

SUGGESTED AGENDA

Amended

TAYLOR COUNTY BOARD OF COUNTY COMMISSIONERS
PERRY, FLORIDA
REGULAR BOARD MEETING
TUESDAY, FEBRUARY 16, 2016
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:

4. THE BOARD TO HOLD A PUBLIC HEARING SET FOR THIS DATE AT 6:00 P.M. TO HEAR AN APPLICATION FOR A SPECIAL EVENTS PERMIT (MUD-BOG) FOR MARCH 3-6, 2016, AS SUBMITTED BY IRON HORSE MUD RANCH.

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

CONSENT ITEMS:

5. APPROVAL OF MINUTES FROM JANUARY 26, 2016.
6. EXAMINATION AND APPROVAL OF INVOICES.

7. THE BOARD TO REVIEW AND APPROVE THE BY LAWS FOR 2015-2016 FOR THE LOCAL COORDINATING BOARD (LCB) FOR THE TRANSPORTATION DISADVANTAGED, AS AGENDAED BY MELODY COX, GRANTS DIRECTOR.
8. THE BOARD TO APPROVE A TRANSFER OF FUNDS FROM CONTINGENCY FOR THE DEDUCTIBLE INVOICE FROM THE FLORIDA ASSOCIATION OF COUNTIES TRUST, AS AGENDAED BY DUSTIN HINKEL COUNTY ADMINISTRATOR.
9. THE BOARD TO APPROVE A TRANSFER FROM CONTINGENCY FOR UTILITIES AT THE VA CLINIC, AS AGENDAED BY THE COUNTY ADMINISTRATOR.
10. THE BOARD TO RATIFY THE COUNTY ADMINISTRATOR'S SIGNATURE ON A CONTRACT WITH SPORT SURFACES FOR MAINTENANCE OF THE BASKETBALL AND TENNIS COURTS AT THE SPORTS COMPLEX, AS AGENDAED BY PATRICK DEW, RECREATION COORDINATOR.
11. THE BOARD TO CONSIDER A LIST OF ASSETS TO BE DISPOSED FEBRUARY 16, 2016, AS AGENDAED BY GARY KNOWLES, DEPUTY CLERK.
- 11-A. THE BOARD TO CONSIDER ADOPTION OF RESOLUTIONS TO REFLECT UNANTICIPATED MONIES IN THE GENERAL FUND, AS AGENDAED BY COUNTY FINANCE.

AWARDS/RECOGNITIONS:

12. THE BOARD TO ADOPT A PROCLAMATION RECOGNIZING A GROUP OF VISITING WOUNDED WARRIORS AND THEIR GUESTS AND THANKING THE LOCAL CITIZENS WHO HAVE GIVEN THEM THIS OPPORTUNITY TO ENJOY ALL TAYLOR COUNTY HAS TO OFFER, AS AGENDAED BY COMMISSIONER PAGE.

HOSPITAL ITEMS:

13. THE BOARD TO REVIEW AND APPROVE THE BID COMMITTEE'S RECOMMENDATION FOR THE PURCHASE OF LAPAROSCOPY/ARTHROSCOPY VIDEO SYSTEM FOR DOCTORS' MEMORIAL HOSPITAL (DMH), AS AGENDAED BY THE COUNTY ADMINISTRATOR.

CONSTITUTIONAL OFFICERS/OTHER GOVERNMENTAL UNITS:

14. THE CLERK TO DISCUSS TAX CERTIFICATES SEVEN (7) YEARS OLD.

GENERAL BUSINESS:

15. THE BOARD TO APPROVE THE APPOINTMENT OF CRAIG WALDROP TO THE TAYLOR COUNTY TOURISM DEVELOPMENT COUNCIL (TDC), AS AGENDAED BY DAWN TAYLOR.
16. THE BOARD TO APPROVE A LETTER OF SUPPORT FOR FLORIDA NATURAL TECHNOLOGIES (APPLIED GAIA CORPORATION), AS AGENDAED BY THE COUNTY ADMINISTRATOR.

- 16A. THE BOARD TO REVIEW AND APPROVE A REQUEST FOR PROPOSALS (RFP) FOR THE DESIGN OF THE SHADY GROVE COMMUNITY CENTER, AS AGENDAED BY THE COUNTY ADMINISTRATOR.

COUNTY STAFF ITEMS:

17. THE BOARD TO APPROVE PREPARATION AND SUBMISSION OF A GRANT APPLICATION TO THE FLORIDA DIVISION OF EMERGENCY MANAGEMENT HURRICANE LOSS MITIGATION PROGRAM- RESIDENTIAL CONSTRUCTION MITIGATION PROGRAM (RCMP) GRANT PROGRAM AND WAIVE PUBLIC HEARINGS AS THE GRANT CAN ONLY BE USED TO MITIGATE SINGLE FAMILY HOMES AGAINST HURRICANE AND SEVERE WEATHER DAMAGE, AS AGENDAED BY THE GRANTS DIRECTOR.
18. THE BOARD TO DISCUSS THE UPCOMING FUNDING CYCLE FOR THE FLORIDA BOATING IMPROVEMENT PROGRAM (FBIP) AND TO APPROVE HOLDING PUBLIC HEARINGS TO RECEIVE PUBLIC INPUT MARCH 7, 2016, AT 6:15 P.M. AND MARCH 22, 2016, AT 6:10 P.M., AS AGENDAED BY THE GRANTS DIRECTOR.
19. THE BOARD TO APPROVE THE INVITATION TO BID FOR THE HAZARDOUS MITIGATION GRANT PROGRAM TO ADVERTISE AND RECEIVE BIDS FOR THE PURCHASE AND INSTALLATION OF HURRICANE SHUTTERS ON TWELVE (12) SINGLE FAMILY HOMES IN TAYLOR COUNTY, AS AGENDAED BY THE GRANTS DIRECTOR.

COUNTY ADMINISTRATOR ITEMS:

20. 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:



Public Hearing for Iron Horse Mud Ranch Mud Bog Special Event

MEETING DATE REQUESTED:

February 16, 2016

Statement of Issue: Board to hold public hearing to consider approval of a Mud Bog Special Event application.

Recommendation: Hold public hearing

Fiscal Impact: Increase in tourism

Budgeted Expense: Yes ☐ No ☐ N/A ☒

Submitted By: Danny Griner

Contact: building.director@taylorcountygov.com

SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

History, Facts & Issues: The Planning Staff received an application from the Iron Horse Mud Ranch to hold a Mud Bog Special Event on March 3-6, 2016. The event is scheduled to take place at the Iron Horse Mud Ranch site located at 8999 S. US 19. Section 10-65 of the Code of Ordinances requires that special events with attendance greater than 1,000 must be approved by the County Commission at a public hearing. The application reflects that attendance is anticipated to meet the public hearing criteria.

Options:

1. Approve the application.
2. Deny the application.

Attachments:

1. Copy of application and associated documents.
2. Copy of public hearing legal notice.

MUD BOG CHECKLIST

EVENT NAME: IRON HORSE MUD RANCH

1.	APPLICANTS NAME	X
2.	PHYSICAL LOCATION	X
3.	LEGAL DESCRIPTION	X
4.	WAIVER FROM ADJOINING PROPERTY OWNERS	X
5.	DATE & HOURS OF EVENT	X
6.	MAXIMUM ATTENDANCE	X
7.	SECURITY STATEMENT	X
8.	AMBULANCE STATEMENT (DMH-EMS with hospital CEO signature)	X
9.	MAP OF PROPERTY	X
10.	PROPERTY WITHIN 660 FEET OF EVENT	X
11.	LOCATION OF PARKING	X
12.	LIST OF OWNERS WITHIN 660 FEET	X
13.	OWNER STATEMENT	X
14.	HOLD HARMLESS & ENTRY CONSENT STATEMENT	X
15.	WASTE HAULER STATEMENT	X
16.	INSURANCE STATEMENT	X
17.	SANITARY FACILITY PROVIDER STATEMENT	X

COMPLETED BY:

W.D. Griner

William D. (Danny) Griner

DATE:

2/9/16

**NOTICE OF PUBLIC HEARING
PURSUANT TO SECTION 10-65, TAYLOR COUNTY CODE OF ORDINANCES
(ORDINANCE NO. 2001-12)**

Notice is hereby given that the Taylor County Board of County Commissioners will hold a public hearing on Tuesday, February 16, 2016 at 6:00 p.m., or as soon thereafter as possible, in the Taylor County Administrative Complex, 201 East Green Street, Perry, Florida 32347, to hear an application for a SPECIAL EVENTS PERMIT (MUD-BOG) to be held on March 3-6, 2016 from 7:00 a.m. to 7:00 p.m. The event will be held at the Iron Horse Mud Ranch site located at 8999 S. US 19, Perry, Florida.

The application is available to the public and may be inspected at the Taylor County Planning Department, located at the Administrative Complex (Old Post Office), 201 E. Green Street, Perry, Florida 32347.

Notice is further given, pursuant to Florida Statutes 286.0105, that any persons deciding to appeal any matter considered at this hearing will need a record of the hearing 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.

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

LEGALS**NOTICE OF PUBLIC HEARING
PURSUANT TO SECTION 10-65,
TAYLOR COUNTY CODE OF
ORDINANCES**

(ORDINANCE NO. 2001-12)

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Notice is further given, pursuant
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any persons deciding to appeal
any matter considered at this
hearing will need a record of the
hearing 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.

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

2/5

Taylor County Planning Department Receipt NE 1401
850-838-3500 Ext 1

Applicant Iron Horse Mud Ranch Fee 250.00
Owner _____ Type Mud Bog
Address 8999 S. US 19
Nature of Receipt Special Event Mud Bog

Paid By ☐ Cash ☒ Check # 5257Received By [Signature]

PLANNING DEPARTMENT PERSONNEL

DATE 1/26/16

MALCOLM PAGE District 1	MARK WIGGINS District 2	LONNIE HOUCK District 3	PAM FEAGLE District 4	PATRICIA PATTERSON District 5
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TAYLOR COUNTY BOARD OF COUNTY COMMISSIONERS

ANNIE MAE MURPHY, Clerk
P. O. Box 620, Perry, FL 32348
(850) 838-3506 Phone-
(850) 838-3549 Fax

JACK BROWN, County Administrator
201 E. Green Street, Perry, FL 32347
(850) 838-3500, extension 6 Phone
(850) 838-3501 Fax

CONRAD C. BISHOP, JR., County Attorney
P.O. Box 167, Perry, FL 32348
(850) 584-6113 Phone
(850) 584-2433 Fax

APPLICATION FOR SPECIAL EVENT PERMIT

FEE: \$250.00

PERMIT TYPE: MUD BOG DATE: 10/27/2015

APPLICANT NAME: Wells Mud Ranch DBA Iron Horse Mud Ranch

MAILING ADDRESS: P.O. Box 203 Rush, Kentucky 41168

PROPERTY OWNER: Rt. 207 Properties, LLC

PROPERTY ADDRESS: 8999 US 19 South, Perry, FL 32348

PHONE#: 813-909-3288 PARCEL #: 8744-350, 8744-200,
8744-050, 8743-200

PROPERTY OWNERS WITHIN 660 FEET OF ACTIVITY

- | | |
|------------------------------|--------------------------|
| 1. <u>Rt. 207 Properties</u> | 2. <u>Andyland, LLC</u> |
| 3. <u>Sandra Laura Lee</u> | 4. <u>Jack Fernandez</u> |
| 5. <u>Martin Ellison</u> | 6. _____ |
| 7. _____ | 8. _____ |

EVENT DATE(S): 03/03-03/06 START: Thursday END: Sunday

EVENT DATE(S):	START: _____	END: _____
EVENT DATE(S):	START: _____	END: _____
EVENT DATE(S):	START: _____	END: _____

HOURS OF OPERATION: START: 7:00 a.m. END: 7:00 p.m.

EXPECTED ATTENDANCE: 1000+ MAXIMUM ATTENDANCE: No way to Determine

SECURITY PROVIDER: SHERIFFS OFFICE * PRIVATE SECURITY _____
(Attach statement from provider)

SANITARY FACILITIES PROVIDER: Murray's Septic 850-672-0103

ATTACH THE FOLLOWING

1. Exact location, legal description, area and shape of all lands used for parking or other incidental uses.
2. Exact location, legal description, area and shape of the land on which the event will take place.
3. Sworn statement from security provided, if other than Taylor County Sheriff's Department.
4. Statement as to what medical / ambulance services will be provided. (Agreement with DMH-EMS must contain signature of hospital CEO).
5. Copy of, or Statement of intent to issue, \$1,000,000.00 Insurance Policy.
6. Copy of Contract for Solid Waste Disposal.
7. Copy of Contract for Sanitary Waste Disposal.
8. Written consent allowing entry at any time during the event by any County or State Officer in the performance of his or her duties.
9. Four copies of a map drawn to scale of at least 1" = 400', showing:
 - a. Property location;
 - b. Location of highways, roads, lots and lands within 660 feet activity;
 - c. Location of parking area and all incidental uses;
 - d. All interior access ways;
 - e. Access to the property;
 - f. Location of toilet, medical, and drinking facilities.
10. Proof of ownership of the property, or an agreement signed by the property owner permitting such use of the property.
11. Signed waiver from all property owners within 660 feet of the activity.

SEC TWP RGE SUBD BLK LOT
03-06-08-08743-000

NAME:PT 207 PROPERTIES LLC

ADD :

ADD :1932 CARTER AVENUE

ADD :

CSZ :ASHLAND

KY 41101

911 :

911 CITY:

LAND : \$51,000

AGR-VAL : \$6,600

EX-FEAT : \$

BUILDING : \$

TOT-MKT-->: -----
\$6,600

LEGAL: LEG 0040.00 ACRES

SE 1/4 OF NW 1/4

OR 665-912

SUBJ TO & TOGETHER WITH ESMTS IN

OR 233-683 & 665-880 & 665-897

TD :CO DOR : 5600 ZONE : 015092

LAND	LAND UNITS	COND
5600-ACRE	40.00	100
9900-ACRE	40.00	100

** 0-Nxt, 1-Prv, 3-Rekey, 4-Menu, 5-Building Info

F1-LOC F2-AUTO F3-RCD F4-FLD

F5-FMT F6-DUP F7-OVS F8-COR

F9-HELP F10-RE

SEC TWP RGE SUBD BLK LOT
03-06-08-08743-060

NAME:RT 207 PROPERTIES LLC

ADD :

ADD :1932 CARTER AVENUE

ADD :

CSZ :ASHLAND

911 :

KY 41101

911 CITY:

LAND : \$38,250

AGR-VAL : \$3,390

EX-FEAT : \$

BUILDING : \$

TOT-MKT-->: -----
\$3,390

LEGAL: LEG 0030.00 ACRES
NW 1/4 OF SW 1/4 OF NW 1/4 &
S 1/2 OF SW 1/4 OF NW 1/4
OR 665-912
SUBJ TO & TOGETHER WITH ESMTS IN
OR 233-683 & 665-880

TD :CO DOR : 5700 ZONE : 015094

LAND	LAND UNITS	COND
5700-ACRE	30.00	100
9900-ACRE	30.00	100

** 0-Nxt, 1-Prv, 3-Rekey, 4-Menu, 5-Building Info
F1-LOC F2-AUTO F3-RCD F4-FLD F5-FMT F6-DUP F7-OVS F8-COR F9-HELP F10-RE

SEC TWP RGE SUBD BLK LOT
03-06-08-08743-100

NAME:RT 207 PROPERTIES LLC

ADD :

ADD :1932 CARTER AVENUE

ADD :

CSZ :ASHLAND

KY 41101

911 :

911 CITY:

LAND : \$51,000

AGR-VAL : \$4,520

EX-FEAT : \$

BUILDING : \$

TOT-MKT-->: \$4,520

LEGAL: LEG 0040.00 ACRES

SE 1/4 OF SW 1/4

OR 665-912

SUBJ TO & TOGETHER WITH ESMTS IN

OR 233-683 & 665-880

TD :CO DOR : 5700 ZONE : 015095

LAND	LAND UNITS	COND
5700-ACRE	40.00	100
9900-ACRE	40.00	100

** 0-Nxt, 1-Prv, 3-Rekey, 4-Menu, 5-Building Info

F1-LOC F2-AUTO F3-RCD F4-FLD

F5-FMT F6-DUP F7-OVS F8-COR

F9-HELP F10-RE

SEC TWP RGE SUBD BLK LOT
03-06-03-08743-150

NAME:RT 207 PROPERTIES LLC

ADD :

ADD :1932 CARTER AVENUE

ADD :

CSZ :ASHLAND

KY 41101

911 : 8999 US 19 S

911 CITY:

LAND : \$93,500

AGR-VAL : \$9,835

EX-FEAT : \$5,115

BUILDING : \$37,056

TOT-MKT-->: \$52,006

LEGAL: LEG 0040.00 ACRES

NW 1/4 OF NW 1/4

OR 665-912

SUBJ TO & TOGETHER WITH ESMTS IN

OR 233-683 & 665-880

TD :CO DOR : 5002 ZONE : 015096

LAND	LAND UNITS	COND
9910-ACRE	1.00	100
5600-ACRE	39.00	100
9900-ACRE	20.00	100
9900-ACRE	20.00	100

** 0-Nxt, 1-Prv, 3-Rekey, 4-Menu, 5-Building Info

F1-LOC F2-AUTO F3-RCD F4-FLD

F5-FMT F6-DUP F7-OVS F8-COR

F9-HELP F10-RE

SEC TWP RGE SUBD BLK LOT
03-06-08-08743-200

NAME: RT 207 PROPERTIES LLC

ADD :

ADD : 1932 CARTER AVENUE

ADD :

CSZ : ASHLAND

KY 41101

911 :

911 CITY:

LAND : \$136,000

AGR-VAL : \$6,600

EX-FEAT : \$

BUILDING : \$

TOT-MKT-->: \$6,600

LEGAL: LEG 0040.00 ACRES

NE 1/4 OF SW 1/4

OR 665-912

SUBJ TO & TOGETHER WITH ESMTS IN

OR 233-683 & 665-880 & 665-897

TD : CO DOR : 5600 ZONE : 015097

LAND	LAND UNITS	COND
5600-ACRE	40.00	100
9900-ACRE	40.00	100

** 0-Nxt, 1-Prv, 3-Rekey, 4-Menu, 5-Building Info

F1-LOC F2-AUTO F3-RCD F4-FLD

F5-FMT F6-DUP F7-OVS F8-COR

F9-HELP F10-RE

SEC TWP RGE SUBD BLK LOT
03-06-08-08743-220

NAME:RT 207 PROPERTIES LLC

ADD :

ADD :1932 CARTER AVENUE

ADD :

CSZ :ASHLAND

KY 41101

911 :

911 CITY:

LAND : \$272,000

AGR-VAL : \$13,200

EX-FEAT : \$

BUILDING : \$

TOT-MKT-->: \$13,200

LEGAL: LEG 0080.00 ACRES

W 1/2 OF SW 1/4

OR 665-908

SUBJ TO & TOGETHER WITH ESMTS

TD :CO DCR : 5600 ZONE : 015098

LAND	LAND UNITS	COND
5600-ACRE	80.00	100
9900-ACRE	80.00	100

** 0-Nxt, 1-Prv, 3-Rekey, 4-Menu, 5-Building Info

F1-LOC F2-AUTO F3-RCD F4-FLD F5-FMT F6-DUP F7-OVS F8-COR F9-HELP F10-REI

SEC TWP RGE SUBD BLK LOT
04-06-08-08744-050

NAME:RT 207 PROPERTIES LLC

ADD :

ADD :1932 CARTER AVENUE

ADD :

CSZ :ASHLAND

911 :

KY 41101

911 CITY:

LAND : \$136,000

AGR-VAL : \$6,600

EX-FEAT : \$

BUILDING : \$

TOT-MKT-->: -----
\$6,600

LEGAL: 153 0040.00 ACRES

SE 1/4 OF NE 1/4

OR 665-912

SUBJ TO & TOGETHER WITH ESMIS IN

OR 233-683 & 665-880

TD :CO DOR : 5600 ZONE : 015102

LAND	LAND UNITS	COND
5600-ACRE	40.00	100
9900-ACRE	40.00	100

** 0-Nxt, 1-Prv, 3-Rekey, 4-Menu, 5-Building Info

F1-LOC F2-AUTO F3-RCD F4-FLD F5-FMT F6-DUP F7-OVS F8-COR F9-HELP F10-RE

SEC TWP RGE SUBD BLK LOT
03-06-03-08743-250

NAME:RT 207 PROPERTIES LLC

ADD :

ADD :1932 CARTER AVENUE

ADD :

CSZ :ASHLAND

911 :

911 CITY:

LAND : \$40,000

AGR-VAL : \$6,600

EX-FEAT : \$

BUILDING : \$

TOT-MKT-->: -----
\$6,600

KY 41101

LEGAL: LEG 0040.00 ACRES

NE 1/4 OF NW 1/4

OR 665-926

SUBJ TO & TOGETHER WITH ESMTS IN

OR 234-388 & 665-980 & 665-890 &

665-897

TD :CO DCR : 5600 ZONE : 015099

LAND	LAND UNITS	COND
5600-ACRE	40.00	100
9900-ACRE	40.00	100

** 0-Nxt, 1-Prv, 3-Rekey, 4-Menu, 5-Building Info

F1-LOC F2-AUTO F3-RCD F4-FLD

F5-FMT F6-DUP F7-OVS F8-COR

F9-HELP F10-REI

SEC TWP RGE SUBD BLK LOT
04-06-08-08744-050

NAME:RT 207 PROPERTIES LLC

ADD :

ADD :1932 CARTER AVENUE

ADD :

CSZ :ASHLAND

KY 41101

911 :

911 CITY:

LAND : \$136,000

AGR-VAL : \$6,600

EX-FEAT : \$

BUILDING : \$

TOT-MKT-->: \$6,600

LEGAL: LEG 0040.00 ACRES

SE 1/4 OF NE 1/4

OR 665-912

SUBJ TO & TOGETHER WITH ESMTS IN

OR 233-683 & 665-880

TD :CO DOR : 5600 ZONE : 015102

LAND	LAND UNITS	COND
5600-ACRE	40.00	100
9900-ACRE	40.00	100

** 0-Nxt, 1-Prv, 3-Rekey, 4-Menu, 5-Building Info

F1-LOC F2-AUTO F3-RCD F4-ELD F5-FMT F6-DUP F7-OVS F8-COR F9-HELP F10-RE:

SEC TWP RGE SUBD BLK LOT
04-06-08-08744-200

NAME:RT 207 PROPERTIES LLC

ADD :

ADD :1932 CARTER AVENUE

ADD :

CSZ :ASHLAND

KY 41101

911 :

911 CITY:

LAND : \$408,000

AGR-VAL : \$19,800

EX-FEAT : \$

BUILDING : \$

TOT-MKT-->: \$19,800

LEGAL: LEG 0120.00 ACRES
N 1/2 OF SE 1/4 & SW 1/4 OF SE 1
CR 665-908
SUBJ TO & TOGETHER WITH ESMTS

TD :CO DOR : 5600 ZONE : 015105

LAND	LAND UNITS	COND
5600-ACRE	120.00	100
9900-ACRE	120.00	100

** 0-Nxt, 1-Prv, 3-Rekey, 4-Menu, 5-Building Info
F1-LOC F2-AUTO F3-RCD F4-FLD F5-FMT F6-DUP F7-OVS F8-COR F9-HELP F10-RE

SEC TWP RGE SUBD BLK LOT
04-06-08-08744-350

NAME:RT 207 PROPERTIES LLC

ADD :

ADD :1932 CARTER AVENUE

ADD :

CSZ :ASHLAND

KY 41101

911 :

911 CITY:

LAND : \$51,000

AGR-VAL : \$6,600

EX-FEAT : \$

BUILDING : \$

TOT-MKT-->: \$6,600

LEGAL: LEG 0040.00 ACRES

NE 1/4 OF NE 1/4

OR 665-912

SUBJ TO & TOGETHER WITH ESMTS IN

OR 233-633 & 665-980

TD :CO DOR : 5700 ZONE : 015108

LAND	LAND UNITS	COND
5600-ACRE	40.00	100
9900-ACRE	40.00	100

** 0-Nxt, 1-Prv, 3-Rekey, 4-Menu, 5-Building Info

F1-LOC F2-AUTO F3-RCD F4-FLD

F5-FMT F6-DUP F7-OVS F8-COR

F9-HELP F10-REI

SPECIAL EVENT WAIVER

DATE: _____

I give my consent to have a Special Event (Mudd Bogg) within 650 feet of my property.

AT 207 PROPERTIES
Print Name

M. W. B.

Signature

SPECIAL EVENT WAIVER

DATE: _____

I give my consent to have a Special Event (Mudd Bogg) within 660 feet of my property.

SANDRA LAURA LEE
Print Name

S. Laura Lee
Signature

SPECIAL EVENT WAIVER

DATE: _____

I give my consent to have a Special Event (Mudd Bogg) within 660 feet of my property.

Print Name

Signature

SPECIAL EVENT WAIVER

DATE: _____

I give my consent to have a Special Event (Mudd Bogg) within 650 feet of my property.

Print Name

Signature

SPECIAL EVENT WAIVER

DATE: 9/20/11

I give my consent to have a Special Event (Mudd Bogg) within 660 feet of my property.

J. M. ELLISON

Print Name

J M Ellison

Signature

SPECIAL EVENT WAIVER

DATE: _____

I give my consent to have a Special Event (Mudd Bogg) within 660 feet of my property.

Print Name

Signature

SPECIAL EVENT WAIVER

DATE: _____

I give my consent to have a Special Event (Mudd Bogg) within 660 feet of my property.

Print Name

Signature

SPECIAL EVENT WAIVER

DATE: _____

I give my consent to have a Special Event (Mudd Bogg) within 660 feet of my property.

Print Name

Signature

SPECIAL EVENT WAIVER

DATE: 8-10-11

I give my consent to have a Special Event (Mudd Bogg) within 660 feet of my property.

Jack Fernandez
Print Name

Jack Fernandez
Signature

SPECIAL EVENT WAIVER

DATE: _____

I give my consent to have a Special Event (Mudd Bogg) within 660 feet of my property.

Print Name

Signature

SPECIAL EVENT WAIVER

DATE: _____

I give my consent to have a Special Event (Mudd Bogg) within 660 feet of my property.

Print Name

Signature

SPECIAL EVENT WAIVER

DATE: _____

I give my consent to have a Special Event (Mudd Bogg) within 660 feet of my property.

Print Name

Signature

ATTENTION GARY WELLS

DATE: 3/9/2011 SPECIAL EVENT WAIVER Event must be a mini of 450 feet. (Four hundred fifty feet) away from my property.

I give my consent to have a Special Event (Mudd Bogg) within 660 feet of my property.
Andrew KOTSAFIS [Signature]
Print Name Signature
Andy Landy, LC

SPECIAL EVENT WAIVER

DATE: _____

I give my consent to have a Special Event (Mudd Bogg) within 660 feet of my property.

Print Name Signature

SPECIAL EVENT WAIVER

DATE: _____

I give my consent to have a Special Event (Mudd Bogg) within 660 feet of my property.

Print Name Signature

SPECIAL EVENT WAIVER

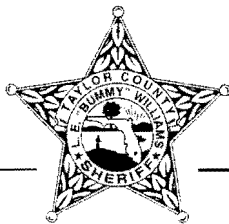
DATE: _____

I give my consent to have a Special Event (Mudd Bogg) within 660 feet of my property.

Print Name Signature

606 9280093³

Sheriff



L. E. "BUMMY" WILLIAMS – TAYLOR COUNTY

108 N. Jefferson St, Suite 103 • Perry, Florida 32347
850-584-4225 • 1-800-800-4740
Dispatch 1-800-669-7123

February 2, 2016

To Whom It May Concern:

The Taylor County Sheriff's Office will provide security on March 3rd, 4th, 5th and 6th of 2016 as requested by Trey Howard for the Iron Horse Mud Bog.

Thank You,

A handwritten signature in black ink, which appears to read "L.E. 'Bummy' Williams". The signature is written in a cursive, flowing style.

L.E. "Bummy" Williams, Sheriff
Taylor County Sheriff's Office

3-28 2011

Re: Wells Mud Ranch LLC; D.B.A. Iron horse Mud Ranch

Letter of consent for county or state officer

This letter is to provide written consent that Iron Horse mud Ranch will allow entrance to any county or state officer to the Iron horse mud ranch to perform his or her Duties.

