 PM
To: Margaret Dunn
Subject: RE: Hospital Beds

Stryker included the bedside tables at no charge so I offered Hill rom the same but they could not include at no charge so I got a quote and the last is the preventive maintenance. Stryker's is all on the quote with the beds

From: Margaret Dunn [mailto:margaret.dunn@taylorcountygov.com]
Sent: Tuesday, January 20, 2015 1:44 PM
To: Amanda Gregory
Subject: RE: Hospital Beds

What are the additional quotes from Hill Rom? One seems to be for tray tables and other one I don't understand.

From: Amanda Gregory [mailto:agregory@doctorsmemorial.com]
Sent: Tuesday, January 20, 2015 12:25 PM
To: Margaret Dunn
Subject: RE: Hospital Beds

Ok thanks

From: Margaret Dunn [mailto:margaret.dunn@taylorcountygov.com]
Sent: Tuesday, January 20, 2015 12:18 PM
To: Amanda Gregory
Subject: RE: Hospital Beds

Got it. I just did the one for the refrigerator too.

From: Amanda Gregory [mailto:agregory@doctorsmemorial.com]
Sent: Tuesday, January 20, 2015 12:16 PM
To: Margaret Dunn
Cc: Mary Lescher; Amanda Gregory
Subject: Hospital Beds

Margaret

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If there is anything else you need please let me know.

*Thank you
Amanda*

*Amanda Gregory
Materials Management Director
850-584-0155*



A partnership with Tallahassee Memorial HealthCare

Margaret Dunn

From: Amanda Gregory <agregory@doctorsmemorial.com>
Sent: Tuesday, January 27, 2015 11:10 AM
To: Margaret Dunn
Subject: RE: Hospital Beds

Margaret

I will work on the Bed Comparison. I thought I covered in the email but I will get it together.

As far as the stretcher I have googled and only get refurbished stretchers. Stryker and Hill rom are the stretchers companies. I can attempt to get a 3rd quote but it will be for a refurbished bed which will not compare to the new ones.

I will also get Ginny to work on the OR Tower Sole Source. I do know it saves money to have 1 tower that does both then to have 2 different towers. But I will get the OR director to work on it.

*Thanks
Amanda*

From: Margaret Dunn [mailto:margaret.dunn@taylorcountygov.com]
Sent: Tuesday, January 27, 2015 10:11 AM
To: Amanda Gregory
Subject: RE: Hospital Beds

Sorry, I've been involved in some other stuff and have neglected my hospital duties!!!

Dustin will speak to the Commissioners tonight at the workshop about the bed purchase and the stretcher purchase. As to the stretchers, we really need a third quote and then we need a really good justification for taking a higher quote as you have with the decision to buy the Strykers. I don't know what the Commissioners are going to say about that. As to the beds, again, your desire for the higher quote (Stryker) is a choking point. I don't know what the Commissioners are going to say.

If you have any more documentation you can send me before tonight about the two decisions above, it would be helpful.

As to the Sole Source for the laporscopic and arthoscopic towers, Dustin feels we just don't have enough documentation to accept the sole source argument. Why is it necessary to have one machine instead of two separate machines? Is it industry standard now? Does it save money? Pretend like this will be a front page article and make the argument.

Again, I apologize for the delay but Dustin has been thinking on them and needs guidance from the Commissioners.

From: Amanda Gregory [mailto:agregory@doctorsmemorial.com]
Sent: Tuesday, January 27, 2015 9:45 AM
To: Margaret Dunn
Subject: RE: Hospital Beds

Margaret

Do you have any update on the Bed decision? I was just wanting to move forward cause we are currently renting beds on a monthly basis.

*Thanks
Amanda*

From: Margaret Dunn [<mailto:margaret.dunn@taylorcountygov.com>]
Sent: Tuesday, January 20, 2015 1:47 PM
To: Amanda Gregory
Subject: RE: Hospital Beds

Ok, thanks.

From: Amanda Gregory [<mailto:agregory@doctorsmemorial.com>]
Sent: Tuesday, January 20, 2015 1:45 PM
To: Margaret Dunn
Subject: RE: Hospital Beds

Stryker included the bedside tables at no charge so I offered Hill rom the same but they could not include at no charge so I got a quote and the last is the preventive maintenance. Stryker's is all on the quote with the beds

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Ok thanks

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Sent: Tuesday, January 20, 2015 12:18 PM
To: Amanda Gregory
Subject: RE: Hospital Beds

Got it. I just did the one for the refrigerator too.

From: Amanda Gregory [<mailto:agregory@doctorsmemorial.com>]
Sent: Tuesday, January 20, 2015 12:16 PM



Comprehensive Quotation

Sales Account Manager

Ole Juve

ole.juve@stryker.com

1-800-327-0770

Fax: 888-709-9728

*Midwest
quote*

Remit to:

P.O. Box 93309

Chicago, IL 60673-3308

Shipping Address

1123373

DRS MEMORIAL HOSP

333 N BYRON BUTLER PKWY

PERRY, FL 32347

Billing Address

1123373

DRS MEMORIAL HOSP

333 N BYRON BUTLER PKWY

PERRY, FL 32347

Customer Contact	Ref Number	Date	PO Number	Reference Field	Quote Type
ole juve	3944624	01/13/2015	QUOTE		

Line #	Quantity	Item Description	Part #	Unit Price	Extended Price	Item Comments
1.00	33	S3 PX1-3005	3005S3PX1	\$7,600.00	\$250,800.00	
		Options:				
	33	3005S3PX1	3005S3PX1	\$2,100.00	\$69,300.00	
	33	110 VMM/QUAD	3005S3Q000			
	33	Scale/Bed Exit Zone Control w/Bed	3005S3H000			
	33	OPTION/RED-AWARE SOL BED ZONE	3005S3H000			
	33	RMN W/NURSE CALL	3005S3H000			
	33	CHAPERONE BED EXIT HIGH SIREN	3002999046			
	33	No Pend Port	3005S3H000			
	33	110 VMM/QUAD	3005S3Q000			
	33	CONF Q	3005S3H000			
	33	Neutral Sand White	3005S3H000			
	33	Permanent Hanging IV Pole	3005S3H000			
	33	COMBIBLOC W/FIRE BARS 14X35X7	2842000000			
	33	110 VMM/QUAD	3005S3Q000			
	33	Unboxed	3005S3H000			
	33	Unboxed w/ Mattress	3005S3H000			
	33	NO DUCKER CABLE	3005S3H000			
	33	STANDARD BED	3005S3H000			
2.00	6	S3 PX3-3005	3005S3PX3	\$9,300.00	\$55,800.00	
		Options:				
	6	S3 PX3-3005	3005S3PX3	\$9,300.00	\$55,800.00	
	6	3005S3PX3	3005S3PX3	\$9,300.00	\$55,800.00	
	6	CONF Q	3005S3H000			
	6	Neutral Sand White	3005S3H000			
	6	Permanent Hanging IV Pole	3005S3H000			
	6	COMBIBLOC W/FIRE BARS 14X35X7	2842000000			
	6	110 VMM/QUAD	3005S3Q000			
	6	Unboxed	3005S3H000			
	6	Unboxed w/ Mattress	3005S3H000			
	6	NO DUCKER CABLE	3005S3H000			
	6	STANDARD BED	3005S3H000			
	6	110 VMM/QUAD	3005S3Q000			
	6	Scale/Bed Exit Zone Control w/Bed	3005S3H000			
	6	Bed W/ Arms (includes front arms only)	3005S3H000			
	6	RMN W/NURSE CALL	3005S3H000			
	6	CHAPERONE BED EXIT HIGH SIREN	3002999046			
	6	iBed Wireless, No Pend Port	3005S3H000			
3.00	39	ProCare Prevent-Time of Sale	771089PT	\$1,325.00	\$51,675.00	



Comprehensive Quotation

Sales Account Manager

Ole Juve
ole.juve@stryker.com
1-800-327-0770
Fax: 888-709-9726

Remit to:

P.O. Box 93308
Chicago, IL 60673-3308

Note:

39 Over Bed Tables Included in Deal. Value of 299.00 per unit or \$11,661.00 total. This quote is valid through Jan. 30th, 2015. To qualify for this pricing a written commitment is required.

Product Total	\$355,875.00
Freight	\$0.00
Tax	\$0.00
Total Incl Tax & Freight	\$355,875.00

Deal Consummation: This is a quote and not a commitment. This quote is subject to final credit, pricing, and documentation approval. Legal documentation must be signed before your equipment can be delivered. Documentation will be provided upon completion of our review process and your selection of a payment schedule.

Confidentiality Notice: Recipient will not disclose to any third party the terms of this quote or any other information, including any pricing or discounts, offered to be provided by Stryker to Recipient in connection with this quote, without Stryker's prior written approval, except as may be requested by law or by lawful order of any applicable government agency.

Terms: Net 30 Days FOB origin. A copy of Stryker Medical's standard terms and conditions can be obtained by calling Stryker Medical's Customer Service at 1-800-STRYKER.

Cancellation and Return Policy: In the event of damaged or defective shipments, please notify Stryker within 30 days and we will remedy the situation. Cancellation of orders must be received 30 days before the agreed upon delivery date. If the order is cancelled within the 30-day window, a fee of 25% of the total purchase order price and return shipping charges will apply.