Iron horse mud Ranch

Shannon Wells

AS MM OF ~~REPORT~~ 201 prep

lluse



A partnership with Tallahassee Memorial HealthCare



Date: 10/27/2015

Ref: Iron Horse Mud Ranch Mud Bogs

Mr. Wells,

This letter is to verify that Doctor's Memorial Hospital EMS will provide Advanced Life Support ambulance coverage to Iron Horse Mud Ranch Mud Bogs on the following dates in 2016:

March 3rd

March 4th

March 5th

March 6th

This coverage will include a dedicated unit for the duration of each event. Due to increasing demands on the EMS crew covering this event, we will be scheduling a third crewmember for March 4th 5th and 6th

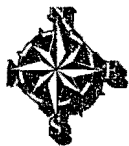
The result will be an increase in the hourly rate for those days. If attendance is lower than usual, Iron Horse will have the option to request that the additional crewmember not be utilized with no increase in the usual hourly rate.

Please feel free to contact me for more information.

Sincerely,

Albert "Mac" Leggett
EMS Director
Doctors Memorial Hospital

(850) 584-2227



Bruce A. Ratliff
Taylor County Property Appraiser
For Assessment Purposes Only

Feet
0 500 1,000 2,000

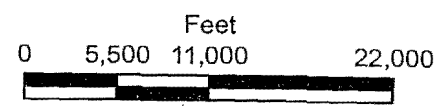
Legend

- COUNTY BOUNDARY
- CITY LIMIT
- PARCEL LINES
- PARCELS
- LOT LINES

NOTE: This product has been compiled from the most accurate source data from Taylor County. However, this product is for reference purposes only and is not to be construed as a legal document or survey instrument. Any reliance on the information contained herein is at the user's own risk. Taylor County and the Taylor County Property Appraiser assume no responsibility for any use of the information contained herein or any loss resulting therefrom.

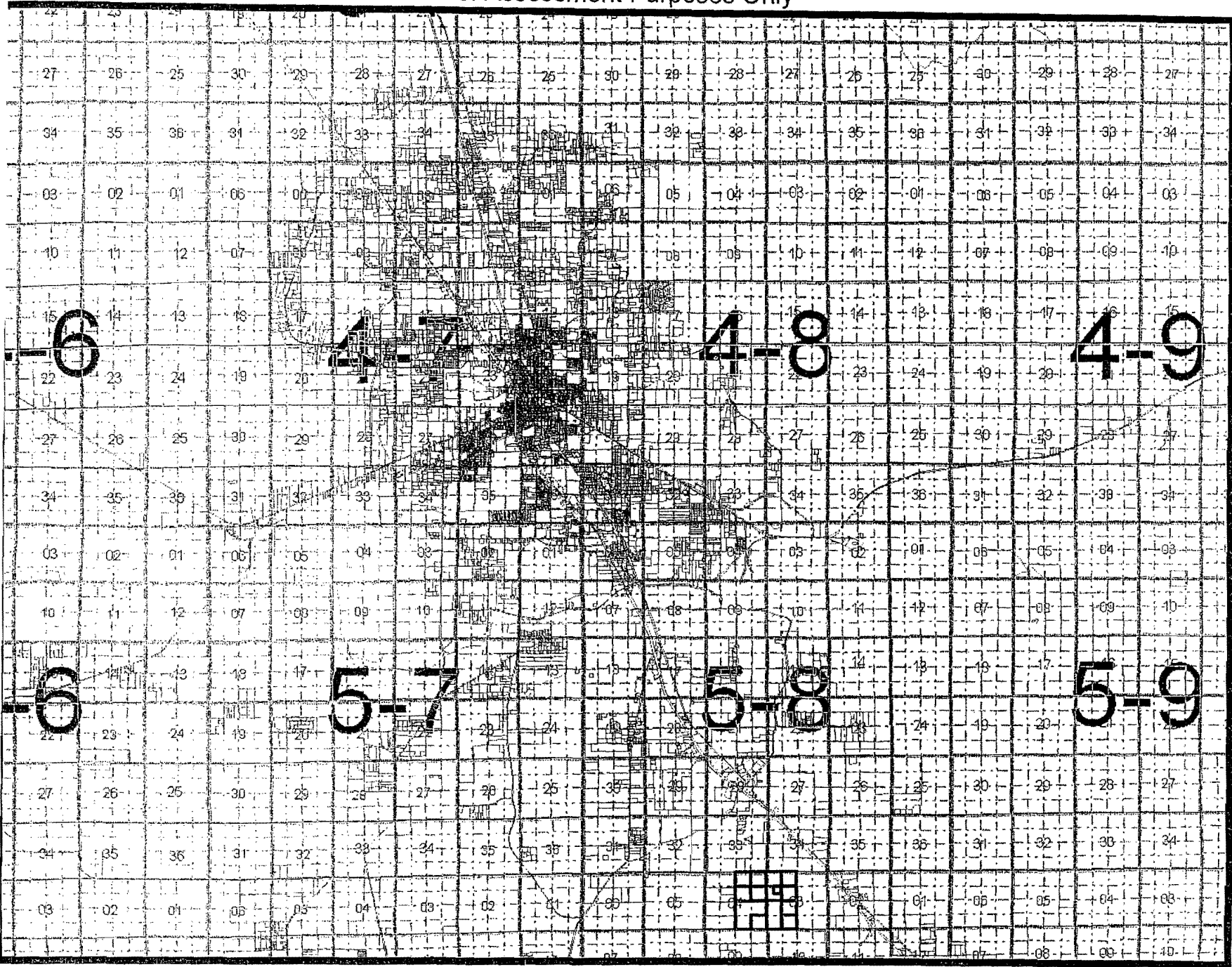


Bruce A. Ratliff
Taylor County Property Appraiser
For Assessment Purposes Only

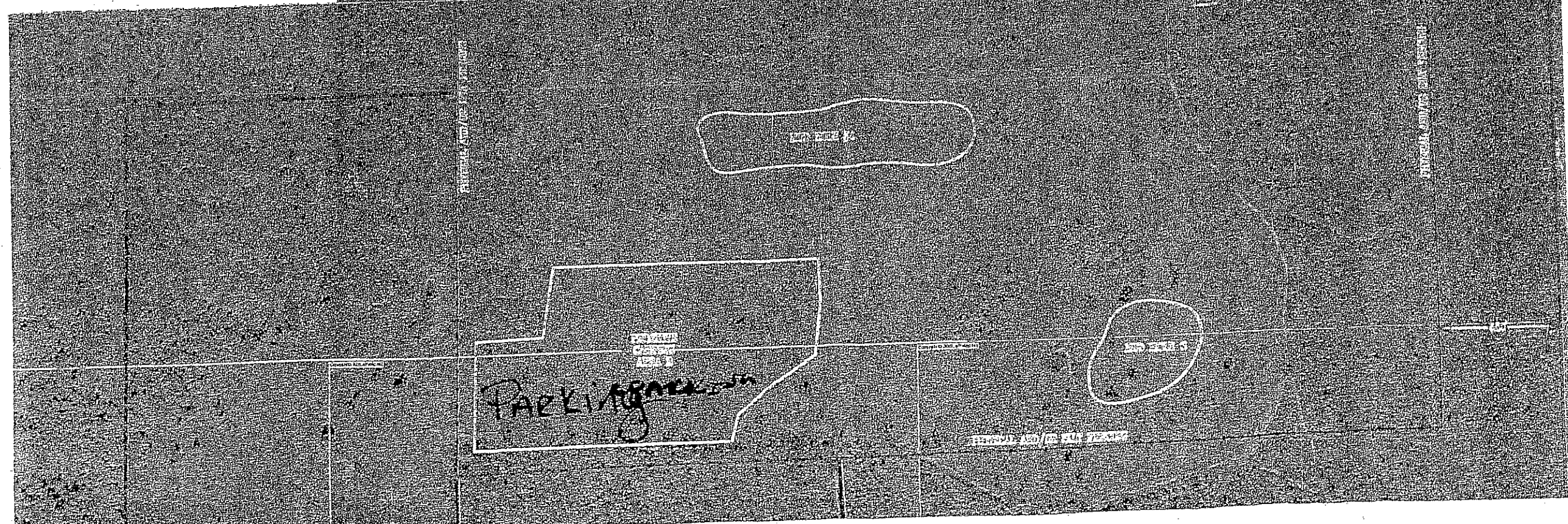
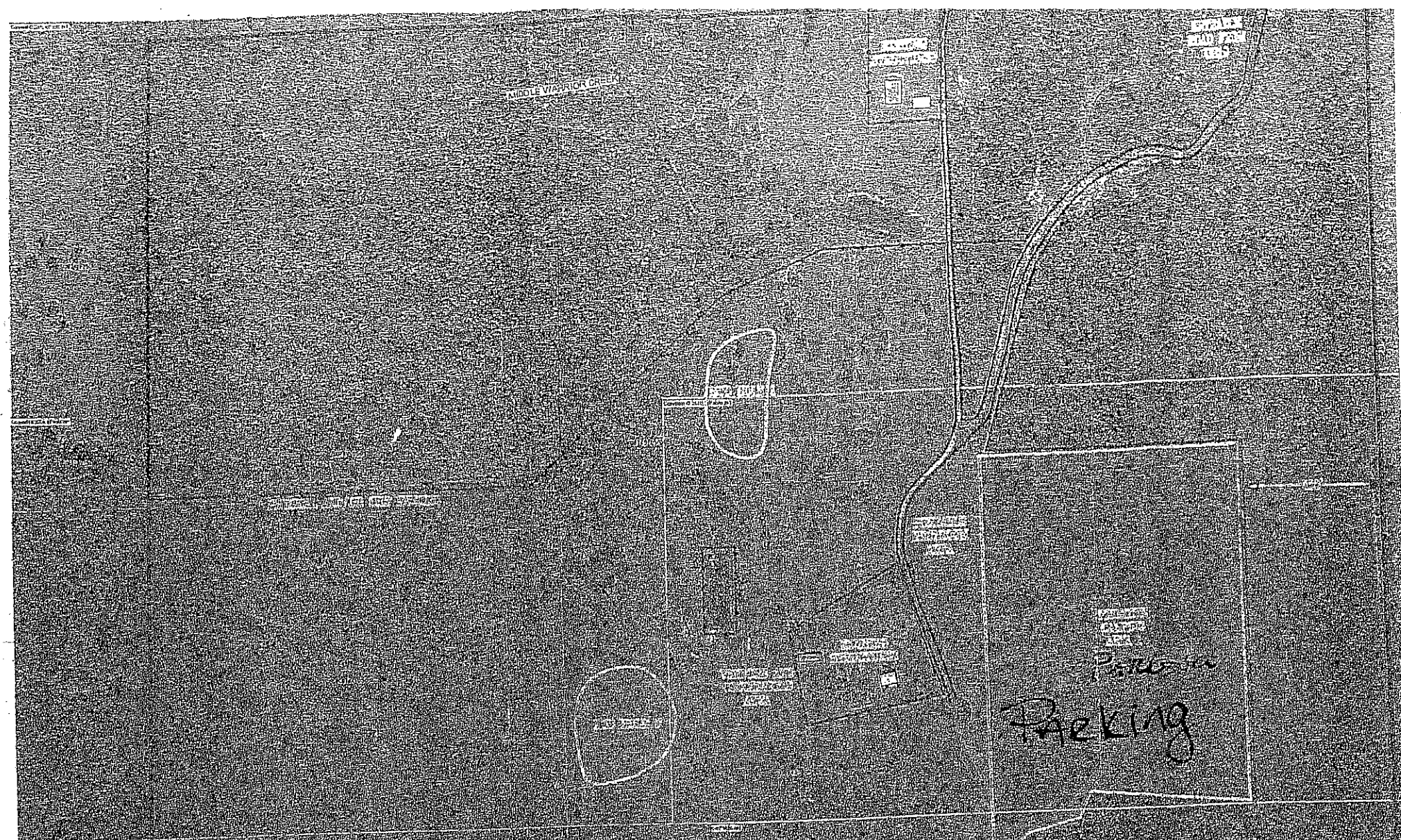


Legend

- COUNTY BOUNDARY
- CITY LIMIT
- ▤ PARCELS
- PLSS LINES
- TYPE**
- FORTY
- QUARTER
- SECTION
- TWRNG



NOTE: This product has been compiled from the most accurate source data from Taylor County. However, this product is for reference purposes only and is not to be construed as a legal document or survey instrument. Any reliance on the information contained herein is at the user's own risk. Taylor County and the Taylor County Property Appraiser assume no responsibility for any use of the information contained herein or any loss resulting therefrom.



NAME	ADDRESS	CITY
ANDYLAND LLC	13001 BOCA CIEGA AVE	MEDIERA BEACH, FLORIDA 33708
RT 207 PROPERTIES LLC	1932 CARTER AVENUE	ASHLAND, KY 41101
JACK J. & LINDA L. FERNANDEZ	3643 GREATWOOD CT	LAND O LAKES, FLORIDA 34639
JAMES MARTIN ELLISON	7230 PRETTY POND LN	PERRY, FLORIDA 32348
SANDRA LAURA TYLER	8849 S US 19	PERRY, FLORIDA 32348

ADJOINING PROPERTY PROTECTION AGREEMENT

I, Shannon Wells, as managing member of Rt. 207 Properties, owner of the property described as follows:

Address: 8999 US HWY 19 South, Perry, FL 32347

Section: 3 Township: 6S Range: 8E Parcel#: 8744-350, 8744-200, 8744-050, 8743-200

I agree to reimburse all owners and occupants of property adjoining the subject premises for all damages of any kind to such owners or occupants or to their property caused by the applicant/owner of the subject premises, or by any person attending the event with knowledge of the applicant, which damage would not have occurred had the event on the 3-6th day of March, 2016, not been held.

The owner of the property and the applicant for the event must sign this agreement, and by signing same I warrant ownership of said property.

DATED this 28 day of October, 2015

[Signature]
WITNESS

[Signature]
OWNERS NAME

[Signature]
WITNESS

[Signature]
APPLICANT'S NAME

I HEREBY CERTIFY that on this day before me, an officer duly qualified to take acknowledgement, personally appeared Shannon Wells, to me known the person described in and who executed the foregoing instrument and acknowledge before me that he/she executed the same.

WITNESS my hand and official seal in the County of and State last aforesaid this 28 day of October, 2015.



Tonya Armstrong 487555
NOTARY PUBLIC
My Commission Expires: 4/16/17

RELEASE AND HOLD HARMLESS AGREEMENT

I, Shannon Wells, as Managing Member of Rt. 207 Properties, owner of the property described as follows:

Address: 8999 US HWY 19 South, Perry, FL 32348

Section: 3 Township: 6S Range: 8E Parcel#: 8744-350, 8744-200, 8744-050, 8743-200

Agree to hold harmless and indemnify Taylor County and the Sheriff, as well as the Board of County Commissioners, all County employees, agents, appointees, and designees from any and all manner action or actions, cause and causes of action, suits, damages, judgments, and claims of any kind whatsoever, which may result from or be in any way connected or related to the event on the 3-6th day of March, 2016.

This right of ingress and hold harmless must be signed by the owner(s) of the property and by signing same I warrant ownership of said property.

DATED this 28 day of October, 20 15

Joseph Welles
WITNESS

Shannon Wells
Shannon Wells, as managing member of Rt. 207 Properties

Jim Nolan
WITNESS

Shannon Wells
OWNERS NAME

I HEREBY CERTIFY that on this day before me, an officer duly qualified to take acknowledgement, personally appeared Shannon Wells, to me known the person described in and who executed the foregoing instrument and acknowledge before me that he/she executed the same.

WITNESS my hand and official seal in the County of and State last aforesaid this 28 day of October, 20 15.



Tonya Armstrong 487555
NOTARY PUBLIC
My Commission Expires: 4/16/17

PLACE BUSINESS CARD HERE



Franchised
area

Service Agreement

A. CUSTOMER SITE INFORMATION

Site Name: <i>Iron Horse Mud Ranch</i>	Customer Class: <i>FL</i>	Effective Date: <i>4/25/2011</i>	Account #: <i>026297</i>
Service Address: <i>8999 US Hwy 19 S</i>		Service Area: <i>Taylor</i>	Salesperson:
City/State: <i>Perry FL</i>	Zip Code: <i>32348</i>	Contact Name: <i>Busty</i>	
Email:	Telephone: <i>813 943 9811</i>	Fax:	Mobile:

B. BILLING INFORMATION

Billing Name:	P.O. # Required? <i>Y / N</i>
Billing Address: <i>PO Box 203</i>	Billing Cycle: <i>FL</i>
City/State: <i>Rush KY</i>	Customer Deposit:
Zip Code: <i>41168</i>	Contact Name:
Email:	Telephone:
Fax:	Mobile:

C. EQUIPMENT / SERVICE SPECIFICATIONS

Qty	Service Type	Material	Size	Freq.	Compact Y/N	Locks	Wheels	Gates	Rate	Schedule
1	FL	SW	4	1X				Yes	96.90	Month Haul S M <u>T</u> W T F S
										Month Haul S M T W T F S
										Month Haul S M T W T F S
										Month Haul S M T W T F S

D. ADDITIONAL FEES

Delivery: <i>50</i>	Removal:	Locks/Casters:
Container Rental:		Franchise Fee:
Disposal:		Fuel/Environmental:
Extra Pickup: <i>55.00</i>	*A fuel surcharge and environmental compliance cost recovery charge, calculated as a percentage of the Charge(s), will be included on your invoice.	
Special Services:		

Other Instructions: _____

Special Services: _____

THE UNDERSIGNED INDIVIDUAL SIGNING THIS AGREEMENT ON BEHALF OF THE CUSTOMER ACKNOWLEDGES THAT HE/SHE HAS READ AND UNDERSTANDS THE TERMS AND CONDITIONS OF THIS AGREEMENT, ON THE REVERSE SIDE, AND THAT HE/SHE HAS THE AUTHORITY TO SIGN ON BEHALF OF THE CUSTOMER.

Customer Signature

Date

Waste Pro Representative

Date

Print Name

TERMS & CONDITIONS ON THE REVERSE

WASTE PRO ~~TEMPORARY~~ ROLL OFF SERVICE AGREEMENT

P.O. Box 380
Midway, FL 32343
www.wasteprousa.com

Phone # 850-561-0800
Fax # 850-531-0800

Company	<u>Waste Pro 110</u>	Service Area	<u>Taylor</u>	Terms	<u>30 days</u>
Salesperson	<u>Franchised</u>	Effective Date	<u>9/14/2011</u>	P.O. #	
Class	<u>Roll off</u>	Bill Cycle		Acct #	<u>026298</u>

CUSTOMER INFORMATION

Site Name	<u>Iron Horse Club Ranch</u>	Billing Name	
Contact	<u>Rusty</u>	Contact	
email		email	
Address	<u>8999 US Hwy 19 S</u>	Address	<u>P.O. Box 203</u>
Address 2		Address 2	
City, Zip	<u>Cherry FL 32348</u>	City, Zip	<u>Rush KY 41168</u>
Phone #	<u>813 943 7811</u>	Phone #	
Fax #		Fax #	
Mobile #		Mobile #	

CUSTOMER ORDER, INFORMATION & CHARGES

Quantity	<u>1</u>	Delivery Charge		C.O.D./Charge	
Size	<u>20</u>	Haul Charge	<u>230.00</u>	Maintenance Charge	
Material	<u>SID</u>	Disposal Charge	<u>58.75/Ton</u>	Deodorizing Charge	
Est. # Loads		Flat haul Charge		Fuel Surcharge	
Length of Job		Trip Charge		Inactivity Fee	<u>\$100 PER 30 DAYS NON USE</u>
Closest intersection or landmark: _____					
Other Instructions: _____					

THE UNDERSIGNED INDIVIDUAL SIGNING THIS AGREEMENT ON BEHALF OF THE CUSTOMER ACKNOWLEDGES THAT HE/SHE HAS READ AND UNDERSTANDS THE TERMS AND CONDITIONS OF THIS AGREEMENT, ON THE REVERSE SIDE, AND THAT HE/SHE HAS THE AUTHORITY TO SIGN ON BEHALF OF THE CUSTOMER

Authorized Signature

Date

Representative Signature

Date

Name (Print or Type)

Contractor Approval



IRONH-1

OP ID: DH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/07/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Garrett-Stotz Company 1601 Alliant Avenue Louisville, KY 40299 Chris von Allmen	CONTACT NAME: Donna Hellinger	
	PHONE (A/C, No, Ext): 502-415-7000	FAX (A/C, No): 502-415-7001
	E-MAIL ADDRESS: dhellinger@garrett-stotz.com	
INSURED Iron Horse Mud Ranch, LLC PO Box 203 Rush, KY 41168	INSURER(S) AFFORDING COVERAGE	
	INSURER A: The Burlington Insurance Co.	
	INSURER B: James River Insurance Co.	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	
	NAIC #	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		HGL0042294	10/01/2015	10/01/2016	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
						MED EXP (Any one person) \$ EXCLUDED
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COM/OP AGG \$ 2,000,000
						\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
						\$
B	<input type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR	00059523-3	10/01/2015	10/01/2016	EACH OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$ 5,000,000
	<input checked="" type="checkbox"/> DED	RETENTION \$ -0-				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> N/A				E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Location: Iron Horse Mud Ranch, 8999 US Hwy 19 S, Perry FL 32348

CERTIFICATE HOLDER**CANCELLATION**

Taylor Co. Board of Commissioners
201 East Green Street
Perry, FL 32347

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2014 ACORD CORPORATION. All rights reserved.

F.W. MURRAY'S SEPTIC
P.O. BOX 1328
PERRY, FLORIDA 32348
850-672-0103
October 27, 2015

TO WHOM IT MAY CONCERN:

We propose to provide any and all sanitation needs for Iron Horse Mud Ranch, located on South Highway 19 , during the following event March 3-6, 2016. This will include any and all portable toilets and service that is required.

If you have any questions, feel free to contact me directly.

Sincerely,
F.W. Murray
Owner

TAYLOR COUNTY BOARD OF COMMISSIONERS

County Commission Agenda Item

SUBJECT/TITLE:



Board to review and approve the By Laws for 2015-2016 for the Local Coordinating Board (LCB) for the Transportation Disadvantaged .

MEETING DATE REQUESTED:

February 16, 2016

Statement of Issue: Board to review and approve the By Laws for 2015-2016 for the LCB for the Transportation Disadvantaged.

Recommended Action: Approve LCB By Laws for 2015-2016

Budgeted Expense: Not Applicable.

Submitted By: Melody Cox

Contact: Melody Cox

SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

History, Facts & Issues: The terms of the Transportation Disadvantaged Planning Grant require the LCB for the Transportation Disadvantaged to maintain By Laws and update them on an annual basis. The agencies and groups represented on the LCB are a requirement of the Florida Commission for the Transportation Disadvantaged. There were no changes to the By-Laws from FY 2014-2015 other than adding "Our Vision and Values".

Attachments: 2015-2016 By Laws for the LCB.



TAYLOR COUNTY TRANSPORTATION DISADVANTAGED LOCAL COORDINATING BOARD BY-LAWS 2015 – 2016

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

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

Section 1: Preamble

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

Section II: Name and Purpose of Board

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

Section III: Membership, Appointment, Term of Office, and Termination of Membership

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

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

1. A County Commissioner or other elected official from service area.
2. A local representative from the Florida Department of Transportation.
3. A local representative from the Florida Department of Children and Family Services.

4. A person over sixty (60) years of age representing the elderly in the county.
5. A person recommended by the local Veterans Service Officer representing the Veteran's in the County.
6. A local representative for children at risk.
7. A local representative from the Florida Department of Elder Affairs.
8. A representative of the Regional Workforce Development Board (Career Source of North Florida.)
9. A representative of the local medical community (local health department, hospitals, assisted living facilities, etc.)
10. A person representing the disabled of the county.
11. A representative of the public education community which could include but not be limited to, a representative of the local School Board, Headstart, or school transportation services.
12. A person representing the economically disadvantaged in the county.
13. Two citizen advocate representatives in the County, one whom must be a person who uses the transportation services of the system as their primary means of transportation.
14. A representative of the Florida Agency for Health Care Administration.

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

C. Non-voting Members. Additional non-voting members may be appointed by the Board of County Commissioners.

D. Terms of Appointment. Except for the Chairperson and agency representative, the members of the board shall be appointed for three (3) year terms.

E. Termination of Membership. Any member of the Board may resign at any time by notice in writing to the LCB Chairman. If the member is from an Agency required by the Florida Commission for the Transportation Disadvantaged, the Agency shall be responsible for appointing a new member and their alternate. The Planning Grant Coordinator shall be notified by the Agency as to the new appointment(s). Attendance is required at scheduled meetings, except for reasons of an unavoidable nature. In each instance of an unavoidable absence, the member should ensure their alternate will attend. The Board of County Commissioners upon recommendation of the Planning Coordinator shall review, and consider rescinding the appointment of any voting member of the Board who fails to attend two (2) consecutive meetings with an unexcused absence. As required by the Planning Agency Operating Guidelines, the County shall notify the Florida Commission for the Transportation Disadvantaged if any agency voting member or their alternate fails to attend two consecutive meetings. The Taylor County LCB will follow the Advisory Committee Attendance Policy approved by the Taylor County Board of Commissioners and guidelines of the Florida Commission for the Transportation Disadvantaged.

SECTION IV: OFFICERS AND DUTIES

- A. Number.** The officers of the Local Coordinating Board shall be a Chairperson and a Vice-Chairperson.
- B. Chairperson.** The Chairperson shall preside at all meetings, and in the event of his/her absence, or at his/her direction; the Vice-Chairperson shall assume the duties and powers of the Chairperson. The Chairperson will be the appointee of the Taylor County Board of Commissioners. The Chairperson is responsible for the minutes of the meeting and for all meeting notices and agendas. The Chairperson shall work closely with the Planning Coordinator planning meetings, reviewing required submissions under the terms of the grant contracts, and other meetings or events required for the Local Coordinating Board to be effective and in compliance with the Florida Commission for the Transportation Disadvantaged rules and regulations.
- C. Vice Chairperson.** The Local Coordinating Board shall hold an organizational meeting each year for the purpose of electing a Vice-Chairperson. The Vice-Chairperson shall be elected by a majority vote of a quorum of the members of the Board and voting at the organizational meeting. The Vice-Chairperson shall serve a term of one year starting at the following meeting. The organizational meeting is held at the 4th quarter meeting in (June) to elect a Vice – Chairperson for the upcoming new fiscal/grant reporting year.

SECTION V: BOARD MEETINGS

- A. Regular Meetings.** The Board shall meet as often as necessary in Order to meet its responsibilities. However, as required by Chapter 427.0157, Florida Statutes, the Board shall meet at least quarterly. The Board currently meets in September, December, March and June in concurrence with the State of Florida and Commission for the Transportation Disadvantaged fiscal year.
- B. Parliamentary Procedures.** The Local Coordinating Board will conduct business using parliamentary procedures as set forth and followed by the Taylor County Board of Commissioners.
- C. Quorum and Voting.** At all meetings of the Board, the presence in person of a majority of voting members shall be necessary and sufficient to constitute a quorum for the transaction of business. In the absence of a quorum, those present may without notice other than by announcement at the meeting, recess the meeting from time to time, until a quorum may be present. A quorum shall consist of at least 51% of the members. At all meetings of the Board at which a quorum is present, all matters, except as otherwise expressly required by law or these bylaws, shall be decided by the vote of a majority of the members of the Board present. Roll Call votes will be held and documented when so needed. As required by Chapter 286.012, all Board members, including the Chairperson of

the Board must vote on all official actions taken by the Board unless when there appears to be a possible conflict of interest with a member or members of the Board. Prior to the vote being taken, member(s) must publicly state to the Board the nature of his or her interest in the matter on which the vote is taken. Within fifteen days of the vote, the member(s) shall disclose the nature of his or her interest as public record.

- D. Notice of Meetings.** Notices and tentative agenda packages shall be sent to all Board Members, other interested parties, and the news media at least one week prior to the Board meeting. Such notice shall state the date, time, and the place of the meeting.

SECTION VI: STAFF

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

SECTION VII: BOARD DUTIES

- A. Board Duties.** The Local Coordinating Board member duties shall include but not be limited to duties as specified in Chapter 427, Florida Statutes and Rule 41-2. FAC.
1. Maintain official meeting minutes, including an attendance roster, reflecting official action and provide a copy to the State Commission and maintain a copy in the County Planning Coordinators files.
 2. Review and approve the selection of the Community Transportation Coordinator (CTC) and the Memorandum of Agreement between the CTC and the TD Commission.
 3. Review and approve the Transportation Disadvantaged Service Plan (TDSP) and annual updates to the TDSP.
 4. On a continuing basis, evaluate services provided under the approved designated service plan. Annually evaluate the Community Transportation Coordinator's (CTC) performance in general and relative to the Commission for the Transportation Disadvantaged standards and the current service plan elements. Recommendations in reference to the CTC shall include, at a minimum, an evaluation of competition, and cost and availability based on modules contained within the State Commission's Workbook for Community Transportation Coordinators and Providers in Florida.