PROPOSAL #: SP 13392265
Proposal Date: 01/16/2015
Expiration Date: 03/15/2015

Attn:
DOCTORS MEMORIAL HOSPITAL
333 NORTH BYRON BUTLER
PARKWAY
PERRY FL 32347-2104

*Medasists
Quote*

For Questions / Correspondence Please Contact:
Hill-Rom Customer Service @ 800-445-3730
Fax: 812-934-8189
Architectural Products Fax: 812-931-2264
Email: us.customerservice@hill-rom.com

Customer #: 602222

Your Account Rep.: TIMOTHY SAWYER
Mobile Phone #: +1 904 252 5788
Email: tim.sawyer@hill-rom.com

Qty	Product Information	Unit Price	Extended Price
33	ADVANTA2 BED SYSTEM	\$5,998.51	\$197,950.83

ADVANTA2 Package AD155
Accumax Quantum VPC Surface
English Language Labels
Voltage: 120
Automatic Battery Backup
In Bed-Scale Point of Display Both Sides
Patient Position Monitoring
No Sidecom
Corner Steer
Dartex Ticking
Night Light
Light Neutral End Panels
IV Pole Included
Digital HOB Display and Alarm

OPTIONS INCLUDED IN ABOVE
AD455AX Base Package..... 5159.00
AD-ACM Surface..... 839.51

ADDITIONAL OPTIONS AVAILABLE

Sidecom Features

___ NurseStation Call for Bed Exit 94.47
___ Siderail Nurse Call..... 217.08
___ Nurse Call UTV Lighting..... 332.99

Bed Function Features

___ 5th Wheel..... 308.20
___ Intellidrive..... 2243.16
___ Safeview..... 355.77
___ Accessory Outlet..... 187.60
___ Pendant Option..... 88.44
___ Pendant both sides..... 176.21

6	ADVANTA2 BED SYSTEM	6,319.44	37,916.64
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ADVANTA2 Package AD155
Accumax Quantum Conv Surface
English Language Labels
Voltage: 120
Automatic Battery Backup
In Bed-Scale Point of Display Both Sides
Patient Position Monitoring
No Sidecom
Corner Steer
Hypolex Nylon Cover



PROPOSAL #: SP 13392265
Proposal Date: 01/16/2015
Expiration Date: 03/15/2015

Attn:
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333 NORTH BYRON BUTLER
PARKWAY
PERRY FL 32347-2104

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Fax: 812-934-8189
Architectural Products Fax: 812-931-2264
Email: us.customerservice@hill-rom.com

Customer #: 602222

Your Account Rep.: TIMOTHY SAWYER
Mobile Phone #: +1 904 252 5788
Email: tim.sawyer@hill-rom.com

Qty	Product Information	Unit Price	Extended Price
	Night Light Light Neutral End Panels IV Pole Included Digital HOB Display and Alarm ***** OPTIONS INCLUDED IN ABOVE AD455AXC Base Package..... 5159.00 AD-AXC Surface..... 1160.44 ADDITIONAL OPTIONS AVAILABLE *Sidecom Features* ___ NurseStation Call for Bed Exit 94.47 ___ Siderail Nurse Call..... 217.08 ___ Nurse Call UTV Lighting..... 332.99 *Bed Function Features* ___ 5th Wheel..... 308.20 ___ Intellidrive..... 2243.16 ___ Safeview..... 355.77 ___ Accessory Outlet..... 187.60 ___ Pendant Option..... 88.44 ___ Pendant both sides..... 176.21		
6	ACCUMAX PUMP PCU2 Accumax Pump	251.99	1,511.94
		Total Order(USD)	237,379.41

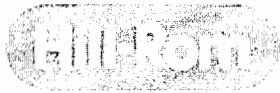
The above pricing is net of trade.

*

No further discounts or trade-in will apply.

*

The pricing provided on this proposal is considered proprietary and confidential information of Hill-Rom. Except for disclosure only to those employees and agents whose work requires such disclosure and who have agreed to maintain such information in confidence, the pricing information shall not be disclosed by Customer to any person, firm or entity without the express written consent of Hill-Rom. The information contained herein is confidential and/or privileged, and its disclosure or reproduction is strictly



PROPOSAL #: SP 13392265
Proposal Date: 01/16/2015
Expiration Date: 03/15/2015

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PARKWAY
PERRY FL 32347-2104

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Email: us.customerservice@hill-rom.com

Customer #: 602222

Your Account Rep.: TIMOTHY SAWYER
Mobile Phone #: +1 904 252 5788
Email: tim.sawyer@hill-rom.com

Qty Product Information

Unit Price

Extended Price

prohibited, including to third party pricing
consultants such as MD Buyline, ECRI, and
Memdata, without the express written consent
of Hill-Rom.

Thank you for your interest in Hill-Rom products



PROPOSAL #: SP 13414016
Proposal Date: 01/16/2015
Expiration Date: 03/16/2015

Attn: AMANDA GREGORY
DOCTORS MEMORIAL HOSPITAL
333 NORTH BYRON BUTLER
PARKWAY
PERRY FL 32347-2104

For Questions / Correspondence Please Contact:
Hill-Rom Customer Service @ 800-445-3730
Fax: 812-934-8189
Architectural Products Fax: 812-931-2264
Email: us.customerservice@hill-rom.com

Customer #: 602222
Phone #: 850/581-0800

Your Account Rep.: TIMOTHY SAWYER
Mobile Phone #: +1 904 252 5788
Email: tim.sawyer@hill-rom.com

Qty	Product Information	Unit Price	Extended Price
39	ART OF CARE OVERBEDTABLE Package: OBT-635 Options Include: Style 1 Top Single Thermo Foil Top Cutout for Mirror Braille on all Touch Points Tuning Fork Base Color: 999 Undecided **1 YEAR LIMITED WARRANTY** You have selected an undecided thermo foil. Please select a color from the following list: Medium Oak Honey Maple Montana Walnut Shaker Cherry Solara Oak Newport Apple Cognac Cherry Clove Red Oak/Light Oak Acajou Mahogany/Dark Cherry American Natural/Natural Maple Wild Cherry/Hayward Cherry Visit www.hill-romdesign.com to view Hill-Rom's fabric and finish sample choices. ***** OPTIONS INCLUDED IN ABOVE Base Package..... 364.80	\$364.80	\$14,227.20
		Total Order(USD)	14,227.20

Thank you for your interest in Hill-Rom products

DOCTORS MEMORIAL HOSPITAL
333 NORTH BYRON BUTLER PARKWAY
PERRY FL 323472104

Ph: 8505840800

Account #: 602222

This Service Agreement is effective:
From: 02/01/2015 To: 01/31/2020

Proposal #:
322590

Proposal Date:
01/13/2015

Proposal Expires:
04/13/2015

Renewal Contract #

Line	Qty	Model	Service Offering	# of PMs	Product Description	Year 1		Year 2		Year 3		Year 4		Year 5	
						Unit	Extended	Unit	Extended	Unit	Extended	Unit	Extended	Unit	Extended
001	39	ADT2	OnSchedule	01	Advanta 2	274.00	10,686.00	274.00	10,686.00	274.00	10,686.00	274.00	10,686.00	274.00	10,686.00
Pricing is based on a Five Year Agreement and Purchase Order.															
Total	39														
					Sub Total		10,686.00		10,686.00		10,686.00		10,686.00		10,686.00
					Discount		-534.30		-534.30		-534.30		-534.30		-534.30
					(USD) Total:		10,151.70		10,151.70		10,151.70		10,151.70		10,151.70
					Monthly Payment		845.98		845.98		845.98		845.98		845.98
NOTE: See Terms and Conditions, If applicable. Taxes not Included. Hill-Rom standard billing is monthly. Billing frequency is determined by your choosing Monthly or Annually prior to contract start date and will take effect for the duration of the contract term.														Grand Total	
														TERMS: NET 30 DAYS	
														50,758.50	

Purchase Order #
(Written P.O. required if over \$10,000)

Customer's Authorized Representative

Hill-Rom's Authorized Representative

Customer Signature *

Department/Title

Contract Sales Director ROBERT STACY
Ph: 704-201-5694 Email: robert.stacy@hill-rom.com

* Customer's authorized representative's signature is acceptance of all provisions in this Agreement, including this Service Proposal, the attached Terms and Conditions and the incorporated terms of the selected Service Programs.

Please email your Contract Sales Director the signed proposal and purchase order OR Fax documents to: 800-257-2086. Thank you for your business.



Amended SALES QUOTATION

Quotation Number: SQT29140688 Quotation Date: 01/15/2015 Page: 1/2

Customer No.: 021517 Federal Tax ID - Business Partner

Your Reference: *Not Meclassest3*

Linet Americas, Inc.

10420-R Harris Oaks Blvd

Charlotte NC 28269
USA

Sales Representative

SOUTH-Ken Baumhardt

Delivery Address

Doctor's Memorial Hospital

Doctor's Memorial Hospital

2600 Hospital Drive

Bonifay FL 32425
USA

						Currency: \$
Description	Quantity	UoM	Price	Tax %	Total	
Eleganza EZ with scale and bed exit alarm Item Code: 15MS7045 Eleganza EZ w/ Scale and bed exit	33	ea	4,649.00	0.000	153,417.00	
Multicare LE with Power Drive Item Code: 1MC5A650-101	6	each	9,730.00	0.000	58,380.00	
Symbioso 200 Air surface Item Code: 3VS0S80220000 Linet Symbioso 200 Micro Climate multi function integrated air surface for the Multicare High Acuity bed frame.	6	kit	5,320.00	0.000	31,920.00	
"Mattress BodyZone 3000 C 84"" Item Code: BZC 3000-84 "BodyZone 3000 premium mattress foam w/ cover contoured edge 84"" length"	33	ea	459.00	0.000	15,147.00	
Nurse Call Breakaway Kit Item Code: BCC-3002-A01-A06-001 Breakaway nurse call connector cable KIT, P37 INL WE 1' TO S37 INL BE 6'	39	ea	90.00	0.000	3,510.00	
Nurse Call Cable is an estimate only until more information is provided.						
Single Retractable IV Pole Item Code: IVPF-S-LINET-MC "Single Retractable IV Pole/Pump Holder; Mountable - Left or Right. For Multicare series bedframes"	33	kit	505.45	0.000	16,679.85	
Double folding IV pole Item Code: IVPF-D-LINET-MC Double folding permanently mountable IV pole/pump holder for Multicare series bed frames.	6	kit	674.22	0.000	4,045.32	

Carry Over: 283,099.17

Phone: +1 704-248-5650
Fax: +1 704-248-5655

E-Mail:

Website: www.linetamericas.com

Linet Americas, Inc.
10420-R Harris Oaks Blvd

Charlotte NC 28269
USA



Amended
Document Number
SQT29140688

SALES QUOTATION

Document Date
01/15/2015
Page
2/2

Currency: \$

Carry Over: 283,099.17

Description	Quantity	UoM	Price	Tax %	Total
000 Warranty 5 YR Parts 2 YR Labor for Bed Frames Item Code: Warranty5YP2YL Warranty 5 Yr Parts 2 Yr Labor	39	ea	0.00	0.000	
010 5 year warranty for Bodyzone Mattresses Item Code: Warranty/5 year BZ	39		0.00	0.000	
001 Shipping: FOB Destination. Freight prepaid and absorbed by Linet. **MEDASSETS**					
012 Sales tax will be applied on the invoice unless a tax exempt certificate is provided. Please provide a copy of the Group Designation Form/Letter of Commitment when submitting your purchase order.					
013 Please send all Purchase Orders to: ORDERS@LinetAmericas.com					
014 Item numbers may change depending on order date.					

Tax Details

Tax Code	Tax %	Net	Tax
----------	-------	-----	-----

Quotation Subtotal: \$ 283,099.17

Total Before Tax: \$ 283,099.17

Total Tax Amount: \$ 0.00

Total Amount: \$ 283,099.17

Additional Expenses

Shipping Type:

Payment Term

Net 30 days

Quotation Valid Until: 02/15/2015

Phone: +1 704-248-5650
Fax: +1 704-248-5655

E-Mail:

Website: www.linetamericas.com

Margaret Dunn

From: Amanda Gregory <agregory@doctorsmemorial.com>
Sent: Tuesday, January 27, 2015 1:25 PM
To: Margaret Dunn
Subject: Specs on Beds
Attachments: Book2.xlsx

Margaret

Here is a spread sheet with the specs on the beds let me know if you need anything else. I have Ginny working on the OR Tower info.

*Thanks
Amanda*

beds

Specifications & Features	Stryker	Hill Rom	Linet	Explanation
Retractable Bed Frame	Yes	No	No	A retractable frame cradles the patient in the center of the bed and helps maintain a patient's position. Helps reduce bootsing, shearing and keeps the patient in close proximity to the bedside belongings
Patient Surface	35"x84" Standard 35"x94" Extender	35"x84 Standard 35"x87" Extender	34"x82" Standard 24"x85" Extender	Ability to accomidate tall patients with the standard surface length of 84" that extends an additional 10 inches for a varity of taller patients. Extender provides additional surface comfort for patient and will not leave visible gap between patients feet and footboard which could serve as a potential safety risk
Digital one touch 30 degree HOB	Yes-one touch 30 degree HOB Button	No-only 30 degree alarm	No	One touch 30 degree HOB button allows the caregiver to raise and lock the HOB at 30 degrees simultaneously vs manually raising the HOB to 30 degree and then taking a two step process to set a 30 degree alarm. Helps drive protocol compliance with ventilated patients
Scales	Yes	Yes	Yes	Repeatable weights can be taken with the bed or the patient in any position. Less need to disturb the patient
Bed Exit with Variable Zone Settings	Yes-Center of bed exit system	Yes-Weight based bed exit	Yes-Weight based bed exit	Stryker's patented bed exit system with load cell technology uses three zones of sensitivity to track a patient's center of gravity based on his/her specific body weight and will sound an alarm remotely and at the nurses station when 50% of the patient's weight exits the selected zone.
Bed Monitoring System	Yes-iBed Awareness	Yes-Safeview	No	

Chair Position with touch of button	Yes	Yes	Yes	
Integrated Pump Holder	Yes	No	No	An integrated pump holder gives caregivers an easily accessible location to hang pumps, wound vacs and other essential equipment. Located at the footend of bed
Auxillary Outlet	Yes-located at foot of bed	Yes-located on side of bed	No	An auxillary outlet located at the footend of bed provides caregivers with an additional means of cord management, resulting in a safer environment for the caregiver and patient through elimination of potential trip hazards vs. an outlet located on the side of the bed where potential trip hazard could occur
Digital head angle and trend angle displays	Yes	Yes	No	No guess work needed with digital displays of all angles
Multi position Siderails	Yes	No	No	Provides caregiver with a one handed operation to aid in patient ingress and egress, potentially reducing caregiver back strain and helping to place the patient in the bed in the correct position. During egress, the intermediate siderails provide two sturdy grip points to improve patient strength while getting in and out of bed.
Weight Capacity	500lbs	500lbs	500lbs	
Central Brake	Yes	Foot End Only	Foot End Only	Centrally located brake allows for access regardless of whether the siderails are up or down. Brake location is conveniently in the center of the bed for staff to access during patient ingress and egress
Accessible Bed Controls	Located on both sides of bed and footend	Located on the side of bed	Located on the side of bed	Bed controls located on side rails and footends gives caregiver convenient access

Upgradeable	Yes	No	No	Upgradable to allow the facility to have the ability to implement documentation at the bedside that links directly to nurses station and facility systems.
Compatible with current Nurse Call	Yes	No	No	Compatible with current nurse call system without the additional purchase of integration software as needed with safeview

Margaret Dunn

From: Amanda Gregory <agregory@doctorsmemorial.com>
Sent: Tuesday, January 20, 2015 12:24 PM
To: Margaret Dunn
Cc: Mary Lescher; Amanda Gregory
Subject: Stretchers for ER
Attachments: Stretchers for ER.pdf

Margaret

I have attached 2 quotes for stretchers. They are both Medassets vendors. I have searched the internet for another quote but it still comes up with Hill Rom and Stryker Stretchers. They are the only stretcher people I have been able to find.

We would choose the Stryker stretchers over Hill rom. I have attached documentation from the Manager Debbie Dorman as to why she chooses the Stryker over the Hill rom.

If you have any questions or I need to get anything else let me know

*Thanks
Amanda*

*Amanda Gregory
Materials Management Director
850-584-0155*

6 stretchers

Strykers - 48,706.67

Hill Rom - 39,988.06



A partnership with Tallahassee Memorial HealthCare

Amanda Gregory

From: Deborah Dorman <ddorman@doctorsmemorial.com>
Sent: Tuesday, January 20, 2015 11:15 AM
To: Purchasing.; Mary Lescher
Subject: Stryer vs HilRom Stretcher

There are many differences between the Hil Rom and Stryker stretchers. Some of these make a big impact on our ability to increase the patient experience overall. Listed below are the major differences we have found to impede our ability to offer the patient a better stay as well as exposing our staff to excess bodily strain in caring for these patients.

Stryker

- 1.Can be pressure washed
- 2.Electric head and foot patient controlled elevate
elevate head and feet if bariatric patient)
- 3.Steering is more fluid, easier controlled
side to the other
- 4.Big wheel allows safer turning
- 5.Bed elevation is electronic, no patient jarring
nausea to patient
- 6.Same weight capacity as Hil Rom
7. Ability to weigh patient

Hil Rom

1. Cannot be pressure washed
2. Manual head and foot elevated (will take 2 people to
3. Steering is harder to control, bed tends to drift from one
4. Very hard to turn especially with bariatric patient
- 5.Bed elevation is manual, causes more pain due to jarring, or
6. Same weight capacity as Stryker
7. Ability to weigh patient

As listed above the comparisons offer an idea of how the two stretchers differ. We strive to provide the best possible patient experience and the Stryker stretcher will aid us in achieving our goal.