5. In cooperation with the Coordinator, review and provide recommendations and assistance as needed to the State Commission and the Board of County Commissioners on applications for local, state, or federal funds relating to transportation of the transportation disadvantaged in the County and ensure that any expenditures within the County are provided in the most cost effective and efficient manner.
6. Appoint a Grievance Committee to serve as mediators to process and investigate complaints from agencies, users, potential users of the system, and the CTC in the County designated service area. The committee will make recommendations to the Board and address issues in a timely manner. Grievance procedures approved by the Local Coordinating Board and the Board of County Commissioners shall be followed.
7. Review coordination strategies for service provision to the transportation disadvantaged in the county to seek innovative ways to improve cost effectiveness, efficient, safety, hours, and types of service to increase ridership to a broader population. Such strategies should also encourage multi-county and regional transportation service agreements between area coordinators and adjacent counties when it is appropriate and cost effective to do so.
8. Assist the Community Transportation Coordinator in establishing priorities with regard to the recipients of transportation disadvantaged services that are purchased through the Transportation Disadvantaged Trust Fund.
9. Annually review coordination contracts to advise Coordinator whether the continuation of said contract provides the most cost effective and efficient transportation available.
10. Annually review all transportation operator contracts as to the effectiveness and efficiency of the transportation operator and recommend approval or disapproval of such contracts to the Coordinator.
11. Annually hold a public hearing for the purpose of receiving input on unmet needs or other issues that relate to local transportation services.
12. Annually review and approve of the Annual Operations Report (AOR) prepared by the Community Transportation Coordinator.
13. Annually approve Actual Expenditure Report (AER) prepared by the Planning Coordinator and Community Transportation Coordinator.

Section VIII: Committees

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

Section IX: Communications With Other Agencies and Entities

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

Section X: Certifications

The undersigned hereby certifies that the Taylor County Board of Commissioners has reviewed and approved a full, true, and correct copy of the By- Laws of the Local Coordinating Board of the Transportation Disadvantaged on the ____ day of _____, 2016.

Jody DeVane, Chairman
Taylor County Board of Commissioners

The undersigned hereby certified that the Local Coordinating Board has reviewed and approved a full, true, and correct copy of the Bylaws on the ____ day of _____, 2016.

Patricia Patterson, Chairman
Local Coordinating Board of the
Transportation Disadvantaged.

TAYLOR COUNTY BOARD OF COMMISSIONERS

County Commission Agenda Item

SUBJECT/TITLE:



THE BOARD TO APPROVE TRANSFER OF FUNDS FROM CONTINGENCY TO PAY THE INVOICE FROM THE FLORIDA ASSOCIATION OF COUNTIES TRUST FOR INSURANCE DEDUCTIBLES, AS AGENDAED BY THE COUNTY ADMINISTRATOR.

MEETING DATE REQUESTED:

FEBRUARY 16, 2016

Statement of Issue: NO FUNDS WERE BUDGETED FOR THIS EXPENDITURE

Recommended Action: APPROVE THE TRANSFER

Fiscal Impact: \$1,745.50

Budgeted Expense: NO

Submitted By: COUNTY ADMINISTRATOR 838-3500 X 7

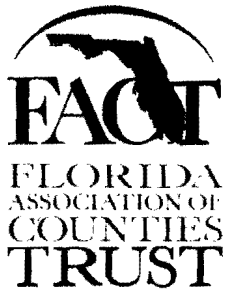
Contact:

SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

History, Facts & Issues:

Options:

Attachments:



FLORIDA ASSOCIATION OF COUNTIES TRUST

DEDUCTIBLE INVOICE

TO: Ms. Tammy Taylor
Taylor County Board of County Commissioners
FACT # 10081040
PO Box 620
Perry, FL 32348

FROM: Valerie Morrison
Finance
407-367-1818

Date: January 26, 2016

RE: Deductible Invoice

Below is the amount due on your Deductibles as of 12/31/2015

Total Amount Due \$1,745.50

Payment Due by: 2/25/2016

*** Detailed Breakdown Attached

Please make check payable to:

Florida Association of Counties Trust
P.O. Box 1757
Tallahassee, FL 32302-1757

106-54501

0.00

0.00

1,745.50

0.00

1,745.50

0.00

TAYLOR COUNTY BOARD OF COMMISSIONERS

County Commission Agenda Item

SUBJECT/TITLE:



THE BOARD TO APPROVE A TRANSFER FROM CONTINGENCY FOR UTILITIES AT THE VA CLINIC, AS AGENDAED BY THE COUNTY ADMINISTRATOR.

MEETING DATE REQUESTED:

FEBRUARY 16, 2016

Statement of Issue:

THE LEASE AGREEMENT WITH THE VETERANS ADMINISTRATION CITES A SPECIFIC AMOUNT FOR LEASE PAYMENTS TO TAYLOR COUNTY FOR THE SPACE AT THE VA CLINIC, 1224 NORTH PEACOCK AVE, PERRY. THE LEASE ALSO SPECIFIES THAT TAYLOR COUNTY WILL PAY THE UTILITIES FOR THE BUILDING. THIS TRANSFER OF FUNDS EQUALS THE ANTICIPATED RECEIPTS FROM THE VETERAN'S ADMINISTRATION AND IS TO BE ALLOCATED FOR PAYMENT OF THE UTILITIES AND ANY POTENTIAL MAINTENANCE COSTS THAT THE COUNTY MIGHT BECOME OBLIGATED FOR.

Recommended Action: APPROVE THE TRANSFER

Fiscal Impact: NONE ANTICIPATED

Budgeted Expense: YES

Submitted By: COUNTY ADMINISTRATOR

Contact:

SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

History, Facts & Issues:

Options:

Attachments:

GENERAL SERVICES ADMINISTRATION
PUBLIC BUILDINGS SERVICE

LEASE AMENDMENT NO. P00010

TO LEASE NO. VA248-13-L-0077

PDN Number:

LEASE AMENDMENT

ADDRESS OF PREMISES PERRY VA CLINIC
1224 NORTH PEACOCK AVENUE

PERRY, FLORIDA 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.

NOW THEREFORE, these parties for good and valuable consideration, the receipt and sufficiency of which is hereby
acknowledged, covenant and agree that the said Lease is amended, effective 10-01-2015 as follows:

The purpose of this Supplemental Lease Agreement (SLA) is to provide lease payments for the base year of this
Lease Agreement (VA248-13-L-0077).

The Base Year lease term is October 1, 2015 through September 30, 2016

The Base Year rental amount will be \$12,854.28, which includes an increase of \$1,175.04 to reimburse the County
for providing garbage pickup services as noted on the revised SF-2 attached to SLA #P00009.

The Monthly rental amount will be \$1,071.19.

Funds for this action are covered under Obligation Number 573-C-62148 and Mod #0001.

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: [Signature]
Name: Dustin Hinkel
Title: County Administrator
Entity Name: Taylor County
Date: 10/23/15

FOR THE GOVERNMENT:

Signature: [Signature]
Name: RACHEL GRINER BATEMAN
Title: Lease Contracting Officer
Department of Veterans Affairs
Date: 10-01-2015

WITNESSED FOR THE LESSOR BY:

Signature: [Signature]
Name: Margaret E. Dunn
Title: ASST Co Administrator
Date: 10-23-15

TAYLOR COUNTY BOARD OF COMMISSIONERS

County Commission Agenda Item

SUBJECT/TITLE:



THE BOARD TO RATIFY THE COUNTY ADMINISTRATOR'S SIGNATURE ON A CONTRACT WITH SPORT SURFACES FOR MAINTENANCE OF THE BASKETBALL AND TENNIS COURTS AT THE SPORTS COMPLEX, AS AGENDAED BY PATRICK DEW, RECREATION COORDINATOR.

MEETING DATE REQUESTED:

FEBRUARY 16, 2016

Statement of Issue: THIS CONTRACT IS FOR NEW SURFACES ON THE COURTS, NEW TENNIS NETS, AND STRIPING ON TWO COURTS.

Recommended Action: RATIFY THE COUNTY ADMINISTRATOR'S SIGNATURE.

Fiscal Impact: \$6,240.30

Budgeted Expense: YES

Submitted By:

Contact:

SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

History, Facts & Issues:

Options:

Attachments:



537 Telfair Square Court
Sanford, FL 32771
407-805-8850 Fax: 561-964-5009
www.sportsurfaces.com

December 14, 2015

Taylor County Parks and Recreation
685 N. US HWY 19
Perry, FL 32347

PROVISIONS

- ~~NO~~ The Customer agrees to pay a 33% deposit upon acceptance of proposal. *DM*
~~NO~~ The Customer agrees to pay a 33% deposit upon commencement. *DM*
yes The Customer agrees to pay balance upon completion of the above-proposed work. *DM*

CONDITIONS:

The Customer will furnish stable access to site for equipment and material and provide a clean water supply and electrical feed at job site within 100' for construction use. The owner shall be responsible for seeing that all landscaping, grass, and shrubs outside the court perimeter be lower than the court surface to aid in proper drainage.

Unless otherwise specified, repair of root damaged asphalt is not included. Should our field technician discover such root damage, repairs will be made at an additional charge of \$7.00 / sf of area repaired.

The Contractor accepts no responsibility for acts by anyone at job site except for those sub-contracted or employed by Sports Surfaces. The Customer shall keep all sprinkler systems off during resurfacing work and for 1 day following the completion of work. Damage due to sprinkler system are billed as additional expense to owner.

CREDIT

If the Customer does not pay as agreed upon, the Contractor shall have the right to file a lien against the real estate for the amount of the work done. No further work shall be accomplished if installment payments are not made at the time specified. In the event it is necessary to employ the services of an attorney to secure payment, as per the terms of this agreement, then the customer agrees to pay reasonable attorney fees. Interest of 1 1/2 % per month will be charged on accounts past due

GUARANTEE

The Contractor guarantees all work against defects in workmanship or materials for a **period of (2) years** from date of completion. This guarantee excludes Normal wear and tear, physical abuse or neglect and any other conditions beyond the contractor's control, such as sub-base settling, cracks, hydrostatic pressure or water vapor pressure bubbles, intrusion of weeds or grass, etc. Proper tennis shoes must be worn on court. Some sneakers, street shoes, dark soled shoes, skateboards, roller blades, etc. will scuff and damage surface. Guarantee shall become void upon owner's failure to adhere and comply with the payment schedule.

Respectfully submitted by: _____
Don Morehouse - Sports Surfaces LLC.

Proposal accepted by: _____

Title: *County Administrator*

Date: *2/8/16*



537 Telfair Square Court
Sanford, FL 32771
407-805-8850 Fax: 561-964-5009
www.sportsurfaces.com

PROPOSAL/AGREEMENT

December 14, 2015

CUSTOMER

Taylor County Parks and Recreation
685 N. US HWY 19
Perry, FL 32347

Agreement made between Sports Surfaces LLC. herein after called the Contractor and the (Taylor County Parks and Recreation), hereinafter called the Customer for the resurfacing of your 4 existing (2 tennis/ 2 basketball) courts with respect to the following terms and specifications:

SURFACE PREPARATION: Area to be treated; 2 basketball/2tennis courts approximately; **27,500 SF**

The Contractor will broom, pressure clean and power blow court(s) as necessary to remove loose dirt, mildew and oil. The Contractor will patch existing cracks and depressions as needed using industry "best practices" materials and techniques prior to surfacing. All ridges will be sanded down as necessary prior to surfacing. Note: must have a minimum of 1% slope in one plane in order to guarantee removal of water.

SURFACING OF TENNIS AND BASKETBALL COURT AREAS:

The Contractor will apply **(1) Coat of Acrylic Resurfacer** over entire court area to fill voids and provide smooth surface.

The Contractor will apply **(2) Coats of Acrylic Color Concentrate**, to provide in depth color over court surface.

Inner court color choice: **GREEN** Outer court color choice: **RED** (match existing)

(Colors may be selected by visiting <http://www.sportsurfaces.com/color-selector/> and following the Court Designer link)

The Contractor will accurately locate, mark, seal, and paint two inch wide playing lines in accordance with U.S.T.A. regulations using white textured heavy bodied acrylic latex paint.

The Contractor will accurately locate, mark, and paint two inch wide playing lines in accordance with high school regulations using white textured heavy bodied acrylic latex paint;

The Contractor will seal all lines for razor sharp lines

The Contractor shall thoroughly and expediently clean up all drums, trash, etc. upon job completion.

FEE: The Contractor agrees to provide tools, materials, labor, supervision and insurance to complete the above work for a sum of **** **SEVENTEEN THOUSAND NINE HUNDRED DOLLARS (\$ 17,900.00) *****

OPTIONS – Please Initial to accept

Option I: _____ Contractor will install (1) pair of new net posts to exceed U.S.T.A. specifications. New net posts are set in existing sleeves. Add \$ **350.00** each

Option II: _____ Contractor will install (1) new Edward's Tennis Net; Add \$ **255.00** each

Option III: _____ Contractor will apply fiberglass membrane over the entire court surface using the wet on wet method;
Add \$ **2,650.00**

Option IV: _____ Contractor will cut out and patch _____ SF of root damaged asphalt @ \$ 7.00 / SF; Add \$ _____

*All prices are in US Dollars. Prices are subject to change after ninety days. Our bid prices are based upon you providing adequate access and storage areas.

Invoice

7011 Wilson Road
West Palm Beach, FL 33413

WWW.SPORTSURFACES.COM

Date Invoice #
1/7/2016 7501

Toll Free: 888-423-1120

Bill To

Ship To

Taylor County Parks and Recreation
685 N. US Highway 19
Perry, FL 32347

P.O. No.	Terms	Due Date	Rep
		1/7/2016	DM

Item	Description	Qty	Rate	Amount
Resurface Courts	Resurface 2 Basketball Courts and 2 Tennis Courts per Customer Contract	0.33	17,900.00	5,907.00
Replace Tennis ...	Replace and Install 2 New Edward's Tennis Nets per Customer Contract	0.66	255.00	168.30
Repair touch up ...	Stripe Pickleball lines on 2 Courts per Customer Contract	0.66	250.00	165.00
	DUE UPON ACCEPTANCE OF PROPOSAL			

Total \$6,240.30

PHONE: 561-964-2001
FAX: 561-964-5009

WE APPRECIATE YOUR BUSINESS

Payments/Credits \$0.00

Balance Due \$6,240.30

Invoice

7011 Wilson Road
West Palm Beach, FL 33413

WWW.SPORTSURFACES.COM

Date 1/7/2016 Invoice # 7501

Toll Free: 888-423-1120

Bill To

Ship To

Taylor County Parks and Recreation
685 N. US Highway 19
Perry, FL 32347

P.O. No.	Terms	Due Date	Rep
		1/7/2016	DM

Item	Description	Qty	Rate	Amount
Resurface Courts	Resurface 2 Basketball Courts and 2 Tennis Courts per Customer Contract	0.33	17,900.00	5,907.00
Replace Tennis ...	Replace and Install 2 New Edward's Tennis Nets per Customer Contract	0.66	255.00	168.30
Install Pickel Bal...	Install 2 New Pickel Ball Nets per Customer Contract	0.66	250.00	165.00
	DUE UPON ACCEPTANCE OF PROPOSAL			

deposit invoice

Total

\$6,240.30

PHONE: 561-964-2001
FAX: 561-964-5009

WE APPRECIATE YOUR BUSINESS

Payments/Credits

\$0.00

Balance Due

\$6,240.30



537 Telfair Square Court
Sanford, FL 32771
407-805-8850 | Fax: 561-964-5009
www.sportsurfaces.com

December 14, 2015

Pat Dew
Taylor County Parks and Recreation
1685 N. US HWY 19
Perry, FL 32347

Pat,

Thank you for considering Sport Surfaces to resurface your tennis and basketball courts. Your courts appear to be well maintained but it is time for resurfacing. There are many existing cracks and pop outs which should be addressed as soon as possible. These issues are causing accelerated deterioration and will lead to much costly repairs if left untreated. Our solution will help preserve the concrete pavement and provide an aesthetic enhancement to that the county will be proud of for years to come.

Here at Sports Surfaces we believe that the key to successful business is having the right product/service at the right time, offering the best quality for the lowest price. We back this up with a two-year warranty unlike most of our competitors who only offer a one-year warranty. We are continually striving to be the most innovative, creative, service minded company in the tennis industry.

We have over 100 years of combined experience and our highly skilled technicians are trained to perform all phases of athletic court construction, resurfacing and maintenance. This vast experience will help in this unique application.

Sports Surfaces has installed top quality athletic courts right in your neighborhood and all over the world. Our Company has a long list of satisfied customers ranging from the US Coast Guard to top seeded players.

In addition we carry a full line of sport court equipment, accessories and lighting products

Please let us know if you have any questions or comments. For more detailed information about our services and products, please visit our web page at www.sportsurfaces.com

We look forward to hearing from you and the possibility of doing business with you. Our reputation and work history guarantee you have made the right decision.

Sincerely,

Donald O. Morehouse Jr.

Don Morehouse
Director of Sales - Sport surfaces LLC

AUTHORIZED INSTALLER
SportMaster®
SPORT SURFACES

SportMaster®
PO Box 2277
Sandusky, Ohio 44870
Phone: 419-626-4375
Toll Free: 800-395-7325 (U.S.)
FAX: 419-626-5477

Sport Surfaces – West Palm Beach, FL

Factory Authorized Installers of SportMaster® Sport Surfacing Systems

SportMaster® Sport Surfaces are 100% acrylic and available throughout the world at SealMaster® locations and select distributors. SportMaster® has been the choice of surfacing professionals and players for over 30 years. A full range of surfacing systems from standard tennis & basketball, in-line skate, multi-purpose, track, and cushioned surfaces make up the SportMaster® product line. The International Tennis Federation (ITF) has classified SportMaster® Sport Surfaces under their pace rating system for all speeds of play, and the United States Professional Tennis Association (USPTA) recognizes SportMaster® as their official surface. SportMaster® is equal to or better than all mainstream, 100% acrylic coating systems on the market.

Jeff Gearheart – Director of SportMaster® Sport Surfaces
jeff@sportmaster.net • www.sportmaster.net

SportMaster®
SPORT SURFACES

VENDOR UPDATE FORMVendor Number **7065**Add ☒ Change ☐ **Pat Dew Recreation**

Description/Justification: Please check at least one and provide an explanation in the space provided

☒ **Procurement of SERVICES (legal, medical, professional, contractual, other)**Explanation: Tennis Court Resurfacing☐ **Products/commodities only**

Explanation: _____

☐ **Both products/commodities and services**

Explanation: _____

☐ **Rentals; memberships; registrations; maintenance contracts; hotels; refunds; reimbursements; other**

Explanation: _____

Federal Tax ID #: 26 - 4143866 or SS#: _____ - _____ - _____

(Attach IRS Form W-9)

Vendor Name1: Sport Surfaces, LLC

(Name as shown on Form w-9) ~ If sole proprietor, must list individual's name

Name2: _____

(Business name if different from above, i.e. doing business as [D/B/A]™ - See W-9 Form)

Address1: 7011 Wilson Road

(Physical Location)

Address2: _____

(Mailing)

Address3: West Palm Beach

FL

(City)

(State)

Zip Code: 33413 - _____

(Zip Code)

(Zip Extension)

Contact Person/email rhonda@sportsurfaces.comPhone#: (561) - 964 - 2001 800#: () - -Fax#: (561) - 964 - 5009

Accounts Payable Address [if different from above] - i.e. where to mail payments:

Address1: _____

(Mailing)

Address2: _____

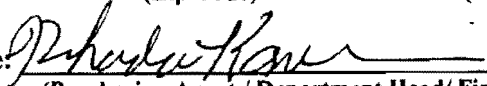
(City)

(State)

Zip Code: _____ - _____

(Zip Code)

(Zip Extension)

Signature:  Date: 2/2/16

(Purchasing Agent / Department Head/ Finance Personnel)

FOR FINANCE DEPARTMENT USE ONLY [check appropriate box]:

☐ **Corporation - Do NOT issue 1099**

(Exception - Payments for Medical/Health Care & Attorneys/Gross Proceeds)

☐ **Products Only - Do NOT issue 1099**☐ **State/Local/Federal Government - Do NOT issue 1099**☐ **Other: _____ - Do NOT issue 1099**

1099 Type [if applicable]:

☐ **Rentals (1)**☐ **Medical/Health Care Fees (6)**☐ **Attorney Fees (7)**☐ **Products and/or Services (7)**☐ **Services/Non Employee Compensation (7)**☐ **Attorneys/Gross Proceeds in Settlements (A)**

Finance Dept. Signature: _____

Date Added by Finance: ____/____/____

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type
See Specific instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Sport Surfaces Inc.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:

- ☒ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
- ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
- Note.** For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
- ☐ Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)

7011 Wilson Rd.

6 City, state, and ZIP code

West Palm Beach FL 33413

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

			-			-			
--	--	--	---	--	--	---	--	--	--

or

Employer identification number

2	6	-	4	1	4	3	8	6	6
---	---	---	---	---	---	---	---	---	---

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here

Signature of
U.S. person ▶

Date ▶ **1/27/2016**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affidavits may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note. ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

Limited Liability Company (LLC). If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note. You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor [*]
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.

***Note.** Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

Asset to be Disposed 2/16/2016

Asset #	Description	Date Acquired	Make	Model	Location	Serial Number	Cost	Dispose Of	Inventory Last Date
0902 Supervisor of Elections									
4425	13" TV/VCR	10/15/1997	Magnavox			52866643	320.00	Junked	6/20/2015
5260	Printer	9/27/2000	Lexmark	E312			411.95	Junked	6/20/2015
5376	Paper Shredder	6/27/2001		PS80			199.99	Junked	6/20/2015
5521	Laser Printer	10/1/2001	Lexmark	E312		3030671	289.00	Junked	6/20/2015
5522	Server	10/1/2001				9809042767	\$2,329.00	Junked	6/20/2015
5526	Scanner	10/1/2001	Fujitsu	SCSI		1010378S15	\$799.00	Junked	6/20/2015
5901	Printer	9/2/2003	Lexmark	T522		990DDZP	\$730.00	Junked	6/20/2015
6215	Computer	6/14/2004	Cobra			21308392	\$738.48	Junked	6/20/2015
6216	Monitor	6/14/2004	Samsung	GY17		GY17HCHX409510E	\$464.47	Junked	6/20/2015
6355	Computer	9/30/2004	Cobra			98-09-0048348	\$976.00	Junked	6/20/2015
6356	Monitor	9/30/2004	Viewera	V191D		048988DEK0114	\$468.00	Junked	6/20/2015
6542	Server	9/30/2005					\$1,794.00	Junked	6/20/2015
7161	Printer	8/31/2010	HP			SCN42E130N2	\$0.00	Junked	6/20/2015
7328	Server	5/31/2011	LG			98-09-054722	\$1,510.00	Junked	6/20/2015
0122 ELECTION REFORM									
5586	PC	8/20/2002				C8DAC11	\$20,566.65	Junked	6/20/2015
5587	Laserjet Printer	8/20/2002	Global	C4110A		JPB3103781	\$2,000.00	Junked	6/20/2015
0903 TAX COLLECTOR									
3366	Validator	3/9/1993	Epson	M045A		42337	\$785.00	Junked	4/14/2015
4896	Validator	10/1/1999	Epson	M665A		BRC0000191	\$549.00	Junked	4/14/2015
4897	Validator	10/1/1999	Epson	M665A		BRC0000189	\$549.00	Junked	4/14/2015

(=)

**REPORT OF TRANSFER OR DISPOSITION
TAYLOR COUNTY, FL**

TO: BOARD OF COUNTY COMMISSIONERS

Asset Number: 4425

FROM: Supervisor of Elections
Department name

DEPT: 0902
Number

DATE: 12/30/15

To Whom It May Concern:

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

IDENTIFICATION DATA

Name of Item 13" TV/VCR	Location SOE Warehouse	Make Magnavox
Model CCT190 AT02	Year 1997	Serial Number SN 52866643
Other Description:		

TRANSFER DATA (if disposing, mark this area N/A)

TRANSFERRED	#:	New Location:
TO: DEPT:		
Losing Custodian/Dept Head	Date of Transfer	
Gaining Custodian/Dept Head	County Administrator Approval	

DISPOSITION DATA (if transferring, mark this area N/A)

Surplus ☐ Cannibalized ☐ Trade-in ☐ Junked ☒ Stolen ☐ Missing ☐ **

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

Explanation for Disposal:(required) The item no longer functions properly and it is not cost-efficient to repair

Last known location: (required) SOE Warehouse

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

Losing Custodian/Department Head
Dana Southerland
Witness of Disposition

County Administrator

Chairman

Date Removed from Asset Records

Fixed Assets Manager

Revised 7/05 by G Knowles

**REPORT OF TRANSFER OR DISPOSITION
TAYLOR COUNTY, FL**

TO: BOARD OF COUNTY COMMISSIONERS

Asset Number: 5260

FROM: Supervisor of Elections
Department name

DEPT: 0902
Number

DATE: 12/30/15

To Whom It May Concern:

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

IDENTIFICATION DATA

Name of Item Printer	Location SOE Warehouse	Make
Model	Year 2000	Serial Number
Other Description:		

TRANSFER DATA (if disposing, mark this area N/A)

TRANSFERRED	#:	New Location:
TO: DEPT:		
Losing Custodian/Dept Head	Date of Transfer	
Gaining Custodian/Dept Head	County Administrator Approval	

DISPOSITION DATA (if transferring, mark this area N/A)

Surplus ☐ Cannibalized ☐ Trade-in D Junked ☒ Stolen ☐ Missing ☐ **

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

Explanation for Disposal:(required) The item no longer functions properly and it is not cost-efficient to repair

Last known location: (required) SOE Warehouse

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

Losing Custodian/Department Head
Dana Saurine
Witness of Disposition

County Administrator

Chairman

Date Removed from Asset Records

Fixed Assets Manager

Revised 7/05 by G Knowles

**REPORT OF TRANSFER OR DISPOSITION
TAYLOR COUNTY, FL**

TO: BOARD OF COUNTY COMMISSIONERS

Asset Number: 5376

FROM: Supervisor of Elections
Department name

DEPT: 0902
Number

DATE: 12/30/15

To Whom It May Concern:

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

IDENTIFICATION DATA

Name of Item Paper Shredder	Location SOE Warehouse	Make
Model PS80	Year 2001	Serial Number
Other Description:		

TRANSFER DATA (if disposing, mark this area N/A)

TRANSFERRED	#:	New Location:
TO: DEPT:		
Losing Custodian/Dept Head	Date of Transfer	
Gaining Custodian/Dept Head	County Administrator Approval	

DISPOSITION DATA (if transferring, mark this area N/A)

Surplus ☐ Cannibalized ☐ Trade-in ☐ Junked ☒ Stolen ☐ Missing ☐ **

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

Explanation for Disposal: (required) The item no longer functions properly and it is not cost-efficient to repair

Last known location: (required) SOE Warehouse

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

Losing Custodian/Department Head


Witness of Disposition

County Administrator

Chairman

Date Removed from Asset Records

Fixed Assets Manager

Revised 7/05 by G Knowles

**REPORT OF TRANSFER OR DISPOSITION
TAYLOR COUNTY, FL**

TO: BOARD OF COUNTY COMMISSIONERS

Asset Number: 5521

FROM: Supervisor of Elections
Department name

DEPT: 0902
Number

DATE: 12/30/15

To Whom It May Concern:

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

IDENTIFICATION DATA

Name of Item Laser Printer	Location SOE Warehouse	Make Lexmark
Model E312L	Year 2001	Serial Number SN 3030671
Other Description:		

TRANSFER DATA (if disposing, mark this area N/A)

TRANSFERRED	#:	New Location:
TO: DEPT:		
Losing Custodian/Dept Head	Date of Transfer	
Gaining Custodian/Dept Head	County Administrator Approval	

DISPOSITION DATA (if transferring, mark this area N/A)

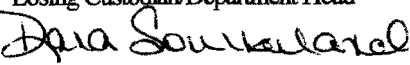
Surplus ☐ Cannibalized ☐ Trade-in ☐ Junked ☒ Stolen ☐ Missing ☐ **

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

Explanation for Disposal:(required) The item no longer functions properly and it is not cost-efficient to repair

Last known location: (required) SOE Warehouse

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

Losing Custodian/Department Head

Witness of Disposition

County Administrator

Chairman

Date Removed from Asset Records

Fixed Assets Manager

Revised 7/05 by G Knowles

**REPORT OF TRANSFER OR DISPOSITION
TAYLOR COUNTY, FL**

TO: BOARD OF COUNTY COMMISSIONERS

Asset Number: 5522

FROM: Supervisor of Elections
Department name

DEPT: 0902
Number

DATE: 12/30/15

To Whom It May Concern:

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

IDENTIFICATION DATA

Name of Item Network Server	Location SOE Warehouse	Make Workgroup
Model	Year 2001	Serial Number 9809042767
Other Description:		

TRANSFER DATA (if disposing, mark this area N/A)

TRANSFERRED	#:	New Location:
TO: DEPT:		
Losing Custodian/Dept Head	Date of Transfer	
Gaining Custodian/Dept Head	County Administrator Approval	

DISPOSITION DATA (if transferring, mark this area N/A)

Surplus ☐ Cannibalized ☐ Trade-in D ☐ Junked ☒ Stolen ☐ Missing ☐ **

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

Explanation for Disposal:(required) The item no longer functions properly and it is not cost-efficient to repair

Last known location: (required) SOE Warehouse

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

Losing Custodian/Department Head

County Administrator

Dora Soriano
Witness of Disposition

Chairman

Date Removed from Asset Records

Fixed Assets Manager

Revised 7/05 by G Knowles

**REPORT OF TRANSFER OR DISPOSITION
TAYLOR COUNTY, FL**

TO: BOARD OF COUNTY COMMISSIONERS

Asset Number: 5526

FROM: Supervisor of Elections
Department name

DEPT: 0902
Number

DATE: 12/30/15

To Whom It May Concern:

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

IDENTIFICATION DATA

Name of Item Flatbed Scanner	Location SOE Warehouse	Make Fujitsu
Model SCSI II	Year 2001	Serial Number SN 1010378S15
Other Description:		

TRANSFER DATA (if disposing, mark this area N/A)

TRANSFERRED	#:	New Location:
TO: DEPT:		
Losing Custodian/Dept Head	Date of Transfer	
Gaining Custodian/Dept Head	County Administrator Approval	

DISPOSITION DATA (if transferring, mark this area N/A)

Surplus ☐ Cannibalized ☐ Trade-in ☐ Junked ☒ Stolen ☐ Missing ☐ **

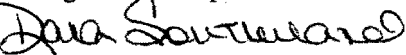
**** Property that is missing or Unable to locate shall be presented to the County Commission by the Property Custodian Immediately**

Explanation for Disposal:(required) The item no longer functions properly and it is not cost-efficient to repair

Last known location: (required) SOE Warehouse

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

Losing Custodian/Department Head



Witness of Disposition

County Administrator

Chairman

Date Removed from Asset Records

Fixed Assets Manager

Revised 7/05 by G Knowles

**REPORT OF TRANSFER OR DISPOSITION
TAYLOR COUNTY, FL**

TO: BOARD OF COUNTY COMMISSIONERS

Asset Number: 5901

FROM: Supervisor of Elections
Department name

DEPT: 0902
Number

DATE: 12/30/15

To Whom It May Concern:

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

IDENTIFICATION DATA

Name of Item Printer	Location SOE Warehouse	Make Lexmark
Model T522	Year 2003	Serial Number SN 990DDZP
Other Description:		

TRANSFER DATA (if disposing, mark this area N/A)

TRANSFERRED	#:	New Location:
TO: DEPT:		
Losing Custodian/Dept Head	Date of Transfer	
Gaining Custodian/Dept Head	County Administrator Approval	

DISPOSITION DATA (if transferring, mark this area N/A)

Surplus ☐ Cannibalized ☐ Trade-in ☐ Junked ☒ Stolen ☐ Missing ☐ **

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

Explanation for Disposal:(required) The item no longer functions properly and it is not cost-efficient to repair

Last known location: (required) SOE Warehouse

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

Losing Custodian/Department Head

County Administrator

Dana Samuels

Witness of Disposition

Chairman

Date Removed from Asset Records

Fixed Assets Manager

Revised 7/05 by G Knowles

**REPORT OF TRANSFER OR DISPOSITION
TAYLOR COUNTY, FL**

TO: BOARD OF COUNTY COMMISSIONERS

Asset Number: 6215

FROM: Supervisor of Elections
Department name

DEPT: 0902
Number

DATE: 12/30/15

To Whom It May Concern:

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

IDENTIFICATION DATA

Name of Item Computer Tower	Location SOE Warehouse	Make Cobra
Model	Year 2004	Serial Number SN 021308392
Other Description:		

TRANSFER DATA (if disposing, mark this area N/A)

TRANSFERRED	#:	New Location:
TO: DEPT:		
Losing Custodian/Dept Head	Date of Transfer	
Gaining Custodian/Dept Head	County Administrator Approval	

DISPOSITION DATA (if transferring, mark this area N/A)

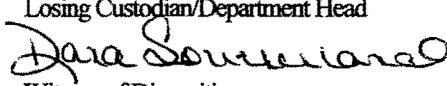
Surplus ☐ Cannibalized ☐ Trade-in ☐ Junked ☒ Stolen ☐ Missing ☐ **

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

Explanation for Disposal: (required) The item no longer functions properly and it is not cost-efficient to repair

Last known location: (required) SOE Warehouse

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

Losing Custodian/Department Head

Witness of Disposition

County Administrator

Chairman

Date Removed from Asset Records

Fixed Assets Manager

Revised 7/05 by G Knowles

**REPORT OF TRANSFER OR DISPOSITION
TAYLOR COUNTY, FL**

TO: BOARD OF COUNTY COMMISSIONERS

Asset Number: 6216

FROM: Supervisor of Elections
Department name

DEPT: 0902
Number

DATE: 12/30/15

To Whom It May Concern:

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

IDENTIFICATION DATA

Name of Item Computer Monitor	Location SOE Warehouse	Make Samsung
Model GY17CSSB	Year 2004	Serial Number GY17HCHX409510E
Other Description:		

TRANSFER DATA (if disposing, mark this area N/A)

TRANSFERRED	#:	New Location:
TO: DEPT:		
Losing Custodian/Dept Head	Date of Transfer	
Gaining Custodian/Dept Head	County Administrator Approval	

DISPOSITION DATA (if transferring, mark this area N/A)

Surplus ☐ Cannibalized ☐ Trade-in ☐ Junked ☒ Stolen ☐ Missing ☐

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

Explanation for Disposal:(required) The item no longer functions properly and it is not cost-efficient to repair

Last known location: (required) SOE Warehouse

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

Losing Custodian/Department Head

County Administrator

Don Southerland
Witness of Disposition

Chairman

Date Removed from Asset Records

Fixed Assets Manager

Revised 7/05 by G Knowles

**REPORT OF TRANSFER OR DISPOSITION
TAYLOR COUNTY, FL**

TO: BOARD OF COUNTY COMMISSIONERS

Asset Number: 6355

FROM: Supervisor of Elections
Department name

DEPT: 0902
Number

DATE: 12/30/15

To Whom It May Concern:

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

IDENTIFICATION DATA

Name of Item Computer Tower	Location SOE Warehouse	Make Cobra
Model	Year 2004	Serial Number SN 98-09-0048348
Other Description:		

TRANSFER DATA (if disposing, mark this area N/A)

TRANSFERRED	#:	New Location:
TO: DEPT:		
Losing Custodian/Dept Head	Date of Transfer	
Gaining Custodian/Dept Head	County Administrator Approval	

DISPOSITION DATA (if transferring, mark this area N/A)

Surplus ☐ Cannibalized ☐ Trade-in D ☐ Junked ☒ Stolen ☐ Missing ☐ **

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

Explanation for Disposal:(required) The item no longer functions properly and it is not cost-efficient to repair

Last known location: (required) SOE Warehouse

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

Losing Custodian/Department Head

David S. [Signature]

Witness of Disposition

County Administrator

Chairman

Date Removed from Asset Records

Fixed Assets Manager

Revised 7/05 by G Knowles

**REPORT OF TRANSFER OR DISPOSITION
TAYLOR COUNTY, FL**

TO: BOARD OF COUNTY COMMISSIONERS

Asset Number: 6356

FROM: Supervisor of Elections
Department name

DEPT: 0902
Number

DATE: 12/30/15

To Whom It May Concern:

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

IDENTIFICATION DATA

Name of Item Computer Monitor	Location SOE Warehouse	Make Viewera
Model V191D	Year 2004	Serial Number 048988DEK0114
Other Description:		

TRANSFER DATA (if disposing, mark this area N/A)

TRANSFERRED	#:	New Location:
TO: DEPT:		
Losing Custodian/Dept Head	Date of Transfer	
Gaining Custodian/Dept Head	County Administrator Approval	

DISPOSITION DATA (if transferring, mark this area N/A)

Surplus ☐ Cannibalized ☐ Trade-in D ☐ Junked ☒ Stolen ☐ Missing ☐ **

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

Explanation for Disposal:(required) The item no longer functions properly and it is not cost-efficient to repair

Last known location: (required) SOE Warehouse

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

Losing Custodian/Department Head

County Administrator

Dora Soultana
Witness of Disposition

Chairman

Date Removed from Asset Records

Fixed Assets Manager

Revised 7/05 by G Knowles

**REPORT OF TRANSFER OR DISPOSITION
TAYLOR COUNTY, FL**

TO: BOARD OF COUNTY COMMISSIONERS

Asset Number: 6542

FROM: Supervisor of Elections
Department name

DEPT: 0902
Number

DATE: 12/30/15

To Whom It May Concern:

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

IDENTIFICATION DATA

Name of Item Server - Computer	Location SOE Warehouse	Make
Model	Year 2005	Serial Number
Other Description:		

TRANSFER DATA (if disposing, mark this area N/A)

TRANSFERRED	#:	New Location:
TO: DEPT:		
Losing Custodian/Dept Head	Date of Transfer	
Gaining Custodian/Dept Head	County Administrator Approval	

DISPOSITION DATA (if transferring, mark this area N/A)

Surplus ☐ Cannibalized ☐ Trade-in D ☐ Junked ☒ Stolen ☐ Missing ☐ **

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

Explanation for Disposal:(required) The item no longer functions properly and it is not cost-efficient to repair

Last known location: (required) SOE Warehouse

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

Losing Custodian/Department Head

County Administrator

Dana Soumeireu
Witness of Disposition

Chairman

Date Removed from Asset Records

Fixed Assets Manager

Revised 7/05 by G Knowles

**REPORT OF TRANSFER OR DISPOSITION
TAYLOR COUNTY, FL**

TO: BOARD OF COUNTY COMMISSIONERS

Asset Number: 7161

FROM: Supervisor of Elections
Department name

DEPT: 0902
Number

DATE: 12/30/15

To Whom It May Concern:

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

IDENTIFICATION DATA

Name of Item Printer	Location SOE Warehouse	Make
Model	Year 2010	Serial Number SN SCN42E130N2
Other Description:		

TRANSFER DATA (if disposing, mark this area N/A)

TRANSFERRED	#:	New Location:
TO: DEPT:		
Losing Custodian/Dept Head	Date of Transfer	
Gaining Custodian/Dept Head	County Administrator Approval	

DISPOSITION DATA (if transferring, mark this area N/A)

Surplus ☐ Cannibalized ☐ Trade-in D ☐ Junked ☒ Stolen ☐ Missing ☐ **

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

Explanation for Disposal:(required) The item no longer functions properly and it is not cost-efficient to repair

Last known location: (required) SOE Warehouse

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

Losing Custodian/Department Head

County Administrator

Dana S. [Signature]
Witness of Disposition

Chairman

Date Removed from Asset Records

Fixed Assets Manager

Revised 7/05 by G Knowles

**REPORT OF TRANSFER OR DISPOSITION
TAYLOR COUNTY, FL**

TO: BOARD OF COUNTY COMMISSIONERS

Asset Number: 7328

FROM: Supervisor of Elections
Department name

DEPT: 0902
Number

DATE: 12/30/15

To Whom It May Concern:

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

IDENTIFICATION DATA

Name of Item Small Office Server 2	Location SOE Warehouse	Make
Model	Year 2011	Serial Number 98-09-054722
Other Description:		

TRANSFER DATA (if disposing, mark this area N/A)

TRANSFERRED	#:	New Location:
TO: DEPT:		
Losing Custodian/Dept Head	Date of Transfer	
Gaining Custodian/Dept Head	County Administrator Approval	

DISPOSITION DATA (if transferring, mark this area N/A)

Surplus ☐ Cannibalized ☐ Trade-in D ☐ Junked ☒ Stolen ☐ Missing ☐ **

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

Explanation for Disposal:(required) The item no longer functions properly and it is not cost-efficient to repair

Last known location: (required) SOE Warehouse

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

Losing Custodian/Department Head

County Administrator

Deia Soumeiree
Witness of Disposition

Chairman

Date Removed from Asset Records

Fixed Assets Manager

Revised 7/05 by G Knowles

**REPORT OF TRANSFER OR DISPOSITION
TAYLOR COUNTY, FL**

TO: BOARD OF COUNTY COMMISSIONERS

Asset Number: 5586

FROM: Supervisor of Elections
Department name

DEPT: ^{D122}~~0902~~
Number

DATE: 12/30/15

To Whom It May Concern:

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

IDENTIFICATION DATA

Name of Item Dell PC (GEMS)	Location SOE Warehouse	Make Global Elections Systems
Model	Year 2002	Serial Number C8DAC11
Other Description:		

TRANSFER DATA (if disposing, mark this area N/A)

TRANSFERRED	#:	New Location:
TO: DEPT:		
Losing Custodian/Dept Head	Date of Transfer	
Gaining Custodian/Dept Head	County Administrator Approval	

DISPOSITION DATA (if transferring, mark this area N/A)

Surplus ☐ Cannibalized ☐ Trade-in ☐ Junked ☒ Stolen ☐ Missing ☐ **

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

Explanation for Disposal:(required) The item no longer functions properly and it is not cost-efficient to repair

Last known location: (required) SOE Warehouse

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

Losing Custodian/Department Head

County Administrator

Dora Soumireu
Witness of Disposition

Chairman

Date Removed from Asset Records

Fixed Assets Manager

Revised 7/05 by G Knowles

**REPORT OF TRANSFER OR DISPOSITION
TAYLOR COUNTY, FL**

TO: BOARD OF COUNTY COMMISSIONERS

Asset Number: 5587

FROM: Supervisor of Elections
Department name

DEPT: ⁰¹²²~~0902~~
Number

DATE: 12/30/15

To Whom It May Concern:

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

IDENTIFICATION DATA

Name of Item Laserjet Printer	Location SOE Warehouse	Make HP
Model C4110A	Year 2002	Serial Number SN JPB3103781
Other Description:		

TRANSFER DATA (if disposing, mark this area N/A)

TRANSFERRED	#:	New Location:
TO: DEPT:		
Losing Custodian/Dept Head	Date of Transfer	
Gaining Custodian/Dept Head	County Administrator Approval	

DISPOSITION DATA (if transferring, mark this area N/A)

Surplus ☐ Cannibalized ☐ Trade-in ☐ Junked ☒ Stolen ☐ Missing ☐ **

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

Explanation for Disposal:(required) The item no longer functions properly and it is not cost-efficient to repair

Last known location: (required) SOE Warehouse

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

Losing Custodian/Department Head

County Administrator

Dana Souteland

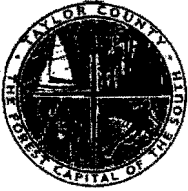
Witness of Disposition

Chairman

Date Removed from Asset Records

Fixed Assets Manager

Revised 7/05 by G Knowles



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number:

Board Asset Number: 3366

FROM: Tax Collector
Department Name

DEPT 903
Number

DATE: 9-23-15

To Whom It May Concern:

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

IDENTIFICATION DATA

Name of Item <u>Epson Validator</u>	Room # <u>2nd Floor-TL</u>	Make <u>Epson</u>
Model <u>M04SA</u>	Year	Serial Number <u>042337</u>
Other Description: <u>Co. # 3366</u>		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

DISPOSITION DATA

Type of Disposition: _____

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

Explanation for Disposal: (required) being replaced

Location: (required) 2nd Floor - Tax Collectors Office

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

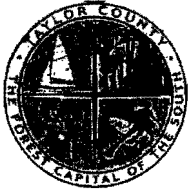
[Signature]
Department Head

Chairman Signature _____

County Administrator Approval _____

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

Clerk Asset Number: _____

Board Asset Number: 4896

FROM: Tax Collector
Department Name

DEPT 903
Number

DATE: 9-23-15

To Whom It May Concern:

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

IDENTIFICATION DATA

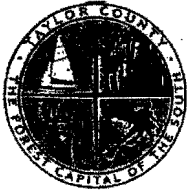
Name of Item <u>Epson Validator</u>	Room # <u>2ND Floor / TC</u>	Make <u>Epson</u>
Model <u>M66SA</u>	Year	Serial Number <u>BRC0000191</u>
Other Description: <u>Co. # 4896</u>		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

DISPOSITION DATA

Type of Disposition: _____	
** Property that is missing or unable to locate shall be presented to the County Commission by the Property Custodian immediately.	
Explanation for Disposal: (required) <u>being replaced</u>	
Location: (required) <u>2ND Floor / Tax Collectors Office</u>	
APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> By the Taylor County Board of Commission: _____ Date _____	
<u>[Signature]</u> Department Head	Chairman Signature _____ County Administrator Approval _____

Date Removed From Asset Records

Fixed Assets Manager



DISPOSITION OF ASSET REPORT
TAYLOR COUNTY, FLORIDA

TO: BOARD OF COUNTY COMMISSIONERS

FROM: Tax Collector's Office
Department Name

Clerk Asset Number: _____
DEPT 903
Number

4897
Board Asset Number:
DATE: 9-23-15

To Whom It May Concern:

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

IDENTIFICATION DATA

Name of Item <u>EPSON VALIDATOR</u>	Room # <u>1ST Floor - TC</u>	Make <u>EPSON</u>
Model <u>M66SA</u>	Year	Serial Number <u>BRC0000189</u>
Other Description: <u>Co. # 4897</u>		
Purchased with Grant: Yes/No? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' please explain reason to allow disposition below.		

DISPOSITION DATA

Type of Disposition: _____

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

Explanation for Disposal: (required) being replaced

Location: (required) 1ST Floor / Tax Collectors Office

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

Kim P. Smith Tax Manager
Department Head

Chairman Signature

County Administrator Approval

Date Removed From Asset Records

Fixed Assets Manager

11-A.

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, 2016, 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, 2016.

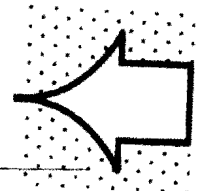
<u>Amount</u>	<u>Account</u>	<u>Account Name</u>
Revenue:		
\$10,500	001-3312013	Homeland Security Grant
Expenditures:		
\$10,500	0248-53401	Contractual Services

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 16th day of February, 2016 at Perry, Taylor County, Florida, to amend the budget for the fiscal period ending September 30, 2016 with a motion by Commissioner _____, seconded by Commissioner _____, and carried unanimously.

Annie Mae Murphy, Clerk-Auditor

Chairman

(New Homeland Security Grant 2016Fy)



**SIGN
HERE**



STATE OF FLORIDA

DIVISION OF EMERGENCY MANAGEMENT

RICK SCOTT
Governor

BRYAN KOON
Director

Deficit \$0248
Review Oct 14
001-3312013

786

GRANT AWARD

SUB-RECIPIENT: Taylor County

PROJECT TITLE: State Homeland Security Grant Program

FEDERAL GRANT PD: 09/01/2015 to 08/31/2018

AWARD TOTAL: \$10,500 - Issue 13

FEDERAL GRANT NO: EMW-2015-SS-00083-S01

In accordance with the provisions of Federal Fiscal Year 2015 State Homeland Security Grant Program (HSGP), the Florida Division of Emergency Management (FDEM) who serves as the State Administrative Agency (SAA) hereby awards to the foregoing Sub-recipient a grant in the amount shown above.

Payment of Funds: The Award Letter must be signed by the Official Authorized to Sign in the space below and the original returned to the FDEM before execution of your agreement. The sub-recipient should not expend any funds until a fully executed agreement has been received from FDEM and all Special Conditions are satisfied. Grant funds will be disbursed to sub-recipients (according to the approved project budget) upon receipt of evidence that items have been invoiced, deliverables have been received and that funds have been expended (i.e., invoices, contracts, itemized expenses, canceled checks, etc.).

Non-Supplanting Requirement: Requires that sub-recipients provide assurance that sub-grant funds will not be used to supplant or replace local or state funds that have been budgeted for the same purpose through non-federal sources. In compliance with that mandate, I certify that the receipt of federal funds through FDEM shall in no way supplant or replace state or local funds or other resources that would have been made available for homeland security activities.

Conditions: I certify that I understand and agree that funds will only be expended for those projects outlined in the funding amounts as listed above. I also certify that I understand and agree to comply with the general and fiscal terms and conditions of the grant including special conditions; to comply with provisions governing these funds and all other federal laws; that all information is correct; that there has been appropriate coordination with affected agencies; that I am duly authorized to commit the applicant to these requirements; and that all agencies involved with this project understand that all federal funds are limited to the period of performance end date stipulated in the funding agreement.

DIVISION HEADQUARTERS
2555 Shumard Oak Boulevard
Tallahassee, FL 32399-2100
Tel: 850-413-9969 • Fax: 850-488-1018
www.FloridaDisaster.org

STATE LOGISTICS RESPONSE CENTER
FLORIDA RECOVERY OFFICE
2702 Directors Row
Orlando, FL 32809-5631


**GRANT AWARD
PAGE TWO**

Conditions continued: I certify that I understand and agree that once grant funding agreement has been sent to sub-recipient, the funding agreement will be executed within six (6) months of the letter date. I understand if the funding agreement is not executed in that time frame, the awarded amount is considered declined and funds will expended on behalf of locals by the SAA.

Deployable Capabilities: It is also understood that all assets and capabilities achieved or sustained with HSGP grant funds are deployable and shareable at the direction of the SAA, with cost potentially reimbursable in conformance with Emergency Management Assistance Compacts (EMAC) or other Statewide Mutual Aid/Assistance (SMAA) agreements. Assets should be available to utilize in multiple jurisdictions, regions, and the Nation; any asset that is physically mobile can be used anywhere in the United States and territories via EMAC or other mutual aid/assistance agreements.

ACCEPTANCE FOR THE SUB-RECIPIENT: Taylor County


Signature of Official Authorized to Sign
for Recipient


Signature of Director, Division of
Emergency Management, SAA

1/19/16
Date

1/26/16
Date

POINT OF CONTACT INFORMATION

Point of Contact (POC) Name: Steve Spradley

Physical Address of Sub-Recipient: 591E. US Hwy. 27

City: Perry State: Florida

POC Phone No: 850-838-3575 Email Address: steve.spradley@taylorcountygov.com

**GRANT AWARD NOTICE: THIS AWARD IS SUBJECT TO THE GRANT SPECIAL
CONDITIONS AND FINAL APPROVAL OF SUB-RECIPIENT'S PROPOSED BUDGET
BY FLORIDA DIVISION OF EMERGENCY MANAGEMENT.**

TAYLOR COUNTY BOARD OF COMMISSIONERS

County Commission Agenda Item

SUBJECT/TITLE:



THE BOARD TO ADOPT A PROCLAMATION RECOGNIZING A GROUP OF VISITING WOUNDED WARRIORS AND THEIR GUESTS AND THANKING THE LOCAL CITIZENS WHO HAVE GIVEN THEM THIS OPPORTUNITY TO ENJOY ALL TAYLOR COUNTY HAS TO OFFER, AS AGENDAED BY COMMISSIONER PAGE

MEETING DATE REQUESTED:

FEBRUARY 16, 2016

Statement of Issue:

Recommended Action:

Fiscal Impact:

Budgeted Expense:

Submitted By: COMMISSIONER MALCOLM PAGE, DISTRICT ONE

Contact:

SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

History, Facts & Issues:

Options:

Attachments:

PROCLAMATION

Recognizing Visiting Wounded Warriors and Guests in Taylor County and Thanking Those Who Are Hosting Them.

Whereas it has been brought to the attention of the Taylor County Board of County Commissioners that a group of wounded warriors has accepted an invitation to attend a fun-filled four day event in Taylor County between March 6 and March 12, 2016; and,

Whereas this event is being sponsored by a group of civic-minded citizens and community leaders of Taylor County to provide four days of fishing and hunting for these deserving veterans and guests; and,

Whereas Taylor County, Florida, is widely known for its gracious hospitality and generosity; and,

Whereas Taylor County residents revere and respect all veterans, especially those who were wounded while serving our nation and protecting our freedom; and,

Whereas on behalf of all citizens of our great county the Board of County Commissioners desires to thank all veterans for their service to our nation;

Now, therefore, be it resolved by the Board of County Commissioners in Taylor County, Florida, that its highest welcome is extended to these wounded warriors and guests who have been invited to enjoy the splendid recreational opportunities planned for this occasion and thanks the civic-minded individuals who have made this possible.

Done and ordered this 16th day of February, 2016, in Taylor County, Florida.

Jody DeVane, Chair

ATTEST:

Annie Mae Murphy, Clerk of Court

TAYLOR COUNTY BOARD OF COMMISSIONERS

County Commission Agenda Item

SUBJECT/TITLE:



THE BOARD TO REVIEW AND APPROVE THE BID COMMITTEE'S RECOMMENDATION FOR THE PURCHASE OF LAPAROSCOPY/ARTHROSCOPY VIDEO SYSTEM FOR DOCTORS' MEMORIAL HOSPITAL, AS AGENDAED BY THE COUNTY ADMINISTRATOR.

MEETING DATE REQUESTED:

FEBRUARY 16, 2016

Statement of Issue:

BIDS WERE OPENED ON OCTOBER 5, 2015. OF THE SIX RESPONDING VENDORS, FOUR WERE FOUND TO MEET THE SPECIFICATIONS OF THE BID DOCUMENT AND WERE ASKED TO DEMONSTRATE THEIR EQUIPMENT AT THE HOSPITAL. OF THE FOUR, THE EVALUATORS AT THE HOSPITAL RECOMMEND THE LOWEST RESPONSIVE BID WHICH IS FROM STRYKER; THEREFORE, THE BID COMMITTEE AS A WHOLE RECOMMENDS THE PURCHASE FROM STRYKER.

Recommended Action:

APPROVE THE RECOMMENDATION TO PURCHASE FROM STRYKER, THE LOWEST RESPONSIVE BID.

Fiscal Impact:

\$181,431.53 INCLUDING WARRANTY AND SHIPPING

Budgeted Expense:

YES

Submitted By:

COUNTY ADMINISTRATOR, 850-838-3500 X 7

Contact:

SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

History, Facts & Issues:

Options:

Attachments:

Doctors' Memorial Hospital

Laparoscopic/Arthroscopic Recommendation

Based on our trials and colleague evaluations performed November 23 – January 22, 2015, the four vendors that met Doctors' Memorial Hospital patient and provider care needs were Richard Wolf, Smith & Nephew, Stryker, and Team One.

The preferred equipment was Stryker Endoscopy

The Stryker Laparoscopic Arthroscopic Equipment delivers ease of use and helps provide the patient with the highest quality Laparoscopic Arthroscopic experience while allowing Surgical Team members and Physicians comfort with insertion, visualization, and repair of joints and abdominal/peritoneal defects. The ability to have both endoscopic areas on one tower and available to both surgical teams at one time is a valuable asset to DMH surgical department.

The professionalism of Stryker representatives during the trial was exceptional. The representatives showed knowledge and ease in explanation of use of their products. They worked well with both orthopedic and general surgeons. They will be available for an extended period after purchase with ongoing educational support and accessible travel in the event of an emergency situation and are near enough to meet us even in emergency situations.

The enclosed attachments were the specs for the Laparoscopic Arthroscopic Equipment.

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, 2016, to be less than the advertised budget.

BE IT RESOLVED that the listed receipts and appropriations be added to, included in and transferred from the **GENERAL FUND** budget for the fiscal year ending September 30, 2016.

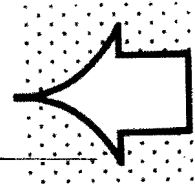
<u>Amount</u>	<u>Account</u>	<u>Account Name</u>
Revenue:		
\$(1,474)	001-3352910	EMS 100% Grant (Advance)
\$ 367	001-3899010	Cash Brought Forward (FYE'15 Bal.)
\$(1,107)	Total Revenue	
Expenditures:		
\$(1,107)	0275-56400	EMS 100% (Advance) Grant-Capital Outlay - Equipment

NOW THEREFORE BE IT RESOLVED by the Board of County Commissioners of Taylor County, Florida, that they do approve as provided by law this resolution this 16th day of February, 2016 at Perry, Taylor County, Florida, to amend the budget for the fiscal period ending September 30, 2016 with a motion by Commissioner _____, seconded by Commissioner _____, and carried unanimously.

Annie Mae Murphy, Clerk-Auditor

Chairman

(New grant awarded for 2016 FY, was less than that budgeted at 10/1)



**SIGN
HERE**

Tammy

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

Melody Cox
Administrative Services

850-838-3553
850-838-3563 Fax

Melody.cox@taylorcountygov.com

DATE: November 17, 2015

TO: Tammy

FROM: Melody

RE: Budget Amendment Request
EMS Grant 0275

Grand total Budget \$3,093 \$13

Tammy,

Attached please find a budget amendment request and support documentation for the above referenced grant. Please let me know if you should need any additional information.

Thanks!

Melody
Melody

1

BUDGET AMENDMENT REQUEST
2015-2016 FISCAL YEAR

DEPARTMENT: 0275 EMS/Dept Health Grant
AMENDMENT REQUEST: November 17, 2015

Expenditure

<u>Account #</u>	<u>Account Description</u>	<u>Budgeted</u>	<u>Amended Amount</u>	<u>Amendment</u>
55102	Offc.Equip/Furn <\$1,000	\$1,000	\$1,618	→ \$618
55201	General Operating Supplies	\$0	\$1,475	→ \$1,475
56400	Capital Outlay/Equip	\$3,200	0	<-\$3,200>

\$3093

Total Amendment Requested <-\$1,107>

*Det. Reddick
of Budget
8/*

*Trudy Cox
11-17-2015*

DMH Laparoscopic / Arthroscopic Equipment Specifications

		Stryker	Richard Wolf	Team One	Smith & Nephew	Druggel and Karl Storz	Old and Olympus
Total Purchase	\$	179,831.53	\$ 208,885.60	\$ 289,125.60	\$ 325,636.53	\$ 259,532.83	\$ 305,005.19
Equipment							
Total	\$	178,231.53	\$ 207,885.60		\$ 228,527.92	\$ 258,312.83	\$ 303,800.66
Service							
Contract					\$ 96,300.00		
Shipping	\$	1,600.00	\$ 1,000.00	\$ 965.00	\$ 808.61	\$ 1,220.00	\$ 1,204.53
Scopes:							
3ea	30 Degree Arthroscope, 4mm	Yes	Yes	Yes	Yes	Yes	Yes
1ea	70 Degree Arthroscope, 4mm	Yes	Yes	Yes	Yes	Yes	Yes
3ea	Sheath system for scope introduction	Yes	Yes	Yes	Yes	Yes	Yes
3ea	0 Degree Laparoscope 5mm	Yes	Yes	Yes	Yes	Yes	Yes
3ea	0 Degree Laparoscope 10mm	Yes	Yes	Yes	Yes	Yes	Yes
2ea	45 Degree Laparoscope 10mm	Yes	Yes	Yes	Yes	Yes	Yes
Video Components:							
2ea	Video Console	Yes	Yes	Yes	Yes	Yes	Yes
2ea	Video Processor	Yes	Yes	Yes	Yes	Yes	Yes
5ea	Camera Heads	Yes	Yes	Yes	Yes	Yes	Yes
2ea	Light Source	Yes	Yes	Yes	Yes	Yes	Yes
5ea	Light Cords	Yes	Yes	Yes	Yes	Yes	Yes
2ea	Unattached Monitor	Yes	Yes	Yes	Yes	Yes	Yes
2ea	Cart with Monitor	Yes	Yes	Yes	Yes	Yes	Yes
2ea	Color Printer	Yes	Yes	Yes	Yes	Yes	Yes
Arthroscope Shaving:							
2ea	Shaver Control Console	Yes	Yes	Yes	Yes	Yes	No
4ea	Shaver Hand Piece	Yes	Yes	Yes	Yes	Yes	No
1ea	Arthroscopy Irrigation Pump	Yes	Yes	Yes	Yes	Yes	No
	Lap insufflation	Yes	Yes	Yes	Yes	Yes	Yes
2ea	Insufflator	Yes	Yes	Yes	Yes	Yes	Yes

Extended warranty of 4yrs	Included	Extended Warranty not included	Standard warranty provided	Included	Included	Extended Warranty not included
Timeline for Installation, Education, Implementation and on-going Education support	Included	1 week		Included	2-day ship, 2 day installation with multi-month education and support. Dedicated video support, FST support w/ (2) reps	Included
Shipping Cost	Included	Included	Not included	Included	TBD	Included
					Rep withdrew from trial process didn't have man power to pull the trial off. So Karl Storz would not complete trial	Eliminated did not meet specs

Lap/Arth Equipment Evaluation

7-total evaluations

Company: Team One

		Yes	No			
1.	Did the product function as intended?	7				
		1 Very Poor	2 Poor	3 Average	4 Good	5 Very Good
2.	How does the visualization of the new system compare to your current Lap/Arth System?				2	5
3.	How does the insufflation of the new system compare to your current Lap/Arth System?				5	2
4.	How does the printer/photos of the new system compare to your current Lap/Arth System?				3	4
5.	How does the shaver of the new system compare to your current Lap/Arth System?				2	1
		Yes	No			
6.	The system was intuitive with minimal learning curve?	7				
7.	Do they provide clinical training?	6				
8.	What do you like best about this system? Very clear image. Large screen. Resolution. Better than what we have					
9.	What do you like least about this system? Cost. No smoke evacuator					
		Yes	No			
10.	Would you recommend this for DMH?	5	2			

Comments:

Not worth the extra Money.

Lap/Arth Equipment Evaluation

10-total evaluations

Company: Stryker

		Yes	No			
1.	Did the product function as intended?	10				
		1 Very Poor	2 Poor	3 Average	4 Good	5 Very Good
2.	How does the visualization of the new system compare to your current Lap/Arth System?					10
3.	How does the insufflation of the new system compare to your current Lap/Arth System?				1	5
4.	How does the printer/photos of the new system compare to your current Lap/Arth System?				1	9
5.	How does the shaver of the new system compare to your current Lap/Arth System?				4	6
		Yes	No			
6.	The system was intuitive with minimal learning curve?	10				
7.	Do they provide clinical training?	10				
8.	What do you like best about this system? Clarity of picture, ease of use, having a rep here for all cases. Everything. Headset voice control. User friendly- will give us the pump if we purchase towers. Also wireless slave tower capability. Good functionality. Great outflow system					
9.	What do you like least about this system? Nothing					
		Yes	No			
10.	Would you recommend this for DMH?	10				

Comments:

Trial was excellent

Lap/Arth Equipment Evaluation

7-total evaluations

Company: Richard Wolf

		Yes	No			
1.	Did the product function as intended?	3	4			
		1 Very Poor	2 Poor	3 Average	4 Good	5 Very Good
2.	How does the visualization of the new system compare to your current Lap/Arth System?	2	1	1		2
3.	How does the insufflation of the new system compare to your current Lap/Arth System?	1	3	2	1	
4.	How does the printer/photos of the new system compare to your current Lap/Arth System?		3		2	2
5.	How does the shaver of the new system compare to your current Lap/Arth System	1	1	1		
		Yes	No			
6.	The system was intuitive with minimal learning curve?	4	3			
7.	Do they provide clinical training?	6	1			
8.	What do you like best about this system?	<p>Nothing extremely poor equipment. Smoke evacuator. Picture clear better than what we have. Excellent smoke evacuator. Better than what we have</p>				
9.	What do you like least about this system?	<p>Poor lighting and insufflation. Focus. Poor visualization for Arthroscopic procedures. Shaver not good. Possible ortho compatibility. The focus system wasn't blunt enough and picked up on soft tissue</p>				
		Yes	No			
10.	Would you recommend this for DMH?		3			
<p>Comments: Very poor lighting and the insufflation was terrible</p>						

Lap/Arth Equipment Evaluation

8-total evaluations

Company: Smith & Nephew

		Yes	No			
1.	Did the product function as intended?	7	1			
		1 Very Poor	2 Poor	3 Average	4 Good	5 Very Good
2.	How does the visualization of the new system compare to your current Lap/Arth System?				5	3
3.	How does the insufflation of the new system compare to your current Lap/Arth System?		3	4	1	
4.	How does the printer/photos of the new system compare to your current Lap/Arth System?			2	2	4
5.	How does the shaver of the new system compare to your current Lap/Arth System			6	1	
		Yes	No			
6.	The system was intuitive with minimal learning curve?	2	6			
7.	Do they provide clinical training?	7				
8.	What do you like best about this system?	<p>Better than old system. It was HD on picture was better than what we have now. Cameras and Lens are autoclavable. Picture is clear</p>				
9.	What do you like least about this system?	<p>Arthroscopy System Shavers. Had problems with Video System hard to solve on our own. Representative was hardly ever available when needed. Need better insufflation system with more precise tank level monitor. Not very easy to use. Insufflation pressures hard to regulate and hard to see how much is left in the tank. Pressure wasn't stable on insufflator fogged lens. Printer was faster but had issues. Very minimal training.</p>				
		Yes	No			
10.	Would you recommend this for DMH?		1			
<p>Comments: Would like to evaluate more vendors</p>						

Laparoscopy/ Arthroscopy Equipment

Evaluation

Stryker

1. Did the product function as intended? ☒ Yes ☐ No
2. How does the visualization of the new system compare to your current Laparoscopy/ Arthroscopy System?
☐ Very Poor ☐ Poor ☐ Average ☐ Good ☒ Very Good
3. How does the insufflation of the new system compare to your current Laparoscopy/ Arthroscopy System?
☐ Very Poor ☐ Poor ☐ Average ☐ Good ☒ Very Good
4. How does the printer/photos of the new system compare to your current Laparoscopy/ Arthroscopy System?
☐ Very Poor ☐ Poor ☐ Average ☐ Good ☒ Very Good
5. How does the shaver of the new system compare to your current Laparoscopy/ Arthroscopy System?
☐ Very Poor ☐ Poor ☐ Average ☐ Good ☒ Very Good
6. The system was intuitive with minimal learning curve? ☒ Yes ☐ No
7. Do they provide clinical training? ☒ Yes ☐ No
8. What you do like best about this system?
Clarity of picture, ease of use, having a rep here for all cases
9. What do you like least about this system?
nothing
10. Would you recommend this for DMH? ☒ Yes ☐ No

Trial was excellent

Laparoscopy/ Arthroscopy Equipment

Evaluation

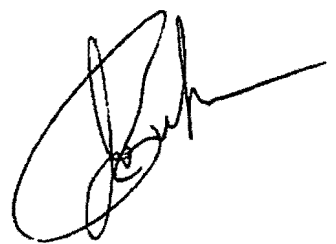
Stryker

1. Did the product function as intended? ☒ Yes ☐ No
2. How does the visualization of the new system compare to your current Laparoscopy/ Arthroscopy System?
☐ Very Poor ☐ Poor ☐ Average ☐ Good ☒ Very Good
3. How does the insufflation of the new system compare to your current Laparoscopy/ Arthroscopy System?
☐ Very Poor ☐ Poor ☐ Average ☐ Good ☒ Very Good
4. How does the printer/photos of the new system compare to your current Laparoscopy/ Arthroscopy System?
☐ Very Poor ☐ Poor ☐ Average ☐ Good ☒ Very Good
5. How does the shaver of the new system compare to your current Laparoscopy/ Arthroscopy System?
☐ Very Poor ☐ Poor ☐ Average ☐ Good ☒ Very Good
6. The system was intuitive with minimal learning curve? ☒ Yes ☐ No
7. Do they provide clinical training? ☒ Yes ☐ No
8. What you do like best about this system?
every thing
9. What do you like least about this system?
nothing
10. Would you recommend this for DMH? ☒ Yes ☐ No

Laparoscopy/ Arthroscopy Equipment

Evaluation

Stryker



1. Did the product function as intended? ☒ Yes ☐ No
2. How does the visualization of the new system compare to your current Laparoscopy/ Arthroscopy System?
☐ Very Poor ☐ Poor ☐ Average ☐ Good ☒ Very Good
3. How does the insufflation of the new system compare to your current Laparoscopy/ Arthroscopy System?
☐ Very Poor ☐ Poor ☐ Average ☐ Good ☒ Very Good
4. How does the printer/photos of the new system compare to your current Laparoscopy/ Arthroscopy System?
☐ Very Poor ☐ Poor ☐ Average ☐ Good ☒ Very Good
5. How does the shaver of the new system compare to your current Laparoscopy/ Arthroscopy System?
☐ Very Poor ☐ Poor ☐ Average ☐ Good ☒ Very Good
6. The system was intuitive with minimal learning curve? ☒ Yes ☐ No
7. Do they provide clinical training? ☒ Yes ☐ No
8. What you do like best about this system?
Headset voice control
9. What do you like least about this system?
I liked Everything
10. Would you recommend this for DMH? ☒ Yes ☐ No

Laparoscopy/ Arthroscopy Equipment

Evaluation

Stryker

1. Did the product function as intended? ☒ Yes ☐ No
2. How does the visualization of the new system compare to your current Laparoscopy/ Arthroscopy System?

☐ Very Poor ☐ Poor ☐ Average ☐ Good ☒ Very Good

3. How does the insufflation of the new system compare to your current Laparoscopy/ Arthroscopy System?

☐ Very Poor ☐ Poor ☐ Average ☐ Good ☐ Very Good

4. How does the printer/photos of the new system compare to your current Laparoscopy/ Arthroscopy System?

☐ Very Poor ☐ Poor ☐ Average ☐ Good ☒ Very Good

5. How does the shaver of the new system compare to your current Laparoscopy/ Arthroscopy System?

☐ Very Poor ☐ Poor ☐ Average ☒ Good ☐ Very Good

6. The system was intuitive with minimal learning curve? ☒ Yes ☐ No

7. Do they provide clinical training? ☒ Yes ☐ No

8. What you do like best about this system?

User friendly - will give us the pump
if we purchase the towers. Also - wireless slave
tower capability

9. What do you like least about this system?

N/A

10. Would you recommend this for DMH? ☒ Yes ☐ No

10/5/15

6. THE BOARD TO RECEIVE BIDS FOR LAPAROSCOPY/ARTHROSCOPY VIDEO SYSTEMS FOR DMH, SET FOR THIS DATE AT 6:10 P.M., OR AS SOON THEREAFTER AS POSSIBLE.

THE FOLLOWING BIDS WERE RECEIVED:

- /1. STRYKER 178,231.53
8212 SEVEN MILE DR.
PONTE VEDRA BEACH, FL
- /2. SMITH & NEPHEW 228,527.92 + freight
150 MINUTEMAN RD.
ANDOVER, MA
- /3. RICHARD WOLF MEDICAL 207,885.60
109 MIDDLETON PL
PONTE VEDRA BEACH, FL
- /4. TEAM 1 ORTHOPEDICS, INC. 288,160.60
234 CANAL BLVD, STE 1
PONTE VEDRA BEACH, FL
5. OLYMPUS AMERICA, INC. 305,005.19
3500 CORPORATE PKWY
CENTER VALLEY, PA
6. KARL STORZ ENDOSCOPY-AMERICA, INC. 258,312.83
2151 E. GRAND AVE
EL SEGUNDO, CA

STRYKER

BID DOCUMENTS

**Laparoscopy/Arthroscopy Video Systems
Doctor's Memorial Hospital
Taylor County, Florida**

SEPTEMBER 2015

Prepared for:

**Taylor County Board of County Commissioners
108 N. Jefferson St.
Perry, Florida 32347**

Prepared by:

**Taylor County Administrative Department
201 East Green Street
Perry, FL 32347
850.838.3500**

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Invitation to Bid
Instructions to Bidders
Bid Forms
Public Entity Crimes Statement
Non-Collusion Affidavit

PART 2 – EQUIPMENT SPECIFICATIONS

Laparoscopy/Arthroscopy Equipment – DMH OR Department

PART 1 – BIDDING REQUIREMENTS



TAYLOR COUNTY BOARD OF COUNTY COMMISSIONERS

ANNIE MAE MURPHY, Clerk
Post Office Box 620
Perry, Florida 32348
(850) 838-3506 Phone
(850) 838-3548 Fax

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

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

INVITATION TO BID

The Taylor County Board of County Commissioners is soliciting sealed bids for **DMH Laparoscopy/Arthroscopy Video Systems**.

Qualified firms or individuals desiring to provide the required products must submit five (5) packages in a sealed envelope or similar package marked "**Sealed Bid for DMH Laparoscopy/Arthroscopy Video Systems**" to the Clerk of Court, 1st Floor Courthouse, 108 North Jefferson Street, Suite 102, Perry, Florida 32347, to arrive no later than 4:00 P.M., local time, on October 2, 2015. All Proposals **MUST** have the respondent's name and mailing address clearly shown on the outside of the envelope or package when submitted. Proposals will be opened and respondents announced at 6:10 P.M. local time, or as soon thereafter as practical, on October 5, 2015, in the Taylor County Administrative Complex, 201 East Green Street, Perry, Florida 32347.

Bid information may be obtained on-line at <http://www.taylorcountygov.com/Bids/Index.htm>.

The County reserves the right, in its sole and absolute discretion, to reject any or all Bids, to cancel or withdraw this solicitation at any time and waive any irregularities in the Solicitation process. The County reserves the right to award any contract to the respondent which it deems to offer the best overall service; therefore, the County is not bound to award any contract(s) based on the lowest quoted price. The County, in its sole and absolute discretion, also reserves the right to waive any minor defects in the process and to accept the proposal deemed to be in the County's best interest. **No faxed Proposals will be accepted.**

Additional information may be obtained from:

Taylor County Administrative Department
201 East Green Street
Perry, FL 32347
(850) 838-3500

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

INSTRUCTIONS TO BIDDERS

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ARTICLE 1 - DEFINED TERMS

1.01 Terms used in these Instructions to Bidders have the meanings indicated in the General Conditions and Supplementary Conditions. Additional terms used in these Instructions to Bidders have the meanings indicated below:

- A. *Issuing Office*—The office from which the Bidding Documents are to be issued and where the bidding procedures are to be administered. The issuing office for this solicitation will be the *Taylor County Clerk of Courts located at 1st Floor Courthouse, 108 N. Jefferson St., Suite 102, Perry, FL*. Bidding procedures will be administered at the *Taylor County Administrative Complex located at 201 East Green St., Perry, FL*.
- B. *Bidder*— One who submits a Bid directly to Owner as distinct from a sub-bidder, who submits a bid to Bidder.
- C. *Owner* — Taylor County Board of County Commissioners
- D. *Solicitation Manager* — The person responsible for managing the solicitation process, documents and questions. The Solicitation Manager will be the Taylor County Administrative Department.
- E. *Successful Bidder*—The lowest, responsible and responsive Bidder to whom Owner (on the basis of Owner's evaluation as hereinafter provided) makes an award.

ARTICLE 2 - COPIES OF BIDDING DOCUMENTS

2.01 Complete sets of the Bidding Documents in the number and for the deposit sum, if any, stated in the Advertisement or Invitation to Bid may be obtained from the Issuing Office.

2.02 Complete sets of Bidding Documents shall be used in preparing Bids; neither Solicitation Manager assumes any responsibility for errors or misinterpretations resulting from the use of incomplete sets of Bidding Documents.

2.03 Solicitation Manager, in making copies of Bidding Documents available on the above terms, do so only for the purpose of obtaining Bids for the Work and do not confer a license or grant for any other use.

ARTICLE 3 - QUALIFICATIONS OF BIDDERS

3.01 To demonstrate Bidder's qualifications to perform the Work, Bidder shall submit written evidence such as financial data, previous experience, present commitments, and such other data as may be called for below.

[A. Valid Business Licensing/Registration Information]

ARTICLE 4 - EXAMINATION OF BIDDING DOCUMENTS, OTHER RELATED DATA, AND SITE

4.01 It is the responsibility of each Bidder before submitting a Bid to:

A. examine and carefully study the Bidding Documents, the other related data identified in the Bidding Documents, and any Addenda;

B. visit the Site and become familiar with and satisfy Bidder as to the general, local, and Site conditions that may affect cost, progress, and performance of the equipment/products/supplies;

C. become familiar with and satisfy Bidder as to all federal, state, and local Laws and Regulations that may affect cost, progress, and performance of the equipment/products/supplies;

D. determine that the Bidding Documents are generally sufficient to indicate and convey understanding of all terms and conditions for the requested equipment/products/supplies.

ARTICLE 5 - SITE AND OTHER AREAS

5.01 The Site is identified as the Radiology Department at the Doctor's Memorial Hospital Facility located in Perry, Florida.

ARTICLE 6 - INTERPRETATIONS AND ADDENDA

6.01 All questions about the meaning or intent of the Bidding Documents are to be submitted to the Solicitation Manager in writing. Interpretations or clarifications considered necessary by the Solicitation Manager in response to such questions will be issued by Addenda mailed or delivered to all parties recorded by Solicitation Manager as having received the Bidding Documents. Questions received less than ten (10) days prior to the date for opening of Bids may not be answered. Only questions answered by Addenda will be binding. Oral and other interpretations or clarifications will be without legal effect.

6.02 Addenda may be issued to clarify, correct, or change the Bidding Documents as deemed advisable by Solicitation Manager.

ARTICLE 7 - SUBSTITUTE AND "OR-EQUAL" ITEMS

7.01 The award will be on the basis of materials and equipment specified or described in the Bidding Documents without consideration of possible substitute or "or-equal" items. Whenever it is specified or described in the Bidding Documents that a substitute or "or-equal" item of material or equipment may be furnished or used by Bidder if acceptable to Owner, application for such acceptance will not be considered by Owner until after the Bid award.

ARTICLE 8 - PREPARATION OF BID

8.01 The Bid Form is included with the Bidding Documents. Additional copies may be obtained on-line or from the Issuing Office.

8.02 All blanks on the Bid Form shall be completed by printing in ink or by typewriter and the Bid signed in ink. Erasures or alterations shall be initialed in ink by the person signing the Bid Form. A Bid price shall be indicated for each [section, Bid item, alternative, adjustment unit price item, and unit price item] listed therein, or the words "No Bid," "No Change," or "Not Applicable" entered.

8.03 A Bid by a corporation shall be executed in the corporate name by the president or a vice-president or other corporate officer accompanied by evidence of authority to sign. The corporate seal shall be affixed and attested by the secretary or an assistant secretary. The corporate address and state of incorporation shall be shown below the signature.

8.04 A Bid by a partnership shall be executed in the partnership name and signed by a partner (whose title must appear under the signature), accompanied by evidence of authority to sign. The official address of the partnership shall be shown below the signature.

8.05 A Bid by a limited liability company shall be executed in the name of the firm by a member and accompanied by evidence of authority to sign. The state of formation of the firm and the official address of the firm shall be shown below the signature.

8.06 A Bid by an individual shall show the Bidder's name and official address.

8.07 A Bid by a joint venture shall be executed by each joint venturer in the manner indicated on the Bid Form. The official address of the joint venture shall be shown below the signature.

8.08 All names shall be typed or printed in ink below the signatures.

8.09 The Bid shall contain an acknowledgment of receipt of all Addenda, the numbers of which shall be filled in on the Bid Form.

8.10 The address and telephone number for communications regarding the Bid shall be shown.

8.11 The Bid shall contain evidence of Bidder's authority and qualification to do business in the state of the Solicitation or covenant to obtain such qualification prior to award of the Bid.

ARTICLE 9 - BASIS OF BID; COMPARISON OF BIDS

9.01 *Lump Sum*

A. Bidders shall submit a Bid on a lump sum basis for the base Bid and include a separate price for each alternate described in the Bidding Documents as provided for in the Bid Form. The price for each alternate will be the amount [added to] *[or]* [deleted from] the base Bid if Owner selects the alternate. In the comparison of Bids, alternates will be applied in the same order as listed in the Bid form.

B. The Taylor County Board of County Commissioners is procuring the requested equipment/products/supplies on behalf of the Doctor's Memorial Hospital Facility. Doctor's Memorial Hospital is a current member of MedAssets. Bids should reflect such membership discounts when available but will not be required for consideration.

ARTICLE 10 - SUBMITTAL OF BID

10.01 An unbound copy of the Bid Form is to be completed and submitted with the following data:

- [A. Public Entity Crimes Affidavit, signed and notarized, as required by Chapter 287.133(3)(a)]
- [B. Non-Collusion Affidavit]
- [C. Valid Business Licensing/Registration Information]

10.02 A Bid shall be submitted no later than the date and time prescribed and at the place indicated in the Advertisement or Invitation to Bid and shall be enclosed in an opaque sealed envelope plainly marked with the Solicitation title (and, if applicable, the designated portion of the Solicitation for which the Bid is submitted), the name and address of Bidder, and shall be accompanied by the Bid security (when required) and other required documents. If a Bid is sent by mail or other delivery system, the sealed envelope containing the Bid shall be enclosed in a separate envelope plainly marked on the outside with the notation "Sealed Bid for DMH Laparoscopy/Arthroscopy Video Systems." Hand deliveries and mailed Bids shall be addressed to Clerk of Court, 1st Floor Courthouse, 108 North Jefferson Street, Suite 102, Perry, Florida 32347. Bids submitted by Overnight delivery shall also be delivered to the physical address of the Clerk of Court: Clerk of Court, 1st Floor Courthouse, 108 North Jefferson Street, Suite 102, Perry, Florida 32347.

10.03 The Taylor County Board of County Commissioners DOES NOT ACCEPT FAXED PROPOSALS.

10.04 Proposals that are not delivered to the place indicated in the Advertisement or Invitation to Bid prior to the date and time prescribed shall not be considered and will be returned to the responder unopened.

10.05 Incomplete Bid proposals that do not provide the required information and/or the required number of copies, may be deemed incomplete by the Board of County Commissioners and not considered during the Bid Evaluation.

ARTICLE 11 - MODIFICATION AND WITHDRAWAL OF BID

11.01 A Bid may be modified or withdrawn by an appropriate document duly executed in the manner that a Bid must be executed and delivered to the place where Bids are to be submitted prior to the date and time for the opening of Bids.

11.02 Once opened, no Bid may be withdrawn prior to the Board of County Commissioners action without written consent of the Clerk of Court.

ARTICLE 12 - OPENING OF BIDS

12.01 Bids will be opened at the time and place indicated in the Advertisement or Invitation to Bid and, unless obviously non-responsive, read aloud publicly. An abstract of the amounts of the base Bids and major alternates, if any, will be made available to Bidders after the opening of Bids.

ARTICLE 13 - BIDS TO REMAIN SUBJECT TO ACCEPTANCE

13.01 All Bids will remain subject to acceptance for the period of time stated in the Bid Form, but Owner may, in its sole discretion, release any Bid and return the Bid security prior to the end of this period.

ARTICLE 14 – EVALUATION OF BIDS AND AWARD OF CONTRACT

14.01 Owner reserves the right, in its sole and absolute discretion, to reject any or all Bids, to cancel or withdraw this bid solicitation at any time and waive any irregularities in the Bid process. Owner reserves the right to award any contract to the respondent which it deems to offer the best overall service; therefore, Owner is not bound to award any contract based on the lowest quoted price. Owner, in its sole and absolute discretion, also reserves the right to waive any minor defects in the process and to accept the bid deemed to be in the County's best interest.

14.02 Owner, in its sole and absolute discretion, also reserves the right to assign a local business preference in a maximum amount of five (5) percent of the bid price pursuant to Taylor County Ordinance No. 2003-12.

14.03 More than one Bid for the same products from an individual or entity under the same or different names will not be considered. Reasonable grounds for believing that any Bidder has an interest in more than one Bid for the Work may be cause for disqualification of that Bidder and the rejection of all Bids in which that Bidder has an interest.

14.04 In evaluating Bids, Owner will consider whether or not the Bids comply with the prescribed requirements, and such alternates, unit prices and other data, as may be requested in the Bid Form or prior to the Notice of Award.

14.05 In evaluating Bidders, Owner will consider the qualifications of Bidders and may consider the qualifications and experience of Suppliers, Equipment manufacturers and other individuals included as part of the bid package.

14.06 If the Contract is to be awarded, Owner will award the Contract to the Bidder whose Bid is in the best interests of the Solicitation.

14.07 In evaluating bids, Owner reserves the right to ask for additional information up to and including an in-person, on-site demonstration of the equipment.

14.08 In evaluating bids, Owner reserves the right to consider the response time for any service request that might be placed for the equipment.

ARTICLE 15 - SALES AND USE TAXES

15.01 Owner is exempt from Florida state sales and use taxes on all Direct Purchased materials and equipment to be incorporated in the Work. Said taxes for such items shall not be included in the Bid. Refer to Paragraph SC-6.10 of the Supplementary Conditions for additional information.

15.02 Owner is exempt from payment of sales and compensating use taxes of the State of Florida and of cities and counties thereof on all materials to be incorporated into the Work which are Direct Purchased by Owner. Contractor purchases are not eligible for this exemption and such costs shall be accounted for within the Bid.

1. Owner will furnish the required certificates of tax exemption to Contractor for use in the purchase of Direct Purchased supplies and materials to be incorporated into the Work.
2. Owner's exemption does not apply to supplies, materials, or construction tools, machinery, equipment, or other property purchased by or leased by Contractor, or to supplies or materials not incorporated into the Work.