Thank You, Debi



Comprehensive Quotation

Sales Account Manager
Gary Hogan
gary.hogan@stryker.com
1-800-327-0770

Remit to:
P.O. Box 93308
Chicago, IL 60673-3308

Shipping Address
1123373
DRS MEMORIAL HOSP
333 N BYRON BUTLER PKWY
PERRY, FL 32347

Billing Address
1123373
DRS MEMORIAL HOSP
333 N BYRON BUTLER PKWY
PERRY, FL 32347

Customer Contact	Ref Number	Date	PO Number	Reference Field	Quote Type
Amanda Gregory	3942322	01/09/2015	QUOTE		

Line #	Quantity	Item Description	Part #	Unit Price	Extended Price	Item Comments
1.00	5	Prime Big Wheel Stretcher	1115000030	\$6,440.00	\$32,200.00	
		Options				
	5	Prime Big Wheel Stretcher	1115000030	\$6,440.00	\$32,200.00	
	5	700lbs Weight Capacity	1115016003			
	5	Red ID Bumpers	1105003554			
	5	4 Sided Brake/Steer Control	1115025205			
	5	Thermoformed ABS Base	1115226100			
	5	2 Sided Hydraulic Controls	0753105410			
	5	Emergency Label	1105023004			
	5	LABEL, SPECIFICATION	1115101001			
	5	No Scale	1070010000			
	5	No Scale	1105010360			
	5	Pneumatic Backrest/ Hydraulic Knee Gatch	1105010303			
	5	Dual End Siderail Release	1105011160			
	5	Integrated Transfer Board	1105045310			
	5	Pop-up Push Handles (Head end)	1105048030			
	5	Integrated Pump Rack	1105045035			
	5	No IV Pole Foot End	1105035250			
	5	2 Stage IV Pole Head Right	1105035341			
	5	Foot End Cover Option	1105210360			
	5	Head End Cover Option	1105210063			
	5	5' x 30" Pioneer Mattress	0850030000			
	5	Unboxed Packaging	9000900900			
	5	Contract 2 Year, Parts, Labor, Travel	7777770201			
	5	OPTION NO STRETCHER EXTENDER	1105090000			
2.00	15	Prevent - 1115 Big Wheel	771115PT	\$300.00	\$4,500.00	
3.00	1	Prime Electric Big Wheel	1115000000E	\$11,050.00	\$11,050.00	
		Options				
	1	Prime Electric Big Wheel	1115000000E	\$11,050.00	\$11,050.00	
	1	700lbs Weight Capacity	1115016000			
	1	Electric Lift Base	1008001110			
	1	Red ID Bumpers	1105003554			
	1	4 Sided Brake/Steer Control	1115003004			
	1	4 Sided Brake & Steer Control	1018025305			
	1	Prime Big Wheel Base	1018026100			
	1	2 Sided Hydraulic Controls	0753105410			
	1	Emergency Label	1105023004			
	1	LABEL, SPECIFICATION	1115101003			
	1	Domestic - Retractable Cord	1008146050			
	1	Scale System	1070010100			



Comprehensive Quotation

Sales Account Manager

Gary Hogan

gary.hogan@stryker.com

1-800-327-0770

Remit to:

P.O. Box 93308

Chicago, IL 60673-3308

Line #	Quantity	Item Description	Part #	Unit Price	Extended Price	Item Comments
	1	Comfort Control Siderails	1008010010			
	1	Foot end Nursing Controls	1008015020			
	1	NO PLUG	NO PLUG			
	1	Dual End Siderail Release	1105011160			
	1	Integrated Transfer Board	1105045310			
	1	Pop-up Push Handles (Head end)	1105048030			
	1	No IV Pole Foot End	1105035250			
	1	2 Stage IV Pole Head Right	1105035341			
	1	Footend Cover Option	1105210365			
	1	Head End Cover Option	1105210063			
	1	5" x 30" Pioneer Mattress	0850030000			
	1	Domestic Labeling - English	1008010401			
	1	Unboxed Packaging	9000900900			
	1	Contract 2 Year, Parts, Labor, Travel	7777770201			
	1	Scale Spacer Assembly	1070017500			
4 00	3	Prevent - 1115 Big Wheel	771115PT	\$318.69	\$956.67	

Note:

Product Total	\$48,706.67
Freight	\$0.00
Tax	\$0.00
Total Incl Tax & Freight	\$48,706.67

Deal Consummation: This is a quote and not a commitment. This quote is subject to final credit, pricing, and documentation approval. Legal documentation must be signed before your equipment can be delivered. Documentation will be provided upon completion of our review process and your selection of a payment schedule.

Confidentiality Notice: Recipient will not disclose to any third party the terms of this quote or any other information, including any pricing or discounts, offered to be provided by Stryker to Recipient in connection with this quote, without Stryker's prior written approval, except as may be requested by law or by lawful order of any applicable government agency.

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PROPOSAL #: SP 13238488
Proposal Date: 12/04/2014
Expiration Date: 02/04/2015

Attn: AMANDA GREGORY
DOCTORS MEMORIAL HOSPITAL
333 NORTH BYRON BUTLER
PARKWAY
PERRY FL 32347-2104

For Questions / Correspondence Please Contact:
Hill-Rom Customer Service @ 800-445-3730
Fax: 812-934-8189
Architectural Products Fax: 812-931-2264
Email: us.customerservice@hill-rom.com

Customer #: 602222
Phone #: 850-584-0155

Your Account Rep.: TIMOTHY SAWYER
Mobile Phone #: +1 904 252 5788
Email: tim.sawyer@hill-rom.com

Qty	Product Information	Unit Price	Extended Price
1	PREMIUM STRETCHER	\$11,086.51	\$11,086.51

Powered Stretcher
Options Include:
30" (762 mm) Width
5" (127 mm) Thick Mattress 30" (762 mm) Wide
Mattress meets CAL129 firecode
Ergonomic Blue Push Handles at Head
3 Stage IV Pole Located at Head
Intellidrive Light neutral
Brake Pedals All 4 Sides
BackSaver Fowler
English Language Labels
Voltage: 120
Knee Gatch
Non-Radiolucent Surface
Integrated Scale
Hydraulic Pedals on both sides
Accent Color - Green
Head End Siderail Gap
Conductive Caster
O2 Tank Holder/Utility Shelf
Decal - Undecided
Weight Capacity: 700 lbs.
**Stretcher Warranty: 3 Years Parts, 2 Years Mattress, 1 Year Service.

Scales for stretchers are not available at this time.
Upon receipt of a purchase order requesting a scale,
Hill-Rom will deliver a stretcher without a scale
under normal lead times and will upgrade the unit(s)
with a scale in the field
when they become available.

OPTIONS INCLUDED IN ABOVE
Base Package..... 9451.31
30" Width..... 154.76
Scale..... 927.83
Mattress Upgrade..... 201.48
Backsaver Fowler/Knee Gatch... 351.13

5	HILL-ROM STRETCHER	4,380.39	21,901.95
	Procedural P8000 Options Include:		



PROPOSAL #: SP 13238488
Proposal Date: 12/04/2014
Expiration Date: 02/04/2015

Attn: AMANDA GREGORY
DOCTORS MEMORIAL HOSPITAL
333 NORTH BYRON BUTLER
PARKWAY
PERRY FL 32347-2104

For Questions / Correspondence Please Contact:
Hill-Rom Customer Service @ 800-445-3730
Fax: 812-934-8189
Architectural Products Fax: 812-931-2264
Email: us.customerservice@hill-rom.com

Customer #: 602222
Phone #: 850-584-0155

Your Account Rep.: TIMOTHY SAWYER
Mobile Phone #: +1 904 252 5788
Email: tim.sawyer@hill-rom.com

Qty Product Information

Unit Price Extended Price

30" (762 mm) Width
5" (127 mm) Thick Mattress 30" (762 mm) Wide
Mattress meets CAL129 firecode
Ergonomic Blue Push Handles at Head
3 Stage IV Pole Located at Head
5th Wheel Steering Plus System
Brake Pedals All 4 Sides
English Language Labels
Knee Gatch
Non-Radiolucent Surface
Hydraulic Pedals on both sides
Accent Color - Undecided
Head End Siderail Gap
Conductive Caster
O2 Tank Holder/Utility Shelf
Decal - Undecided
Weight Capacity: 700 lbs.

You have selected an undecided accent color. Please select a color from the following list:

Purple
Teal
Red
Light Neutral
Blue

**Stretcher Warranty: 3 Years Parts, 2 Years Mattress, 1 Year Service.

OPTIONS INCLUDED IN ABOVE

PS	Base Package.....	3066.12
ST-30	30" Width.....	158.10
ST-5W	Mattress Upgrade.....	206.04
ST-HEAD	Push Handles.....	195.84
ST-3SONE	IV Pole.....	300.39
ST-4SBS	Brake Pedals.....	237.66
ST-KN	Knee Gatch.....	216.24

Total Order(USD)

32,988.46

Thank you for your interest in Hill-Rom products



TERMS AND CONDITIONS

Prices: Prices on Hill-Rom's proposal are subject to change, unless the proposal states that pricing is firm through the expiration date, as noted on the proposal. If delivery is requested after the expiration date, the price in effect at the time of the requested delivery will apply. Customer shall be billed for all applicable sales and other taxes until such time as Customer provides a tax-exempt certificate (resale certificate) to Hill-Rom with respect to such taxes. Applicable taxes will be calculated and billed at time of invoicing.

Cancellation: This contract when signed is an agreement of performance by both parties. In the event either party requests a termination of the contract, the other party must agree.

Payment Terms: Invoices are payable net thirty (30) days from date of invoice. Unless waived by Hill-Rom in writing, overdue invoices shall be subject to a late payment charge equal to the lesser of (i) one and one half percent (1 1/2%) per month or (ii) the maximum rate allowed by law. Customer agrees to pay Hill-Rom for any and all costs and expenses (including without limitation reasonable attorneys' fees) incurred by Hill-Rom to collect any amounts owed to it, enforce any of its rights or seek any of its remedies hereunder. In the event Customer has directed that the charges hereunder be billed to another person or organization, and payment is not made by such person or organization within ten (10) day after invoice date, Customer shall still remain liable hereunder. Customer is advised that the Customer may be obligated to properly reflect and/or report any discount, rebate or reduction in price in its costs claimed or charges made to federal (e.g. Medicare) or state (e.g. Medicaid) health care programs requiring such disclosure. The invoices provided by Hill-Rom to Customer may not reflect the net cost to the Customer. Customer shall make written request to Hill-Rom in the event Customer requires additional information in order to meet applicable reporting or disclosure obligations.

Installation: Unless otherwise agreed in writing, Customer shall perform any installation of products sold hereunder at Customer's expense. Hill-Rom agrees to furnish appropriate instructions and information to assist with the installation and/or first operation of the products.