BID FORM

DMH Laparoscopy/Arthroscopy Video Systems

TABLE OF ARTICLES

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ARTICLE 1 – BID RECIPIENT

- 1.01 This Bid is submitted to:

*Taylor County Board of County Commissioners
Clerk of Court
1st Floor Courthouse, Suite 102
108 North Jefferson St.
Perry, Florida 32347*

- 1.02 The undersigned Bidder proposes and agrees, if this Bid is accepted, to provide products/equipment/supplies that fully meet all specifications outlined in the Bidding Documents for the prices and within the times indicated in this Bid and in accordance with the other terms and conditions of the Bidding Documents.

ARTICLE 2 – BIDDER'S ACKNOWLEDGEMENTS

- 2.01 Bidder accepts all of the terms and conditions of the Instructions to Bidders, including without limitation those dealing with the disposition of Bid security. This Bid will remain subject to acceptance for 30 days after the Bid opening, or for such longer period of time that Bidder may agree to in writing upon request of Owner.

ARTICLE 3 – BIDDER'S REPRESENTATIONS

- 3.01 In submitting this Bid, Bidder represents that:

- A. Bidder has examined and carefully studied the Bidding Documents, the other related data identified in the Bidding Documents, and the following Addenda, receipt of which is hereby acknowledged.

<u>Addendum No.</u>	<u>Addendum Date</u>
_____	_____
_____	_____

- B. Bidder has visited or is familiar with the Site and become familiar with and is satisfied as to the general, local and Site conditions that may affect cost, progress, and performance of the Work.
- C. Bidder is familiar with and is satisfied as to all federal, state and local Laws and Regulations that may affect cost, progress and performance of the equipment/products/supplies.
- D. Bidder has given solicitation Manager written notice of all conflicts, errors, ambiguities, or discrepancies that Bidder has discovered in the Bidding Documents, and the written resolution thereof by Solicitation Manager is acceptable to Bidder.
- E. The Bidding Documents are generally sufficient to indicate and convey understanding of all terms and conditions for the performance of the equipment/products/supplies for which this Bid is submitted.
- F. Bidder will submit written evidence of its authority and qualification to do business in the state of the Solicitation or covenant to obtain such qualification prior to award of the Bid.

ARTICLE 4 – FURTHER REPRESENTATIONS

4.01 Bidder further represents that:

- A. this Bid is genuine and not made in the interest of or on behalf of any undisclosed individual or entity and is not submitted in conformity with any agreement or rules of any group, association, organization or corporation;
- B. Bidder has not directly or indirectly induced or solicited any other Bidder to submit a false or sham Bid;
- C. Bidder has not solicited or induced any individual or entity to refrain from bidding; and
- D. Bidder has not sought by collusion to obtain for itself any advantage over any other Bidder or over Owner.

ARTICLE 5 – BASIS OF BID

5.01 Bidder will provide the requested equipment/products/supplies in accordance with the Contract Documents for the following price(s):

Total Lump Sum Bid Price	One hundred seventy-eight thousand two hundred _____ thirty-one dollars and fifty-three cents _____ (words)	\$178,231.53 (numerals)
	_____ (words)	\$ _____ (numerals)
	_____ (words)	\$ _____ (numerals)
	_____ (words)	\$ _____ (numerals)
	_____ (words)	\$ _____ (numerals)
	_____ (words)	\$ _____ (numerals)
	_____ (words)	\$ _____ (numerals)

Bidder also acknowledges that the award of this solicitation or any portion thereof will be contingent upon the availability of funds. If funding is not available to award the solicitation in its entirety, the Board of County Commissioners reserves the right to award portions thereof so as to remain within available funding. Such partial award will not relieve the Bidder from complying with the full requirements of the awarded portions.

ARTICLE 6 – TIME OF COMPLETION

6.01 Bidder agrees that the equipment/products/supplies will be delivered and ready for final payment on or before the dates or within the number of calendar days indicated in the Bid.

ARTICLE 7 – ATTACHMENTS TO THIS BID

7.01 The following documents are attached to and made a condition of this Bid:

- A. Public Entity Crimes Affidavit, signed and notarized, as required by Chapter 287.133(3)(a), F.S.
- B. Non-Collusion Affidavit
- C. Valid Business Licensing/Registration Information

ARTICLE 8 – DEFINED TERMS

8.01 The terms used in this Bid with initial capital letters have the meanings stated in the Instructions to Bidders.

ARTICLE 9 – BID SUBMITTAL

9.01 This Bid submitted by:

If Bidder is:

An Individual

Name (typed or printed): _____

By: _____ (SEAL)
(Individual's signature)

Doing business as: _____

A Partnership

Partnership Name: _____ (SEAL)

By: _____
(Signature of general partner -- attach evidence of authority to sign)

Name (typed or printed): _____

A Corporation

Corporation Name: Stryker Sales Corporation acting through its Endoscopy division

State of Incorporation: MICHIGAN

Type (General Business) Professional, Service, Limited Liability): _____

By: _____
(Signature – attach evidence of authority to sign)

Name (typed or printed): JAMES ANDREW PIERCE

Title: PRESIDENT (CORPORATE SEAL)

Attest _____

Date of Authorization to do business in FLORIDA is 9/28/1994

A Joint Venture

Name of Joint Venture: _____

First Joint Venturer Name: _____ (SEAL)

By: _____
(Signature of first joint venture partner -- attach evidence of authority to sign)

Name (typed or printed): _____

Title: _____

Second Joint Venturer Name: _____ (SEAL)

By: _____
(Signature of second joint venture partner -- attach evidence of authority to sign)

Name (typed or printed): _____

Title: _____

(Each joint venturer must sign. The manner of signing for each individual, partnership, and corporation that is a party to the joint venture should be in the manner indicated above.)

Bidder's Business Address 5900 OPTICAL COURT
SAN JOSE, CA 95138

Phone No. 408-754-2000 Fax No. 408-754-2969

SUBMITTED on OCT. 2, 2015.

State Contractor License No. _____ (If applicable)

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

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

1. This sworn statement is submitted with (Bid) Proposal or Contract No. _____
for ENDOSCOPY EQUIPMENT- DOCTOR'S MEMORIAL HOSPITAL
2. This sworn statement is submitted by Stryker Sales Corporation acting through its Endoscopy division
(Name of entity submitting sworn statement)

Whose business address is 5900 OPTICAL COURT
SAN JOSE, CA 95138 and

(if applicable) its Federal Employer Identification Number (FEIN) is 38-2902424.
(if the entity has no FEIN, include the Social Security Number of the individual signing this sworn

statement: _____.)

3. My name is JAMES ANDREW PIERCE and my relationship to the entity
name above is PRESIDENT.
4. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
5. I understand that "convicted" or "conviction" as defined in Paragraph 287-133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court or record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
6. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
- a. A predecessor or successor of a person convicted of a public entity crime: or
 - b. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
7. I understand that a "person" as defined in Paragraph 287.133(1)(g)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provisions of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

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

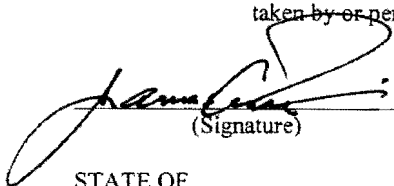
☒ Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members or agents who are active in management of the entity, nor affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1,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

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

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

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

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


(Signature)

SEPT. 29, 2015
(Date)

STATE OF _____

COUNTY OF _____

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

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

of _____.

My commission expires: _____

NOTARY PUBLIC

See. attached California
Jurat certificate

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- ☒ See Attached Document (Notary to cross out lines 1-6 below)
☐ See Statement Below (Lines 1-6 to be completed only by document signer[s], not Notary)

Signature of Document Signer No. 1_____
Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Santa ClaraSubscribed and sworn to (or affirmed) before meon this 29 day of September, 2015
by Date Month Year(1) James Andrew Pierce

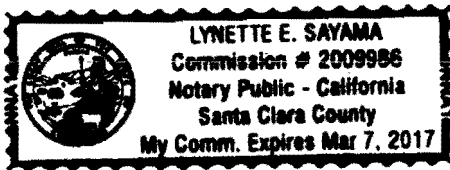
(and (2) _____),

Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature _____

Signature of Notary Public



Seal

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Sworn statement under Section 287.133(a), Florida Statutes on Public Entry Crimes - DMH Endoscopy Equipment Document Date: September 29, 2015
Number of Pages: 2 Signer(s) Other Than Named Above: None

NON-COLLUSION AFFIDAVIT

(STATE OF FLORIDA, COUNTY OF TAYLOR)

JAMES ANDREW PIERCE being first duly sworn, deposes and says that:

- (1) ☒ He/She/They is/are the PRESIDENT of
(Owner, Partner, Officer, Representative or Agent)
STRYKER SALES CORPORATION the Bidder that has submitted the attached Bid;
ACTING THROUGH ITS ENDOSCOPY DIVISION
- (2) ☒ He/She/They is/are fully informed respecting the preparation and contents of the attached Bid and of all pertinent circumstances respecting such Bid;
- (3) Such Bid is genuine and is not a collusive or sham Bid;
- (4) Neither the said Bidder nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other Bidder, firm, or person to submit a collusive or sham Bid in connection with the Work for which the attached Bid has been submitted; or to refrain from Bidding in connection with such Work; or have in any manner, directly or indirectly, sought by agreement or collusion, or communication, or conference with any Bidder, firm, or person to fix any overhead, profit, or cost elements of the Bid or of any other Bidder, or to fix any overhead, profit, or cost elements of the Bid Price or the Bid Price of any other Bidder, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the proposed Work;
- (5) The price or prices quoted in the attached Bid are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the BIDDER or any other of its agents, representatives, owners, employees or parties of interest, including this affiant.

Signed, sealed and delivered in the presence of:

Sharon Rasmussen
Witness

By: [Signature]
Signature
JAMES ANDREW PIERCE, PRESIDENT
Print Name and Title

Witness

STATE OF FLORIDA, (COUNTY OF TAYLOR)

On this the _____ day of _____, _____, before me, the undersigned Notary Public of the State of Florida, personally appeared _____ (Name(s)) of _____ individual(s) who appeared before notary) _____ and whose name(s) is/are subscribed to the within Affidavit of Non-Collusion, and he/she/they acknowledge that he/she/they executed it.

WITNESS my hand and official seal.

Notary Public, State of Florida

NOTARY PUBLIC:

SEAL OF OFFICE:

(Name of Notary Public: Print, Stamp or type as commissioned)

Personally known to me, or

Did take an oath, or

Personal identification:

Did Not take an oath.

Type of Identification Produced

see attached California
acknowledgment certificate

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)

County of Santa Clara)

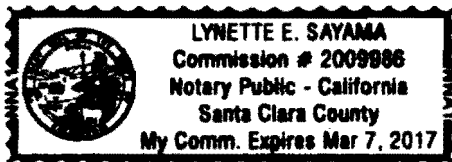
On September 29, 2015 before me, Lynette E. Sayama, Notary Public,
Date Here Insert Name and Title of the Officer

personally appeared James Andrew Pierce
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature [Signature]
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Non-Collusion Affidavit Document Date: None

Number of Pages: 1 Signer(s) Other Than Named Above: None

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

☐ Corporate Officer — Title(s): _____

☐ Partner — ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

☐ Other: _____

Signer Is Representing: _____

Signer's Name: _____

☐ Corporate Officer — Title(s): _____

☐ Partner — ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

☐ Other: _____

Signer Is Representing: _____



Certificate of Registration

DR-11
R. 10/13

Issued Pursuant to Chapter 212, Florida Statutes

78-8012473926-5

07/17/90

Certificate Number

Registration Effective Date

This certifies that

STRYKER SALES CORPORATION
2825 AIRVIEW BLVD
PORTAGE MI 49002-1802

has met the sales and use tax registration requirements for the business location stated above and is authorized to collect and remit tax as required by Florida law. This certificate is non-transferable.

POST THIS CERTIFICATE IN A CONSPICUOUS PLACE

**THIS IS YOUR SALES & USE TAX CERTIFICATE OF REGISTRATION
(DETACH AND POST IN A CONSPICUOUS PLACE)**



THIS IS YOUR ANNUAL RESALE CERTIFICATE FOR SALES TAX

Note: New dealers who register after mid-October are issued annual resale certificates that expire on December 31 of the following year.

These certificates are valid immediately.



DR-11R, R. 10/13



2014 Florida Annual Resale Certificate for Sales Tax

DR-13
R. 10/13

THIS CERTIFICATE EXPIRES ON DECEMBER 31, 2014

Business Name and Location AddressRegistration Effective DateCertificate Number

STRYKER SALES CORPORATION
2825 AIRVIEW BLVD
PORTAGE MI 49002-1802

07/17/90

78-8012473926-5

This is to certify that all tangible personal property purchased or rented, real property rented, or services purchased by the above business are being purchased or rented for one of the following purposes:

- Resale as tangible personal property.
- Re-rental as tangible personal property.
- Resale of services.
- Re-rental as real property.
- Incorporation into and sale as part of the repair of tangible personal property by a repair dealer.
- Re-rental as transient rental property.
- Incorporation as a material, ingredient, or component part of tangible personal property that is being produced for sale by manufacturing, compounding, or processing.

This certificate cannot be reassigned or transferred. This certificate can only be used by the active registered dealer or its authorized employees. Misuse of this Florida Annual Resale Certificate will subject the user to penalties as provided by law. Use signed photocopy for resale purposes.

Presented to: _____
(Insert name of seller on photocopy) (date)

Presented by: _____
Authorized Signature (Purchaser) (date)



2015 Florida Annual Resale Certificate for Sales Tax

DR-13
R. 10/14

THIS CERTIFICATE EXPIRES ON DECEMBER 31, 2015

Business Name and Location Address

Certificate Number

STRYKER SALES CORPORATION
2825 AIRVIEW BLVD
PORTAGE, MI 49002-1802

78-8012473926-5

By extending this certificate or the certificate number to a selling dealer to make eligible purchases of taxable property or services exempt from sales tax and discretionary sales surtax, the person or business named above certifies that the taxable property or services purchased or rented will be resold or re-rented for one or more of the following purposes:

- Resale as tangible personal property.
- Re-rental as tangible personal property.
- Resale of services.
- Re-rental as commercial real property.
- Incorporation into and sale as part of the repair of tangible personal property by a repair dealer.
- Re-rental as transient rental property.
- Incorporation as a material, ingredient, or component part of tangible personal property that is being produced for sale by manufacturing, compounding, or processing.

Florida law provides for criminal and civil penalties for fraudulent use of a *Florida Annual Resale Certificate*.

The *Florida Annual Resale Certificate* is issued to active, registered sales and use tax dealers. **As a buyer**, use your certificate to purchase or rent property or services tax exempt that you intend to resell or re-rent to your customers. You cannot use this certificate to purchase or rent property or services that you will use in your business. **As a seller**, you must collect sales tax and discretionary sales surtax imposed on retail sales or rentals of taxable property or services, unless the transaction is exempt.

Seller Certificate Verification - Verify resale or exemption certificates using a customer's sales tax certificate number:

- Phone: **877-FL-RESALE** (877-357-3725)
- Online: Go to **www.myflorida.com/dor** and select "**More e-Services**" and then "**Verify resale and exemption certificate**"
- Mobile App: **Florida Tax (FL Tax)** mobile app for iPhone, iPad, Android phones and tablets, Windows Phone

If you obtain an authorization number for each tax-exempt sale, or for all sales to a specific customer, you do **not** need to keep a copy of the customer's *Florida Annual Resale Certificate*.

PART 2– EQUIPMENT SPECIFICATIONS

DMH Laparoscopy/Arthroscopy Equipment Specifications

Laparoscopic/Arthroscopic Equipment

Scopes:

- 3 EA 30 Degree Arthroscope, 4mm
- 1 EA 70 Degree Arthroscope, 4mm
- 3 EA Sheath system for scope introduction
- 3 EA 0 Degree Laparoscope 5 mm
- 3 EA 0 Degree Laparoscope 10 mm
- 2 EA 45 Degree Laparoscope 10 mm

Video components:

- 2 EA Video console
- 2 EA Video processor
- 5 EA Camera heads
- 2 EA Light source
- 5 EA Light cords
- 2 EA Unattached Monitor
- 2 EA Cart with Monitor
- 2 EA Color printer

Arthroscope Shaving:

- 2 EA Shaver control console
- 4 EA Shaver hand piece
- 1 EA Arthroscopy Irrigation Pump

Lap Insufflation

- 2 EA Insufflator



STEVE BAUMGARTNER
STEVE.BAUMGARTNER@STRYKER.COM
Cell: (904) 487-1252

Laparoscopic Arthroscopic Equipment
1-3Y15E2

PROPOSAL
09/18/15

We are pleased to submit our quotation on the following Stryker Endoscopy products.

PROPOSAL SUBMITTED TO:
DRS MEMORIAL HOSPITAL
30090

EQUIPMENT

Line No.	Part No.	Description	U/M	Qty	List Price	Sell Price	Total
1	0747-031-550	PKG., PUMP CANNULA 5.8MM W/2 ROTATING STOPCOCK	Each	3	\$1,077.11	430.95	\$1,292.85
2	0747-031-510	PKG. PENCIL OBTURATOR, 5.8MM PUMP CANNULA	Each	3	\$312.89	125.19	\$375.57
3	0700-010-000	PKG, PRECISION AC 3-CHIP CAMERA CONTROL UNIT (CC	Each	2	\$28,935.14	11576.95	\$23,153.90
4	0700-410-122	PKG, PRECISION AC 3-CHIP AUTOCLAVABLE CAMERA AN	Each	5	\$28,935.14	11576.95	\$57,884.75
5	0233-050-064	PKG, FIBEROPTIC CABLE 5.0MM X 10 FT. (3.05M)	Each	5	\$623.96	249.65	\$1,248.25
6	0240-099-110K	FLAT PANEL ROLL STAND KIT	Each	2	\$3,049.41	1220.07	\$2,440.14
7	0240-099-011K	STANDARD VIDEO CART KIT	Each	2	\$7,173.78	2870.22	\$5,740.44
8	0240-080-230	SDP1000	Each	2	\$4,837.40	1935.44	\$3,870.88
9	0375-704-500	PACKAGING, FORMULA SHAVER (HAND CONTROL)	Each	4	\$10,901.53	0	\$0.00
10	0350-800-001	PKG, FLOSTEADY - ARTHROSCOPY POLE PUMP	Each	1	\$10,892.30	0	\$0.00
						Equipment Total List Price	\$294,455.34
						Equipment Total	\$96,006.78

SAMPLES

Line No.	Part No.	Description	U/M	Qty	List Price	Sell Price	Total
1	0502-539-010	HD 5MM 0A* LAPAROSCOPE, AC	Each	3	\$7,575.00	2272.5	\$6,817.50
2	0220-210-000	PKG L9000 LIGHT SOURCE	Each	2	\$15,804.50	4681.35	\$9,382.70
3	0240-030-960	PKG; 26" VISION ELECT HDTV SURGICAL VIEWING MONIT	Each	4	\$12,998.55	3899.57	\$15,598.28
4	0475-000-000	CROSSFIRE CONSOLE	Each	2			
						Samples Total List Price	\$105,928.20
						Samples Total	\$31,778.48

CPO

Line No.	Part No.	Description	U/M	Qty	List Price	Sell Price	Total
1	0502-477-031	PKG., 4MM AUTOCLAVABLE ARTHROSCOPE	Each	3	\$5,844.01	1753.2	\$5,259.80
2	0502-477-071	PKG, 4MM A/C ARTHROSCOPE	Each	1	\$5,844.01	1753.2	\$1,753.20
3	0502-457-010	PKG, 10MM A/C LAPAROSCOPE	Each	3	\$6,911.24	2073.37	\$6,220.11
4	0502-457-045	PKG, 10MM A/C LAPAROSCOPE	Each	2	\$6,911.24	2073.37	\$4,146.74
5	0240-050-988	PKG., SDC ULTRA	Each	2	\$39,531.40	11859.42	\$23,718.84
6	0620-040-654	PNEUMO SURE XL KIT FOR BOTTLE GAS CONNECTION	Each	2	\$15,579.82	4673.89	\$9,347.78
6.1	0620-040-610	PKG; PNEUMO SURE XL HIGH FLOW INSUFFLATOR	Each	1			
6.2	0620-010-103	TANK YOKE	Each	1			
6.3	0620-010-104	FINAL PKG. ASSY, CO2 TANK HOSE	Each	1			
						CPO Total List Price	\$168,154.28
						CPO Total	\$50,448.27
						Total List Price	\$568,537.82
						Total Discount	\$390,308.29
						Total Discount %	68.65%
						Sub Total	\$178,231.53
						Total Discount % with add.	68.65%
						Total	\$178,231.53

Pricing does not include applicable taxes and shipping.

F.O.B.: Shipping Point
Prices: in effect for 60 days
Terms: Net 30 Days
Ask your Stryker Sales Rep about our flexible financing options.

Comments

Extended warranty of 4 years.

This pricing is based on distinctive Customer attributes, including but not limited to Customer's size, proximate geographic location, historic purchasing volume, product purchasing mix and length of commitment.

MEDICAL VIDEO * POWERED ARTHROSCOPY INSTRUMENTS * OPTICS & INSTRUMENTS FOR ARTHROSCOPY AND LAPAROSCOPY

THIS SALES PROPOSAL IS THE ENTIRE AGREEMENT BETWEEN THE PARTIES AND IS SUBJECT TO STRYKER'S TERMS OF SALE (FOUND AT www.stryker.com/en-us/StrykerEndoSalesTerms/index.htm), WHICH RELATE TO THE SALE AND PURCHASE OF THE PRODUCTS AND SERVICES OF STRYKER ENDOSCOPY, STRYKER COMMUNICATIONS, STRYKER SPORTS MEDICINE, AND STRYKER PROCARE, AND ANY DIFFERENT OR ADDITIONAL TERMS ARTICULATED BY STRYKER HEREIN. NONE OF STRYKER'S TERMS MAY BE REJECTED OR REVOKED BY BUYER WITHOUT THE CONSENT OF STRYKER ENDOSCOPY'S LEGAL TEAM. ADDITIONALLY, ANY DIFFERENT OR ADDITIONAL TERMS ON ANY PURCHASE ORDER OR OTHER DOCUMENT SUBSEQUENTLY SUBMITTED BY BUYER ARE NULL AND VOID UNLESS EXPLICITLY APPROVED BY STRYKER ENDOSCOPY'S LEGAL TEAM. ACCORDINGLY, ACCEPTANCE OF BUYER'S PURCHASE ORDER AND SHIPPING OF STRYKER PRODUCT TO BUYER DOES NOT SERVE AS ACCEPTANCE OF ANY SUCH DIFFERENT OR ADDITIONAL TERMS. IF YOU HAVE ISSUE WITH ANY OF STRYKER'S TERMS OF SALE, PLEASE CONTACT YOUR STRYKER SALES REPRESENTATIVE. BY ACCEPTING THE PRODUCT/S AND/OR SERVICES, YOU ACKNOWLEDGE AND AGREE TO THE FOREGOING.

Extended Warranty of 4 years (4y)

Timeline for installation, Education, Implementation and on-going Education Support
Shipping Cost

1. ONCE DELIVERED, INSTALL TAKES ONE DAY.
2. EDUCATION STARTS IMMEDIATELY AND CONTINUES AS LONG AS YOU NEED IT.
3. SHIPPING COST: \$1,600.⁰⁰

14

MARK WIGGINS, TAX COLLECTOR
OFFICE OF THE TAX COLLECTOR

Taylor County • Post Office Box 30
Perry, Florida 32348-0030

Property Tax Office
Taylor County Courthouse

February 3, 2016

Phone 850-838-3580
Fax 850-838-3543

Board of County Commission
Taylor County Courthouse
Perry, Florida 32347
Attn: Honorable, Jody DeVane Chairman

Dear Mr. DeVane,

Pursuant to Chapter 197.492, Florida Statutes, the expiration of a delinquent tax certificate is seven (7) years from the date of issuance, unless tax deed application or other administrative or legal proceedings have begun on the property covered by the certificate.

Please be advised the attached list of County held tax certificates that were issued in May, 2009, will expire in May, 2016, unless the County exercises its option and begin the tax deed application proceedings. Attached you will find a listing of those certificates.

We have already mailed letters to the property owners advising them the tax deed process may begin if payment is not made by January 29, 2016. To begin the tax deed process for each certificate we will need the \$110.00 title search fee and an application fee of \$75.00. We will also need an application signed by you.

Of the 127 unpaid tax certificates held by the County from the 2009 certificate sale 51 cover Oil, Gas and Mineral Rights and six the County applied for tax deed, is on the List of Lands Available for Sale. If the County plans to begin this process please let me know as soon as possible, so that we can complete this work on a timely manner.

As always, if additional information is required, please do not hesitate to let us know.