Limited Warranty: For specific warranty information on Hill-Rom products and parts, please see owner's manual or review manuals on line at our website, www.hill-rom.com. THE FOREGOING WARRANTY CONSTITUTES THE SOLE WARRANTY MADE BY HILL-ROM AND IS IN LIEU OF ALL OTHER REPRESENTATIONS OR WARRANTIES EXPRESS OR IMPLIED OR STATUTORY, INCLUDING BUT NOT LIMITED TO THE IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND ALL OTHER REMEDIES. IN NO CASE SHALL HILL-ROM BE LIABLE TO CUSTOMER OR ANY THIRD PARTY FOR INDIRECT, SPECIAL, CONSEQUENTIAL OR INCIDENTAL DAMAGES OR DELAYS. NO EMPLOYEE OR REPRESENTATIVE OF HILL-ROM IS AUTHORIZED TO CHANGE THIS WARRANTY IN ANY WAY OR GRANT ANY OTHER WARRANTY.

Product Interface: Customer shall be responsible for ensuring to Customer's satisfaction that any equipment and accessories not supplied by Hill-Rom that are used with Hill-Rom products properly interface or operate with Hill-Rom products. Hill-Rom shall not be liable to Customer or any third person for personal injury or property damage arising from the use of third party equipment and accessories with Hill-Rom products.

Limitation of Liability: Hill-Rom shall not be liable for loss or damages due to delay in manufacture or shipment resulting from any cause beyond the Hill-Rom's control. Delays resulting from any such cause shall extend shipment date correspondingly. IN NO EVENT SHALL HILL-ROM BE LIABLE FOR SPECIAL, INDIRECT, INCIDENTAL, OR CONSEQUENTIAL DAMAGES, EVEN IF IT HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. THIS CONTRACT IS BETWEEN CUSTOMER AND HILL-ROM. Customer must make claims for shortages or errors within a reasonable time after receipt of the products. Hill-Rom reserves the right to use remanufactured or used components that meet new component specifications and are warranted as new.

Security Interest, Default and Insurance: Hill-Rom shall retain a security interest in the products until Hill-Rom has received full payment including taxes. Customer agrees to sign and deliver to Hill-Rom any additional documents required by Hill-Rom to protect its security interest. If Customer defaults or Hill-Rom deems itself insecure of the products in danger of confiscation, the full amount unpaid shall immediately become due and payable at the option of the Hill-Rom and on proper notice to the Customer, the Hill-Rom may retake possession of the products wherever located without court order and can resell or retain according to the laws of the state where products are located. The products shall not be considered a fixture if attached to any realty. Customer shall assume all loss relating from damage to the products occurring after the products leave Hill-Rom's control and shall provide adequate insurance therefore at all times until the purchase price shall have been fully paid. Hill-Rom reserves the right to request proof of such insurance at any time prior to full payment along with a statement from such insurer limiting cancellation or changes to said policy within ten (10) days after written notice of same to Hill-Rom.

Specifications: Specifications and drawings and any other information shall remain the property of Hill-Rom and are subject to recall at any time. Such information shall not be disclosed or used for manufacture of any products. In accordance with Hill-Rom's established policy of constant improvement, Hill-Rom reserves the right to amend its specifications at any time without notice.

Merger: These terms and conditions supersede any inconsistent agreements and understandings, oral or written, between the parties, including any terms and conditions in any documentation submitted by Customer to Hill-Rom, unless agreed to in writing by an authorized representative of Hill-Rom. Customer agrees and acknowledges that if Customer issues any further purchase orders, Hill-Rom will have no obligation to accept or otherwise honor any such purchase order.

Acceptance: This contract is subject to Hill-Rom's approval of Customer's credit. Written notice shall be given to Customer within 60-days of the date hereof if Customer's credit is deemed, in the sole discretion of the Hill-Rom, to be unsatisfactory. This contract of purchase and sale between the Customer and Hill-Rom relating to the products identified herein shall be subject to and shall include the terms and conditions hereof.

Choice of Law: This contract shall be governed by, and construed in accordance with, the laws of the State of Indiana.

Delivery and Shipment: Date of delivery shall be determined by mutual written agreement of the parties. No delivery date set forth in a Purchase Order shall be binding on Hill-Rom unless Hill-Rom explicitly agrees to such delivery date in a writing signed by an authorized representative of Hill-Rom. Shipment of all products shall be Net Freight on Board (FOB) Customer, with all costs of transportation and related insurance being the responsibility of Hill-Rom with the exception of costs of transportation and insurance for (i) service parts, (ii) shipments to points outside the contiguous U.S., or (iii) special delivery and/or air shipments requested by Customer. Unless otherwise explicitly agreed to by Hill-Rom in a writing signed by an authorized representative of Hill-Rom, Hill-Rom will prepay and add to the invoice for reimbursement by Customer any and all costs of transportation and insurance for delivery of service parts, shipments to points outside the contiguous U.S., and any special delivery and/or air shipments requested by Customer. Terms for shipping to Alaska and Hawaii shall be F.O.B. port of embarkment, prepaid and add from port of embarkment to destination.

Return Goods Policy: Should Hill-Rom ship products in error, Hill-Rom shall arrange and pay for return shipment of the products without applying a restocking fee provided that (i) Customer notifies Hill-Rom of the error within thirty (30) days of shipment, and (ii) the products are returned in "as shipped" condition. If Customer orders products in error and notifies Hill-Rom of the error within thirty (30) days of shipment, Customer may return the products in "as shipped" condition at Customer's cost and expense, however a restocking fee of 15% of net price will be applied. Notwithstanding the above, returns will be accepted on (i) architectural products, (ii) workflow solutions and other communications products, and (iii) any customized products or special orders only if and on the terms negotiated and agreed by the parties on a case by case basis.

Order Cancellation Policy: Customer may only cancel a purchase order if Customer provides written notice to Hill-Rom at least fourteen (14) days prior to the scheduled shipment date, and if Customer cancels an order, Customer agrees to pay Hill-Rom a cancellation fee of 15% of the net price for the cancelled products. No purchase orders may be cancelled after fourteen (14) days prior to the scheduled shipment date. Notwithstanding the above, cancellations will be not be accepted on architectural products, workflow solutions and other communications products, and any customized products or special orders, except if mutually agreed on terms acceptable by both parties on a case by case basis.

Delivery Change/Refusal Policy: Customer may request to reschedule a scheduled delivery date to a later date by providing Hill-Rom with written notice at least fourteen (14) days prior to the scheduled delivery date. If Customer requests at any time to reschedule the delivery date to a new date that is more than thirty (30) days later than the original scheduled delivery date, Customer agrees to pay Hill-Rom a rescheduling fee of 15% of the net price for the affected products. If Customer refuses to accept a delivery without having provided Hill-Rom with a written request to reschedule at least fourteen (14) days in advance, Customer agrees to pay Hill-Rom a rescheduling fee of 15% of the net price for the affected products.

Ordering: All Purchase Orders may be placed by mail, telephone or facsimile at the following:

Hill-Rom Company, Inc.	Hill-Rom Company
Attn: Customer Service	Attn: Customer Service
1059 State Route 46 East	1705 Tech Avenue, Unit 3
Batesville, Indiana 47006	Mississauga, Ontario L4W 0A2
Phone: 800-445-3730	Phone: 800-267-2337
Fax: 812-934-8189	Telefax: 905-206-0561

DOCTORS MEMORIAL HOSPITAL 333 NORTH BYRON BUTLER PARKWAY PERRY FL 323472104 Ph: 8505840800						Account #: 602222 This Service Agreement is effective: From: 01/01/2016 To: 12/31/2020				Proposal #: 322365 Proposal Date: 12/03/2014 Proposal Expires: 03/03/2015 Renewal Contract #			
--	--	--	--	--	--	---	--	--	--	---	--	--	--

Line	Qty	Model	Service Offering	# of PMs	Product Description	Year 1		Year 2		Year 3		Year 4		Year 5	
						Unit	Extended	Unit	Extended	Unit	Extended	Unit	Extended	Unit	Extended
001	6	STRET1	OnSchedule	01	Stretcher - 1-3 Years	200.00	1,200.00	200.00	1,200.00	200.00	1,200.00	0.00	0.00	0.00	0.00
002	6	STRET3	OnSchedule	01	Stretcher After 3 Years	0.00	0.00	0.00	0.00	0.00	0.00	314.00	1,884.00	314.00	1,884.00
Lines 1 & 2 are the same Stretchers. Years One - Three parts are under base warranty. Years Four - Five includes parts. All years standard OS Service.															
Pricing is based on a Five Year Agreement and Purchase Order.															
Total	12														
Sub Total							1,200.00		1,200.00		1,200.00		1,884.00		1,884.00
Discount							-60.00		-60.00		-60.00		-94.20		-94.20
(USD) Total:							1,140.00		1,140.00		1,140.00		1,789.80		1,789.80
Monthly Payment							95.00		95.00		95.00		149.15		149.15

NOTE: See Terms and Conditions, if applicable. Taxes not included. Hill-Rom standard billing is monthly. Billing frequency is determined by your choosing Monthly _____ or Annually _____ prior to contract start date and will take effect for the duration of the contract term.										Grand Total TERMS: NET 30 DAYS 6,999.60	
---	--	--	--	--	--	--	--	--	--	---	--

Purchase Order # _____
 (Written P.O. required if over \$10,000)

Customer's Authorized Representative _____

Hill-Rom's Authorized Representative _____

Contract Sales Director ROBERT STACY
 Ph: 704-201-5694 Email: robert.stacy@hill-rom.com

Customer Signature * _____

Department/Title _____

* Customer's authorized representative's signature is acceptance of all provisions in this Agreement, including this Service Proposal, the attached Terms and Conditions and the incorporated terms of the selected Service Programs.