Respectfully yours,



Mark Wiggins, Tax Collector

MW/be

Attachments



Forest Capital of the South



Account/Geo No.	Cert/Folio No.	Value	Face Amount	Bid %	Payment Information
0099999 COUNTY HELD CERTIFICATE					
PERRY FL 32347					
R01301-100	2009	22.000	1,440	\$58.34	18.000
200405-01301100	2008	100826.0000			
Owner Info: HENDERSON S W JR					
P O BOX 1365					
LUFKIN TX 75902					
064000 ACRES					
640 ACRES					
MINERAL RIGHTS					
3/8 INT IN OGM RGTS IN					
SECTION LB R-18 OR					
116-672					
R01302-100	2009	23.000	1,440	\$58.34	18.000
210405-01302100	2008	100832.0000			
HENDERSON S W JR					
P O BOX 1365					
LUFKIN TX 75902					
064000 ACRES					
640 ACRES					
MINERAL RIGHTS					
3/8 INT IN OGM RGTS IN					
SECTION LB R-18 OR					
116-672					
R01303-100	2009	24.000	1,440	\$58.34	18.000
220405-01303100	2008	100838.0000			
HENDERSON S W JR					
P O BOX 1365					
LUFKIN TX 75902					
064000 ACRES					
640 ACRES					
MINERAL RIGHTS					
3/8 INT IN OGM RGTS IN					
SECTION LB R-18 OR					
116-672					
R01304-100	2009	25.000	1,440	\$58.34	18.000
230405-01304100	2008	100844.0000			
HENDERSON S W JR					
P O BOX 1365					
LUFKIN TX 75902					
064000 ACRES					
640 ACRES					
MINERAL RIGHTS					
3/8 INT IN OGM RGTS IN					
SECTION LB R-18 OR					
116-672					

Account/Geo No.	Cert/Folio No.	Value	Face Amount	Bid %	Payment Information
0099999	COUNTY HELD CERTIFICATE				
R01305-100	2009 26.000	1,440	\$58.34	18.000	
240405-01305100	2008 100850.0000				
Owner Info:	HENDERSON S W JR P O BOX 1365 LUFKIN TX 75902 064000 ACRES 640 ACRES MINERAL RIGHTS 3/8 INT IN OGM RGTS IN SECTION LB R-18 OR 116-672				
R01306-100	2009 27.000	1,440	\$58.34	18.000	
250405-01306100	2008 100856.0000				
	HENDERSON S W JR P O BOX 1365 LUFKIN TX 75902 064000 ACRES 640 ACRES MINERAL RIGHTS 3/8 INT IN OGM RGTS IN SECTION LB R-18 OR 116-672				
R01307-100	2009 28.000	1,440	\$58.34	18.000	
260405-01307100	2008 100862.0000				
	HENDERSON S W JR P O BOX 1365 LUFKIN TX 75902 064000 ACRES 640 ACRES MINERAL RIGHTS 3/8 INT IN OGM RGTS IN SECTION LB R-18 OR 116-672				
R01308-100	2009 29.000	1,440	\$58.34	18.000	
270405-01308100	2008 100868.0000				
	HENDERSON S W JR P O BOX 1365 LUFKIN TX 75902 064000 ACRES 640 ACRES MINERAL RIGHTS 3/8 INT IN OGM RGTS IN SECTION LB R-18 OR 116-672				
R01309-100	2009 30.000	1,440	\$58.34	18.000	
280405-01309100	2008 100874.0000				

Account/Geo No.	Cert/Folio No.	Value	Face Amount	Bid %	Payment Information
0099999	COUNTY HELD CERTIFICATE				
Owner Info:	HENDERSON S W JR P O BOX 1365 LUFKIN TX 75902 064000 ACRES 640 ACRES MINERAL RIGHTS 3/8 INT IN OGM RGTS IN SECTION LB R-18 OR 116-672				
R01310-100	2009	31.000	1,440	\$58.34	18.000
290405-01310100	2008	100880.0000			
	HENDERSON S W JR P O BOX 1365 LUFKIN TX 75902 064000 ACRES 640 ACRES MINERAL RIGHTS 3/8 INT IN OGM RGTS IN SECTION LB R-18 OR 116-672				
R01311-200	2009	32.000	1,170	\$53.76	18.000
300405-01311200	2008	100888.0000			
	HENDERSON S W JR P O BOX 1365 LUFKIN TX 75902 052000 ACRES 520 ACRES MINERAL RIGHTS 3/8 INT IN OGM RGTS IN N 1/2 SW 1/4 & NW 1/4 OF SE 1/4 LB R-18 OR 116-672				
R01320-100	2009	33.000	720	\$46.18	18.000
030505-01320100	2008	100907.0000			
	HENDERSON S W JR P O BOX 1365 LUFKIN TX 75902 032000 ACRES 320 ACRES MINERAL RIGHTS 3/8 INT IN OGM RGTS IN S 1/2 LB R-18 OR 116-672				
R01333-100	2009	34.000	720	\$46.18	18.000
150505-01333100	2008	100928.0000			
	HENDERSON S W JR P O BOX 1365				

Account/Geo No.	Cert/Folio No.	Value	Face Amount	Bid %	Payment Information
0099999	COUNTY HELD CERTIFICATE				
	LUFKIN TX 75902				
	064000 ACRES				
	640 ACRES				
	MINERAL RIGHTS				
	3/8 INT IN OGM RGTS IN				
	SECTION LB R-18 OR				
	116-672				
R01590-100	2009 46.000	1,440	\$58.34	18.000	
060506-01590100	2008 101396.0000				
	HENDERSON S W JR				
	P O BOX 1365				
	LUFKIN TX 75902				
	064000 ACRES				
	640 ACRES				
	MINERAL RIGHTS				
	3/8 INT IN OGM RGTS IN				
	SECTION LB R-18 OR				
	116-672				
R01601-200	2009 48.000	1,350	\$56.81	18.000	
110506-01601200	2008 101426.0000				
	HENDERSON S W JR				
	P O BOX 1365				
	LUFKIN TX 75902				
	060000 ACRES				
	600 ACRES				
	MINERAL RIGHTS				
	3/8 INT IN OGM RGTS IN				
	SECTION LESS NW 1/4 OF				
	NW 1/4 LB				
	R-18 OR 116-672				
R01601-400	2009 49.000	1,800	\$64.42	18.000	
110506-01601400	2008 101428.0000				
	SNOW ANNE ETAL				
	1255 STONEWALL				
	NEW BRAUNFELS TX 78130				
	060000 ACRES				
	MINERAL RIGHTS				
	UNDIVIDED 1/2 INT IN OGM RGTS				
	IN ALL SECTION LESS NW 1/4 OF				
	NW 1/4				
R01605-200	2009 50.000	1,440	\$58.34	18.000	
120506-01605200	2008 101432.0000				
	HENDERSON S W JR				
	P O BOX 1365				
	LUFKIN TX 75902				

Account/Geo No.	Cert/Folio No.	Value	Face Amount	Bid %	Payment Information
0099999	COUNTY HELD CERTIFICATE				
	064000 ACRES				
	640 ACRES				
	MINERAL RIGHTS				
	3/8 INT IN OGM RGTS IN				
	SECTION LB R-18 OR				
	116-672				
R01605-400	2009	51.000	1,920	\$66.45	18.000
120506-01605400	2008	101434.0000			
	SNOW ANNE ETAL				
	1255 STONEWALL				
	NEW BRAUNFELS TX 78130				
	064000 ACRES				
	MINERAL RIGHTS				
	UNDIVIDED 1/2 INT IN OGM RGTS				
	IN ALL SECTION				
R01606-100	2009	52.000	1,080	\$52.26	18.000
130506-01606100	2008	101436.0000			
	HENDERSON S W JR				
	P O BOX 1365				
	LUFKIN TX 75902				
	048000 ACRES				
	480 ACRES				
	MINERAL RIGHTS				
	3/8 INT IN OGM RGTS IN				
	SECTION LESS SW 1/4				
	LB R-18 OR 116-672				
R01613-200	2009	53.000	864	\$48.62	18.000
140506-01613200	2008	101449.0000			
	HENDERSON S W JR				
	P O BOX 1365				
	LUFKIN TX 75902				
	038400 ACRES				
	384 ACRES				
	MINERAL RIGHTS				
	3/8 INT IN OGM RGTS IN N				
	1/2 LESS 16 AC IN NE 1/4				
	& LESS W 1/2 OF NW 1/4 OF				
	NW 1/4 N 1/2 OF SW 1/4 & N				
	1/2 OF SW 1/4 OF SE 1/4 OR				
	116-672				
R01613-400	2009	54.000	732	\$46.36	18.000
140506-01613400	2008	101451.0000			
	SNOW ANNE ETAL				
	1255 STONEWALL				
	NEW BRAUNFELS TX 78130				

Account/Geo No.	Cert/Folio No.	Value	Face Amount	Bid %	Payment Information
0099999	COUNTY HELD CERTIFICATE				
	024400 ACRES				
	MINERAL RIGHTS				
	UNDIVIDED 1/2 INT IN OGM				
	RGTS IN N 1/2 LESS 9 AC IN				
	SW COR SE 1/4 OF NE 1/4 & LESS				
	7 AC IN SE COR OF SW 1/4 OF				
	NE 1/4 & LESS W 1/2 OF NW 1/4				
	OF NW 1/4 & LESS SW 1/4 OF				
	NW 1/4				
R01624-200	2009	59.000	652	\$45.03	18.000
150506-01624200	2008	101514.0000			
	HENDERSON S W JR				
	P O BOX 1365				
	LUFKIN TX 75902				
	029000 ACRES				
	290 ACRES				
	MINERAL RIGHTS				
	3/8 INT IN OGM RGTS IN S				
	1/2 OF NE 1/4 N 1/2 OF NE				
	1/4 OF NW 1/4 SE 1/4 OF				
	SW 1/4 & SE 1/4				
	LB R-18 OR 116-672				
R01624-400	2009	60.000	810	\$47.69	18.000
150506-01624400	2008	101516.0000			
	SNOW ANNE ETAL				
	1255 STONEWALL				
	NEW BRAUNFELS TX 78130				
	027000 ACRES				
	MINERAL RIGHTS				
	UNDIVIDED 1/2 INT IN OGM				
	RGTS IN N 1/2 OF N 1/2 OF NE				
	1/4 OF NW 1/4 S 1/2 OF NE 1/4				
	N 1/2 OF SE 1/4 SE 1/4 OF SE				
	1/4 SE 1/4 OF SW 1/4 S 1/2 OF				
	SW 1/4 OF SE 1/4				
R01630-100	2009	61.000	1,440	\$58.34	18.000
180506-01630100	2008	101532.0000			
	HENDERSON S W JR				
	P O BOX 1365				
	LUFKIN TX 75902				
	064000 ACRES				
	640 ACRES				
	MINERAL RIGHTS				
	3/8 INT IN OGM RGTS IN				
	SECTION LB R-18 OR				
	116-672				
R01654-100	2009	65.000	480	\$42.13	18.000
240506-01654100	2008	101580.0000			

Account/Geo No.	Cert/Folio No.	Value	Face Amount	Bid %	Payment Information
0099999	COUNTY HELD CERTIFICATE				
Owner Info:	HENDERSON S W JR ET UX & P O BOX 1365 LUFKIN TX 75902 016000 ACRES 160 ACRES MINERAL RIGHTS 1/2 INT IN OGM RGTS IN W 1/2 OF E 1/2 DB 57-109 OR 116-678				
R01658-100	2009	66.000	360	\$40.08	18.000
250506-01658100	2008	101584.0000			
	HENDERSON S W JR ET UX & P O BOX 1365 LUFKIN TX 75902 012000 ACRES 120 ACRES MINERAL RIGHTS 1/2 INT IN OGM RGTS IN SW 1/4 OF NW1/4 & W 1/2 OF SW 1/4 DB 57-109 OR 116-678				
R01662-100	2009	67.000	840	\$48.20	18.000
260506-01662100	2008	101588.0000			
	HENDERSON S W JR ET UX & P O BOX 1365 LUFKIN TX 75902 028000 ACRES 280 ACRES MINERAL RIGHTS 1/2 INT IN OGM RGTS IN SE 1/4 OF NE1/4 N 1/2 OF NW 1/4 SE 1/4 OF SW 1/4 SW 1/4 OF SE 1/4 & E 1/2 OF SE 1/4 DB 57-109 OR 116-678				
R01663-100	2009	68.000	1,320	\$56.30	18.000
270506-01663100	2008	101590.0000			
	HENDERSON S W JR ET UX & P O BOX 1365 LUFKIN TX 75902				

Account/Geo No.	Cert/Folio No.	Value	Face Amount	Bid %	Payment Information
0099999	COUNTY HELD CERTIFICATE				
	044000 ACRES				
	440 ACRES				
	MINERAL RIGHTS				
	1/2 INT IN OGM RGTS IN E				
	1/2 OF NE 1/4 NW 1/4 OF NE				
	1/4 E 1/2 OF NW 1/4 NW 1/4				
	OF NW 1/4 S 1/2 OF SW 1/4				
	W/2 OF SE/4 & SE/4 OF SE/4				
	116-678				
R01677-100	2009	70.000	1,440	\$58.34	18.000
320506-01677100	2008	101614.0000			
	HENDERSON S W JR				
	P O BOX 1365				
	LUFKIN TX 75902				
	064000 ACRES				
	640 ACRES				
	MINERAL RIGHTS				
	3/8 INT IN OGM RGTS IN				
	SECTION LB R-18 OR				
	116-672				
R01678-100	2009	71.000	1,440	\$58.34	18.000
330506-01678100	2008	101620.0000			
	HENDERSON S W JR				
	P O BOX 1365				
	LUFKIN TX 75902				
	064000 ACRES				
	640 ACRES				
	MINERAL RIGHTS				
	3/8 INT IN OGM RGTS IN				
	SECTION LB R-18 OR				
	116-672				
R01680-000	2009	72.000	960	\$50.22	18.000
340506-01680000	2008	101627.0000			
	HENDERSON S W JR ET UX &				
	P O BOX 1365				
	LUFKIN TX 75902				
	032000 ACRES				
	320 ACRES				
	MINERAL RIGHTS				
	1/2 INT IN OGM RGTS IN NE				
	1/4 OF NE 1/4 W 1/2 OF NE				
	1/4 E 1/2 OF NW 1/4 E 1/2				
	OF SE 1/4 & NW 1/4 OF SE				
	1/4 DB 57-109 OR 116-678				
R01681-100	2009	73.000	1,560	\$60.38	18.000
350506-01681100	2008	101629.0000			
	HENDERSON S W JR ET UX &				

Account/Geo No.	Cert/Folio No.	Value	Face Amount	Bid %	Payment Information
0099999	COUNTY HELD CERTIFICATE				
	P O BOX 1365				
	LUFKIN TX 75902				
	052000 ACRES				
	520 ACRES				
	MINERAL RIGHTS				
	1/2 INT IN OGM RGTS IN NE				
	1/4 E 1/2 OF NW 1/4 SW 1/4				
	E 1/2 OF SE 1/4 & SW 1/4				
	OF SE 1/4				
	DB 57-109 OR 116-679				
R01682-100	2009 74.000	480	\$42.13	18.000	
360506-01682100	2008 101633.0000				
	HENDERSON S W JR ET UX &				
	P O BOX 1365				
	LUFKIN TX 75902				
	016000 ACRES				
	160 ACRES				
	MINERAL RIGHTS				
	1/2 INT IN OGM RGTS IN W				
	1/2 OF W 1/2				
	DB 57-109 OR 116-678				
R01683-100	2009 75.000	840	\$48.20	18.000	
010606-01683100	2008 101635.0000				
	HENDERSON S W JR ET UX &				
	P O BOX 1365				
	LUFKIN TX 75902				
	028000 ACRES				
	280 ACRES				
	MINERAL RIGHTS				
	1/2 INT IN OGM RGTS IN NW				
	1/4 OF NE 1/4 S 1/2 OF NE				
	1/4 & NW 1/4 DB				
	57-109 OR 116-678				
R01687-000	2009 76.000	517	\$42.74	18.000	
020606-01687000	2008 101640.0000				
	HENDERSON S W JR ET UX &				
	P O BOX 1365				
	LUFKIN TX 75902				
	017250 ACRES				
	172.5 ACRES				
	MINERAL RIGHTS				
	1/2 INT IN OGM RGTS IN N/2				
	OF NE/4 LESS W/2 OF SW/4				
	OF NW/4 OF NE/4 N/2 OF				
	NW/4 LESS SE/4 OF NE/4 OF				
	NE/4 OF NW/4 W/2 OF SE/4 OF				
	NW/4 116-678				

Account/Geo No.	Cert/Folio No.	Value	Face Amount	Bid %	Payment Information
0099999	COUNTY HELD CERTIFICATE				
R02101-000	2009 180.000	500	\$42.45	18.000	
020407-02101000	2008 102725.0000				
Owner Info:	FOLSOM IMA JEAN K & WENTWORTH JUDY K 3549 AZALEA DR PERRY FL 32347 1.17 ACRES COM SE COR OF SECT RUN N 0D 06M E 436.53 FT S 88D 59M 42S W 40 F FOR POB TH S 88D 59M 42S W 210 F N 80D 31M 33S W 648.51 FT S 0D 0 41S W 60 FT S 80D 31M 33S E 648. FT N 88D 59M 42S E 210 FT N 0D 0 41S E 60 FT TO POB OR 288-189				
R02452-010	2009 241.000	750	\$46.67	18.000	
130407-02452010	2008 103495.0000				
	BIRD H F C/O ROBIN COLLINS P O BOX 882 PERRY FL 32348 .25 ACRE COM SE COR OF SW 1/4 OF NW 1/4 R N 150 FT SW 212.1 FT E 150 FT TO POB DB 33-375				
R02929-000	2009 292.000	1,500	\$59.35	18.000	
220407-02929000	2008 104341.0000				
	CORLEY JAMES W 6 MCKENZIE PLACE SOPCHOPPY FL 32358 .40 ACRES BEG AT POINT ON S LINE OF SR S-356 704 FT S & 440 FT E OF NW COR OF SE 1/4 OF NW 1/4 RUN E ALG RD 84 FT S 210 FT W 84 FT N 210 FT TO POB OR 343-454 NOTE EXTERIOR WALL TYPE 01				
R03078-400	2009 300.000	5,500	\$146.73	18.000	
230407-03078400	2008 104522.0000				
	ZAMPERINI JASON				

List of Lands

*** APPLICATION INFO ***
 APPL TYPE: APPLIED
 DATE APPLIED: 06.12.2014
 RECEIPT: 1311435.0029
 AMOUNT: \$75.00
 APPLICANT: 0099999

Account/Geo No.	Cert/Folio No.	Value	Face Amount	Bid %	Payment Information
0099999	COUNTY HELD CERTIFICATE				
	4558 BROOK DRIVE W PALM BEACH FL 33417 EL RANCHO SUB LOT 7 BLK A OR 576-138				
R03122-000	2009	307.000	1,775	\$70.38	18.000
230407-03122000	2008	104609.0000			
	MCINTYRE PETER M III ETAL 611 MONTCLAIR COLLEGE STATION TX 77840 .50 ACRE COM NE COR OF NE 1/4 OF SE 1/4 R W 523.5 FT FOR POB TH S 365.7 FT NE RW LEON ST TH W 65 FT N 365.7 E 65 FT TO POB OR 200-769 & 369-820				
R03181-000	2009	317.000	1,212	\$58.84	18.000
230407-03181000	2008	104678.0000			
	BROWN W N 1251 FERDINAND ST DETROIT MI 48209 WEST BROOKLYN SUB LT 13 BLK 49				
R03209-000	2009	320.000	1,446	\$63.64	18.000
230407-03209000	2008	104710.0000			
	JAY MALCOM CHAS P O BOX 724 PERRY FL 32348 WEST BROOKLYN SUB W 50 FT OF LOT 6 BLK 51 DESC AS: COM SW COR BLK 55 J C CURLS S TH 130.5 FT FOR POB TH W 50 FT N 11 FT E 50 FT S 115.5 FT TO POB OR 151-536				
R03507-000	2009	337.000	6,325	\$163.64	18.000
240407-03507000	2008	105023.0000			
	CELESTIN JEROME C/O MACKENSON CELESTIN 1120 NW 104 ST MIAMI FL 33150				

List of Lands

*** APPLICATION INFO ***
 APPL TYPE: APPLIED
 DATE APPLIED: 06.12.2014
 RECEIPT: 1311435.0016
 AMOUNT: \$75.00
 APPLICANT: 0099999

Account/Geo No.	Cert/Folio No.	Value	Face Amount	Bid %	Payment Information
0099999	COUNTY HELD CERTIFICATE				
	J C CALHOUN				
	LT 1 BLK 39				
	OR 561-591				
R03602-000	2009	345.000	1,248	\$59.58	18.000
240407-03602000	2008	105116.0000			
	BOSTON PEGGY				
	2310 MAFIEL DR				
	MACON GA 31211				
	SUNNY SIDE ADD				
	LOT 2				
	OR 243-664				
R03624-000	2009	352.000	1,569	\$66.16	18.000
240407-03624000	2008	105139.0000			
	HIGHTOWER WILLIE J				
	907 W UNION ST				
	PERRY FL 32348				
	J C CURTIS S				
	COM SW COR LOT 11 OF				
	SUNNYSIDE ADD TH N 190				
	FT TO POB TH E 115.5				
	FT TO FT 30 FT N OF				
	NE COR LOT 11 TH N				
	220 FT M/L TO S BK				
	SPRING CRK TH NW ALG				
	SD BK 115.5 FT TO E				
	R/W ALSTON ST TH S ALG				
	R/W 210 FT TO POB				
	OR 309-873				
	SUBJ TO LIFE ESTATE IN OR 312-35				
	DC 424-66				
R03698-000	2009	361.000	1,000	\$54.51	18.000
240407-03698000	2008	105214.0000			
	DAVIS PAMPY				
	UNKNOWN ADDRESS				
	PERRY FL 32347				
	.13 ACRE				
	COM SE COR OF NE 1/4 OF NW 1/4 R				
	N 160 YDS W 140 YDS N 35 YDS FOR				
	POB TH N 55 FT TO S RW RICHMOND				
	TH E 105 FT S 55 FT W 105 FT TO				
	DB Y-268				
R03699-000	2009	362.000	1,000	\$54.51	18.000
240407-03699000	2008	105215.0000			
	LUSTER WILL & ELLA				
	UNKNOWN ADDRESS				
	PERRY FL 32347				

Account/Geo No.	Cert/Folio No.	Value	Face Amount	Bid %	Payment Information
0099999	COUNTY HELD CERTIFICATE				
	.13 ACRE COM 160 YDS N & 140 YDS W OF SE OF NE 1/4 OF NW 1/4 RUN N 35 YDS FOR POB TH N 56 FT TO S RW RICHM ST THE ALG RICHMOND ST 105 FT T S 55 FT TH W TO POB DB 2-342				
R03700-000	2009	363.000	1,000	\$54.51	18.000
240407-03700000	2008	105216.0000			
	MCRAE WILL UNKNOWN ADDRESS PERRY FL 32347 .05 ACRE COM SE COR OF NE 1/4 OF NW 1/4 R N 16 YDS W 175 YDS N 38 1/3 YDS FOR POB TH W 105 FT N 45 FT E 10 FT S 45 FT TO POB LESS RW				
R03701-000	2009	364.000	2,520	\$85.65	18.000
240407-03701000	2008	105217.0000			
	WALLACE BERTHA UNKNOWN ADDRESS PERRY FL 32347 .13 ACRE COM SE COR OF NE 1/4 OF NW 1/4 R N 160 YDS W 175 YDS FOR POB TH N 35 YDS W 35 YDS S 35 YDS E 35 YD TO POB LESS RW				
R03808-500	2009	374.000	2,000	\$74.99	18.000
240407-03808500	2008	105308.0000			
	UNKNOWN OWNER UNKNOWN ADDRESS PERRY FL 32347 .08 ACRE COM SE COR BLK 2 S H PEACOCK ADD FOR POB RUN E 29 FT TO W BD LN O ARENA AVE TH N ALG RW 90 FT TO S BD LN OF MAIN ST TH W 29 FT TO N COR BLK 2 TH S 90 FT TO POB				
R03832-000	2009	376.000	2,735	\$90.07	18.000
240407-03832000	2008	105332.0000			
	GLINN SANDRA L SCALES 9011 RIDGELAND DR MIAMI FL 33157				

Account/Geo No.	Cert/Folio No.	Value	Face Amount	Bid %	Payment Information
0099999	COUNTY HELD CERTIFICATE				
	ORIG TOWN CM 70FT W OF SE CR BLK 1 N 80.5FT W25FT S 80.5FT E 25FT TO POB ALSO CMSE CR LT 24 BLK 1 W 62.3FT TO POB N25.7FT E 1.98FT N 26.8FT W 9.68FT S52.5FT E 7.70FT TO POB OR 548-894				
R03928-000	2009	381.000	6,500	\$167.23	18.000
240407-03928000	2008	105427.0000			
	KOZAK PATRICIA A				
	9610 51ST PL COLLEGE PARK MD 20740 WA HENDRY DIVISION N 1/2 OF BLK 7 OR 604-432				
R04115-000	2009	394.000	1,302	\$60.69	18.000
240407-04115000	2008	105614.0000			
	BRIGHT D S EST 2816 NE 17TH DR GAINSVILLE FL 32609 BLAIR & HINELY ADD LOT 10 BLK 7				
R04145-000	2009	397.000	1,302	\$60.69	18.000
240407-04145000	2008	105644.0000			
	SMITH ANNIE LEE EST 23104 L LIZANA RD SAUCIER MS 39574 BLAIR & HINELY ADD LOT 12 BLK 12				
R04187-000	2009	401.000	1,294	\$60.52	18.000
240407-04187000	2008	105691.0000			
	KINNEY MISS MARIE UNKNOWN 53 E 136TH ST RIVERDALE IL 60827 FAIR LAWN LOT 1 BLK 4				
R04334-000	2009	417.000	1,485	\$64.43	18.000
250407-04334000	2008	105828.0000			
	JACKSON NORMA JEAN				

List of Lands
 *** APPLICATION INFO ***
 APPL TYPE: APPLIED
 DATE APPLIED: 06.12.2014
 RECEIPT: 1311435.0001
 AMOUNT: \$75.00
 APPLICANT: 0099999

Account/Geo No.	Cert/Folio No.	Value	Face Amount	Bid %	Payment Information
0099999	COUNTY HELD CERTIFICATE				
	1214 S BRYANT ST				
	PERRY FL 32347				
	A B MCRAE ADD				
	LOT 5 BLK 8				
	OR 581-601				
R04544-000	2009	427.000	737	\$49.11	18.000
250407-04544000	2008	105969.0000			
	GIBSON T WILKIE				
	2038 HOUCK RD				
	PERRY FL 32348				
	.30 ACRE				
	COM NW COR OF SW 1/4 OF SE 1/4 R				
	S 350 FT FOR POB TH E 460 FT S 1				
	FT W 200 FT S 300 FT W 18 FT N 1				
	FT W 243.3 FT N 20 FT E 242 FT N				
	200 FT W 242 FT N 10 FT TO POB				
	OR 450-483				
R04837-010	2009	455.000	1,279	\$60.22	18.000
250407-04837010	2008	106280.0000			
	WHITE DORIS				
	C/O CHARLES THOMAS				
	305 W FOLSOM STREET				
	PERRY FL 32348				
	COM NW COR OF SW 1/4 OF NW				
	1/4 RUN E ALG 40 LN 270.6				
	FT TH S 30 FT TO POB CONT				
	S 130 FT W 48 FT N 130 FT				
	E 48 FT TO POB				
	OR 162-429				
	NOTE EXTERIOR WALL TYPE 01				
R04897-000	2009	463.000	400	\$42.20	18.000
260407-04897000	2008	106361.0000			
	VEREEN JAMES				
	2902 REDDING RD NE				
	3045 CARLOW CIRCLE				
	ATLANTA GA 30319				
	WEST BROOKLYN SUB				
	LOT 4 BLK 55				
	OR 329-498				
	NOTE EXTERIOR WALL TYPE 01				
R04898-110	2009	464.000	1,454	\$63.80	18.000
260407-04898110	2008	106363.0000			
	BROWN SUSIE B				
	C/O TIMOTHY BROWN				
	1001 36TH ST APT A11R				
	WEST PALM BEACH FL 33407				

Account/Geo No.	Cert/Folio No.	Value	Face Amount	Bid %	Payment Information
0099999	COUNTY HELD CERTIFICATE				
	WEST BROOKLYN SUB				
	LOT 1 BLK 56				
R04901-500	2009	465.000	600	\$46.30	18.000
260407-04901500	2008	106368.0000			
	BROWN ANNIE MAE				
	UNKNOWN ADDRESS				
	PERRY FL 32348				
	WEST BROOKLYN SUB				
	E 1/2 OF LOT 5 BLK 56				
R04907-000	2009	466.000	1,363	\$61.95	18.000
260407-04907000	2008	106374.0000			
	BRYANT LOLA				
	UNKNOWN ADDRESS				
	NJ 08322				
	WEST BROOKLYN SUB				
	LTS 12 & 13 BLK 56				
R04923-000	2009	467.000	1,248	\$59.58	18.000
260407-04923000	2008	106393.0000			
	SWIFT DORA SMITH ESTATE				
	1011 POWHATTEN ST				
	JACKSONVILLE FL 32209				
	WEST BROOKLYN SUB				
	LOT 20 BLK 57				
	OR 139-63				
R04929-000	2009	469.000	30,602	\$661.25	18.000
260407-04929000	2008	106400.0000			
	DD&D ENTERPRISES INC				
	C/O 300 S MYRTLE ST				
	PERRY FL 32347				
	WEST BROOKLYN SUB				
	LT 28 BLK 57				
	OR 452-684				
R04931-000	2009	470.000	1,200	\$58.60	18.000
260407-04931000	2008	106404.0000			
	GANT CHRISTINA L				
	708 W HAMPTON SPRINGS AVE				
	PERRY FL 32347				
	WEST BROOKLYN SUB				
	LOT 3 BLK 58				
	OR 442-253				

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 AMOUNT: \$75.00
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Account/Geo No.	Cert/Folio No.	Value	Face Amount	Bid %	Payment Information
0099999	COUNTY HELD CERTIFICATE				
R04958-000	2009 484.000	1,158	\$57.74	18.000	
260407-04958000	2008 106489.0000				
Owner Info:	WILLIAMS LORENE C/O LESSIE M WASHINGTON 1155 PINECREST ST PERRY FL 32347 A B MCRAE ADD LOT 17 BLK 14				
R05018-500	2009 496.000	4,000	\$115.98	18.000	
260407-05018500	2008 106559.0000				
	WILLIAMS TOMMY V 207 KATHLEEN RD PERRY FL 32348 .91 ACRE THE W 154 FT OF THE N 263 FT OF E 1/2 OF SW 1/4 OF SW 1/4 OR 562-294				
R05030-000	2009 500.000	2,307	\$81.29	18.000	
260407-05030000	2008 106572.0000				
	WILLIAMS TOMMY V 207 KATHLEEN RD PERRY FL 32348 BELAIR MANOR SUB URS LOT 209 DESC AS COM SW CR SE 1/4 OF SW 1/4 TH N 963 FT FOR POB THE E 77 FT N 100 FT W 77 FT S 100 FT TO POB OR 562-294				
R05033-010	2009 501.000	2,102	\$77.09	18.000	
260407-05033010	2008 106586.0000				
	WILLIAMS TOMMY V 207 KATHLEEN RD PERRY FL 32348 BELAIR MANOR URS LOT 314 OR 562-294				
R05060-000	2009 504.000	885	\$52.13	18.000	
260407-05060000	2008 106627.0000				
	STEADMAN JEROME E 222 SWEETWATER CIRCLE A MABLETON GA 30126				