Please email your Contract Sales Director the signed proposal and purchase order OR Fax documents to: 800-257-2086. Thank you for your business.

Margaret Dunn

From: Amanda Gregory <agregory@doctorsmemorial.com>
Sent: Tuesday, January 27, 2015 11:10 AM
To: Margaret Dunn
Subject: RE: Hospital Beds

Margaret

I will work on the Bed Comparison. I thought I covered in the email but I will get it together.

As far as the stretcher I have googled and only get refurbished stretchers. Stryker and Hill rom are the stretchers companies. I can attempt to get a 3rd quote but it will be for a refurbished bed which will not compare to the new ones.

I will also get Ginny to work on the OR Tower Sole Source. I do know it saves money to have 1 tower that does both then to have 2 different towers. But I will get the OR director to work on it.

*Thanks
Amanda*

From: Margaret Dunn [mailto:margaret.dunn@taylorcountygov.com]
Sent: Tuesday, January 27, 2015 10:11 AM
To: Amanda Gregory
Subject: RE: Hospital Beds

Sorry, I've been involved in some other stuff and have neglected my hospital duties!!!

Dustin will speak to the Commissioners tonight at the workshop about the bed purchase and the stretcher purchase. As to the stretchers, we really need a third quote and then we need a really good justification for taking a higher quote as you have with the decision to buy the Strykers. I don't know what the Commissioners are going to say about that. As to the beds, again, your desire for the higher quote (Stryker) is a choking point. I don't know what the Commissioners are going to say.

If you have any more documentation you can send me before tonight about the two decisions above, it would be helpful.

As to the Sole Source for the laparoscopic and arthroscopic towers, Dustin feels we just don't have enough documentation to accept the sole source argument. Why is it necessary to have one machine instead of two separate machines? Is it industry standard now? Does it save money? Pretend like this will be a front page article and make the argument.

Again, I apologize for the delay but Dustin has been thinking on them and needs guidance from the Commissioners.

From: Amanda Gregory [mailto:agregory@doctorsmemorial.com]
Sent: Tuesday, January 27, 2015 9:45 AM
To: Margaret Dunn
Subject: RE: Hospital Beds

Margaret

Do you have any update on the Bed decision? I was just wanting to move forward cause we are currently renting beds on a monthly basis.

*Thanks
Amanda*

From: Margaret Dunn [<mailto:margaret.dunn@taylorcountygov.com>]
Sent: Tuesday, January 20, 2015 1:47 PM
To: Amanda Gregory
Subject: RE: Hospital Beds

Ok, thanks.

From: Amanda Gregory [<mailto:agregory@doctorsmemorial.com>]
Sent: Tuesday, January 20, 2015 1:45 PM
To: Margaret Dunn
Subject: RE: Hospital Beds

Stryker included the bedside tables at no charge so I offered Hill rom the same but they could not include at no charge so I got a quote and the last is the preventive maintenance. Stryker's is all on the quote with the beds

From: Margaret Dunn [<mailto:margaret.dunn@taylorcountygov.com>]
Sent: Tuesday, January 20, 2015 1:44 PM
To: Amanda Gregory
Subject: RE: Hospital Beds

What are the additional quotes from Hill Rom? One seems to be for tray tables and other one I don't understand.

From: Amanda Gregory [<mailto:agregory@doctorsmemorial.com>]
Sent: Tuesday, January 20, 2015 12:25 PM
To: Margaret Dunn
Subject: RE: Hospital Beds

Ok thanks

From: Margaret Dunn [<mailto:margaret.dunn@taylorcountygov.com>]
Sent: Tuesday, January 20, 2015 12:18 PM
To: Amanda Gregory
Subject: RE: Hospital Beds

Got it. I just did the one for the refrigerator too.

From: Amanda Gregory [<mailto:agregory@doctorsmemorial.com>]
Sent: Tuesday, January 20, 2015 12:16 PM

Margaret Dunn

From: Amanda Gregory <agregory@doctorsmemorial.com>
Sent: Tuesday, January 20, 2015 12:42 PM
To: Margaret Dunn
Cc: Mary Lescher; Amanda Gregory
Subject: Laporscopic and Arthoscopic tower
Attachments: Laporscopicand Athroscopic tower.pdf

Margaret

I have attached a quote and sole source for the Laporscopic and Arthoscopic Towers.

If you need anything else please let me know

*Thanks
Amanda*

*Amanda Gregory
Materials Management Director
850-584-0155*



A partnership with Tallahassee Memorial HealthCare

142,008.96
+ 49,808.84
\$191,817.80

Margaret Dunn

From: Amanda Gregory <agregory@doctorsmemorial.com>
Sent: Tuesday, January 27, 2015 11:10 AM
To: Margaret Dunn
Subject: RE: Hospital Beds

Margaret

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*Thanks
Amanda*

From: Margaret Dunn [mailto:margaret.dunn@taylorcountygov.com]
Sent: Tuesday, January 27, 2015 10:11 AM
To: Amanda Gregory
Subject: RE: Hospital Beds

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Again, I apologize for the delay but Dustin has been thinking on them and needs guidance from the Commissioners.

From: Amanda Gregory [mailto:agregory@doctorsmemorial.com]
Sent: Tuesday, January 27, 2015 9:45 AM
To: Margaret Dunn
Subject: RE: Hospital Beds

Margaret Dunn

From: Amanda Gregory <agregory@doctorsmemorial.com>
Sent: Tuesday, January 20, 2015 2:04 PM
To: Margaret Dunn
Subject: RE: Laporscopic and Arthoscopic tower

Yes it is. Sorry I didn't put it on there but that is our pricing

From: Margaret Dunn [mailto:margaret.dunn@taylorcountygov.com]
Sent: Tuesday, January 20, 2015 1:58 PM
To: Amanda Gregory
Subject: RE: Laporscopic and Arthoscopic tower

Med Assets? Don't see it written down anywhere.

From: Amanda Gregory [mailto:agregory@doctorsmemorial.com]
Sent: Tuesday, January 20, 2015 1:30 PM
To: Margaret Dunn
Subject: RE: Laporscopic and Arthoscopic tower

Yes that is the tablet for the system

From: Margaret Dunn [mailto:margaret.dunn@taylorcountygov.com]
Sent: Tuesday, January 20, 2015 1:28 PM
To: Amanda Gregory
Subject: RE: Laporscopic and Arthoscopic tower

Is the \$49,000 quote part of, in addition to?

From: Amanda Gregory [mailto:agregory@doctorsmemorial.com]
Sent: Tuesday, January 20, 2015 12:42 PM
To: Margaret Dunn
Cc: Mary Lescher; Amanda Gregory
Subject: Laporscopic and Arthoscopic tower

Margaret

I have attached a quote and sole source for the Laporscopic and Arthoscopic Towers.

If you need anything else please let me know

*Thanks
Amanda*

*Amanda Gregory
Materials Management Director*

EXHIBIT D

SOLE SOURCE CERTIFICATION

VENDOR NAME:

COMMODITY: (General Description)

INITIAL ALL ENTRIES BELOW THAT APPLY TO THE PROPOSED PURCHASE. Attach additional data or support documentation if necessary. (More than one entry will apply to most sole source products or services).

SOLE SOURCE CERTIFICATION:

1. ☐ Parts/equipment can only be obtained from original manufacturer - not available through distributors. (Items 3,4,5, or 6 must also be completed.)
2. ☐ Only authorized area distributor of the original manufacturer. (Items 3, 4, 5, or 6 must also be completed.)
3. ☐ Item/service owned by a private individual or corporation under trademark or patent.
4. ☐ Parts/equipment not interchangeable with similar parts of another manufacturer. (Explain Below)
5. ☒ This is the only known item/source that will meet the specialized needs of this department or perform the intended function. (Explain below.)
6. ☐ Parts/equipment are required from this vendor to provide standardization. (Explain Below.)
7. ☐ None of the above apply. Explanation for sole source request is detailed below.

COMMENTS/EXPLANATION: (Use reverse side if necessary.)
unable to find other equipment allowing both arthroscopy + laparoscopy

On the basis of the foregoing, I recommend that competitive procurement be waived and that the service or material on the attached requisition be purchased as a sole source commodity.

Signed: Virginia Head
Department Head Signature

Department: OR

Approved: _____
County Coordinator

Date:



Quote
1/9/2015



Ship To: 02024160	DOCTORS MEMORIAL HOSP. INC 333 N BYRON BUTLER PKWY PERRY, FL 32347	Bill To: 02024160	DOCTORS MEMORIAL HOSP. INC 333 N BYRON BUTLER PKWY PERRY, FL 32347
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PO/Ref Number	Expires	Payment Terms	Quote Number
	02/04/15	net 60	QTE-00712268
Prepared By:	Travis Dane	Prepared For:	Amanda Gregory
Surgical User:		Promo Code:	

Product #	Description	Qty	UM	Price USD	Disc %	Disc Price USD	Extended Price USD
Arthroscopes & Accessories							
AR-3355-4030	C-Mount Arthroscope, 30 Degree, 4 x 152.5 mm Length	3	EA	\$5,995.00	36.00%	\$3,836.80	\$11,510.40
AR-3355-4070	C-Mount Arthroscope, 70 Degree, 4 x 155.5 mm Length	1	EA	\$5,995.00	36.00%	\$3,836.80	\$3,836.80
AR-3371-4002	Hi-Flow Sheath System, Fenestrated, Double Stopcock for 4 mm Scope	4	EA	\$995.00	36.00%	\$636.80	\$2,547.20
Imaging Components							
AR-3240-5040	Fused Light Guide, Wolf, 5 mm x 406 cm (13'4")	4	EA	\$499.00	36.00%	\$319.36	\$1,277.44
AR-3250-2606	Arthrex Synergy, Display 26"	2	EA	\$6,995.00	36.00%	\$4,476.80	\$8,953.60
UP-DR80MD	Color Printer Digital, Medical Sony UP-DR80MD	2	EA	\$1,999.00	36.00%	\$1,279.36	\$2,558.72
002317-00	Video Cart Version II with Extended Boom	2	EA	\$6,995.00	36.00%	\$4,476.80	\$8,953.60
Insufflation							
AR-3290-0001	Synergy Insufflator	2	EA	\$11,500.00	36.00%	\$7,360.00	\$14,720.00
Laparoscopes							
AR-3351-5500	Laparoscope, 0°, 5.5 x 365 mm	2	EA	\$6,500.00	36.00%	\$4,160.00	\$8,320.00
AR-3351-1045	Laparoscope, 45°, 10 x 405 mm	2	EA	\$6,500.00	36.00%	\$4,160.00	\$8,320.00
Synergy HD3							
AR-3210-0003	SynergyHD3 C-Mount Camera Head, 1080p Autoclavable	5	EA	\$18,995.00	36.00%	\$12,156.80	\$60,784.00
AR-3210-0005	C-Mount Optical Zoom Coupler	4	EA	\$3,995.00	36.00%	\$2,556.80	\$10,227.20

Value:	\$221,889.00
Less Discount:	(\$79,880.04)
Less:	\$0.00
Freight Charges	\$0.00
Total Price:	\$142,008.96

Comments: This quote includes all Synergy components except for the two consoles, that will be on a separate quote to follow. The line item prices have been adjusted slightly due to the customized quoting request from DMH. These prices are still exclusive to DMH alone, and contingent on past and future business volume. Thank you
-Travis Dane

Arthrex, Inc 1370 Creekside Blvd, Naples FL 34108 Phone: (800) 934-4404 Fax: (800) 643-9310



Quote
1/9/2015



The pricing is based on distinct Customer attributes, including, but not limited to Customer's size, historical purchasing volume, product purchasing mix and length of commitment.

Any demo equipment comes with a full new product warranty.

Please note: This quotation does not include sales tax or shipping and handling, if applicable. Pricing, discounting and/or payment terms are subject to change without notice. For assistance or to place an order, please call the Arthrex Customer Service Department (800) 934-4404 or fax your order to (800) 643-9310. This information in this quote is confidential including, without limitation, Arthrex product prices. This information is not to be disclosed to any outside persons or entities without written consent from Arthrex corporate offices. Arthrex's pricing and pricing structure in this agreement are not to be disclosed to any third party person or parties.



Quote
1/9/2015



Ship To: 02024160	DOCTORS MEMORIAL HOSP, INC 333 N BYRON BUTLER PKWY PERRY, FL 32347	Bill To: 02024160	DOCTORS MEMORIAL HOSP, INC 333 N BYRON BUTLER PKWY PERRY, FL 32347
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PO/Ref Number	Expires	Payment Terms	Quote Number
	02/08/15	net 60	QTE-00712889
Prepared By:	Travis Dane	Prepared For:	
Surgical User:		Promo Code:	

Product #	Description	Qty	UM	Price USD	Disc %	Disc Price USD	Extended Price USD
Synergy HD3							
AR-3200-0001T	Synergy HD3 Console with Turret, 110v, with Tablet	2	EA	\$40,495.00	38.50%	\$24,904.42	\$49,808.84
Value:							\$80,990.00
Less Discount:							(\$31,181.15)
Less:							\$0.00
Freight Charges							\$0.00
Total Price:							\$49,808.84

Comments: Amanda, this quote includes the two Synergy consoles, with an additional discount approved by my management
Please let me know if you have any questions. Thanks
-Travis Dane

The pricing is based on distinct Customer attributes, including, but not limited to Customer's size, historical purchasing volume, product purchasing mix and length of commitment

Any demo equipment comes with a full new product warranty

Please note: This quotation does not include sales tax or shipping and handling, if applicable. Pricing, discounting and/or payment terms are subject to change without notice. For assistance or to place an order, please call the Arthrex Customer Service Department (800) 934-4404 or fax your order to (800) 643-9310. This information in this quote is confidential including, without limitation, Arthrex product prices. This information is not to be disclosed to any outside persons or entities without written consent from Arthrex corporate offices. Arthrex's pricing and pricing structure in this agreement are not to be disclosed to any third party person or parties.

Arthrex, Inc 1370 Creekside Blvd, Naples FL 34108 Phone: (800) 934-4404 Fax: (800) 643-9310

Margaret Dunn

From: Amanda Gregory <agregory@doctorsmemorial.com>
Sent: Tuesday, January 20, 2015 2:04 PM
To: Margaret Dunn
Subject: RE: Laporscopic and Arthoscopic tower

Yes it is. Sorry I didn't put it on there but that is our pricing

From: Margaret Dunn [mailto:margaret.dunn@taylorcountygov.com]
Sent: Tuesday, January 20, 2015 1:58 PM
To: Amanda Gregory
Subject: RE: Laporscopic and Arthoscopic tower

Med Assets? Don't see it written down anywhere.

From: Amanda Gregory [mailto:agregory@doctorsmemorial.com]
Sent: Tuesday, January 20, 2015 1:30 PM
To: Margaret Dunn
Subject: RE: Laporscopic and Arthoscopic tower

Yes that is the tablet for the system

From: Margaret Dunn [mailto:margaret.dunn@taylorcountygov.com]
Sent: Tuesday, January 20, 2015 1:28 PM
To: Amanda Gregory
Subject: RE: Laporscopic and Arthoscopic tower

Is the \$49,000 quote part of, in addition to?

From: Amanda Gregory [mailto:agregory@doctorsmemorial.com]
Sent: Tuesday, January 20, 2015 12:42 PM
To: Margaret Dunn
Cc: Mary Lescher; Amanda Gregory
Subject: Laporscopic and Arthoscopic tower

Margaret

I have attached a quote and sole source for the Laporscopic and Arthoscopic Towers.

If you need anything else please let me know

*Thanks
Amanda*

*Amanda Gregory
Materials Management Director*

TAYLOR COUNTY BOARD OF COMMISSIONERS

County Commission Agenda Item

SUBJECT/TITLE:



THE BOARD TO REVIEW AND APPROVE THE AMENDED LEASE AGREEMENT WITH THE DEPARTMENT OF VETERANS AFFAIRS FOR THE PERRY VA CLINIC AKA RURAL HEALTH CARE CLINIC, AS AGENDAED BY THE COUNTY ADMINISTRATOR.

MEETING DATE REQUESTED:

FEBRUARY 2, 2015

Statement of Issue:

THIS LEASE AMENDMENT FINALIZES THE BUILD-OUT COSTS AND CHANGES THE SHELL RENTAL RATE PREVIOUSLY APPROVED ON 8/14/2014. IT ALSO MAKES A CORRECTION TO THE ADDRESS OF THE CLINIC.

Recommended Action:

APPROVE THE AMENDED LEASE

Fiscal Impact:

Budgeted Expense:

YES

Submitted By:

COUNTY ADMINISTRATOR

Contact:

SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

History, Facts & Issues:

Options:

Attachments:



DEPARTMENT OF VETERANS AFFAIRS
North Florida/South Georgia Veterans Health System
Lake City VA Medical Center
619 S Marion Avenue
Lake City FL 32025-5808

In Reply Refer To:

January 16, 2015

Taylor, County of
ATTN: Mr. Dustin Hinkel
201 East Green Street
Perry, Florida 32348-

Subject: Notice to Proceed, VA248-13-L-0077, Perry VA Clinic

Dear Mr. Hinkel:

You are hereby authorized to proceed with tenant improvements on the above referenced contract, effective January 21, 2015.

This lease agreement calls for all work to be completed within 180 of the NTP, or by August 1, 2015.

Within 30 days of receipt of this letter, the County shall provide an updated Construction Schedule. The County shall also schedule construction meetings on a monthly basis to keep the Government advised of the status of build-out.

Sincerely,

Rachel Griner
Contract Specialist

Cc: Chad Adams
Nick Ross
Mike Spann

GENERAL SERVICES ADMINISTRATION
PUBLIC BUILDINGS SERVICE

LEASE AMENDMENT NO. P00002

TO LEASE NO. VA248-13-L-0077

PDN Number:

LEASE AMENDMENT

ADDRESS OF PREMISES PERRY VA CLINIC
1224 N PEACOCK AVENUE

PERRY FL 32347

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

201 E GREEN ST

PERRY FL 323472737

hereinafter called the Lessor, and the UNITED STATES OF AMERICA, hereinafter called the Government:

WHEREAS, the parties hereto desire to amend the above Lease to finalize build-out cost and the shell rental rate.

NOW THEREFORE, these parties for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, covenant and agree that the said Lease is amended, effective 01-16-2015 as follows:

The purpose of this Supplemental Lease Agreement (SLA) is to finalize the Build-out cost and to change the Shell Rental Rate previously agreed to on 8/14/2014.

In accordance with clarifications between the Government and Taylor County regarding additional build-out requirements, the total build-out amount is changed from \$103,557.00 to \$111,705.00, for an increase of \$8,148.00

Due to an additional requirement for the County to maintain the Flag Pole, the annual shell rate has changed from \$11,419.20 to \$11,679.24, for an increase of \$260.04.

The total amount of the build-out and 1st year shell rental amount has changed from \$114,976.20 to **\$123,384.24**, for an increase of \$8,408.04. Funds for this action are covered under Obligation Number **573-C-43048**.

This Lease Amendment contains _____ pages.

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

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

FOR THE LESSOR:

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

FOR THE GOVERNMENT:

Signature: _____
Name: RACHEL GRINER
Title: **Lease Contracting Officer**
Department of Veterans Affairs
Date: _____

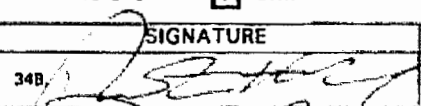
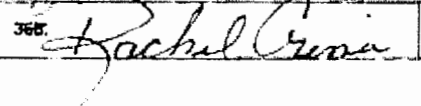
WITNESSED FOR THE LESSOR BY:

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

GENERAL SERVICES ADMINISTRATION PUBLIC BUILDING SERVICE		1. SOLICITATION FOR OFFERS VA24B-13-R-0199		2. STATEMENT DATE	
LESSOR'S ANNUAL COST STATEMENT IMPORTANT - Read attached "Instructions"		3. RENTAL AREA (SQ. FT.)		3A. ENTIRE BUILDING	
4. BUILDING NAME AND ADDRESS (No., street, city, state, and zip code)		3B. LEASED BY GOV'T			

SECTION I - ESTIMATED ANNUAL COST OF SERVICES AND UTILITIES FURNISHED BY LESSOR AS PART OF RENTAL CONSIDERATION			
SERVICES AND UTILITIES	LESSOR'S ANNUAL COST FOR		FOR GOVERNMENT USE ONLY
	(a) ENTIRE BUILDING	(b) GOV'T-LEASED AREA	
A. CLEANING, JANITOR AND/OR CHAR SERVICE			
5. SALARIES			0
6. SUPPLIES (Wax, cleaners, cloths, etc.)			0
7. CONTRACT SERVICES (Window washing, waste and snow removal)			0
B. HEATING			
8. SALARIES			0
9. FUEL ("X" one) <input type="checkbox"/> OIL <input type="checkbox"/> GAS <input type="checkbox"/> COAL <input type="checkbox"/> ELEC-TRIC			0
10. SYSTEM MAINTENANCE AND REPAIR			
C. ELECTRICAL			
11. CURRENT FOR LIGHT AND POWER (Including elevators)			0
12. REPLACEMENT OF BULBS, TUBES, STARTERS			0
13. POWER FOR SPECIAL EQUIPMENT			0
14. SYSTEM MAINTENANCE AND REPAIR (Ballasts, fixtures, etc.)			0
D. PLUMBING			
15. WATER (For all purposes) (Include sewage charges)			0
16. SUPPLIES (Soap, towels, tissues not in 6 above)			0
17. SYSTEM MAINTENANCE AND REPAIR			0
E. AIR CONDITIONING			
18. UTILITIES (Include electricity, if not in C 11)			0
19. SYSTEM MAINTENANCE AND REPAIR			
F. ELEVATORS			
20. SALARIES (Operators, starters, etc.)			0
21. SYSTEM MAINTENANCE AND REPAIR			0
G. MISCELLANEOUS (To the extent not included above)			
22. BUILDING ENGINEER AND/OR MANAGER			0
23. SECURITY (Watchmen, guards, not janitors)			0
24. SOCIAL SECURITY TAX AND WORKMEN'S COMPENSATION INS.			0
25. LAWN AND LANDSCAPING MAINTENANCE			0
26. OTHER (Explain on separate sheet)			0
27. TOTAL			0

SECTION II - ESTIMATED ANNUAL COST OF OWNERSHIP EXCLUSIVE OF CAPITAL CHARGES			
28. REAL ESTATE TAXES			
29. INSURANCE (Hazard, liability, etc.)			
30. BUILDING MAINTENANCE AND RESERVES FOR REPLACEMENT		\$7.36	Shell Rate = \$11,679.20 per year
31. LEASE COMMISSION			
32. MANAGEMENT			
33. TOTAL			

LESSOR'S CERTIFICATION - The amounts entered in Columns (a) and (b) represent my best estimate as to the annual costs of services, utilities and ownership.		34. SIGNATURE OF <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> LEGAL AGENT	
TYPED NAME AND TITLE	SIGNATURE	DATE	
34A. Dustin Hinkel, County Administrator	34B. 	34C. 1/7/2014	
35A. Contract Specialist - Rachel Grinner	35B. 	35C. 1/20/2015	

GENERAL SERVICES ADMINISTRATION

GSA FORM 1217 (REV. 7-94)

CONSTRUCTION PROJECT - ESTIMATE WORKSHEET					Date 1/15/2015, Rev. 3		Sheet 1 of 1		
LOCATION Perry VA Clinic Perry, Florida				Project Name: TAYLOR COUNTY VA CLINIC New Lease: YES Tenant Improvements			Type of Estimate <input checked="" type="checkbox"/> No Design <input checked="" type="checkbox"/> Preliminary <input type="checkbox"/> Final <input type="checkbox"/> Other		
Alt New Index VA248-13-R-0199		Building No. None		Drawing No. None					
TENANT IMPROVEMENTS		LABOR			MATERIALS				SYSTEM TOTAL
	QTY	UNIT	\$/UNIT	TOTAL	QTY	UNIT	\$/UNIT	TOTAL	
Supervisor	40	day	\$213	\$8,533				\$0	\$8,533
Mobilization	1	EA	\$4,423	\$4,423		EA		\$0	\$4,423
Demobilization	1	EA	\$4,423	\$4,423		EA		\$0	\$4,423
				0					
Tenant Improvements				0					
3.10 Exterior Signs					1	EA	\$1,000	\$1,000	\$1,000
H.D.A. Hand rail						EA	\$0	\$0	\$0
3.17 Accessibility				\$0	5	YARDS	\$95	\$475	\$475
3.18 Ceilings				\$0	1	JOB		\$3,117	\$3,117
3.19 Exterior and Common Area Doors and Hardware					1	JOB	\$5,980	\$5,980	\$5,980
3.21 and 5.08 Partitions					1	JOB	\$862	\$862	\$862
Exterior Entrance Door									\$0
3.23 Painting					10	GAL	\$36	\$360	\$360
3.24 Floors					47	BOX	\$47	\$2,209	\$2,209
Floor Glue - Product					4	GAL	\$65	\$260	\$260
3.25 Floor Covering and perimeters/glue					550	FEET	\$6	\$3,300	\$3,300
3.27 Electrical					1	JOB	\$1,653	\$1,653	\$1,653
3.29 Plumbing - hot & cold water risers and domestic waste and vent risers					2	EA	\$50	\$100	\$100
3.30 Drinking Fountain					1	LS	\$799	\$799	\$799

CO estimated this cost element
Stanley to install handrails

CO Increased unit price - \$1 too low

3.31 Restrooms (relocate 2 waterclosets, install 2 new lavatories, install 5 additional sinks, stall mirror at each sink, toilet paper dispensers in each restroom, coat hook in each restroom, sanitary napkin dispenser in each women's restroom and grab bars)				0	1	JOB	\$7,710	\$7,710	\$7,710
3.32 Plumbing fixtures				0	5	EA	\$330	\$1,650	\$1,650
3.33 Heating, ventilation and A/C - any ductwork that shall be reused or remain in place shall be cleaned.					2	EA	\$1,441	\$2,882	\$2,882
3.34 Telecommunications: Room Construction					1	EA	\$5,000	\$5,000	\$5,000
3.36 and 5.18 Lighting: Interior and Parking				\$0	24	EA	\$53	\$1,260	\$1,260
5.03 Window Covering				\$0	1	JOB	\$260	\$260	\$260
5.05 Interior Doors					2	JOB	\$2,776	\$5,552	\$5,552
5.06 Doors: Hardware					1	job	\$2,120	\$2,120	\$2,120
5.07 Doors: Identification					16	EA	\$25	\$400	\$400
5.09 Wall Finishes					40	EA	\$13	\$502	\$502
5.10 Painting					24	GAL	\$36	\$864	\$864
5.11 Floor					1	JOB	\$3,540	\$3,540	\$3,540
5.12 Heating and Air Conditioning					1	JOB	\$5,000	\$5,000	\$5,000
5.13 Electrical: Distribution - EXCEPT TELEPHONE AND DATA OUTLETS					1	JOB	\$2,000	\$2,000	\$2,000
5.14 Canopy - Front Entrance					1	JOB	\$5,000	\$5,000	\$5,000
5.17 Casework for Lab, Room 105, and Reception Window, 103					2	JOB	\$2,000	\$4,000	\$4,000
5.17(a) Eye Wash Station for Lab					1	JOB	\$350	\$350	\$350
*****CHANGE ORDER #0001 (1/6/2015)*****									
Sidewalk from parking lot: this figure could double if water/sewer services need to be routed					1	JOB	\$2,000	\$2,000	\$2,000
10' X 12' Shed with floor anchored to existing concrete slab					1	JOB	\$2,200	\$2,200	\$2,200
Flag Pole installation					1	JOB	\$2,200	\$2,200	\$2,200
Flag Pole light with sensor					1	JOB	\$334	\$334	\$334
SUB-TOTAL									\$92,318

Taylor Co. could not price this properly

Added another door for the IT room

CO estimated this cost element

CO estimated this cost element

OVERHEAD	10%								\$ 9,232
SUB-TOTAL									\$ 101,550
PROFIT	10%								\$ 10,155
TOTAL									\$ 111,705