Account/Geo No.	Cert/Folio No.	Value	Face Amount	Bid %	Payment Information
0099999	COUNTY HELD CERTIFICATE				
	COM AT NE COR OF SW 1/4 OF NE 1/4 RUN S 20 FT W 770 FT S 120 FT FOR POB RUN W 50 FT S 90 FT E 50 FT N 90 FT OR 388-55				
R05135-000	2009	521.000	4,384	\$123.86	18.000
260407-05135000	2008	106724.0000			
	PAGE THOMAS H ETAL 7091 RIVER RD LIVE OAK FL 30360 SPRING LAKE HGTS LOT 9 BLK D OR 269-352				
R05152-000	2009	528.000	1,638	\$67.57	18.000
260407-05152000	2008	106761.0000			
	SPERR CONNIE C 1855 SW 87TH PL OCALA FL 34476 SPRING LAKE HGTS LOT 2 LESS A TRIANGLE IN SE COR OR 363-27				
R05173-000	2009	540.000	1,005	\$54.60	18.000
260407-05173000	2008	106809.0000			
	WILLIAMS WILLIE L 134 NORTON ST ROCHESTER NY 14621 B V D ADD LOT 1 BLK I OR 244-904				
R05173-100	2009	541.000	1,005	\$54.60	18.000
260407-05173100	2008	106810.0000			
	WILLIAMS WILLIE LEE 134 NORTON ST ROCHESTER NY 14621 B V D ADD LOT 2 BLK I				
R05175-000	2009	542.000	914	\$52.73	18.000
260407-05175000	2008	106812.0000			
	MOYD CHARLIE C/O BENJAMIN MOYD 100 5TH ST PERRY FL 32348 B V D ADD LOT 4 BLK I				

Account/Geo No.	Cert/Folio No.	Value	Face Amount	Bid %	Payment Information
0099999	COUNTY HELD CERTIFICATE				
R05179-000	2009 544.000	2,061	\$76.24	18.000	
260407-05179000	2008 106815.0000				
Owner Info:	WILLIAMS JACKIE 106 EL DORADO DR PERRY FL 32347 B V D ADD LOTS 7 & 8 BLK 1 OR 395-617				
R05288-000	2009 561.000	1,604	\$66.89	18.000	
260407-05288000	2008 106939.0000				
	MILTON TOLLIE ESTATE C/O DAVE STALLWORTH 1012-A W MALLOY AVE PERRY FL 32347 N L SMITH LOT 11 BLK D				
R05294-000	2009 563.000	2,365	\$82.48	18.000	
260407-05294000	2008 106946.0000				
	SANDERS EMMITT 1812 FERN AVE SARASOTA FL 34235 N L SMITH W 52 1/2 FT OF E 1/2 OF LOT 2 BLK E OR 92-573				
R05312-050	2009 569.000	1,336	\$61.39	18.000	
260407-05312050	2008 106975.0000				
	TAYLOR JO ANN C/O MARYANN E TAYLOR 4626 FREDRICK BURL AVE JACKSONVILLE FL 32208 000015 ACRES .15 ACRES COM NW COR SE 1/4 OF SW 1/4 TH N 03D W 305 8FT TO S R/W SOUTHERN RR THIN 69D13M E 780FT TO POB TH S 03D E 115FT N 69D13M E 60FT N 03D W 115FTS 69D13M W 60FT TO POB OR 125-571 NOTE EXTERIOR WALL TYPE 03				
R05339-000	2009 575.000	1,426	\$63.23	18.000	
260407-05339000	2008 107004.0000				
	JOHNSON CALVIN L & RICHARDSON FRED III JT 14500 S GULF MANOR PERRY FL 32348				

Account/Geo No.	Cert/Folio No.	Value	Face Amount	Bid %	Payment Information
0099999	COUNTY HELD CERTIFICATE				
	COM 159.8 FT S & 201.5 FT W OF NE COR OF NW 1/4 OF NE 1/4 TH 230 FT S 54 FT E 230 FT N 54 FT POB OR 542-109				
R05477-500	2009	594.000	1,560	\$65.99	18.000
260407-05477500	2008	107159.0000			
	HIGHTOWER KIWANIS 907 W UNION ST PERRY FL 32348 J H PARKER SUB LOT 10 BLK 3 OR 367-128				
R05510-000	2009	601.000	1,272	\$60.07	18.000
260407-05510000	2008	107198.0000			
	WILLIAMS MAYOLA C/O EDDIE L WILLIAMS 5909 MILLSTONE LANE PEAFF TOWN NC 27040 J H PARKER LOT 4 BLK 9				
R05512-000	2009	602.000	1,272	\$60.07	18.000
260407-05512000	2008	107202.0000			
	WILLIAMS JACKIE C/O SADAYTRIL BISHOP 106 EL DORADO DR PERRY FL 32347 J H PARKER LOT 9 BLK 9 OR 303-341				
R05514-000	2009	603.000	1,158	\$57.74	18.000
260407-05514000	2008	107204.0000			
	WILLIAMS JACKIE 106 EL DORADO DR PERRY FL 32347 J H PARKER LOT 11 BLK 9 OR 395-513				
R05515-000	2009	604.000	7,050	\$178.51	18.000
260407-05515000	2008	107205.0000			
	WATKINS MARY EST				

List of Lands
 *** APPLICATION INFO ***
 APPL TYPE: APPLIED
 DATE APPLIED: 06.12.2014
 RECEIPT: 1311435.0047
 AMOUNT: \$75.00
 APPLICANT: 0099999

Account/Geo No.	Cert/Folio No.	Value	Face Amount	Bid %	Payment Information
0099999	COUNTY HELD CERTIFICATE				
	C/O DOROTHY NASH & CHOICE & ALPHONSO WATKINS 1039 S WARNER AVE PERRY FL 32348 J H PARKER LOT 12 BLK 9 OR 260-446 SUBJ TO LIFE ESTATE IN OR 381-58				
R05615-100	2009	616.000	691	\$45.67	18.000
280407-05615100	2008	107343.0000			
	ANDERSON ROY T TRUSTEE 302 FAIR FOUNDATION BLDG TYLER TX 75702 200.00 ACRES MINERAL RIGHTS 57.66 % INT IN OGM RGTS IN NW 1/4 OF NE 1/4 & E 1/2 OF W 1/ OR 197-791				
R05635-100	2009	618.000	759	\$46.82	18.000
310407-05635100	2008	107393.0000			
	PINE ISLAND INC P O BOX 1365 LUFKIN TX 75901 048000 ACRES 480 ACRES MINERAL RIGHTS 19/72 INT IN OGM RGTS IN W 1/2 & NE 1/4 OR 126-411 & 412				
R05638-000	2009	619.000	1,000	\$50.91	18.000
310407-05638000	2008	107397.0000			
	KUHN B L UNKNOWN ADDRESS PERRY FL 32347 .21 ACRE THAT PART OF SE 1/4 OF SE 1/4 LY S OF OLD RR RW				
R05644-200	2009	621.000	823	\$47.91	18.000
320407-05644200	2008	107417.0000			
	HENDERSON S W JR ET UX P O BOX 1365 LUFKIN TX 75902				

Account/Geo No.	Cert/Folio No.	Value	Face Amount	Bid %	Payment Information
0099999	COUNTY HELD CERTIFICATE				
	052000 ACRES				
	520 ACRES				
	MINERAL RIGHTS				
	19/72 INT IN OGM RGTS IN E				
	1/2 & NW 1/4 & SE 1/4 OF				
	SW 1/4 DB 52-197				
	OR 117-221				
	W 1/2 OR 106-598 123-745				
R05712-000	2009	646.000	4,000	\$115.98	18.000
350407-05712000	2008	107580.0000			
	GLANTON ROBERT				
	309 FOLSOM PL.				
	PERRY FL 32348				
	.45 ACRE				
	COM NW COR SECT TH S 255 FT TH E				
	250 FT TH S 195.5 FT FOR POB TH				
	195.5 FT E 100 FT N 195.5 FT W				
	100 FT TO POB				
	TOGETHER WITH 30 FT ESMT				
	OR 481-24				
R05712-005	2009	647.000	43,609	\$771.06	18.000
350407-05712005	2008	107582.0000			
	WILLIAMS VICTORIA D				
	170 2 FOLSOM ST				
	PERRY FL 32348				
	.45 ACRE				
	COM NW OF SECT RUN SLY 255 FT TH				
	ELY 250 FT FOR POB TH SLY 195.5				
	ELY 100 FT NLY 195.5 FT WLY 100				
	TO POB				
	SUBJ TO 30 FT ESMT				
	OR 565-483				
R05720-200	2009	657.000	2,508	\$85.40	18.000
350407-05720200	2008	107612.0000			
	BLASKE LOUIS E SR				
	802 GRASY AVE				
	APT 1				
	CARABELLE FL 32322				

List of Lands

*** APPLICATION INFO ***

APPL TYPE: APPLIED

DATE APPLIED: 06.12.2014

RECEIPT: 1311435.0040

AMOUNT: \$75.00

APPLICANT: 0099999

Account/Geo No.	Cert/Folio No.	Value	Face Amount	Bid %	Payment Information
0099999	COUNTY HELD CERTIFICATE				
	BELAIR HEIGHTS SUB URS				
	LOT 508 DESC AS: COM NW COR				
	SECT RUN S ALG SECT LN 25				
	FT TH ELY PAR TO N SECT LN				
	546 FT SLY PAR TO W SECT LN				
	100 FT TO POB TH ELY PAR TO				
	N SECT LN 76 FT SLY PAR TO				
	W SECT LN 100 FT WLY PAR TO				
	N SECT LN 76 FT NLY PAR TO				
	W SECT LN 100 FT TO POB				
	OR 545-868				
R05721-560	2009	665.000	4,500	\$126.24	18.000
350407-05721560	2008	107653.0000			
	GLANTON OLLIE M				
	120 S BEVERLY ST				
	PERRY FL 32348				
	BEVERLY ESTATES SUB URS				
	LOT 56 DESC AS:				
	COM NW COR SECT RUN E ALG CL FOL				
	ST 1288 FT S 00D 14M 25S W 650.8				
	FT S 00D 21M 40S W 470 FT N 89D				
	20S W 882.5 FT FOR POB TH N 00D				
	40S E 150 FT N 89D 34M 20S W 95				
	S 00D 21M 40S W 150 FT S 89D 34M				
	20S E 95 FT TO POB				
	OR 251-519				
R05787-000	2009	683.000	2,900	\$93.44	18.000
360407-05787000	2008	107877.0000			
	PARKER LE & H F MITCHELL				
	206 CLAIRE DR				
	PERRY FL 32348				
	.29 ACRE				
	COM SW COR OF SW 1/4 OF NW 1/4 R				
	N 00D 37M 04S E 739.81 FT S 88D				
	53S E 480.19 FT FOR POB TH S 88D				
	M 53S E 109.43 FT S 400 FT N 88D				
	M 54S W 25 FT N 380 FT W 84.43 F				
	N 30 FT TO POB				
R05799-550	2009	686.000	1,000	\$54.51	18.000
360407-05799550	2008	107967.0000			
	PUCKETT J E				
	UNKNOWN ADDRESS				
	WINTER HAVEN FL 33884				

Account/Geo No.	Cert/Folio No.	Value	Face Amount	Bid %	Payment Information
0099999	COUNTY HELD CERTIFICATE				
	.22 ACRE COM SE COR OF BLK D GROVE PARK S RUN S 00D 47M 40S W 256.16 FT FO POB TH N 89D 03M W 166.1 FT TO S COR OF MAGNOLIA RD TH W 60 FT TO SW COR OF RD TH N 89D 03M W 105 S 75D 49M 10S W 98.46 FT TO SW C LOT 9 BLK E TH S 89D E 420 FT TO LN OF NE 1/4 OF SW 1/4 TH N TO P DB 54-61				
R05944-761	2009	700.000	1,200	\$54.29	18.000
020507-05944761	2008	108189.0000			
	BENTON EDNA L C/O VIDDIA WALLACE 3040 WELLS DR PERRY FL 32347 .24 ACRES COM AT THE SE COR OF THE SE 1/4 SW 1/4 RUN S 89D55'35" W ALG SECTION LINE 328.56 FT TO POB TH CONT S 89D55'35" W 35 FT TH N 00D44'12" E 303.39 TO THE S R/W LINE OF PINE BLUFF RD TH N 89D53'43" E ALONG R/W 35 FT TH R S 00D44'12" W 303.39 FT TO THE POB OR 519-593				
R06120-100	2009	718.000	840	\$48.20	18.000
190507-06120100	2008	108642.0000			
	HENDERSON S W JR ET UX & P O BOX 1365 LUFKIN TX 75902 028000 ACRES 280 ACRES MINERAL RIGHTS 1/2 INT IN OGM RGTS IN S 1/2 OF NE 1/4 SE 1/4 OF NW 1/4 & N 1/2 OF S 1/2 DB 57-109 OR 116-678				
R06122-100	2009	720.000	720	\$46.18	18.000
200507-06122100	2008	108654.0000			
	HENDERSON S W JR ET UX & P O BOX 1365 LUFKIN TX 75902				

Account/Geo No.	Cert/Folio No.	Value	Face Amount	Bid %	Payment Information
0099999	COUNTY HELD CERTIFICATE				
	024000 ACRES				
	240 ACRES				
	MINERAL RIGHTS				
	1/2 INT IN OGM RGTS IN E				
	3/4 OF S 1/2				
	DB 57-109 OR 116-678				
R06177-200	2009	729.000	720	\$46.18	18.000
270507-06177200	2008	108778.0000			
	HENDERSON S W JR ET UX &				
	P O BOX 1365				
	LUFKIN TX 75902				
	024000 ACRES				
	240 ACRES				
	MINERAL RIGHTS				
	1/2 INT IN OGM RGTS IN SE				
	1/4 OF NE 1/4 NW 1/4 OF NE				
	1/4 NW 1/4 OF NW 1/4 S				
	1/2 OF NW 1/4 & NW 1/4 OF				
	SW 1/4 DB 57-109 OR				
	116-679				
R06193-100	2009	731.000	720	\$46.18	18.000
280507-06193100	2008	108812.0000			
	HENDERSON S W JR ET UX &				
	P O BOX 1365				
	LUFKIN TX 75902				
	024000 ACRES				
	240 ACRES				
	MINERAL RIGHTS				
	1/2 INT IN OGM RGTS IN SW				
	1/4 OF NW 1/4 NE 1/4 OF SW				
	1/4 & SE 1/4 DB				
	57-109 OR 116-678				
	E 1329.54 FT N 952.25 FT				
R06197-000	2009	732.000	1,080	\$52.26	18.000
290507-06197000	2008	108816.0000			
	HENDERSON S W JR ET UX &				
	P O BOX 1365				
	LUFKIN TX 75902				
	036000 ACRES				
	360 ACRES				
	MINERAL RIGHTS				
	1/2 INT IN OGM RGTS IN E				
	1/2 OF NE 1/4 NW 1/4 OF NE				
	1/4 N 1/2 OF NW 1/4 & S				
	1/2 OF S 1/2				
	DB 57-109 OR 116-678				
R06200-100	2009	733.000	1,200	\$54.29	18.000
300507-06200100	2008	108818.0000			

Account/Geo No.	Cert/Folio No.	Value	Face Amount	Bid %	Payment Information
0099999	COUNTY HELD CERTIFICATE				
Owner Info:	HENDERSON S W JR ET UX & P O BOX 1365 LUFKIN TX 75902 040000 ACRES 400 ACRES MINERAL RIGHTS 1/2 INT IN OGM RGTS IN E 1/2 OF NE 1/4 NW 1/4 OF NE 1/4 NE 1/4 OF NW 1/4 S 1/2 OF NW 1/4 N 1/2 OF SW 1/4 & S 1/2 OF SE 1/4 DB 57-109 116-678				
R06201-100	2009	734.000	1,080	\$52.26	18.000
310507-06201100	2008	108820.0000			
	HENDERSON S W JR ET UX & P O BOX 1365 LUFKIN TX 75902 036000 ACRES 360 ACRES MINERAL RIGHTS 1/2 INT IN OGM RGTS IN NE 1/4 SW 1/4 & NE 1/4 OF SE 1/4 DB 57-109 OR 116-678				
R06202-100	2009	735.000	1,560	\$60.38	18.000
320507-06202100	2008	108822.0000			
	HENDERSON S W JR ET UX & P O BOX 1365 LUFKIN TX 75902 052000 ACRES 520 ACRES MINERAL RIGHTS 1/2 INT IN OGM RGTS IN NE 1/4 W 1/2 OF NW 1/4 & S 1/2 LESS SW 1/4 OF SW 1/4 DB 57-109 OR 116-678				
R06206-000	2009	736.000	960	\$50.22	18.000
330507-06206000	2008	108829.0000			
	HENDERSON S W JR ET UX & P O BOX 1365 LUFKIN TX 75902				

Account/Geo No.	Cert/Folio No.	Value	Face Amount	Bid %	Payment Information
0099999	COUNTY HELD CERTIFICATE				
	032000 ACRES				
	320 ACRES				
	MINERAL RIGHTS				
	1/2 INT IN OGM RGTS IN E				
	1/2 OF NE 1/4 SW 1/4 OF NE				
	1/4 NW 1/4 OF NW 1/4 & SE				
	1/4				
	DB 57-109 OR 116-678				
R06209-000	2009	737.000	720	\$46.18	18.000
340507-06209000	2008	108833.0000			
	HENDERSON S W JR ET UX &				
	P O BOX 1365				
	LUFKIN TX 75902				
	024000 ACRES				
	240 ACRES				
	MINERAL RIGHTS				
	1/2 INT IN OGM RGTS IN S				
	1/2 OF NW 1/4 & SW 1/4				
	DB 57-109 OR 116-679				
R06230-100	2009	740.000	480	\$42.13	18.000
050607-06230100	2008	108863.0000			
	HENDERSON S W JR ET UX &				
	P O BOX 1365				
	LUFKIN TX 75902				
	016000 ACRES				
	160 ACRES				
	MINERAL RIGHTS				
	1/2 INT IN OGM RGTS IN W				
	1/2 OF NW 1/4 & SE 1/4 OF				
	NW 1/4 DB				
	55-376 OR 116-675				
R06234-100	2009	741.000	480	\$42.13	18.000
050607-06234100	2008	108868.0000			
	HENDERSON S W JR ET UX &				
	P O BOX 1365				
	LUFKIN TX 75902				
	016000 ACRES				
	160 ACRES				
	MINERAL RIGHTS				
	1/2 INT IN OGM RGTS IN N				
	1/2 OF NE 1/4 SW 1/4 OF NE				
	1/4 & NE 1/4 OF NW 1/4				
	DB 57-109 OR 116-678				
R06241-100	2009	744.000	840	\$48.20	18.000
060607-06241100	2008	108887.0000			
	HENDERSON S W JR ET UX &				
	P O BOX 1365				

Account/Geo No.	Cert/Folio No.	Value	Face Amount	Bid %	Payment Information
0099999	COUNTY HELD CERTIFICATE				
	LUFKIN TX 75902				
	028000 ACRES				
	280 ACRES				
	MINERAL RIGHTS				
	1/2 INT IN OGM RGTS IN N				
	1/2 OF NE 1/4 SW 1/4 OF NE				
	1/4 & NW 1/4 DB				
	57-109 OR 116-678				
R06386-000	2009	774.000	700	\$45.84	18.000
260607-06386000	2008	109368.0000			
	EZEEL WILLIAM ESTATE				
	C/O HUGH POPPELL				
	104 DOVE RD				
	PERRY FL 32348				
	.14 ACRE				
	COM NW COR OF SW 1/4 OF SE 1/4 R				
	S 310 FT TH E 210 FT FOR POB TH				
	E 30 FT S 210 FT W 30 FT N 210 F				
	TO POB				
	DB 66-99				
R06804-000	2009	890.000	500	\$42.45	18.000
350707-06804000	2008	111564.0000			
	GUILFORD WILLIE M JORDAN				
	2799 MCDANIEL RD				
	PERRY FL 32347				
	COM AT SE COR OF NE 1/4 OF				
	NW 1/4 RUN N 766 FT W 716				
	FT FOR BEG S 100 FT W				
	50 FT N 100 FT E 50 FT TO				
	BEG				
	DB 67-454				
	LOT 67 EZEEL BEACH				
R07474-000	2009	966.000	1,890	\$72.72	18.000
190408-07474000	2008	112923.0000			
	HARRIS EUGENE & DOROTHY M				
	C/O JULIA SWAIN				
	P O BOX 7167				
	NAVASSA NC 28451				
	000050 ACRES				
	.5 ACRES				
	COM SE COR SW 1/4 OF NW				
	1/4 RUN W 315 FT FOR BEG				
	RUN N 210 FT W 105 FT S				
	210 FT E 105 FT TO POB				
	DB 69 PG 555				
	OR 103-72				
	SUBJ TO UTIL ESMT IN OR 174-665				
	NOTE EXTERIOR WALL TYPE 01				

Account/Geo No.	Cert/Folio No.	Value	Face Amount	Bid %	Payment Information
0099999	COUNTY HELD CERTIFICATE				
R07498-100	2009 970.000	983	\$54.15	18.000	
190408-07498100	2008 112947.0000				
Owner Info:	POWELL DORIS UNKNOWN ADDRESS 170 W FOLSOM ST PERRY FL 32348 .33 ACRES COM SE COR SW 1/4 OF NW 1/4 RUN N 210 FT TO POB W 120 FT N 120 FT E 120 FT S 120 FT TO POB OR 592-968				
R07807-100	2009 1010.000	500	\$44.25	18.000	
310408-07807100	2008 113517.0000				
	FAULKNER JOHNNIE UNKNOWN ADDRESS PERRY FL 32347 .10 ACRE COM SW COR OF SW 1/4 OF SW 1/4 R N 7 FT TH E 578.5 FT TO W RW US TH SELY TO S LN SECT TH W TO POB OR 43-50				
R07934-000	2009 1026.000	440	\$41.42	18.000	
320408-07934000	2008 113746.0000				
	JOHNSON HERALD D & JONES CECIL 2062 TYSON RD MONTICELLO FL 32344 .11 ACRES COM NW COR OF NW 1/4 OF NW 1/4 R N 714.16 FT FOR POB CONT N 85.84 E 109.71 FT SW 148.5 FT TO POB OR 132-900				
R08135-000	2009 1046.000	924	\$49.62	18.000	
040508-08135000	2008 114026.0000				
	GHATTAS SAMIA A 135 W 21ST ST BAYONNE NJ 07002 BOHANAN SUB LOT 7 BLK A OR 613-153				
R08143-000	2009 1049.000	2,843	\$82.05	18.000	
040508-08143000	2008 114034.0000				
	PARKER ADRANA C/O WILLIE CHARLES WILLIAMS 105 N BEVERLY ST				

Account/Geo No.	Cert/Folio No.	Value	Face Amount	Bid %	Payment Information
0099999	COUNTY HELD CERTIFICATE				
	PERRY FL 32348				
	BOHANAN SUB				
	LOT 16 BLK A				
	OR 221-265				
R08149-000	2009	1050.000	1,049	\$51.72	18.000
040508-08149000	2008	114040.0000			
	BURRELL JANIE				
	C/O LONNIE BURRELL				
	1182 PINECREST ST				
	PERRY FL 32347				
	BOHANAN SUB				
	LOT 22 BLK A				
	INC D				
R08151-000	2009	1051.000	1,049	\$51.72	18.000
040508-08151000	2008	114042.0000			
	JONES THOMAS EST				
	C/O MILDRED BROWN				
	111 SUSAN ST				
	PERRY FL 32348				
	BOHANAN SUB				
	LOT 24 BLK A				
R08155-000	2009	1054.000	1,049	\$203.13	18.000
040508-08155000	2008	114046.0000			
	FRANKLIN DEBRA				
	3762 BOHANAN CIR				
	PERRY FL 32348				
	BOHANAN SUB				
	LOT 28 BLK A				
	OR 284-659				
R08178-000	2009	1059.000	905	\$49.29	18.000
040508-08178000	2008	114068.0000			
	PARKER CHARLES				
	C/O COLLEEN PARKER				
	107 E JANE ST				
	PERRY FL 32347				
	BOHANAN SUB				
	LOT 20 BLK B				
	OR 402-262				
R08180-000	2009	1061.000	1,155	\$53.53	18.000
040508-08180000	2008	114070.0000			
	STEADMAN JEROME E				
	UNKNOWN				
	222 SWEETWATER CIRCLE				
	APT T4				
	MABLETON	GA 30126			

Account/Geo No.	Cert/Folio No.	Value	Face Amount	Bid %	Payment Information
0099999	COUNTY HELD CERTIFICATE				
	BOHANAN SUB				
	LOT 22 BLK B				
	OR 388-49				
R08398-500	2009	1095.000	500	\$42.45	18.000
060508-08398500	2008	114367.0000			
	LYNCH J B				
	UNKNOWN ADDRESS				
	PERRY FL 32347				
	.06 ACRE				
	COM NW COR OF NE 1/4 OF SE 1/4 R				
	W 5 FT TO E RW OLD DIXIE HWY TH				
	SE ALG RW 511 FT TH E 211.75 FT				
	POB TH N 23.25 FT E 118 FT S 17D				
	8M E 22 FT TH W TO POB				
	DB 39-164				
R09121-000	2009	1209.000	943	\$49.93	18.000
280409-09121000	2008	115821.0000			
	DZUREC PAUL				
	472 MINOLA DR				
	MIAMI SPRINGS FL 33166				
	.34 ACRES				
	ALL THAT PART OF SE 1/4 OF NW 1/				
	SW 1/4 OF NE 1/4 LYING S OF US 2				
	LESS LAND SOLD				
	LESS 9/32 & 1/64 INT IN OGM RGTS				
	OR 93-215 & 191-685				
R09595-916	2009	1300.000	1,000	\$50.91	18.000
240909-09595916	2008	117444.0000			
	WALKER GORDAN				
	5562 WOODRIDGE LN				
	DOUGLASVILLE GA 30135				
	.77 ACRE				
	R/W FOR GORDAN DR DESCR AS:				
	COM SE COR SECT RUN N 01D 01M 00				
	424.93 FT TO N RW SECOND AVE NOR				
	TH S 89D 20M 07S W ALG RW 2766.0				
	FT TH N 00D 39M 53S W 1198.11 FT				
	S 89D 20M 07S W 1383.38 FT S 05D				
	24M 53S E 560 FT S 85D 36M 04S W				
	99.67 FT TO POB TH N 05D 24M 53S				
	316.51 FT S 89D 20M 07S W 371.73				
	S 05D 24M 53S E 49.83 FT N 89D 2				
	07S E 325.90 FT S 05D 24M 53S E				
	269.78 FT N 85D 36M 04S E 50.01				
	TO POB				
R09965-580	2009	1355.000	1,775	\$64.00	18.000
260909-09965580	2008	118237.0000			
	MCBRYANT NORMAN J				

Account/Geo No.	Cert/Folio No.	Value	Face Amount	Bid %	Payment Information
0099999	COUNTY HELD CERTIFICATE 175 SE SAINT LUCIE BLVD APT B59 STUART B59 FL 34996 STEINLATCHIEE SUB. ALL THAT PT OF LOTS 1 2 3 & 4 BE S 65 FT OF SD LOTS BLK 80 OR 491-130				See map # 1 attached
R10295-100	2009	1470.000	500	\$42.45	18.000
I90910-10295100	2008	119289.0000			
	SOLOMON GRETA & H F ADDRESS UNKNOWN XXXXXXXXXXXXXX XX XXXXX RIVERSIDE SUB S 10 FT OF E 332 FT OF LOT 1 & N 10 FT OF E 332 FT OF LOT 2 BLK SUBJ TO ESMT IN OR 193-878				See map # 2 attached
Bidder Totals					
0099999	127		9,316.34		

802.91'

map # 1

FIRST AVE NE

FIR

FOURTH ST NE

FOURTH STE

70.0

215' 1

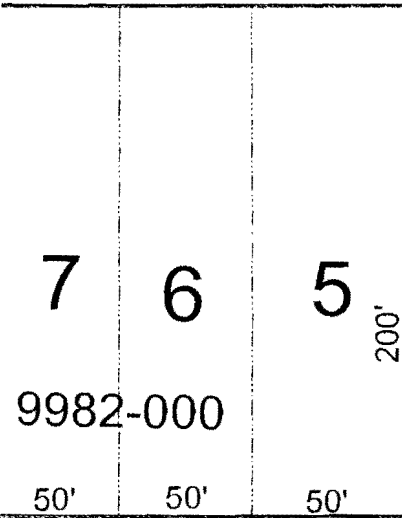
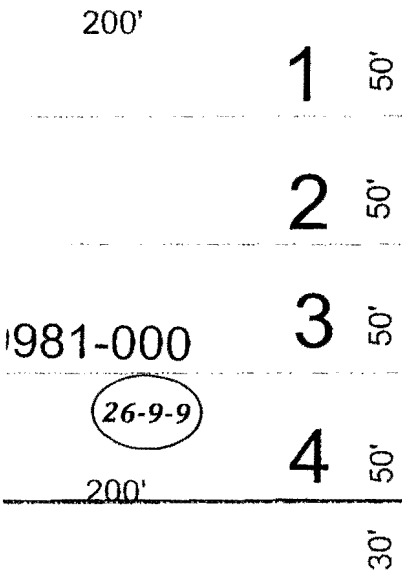
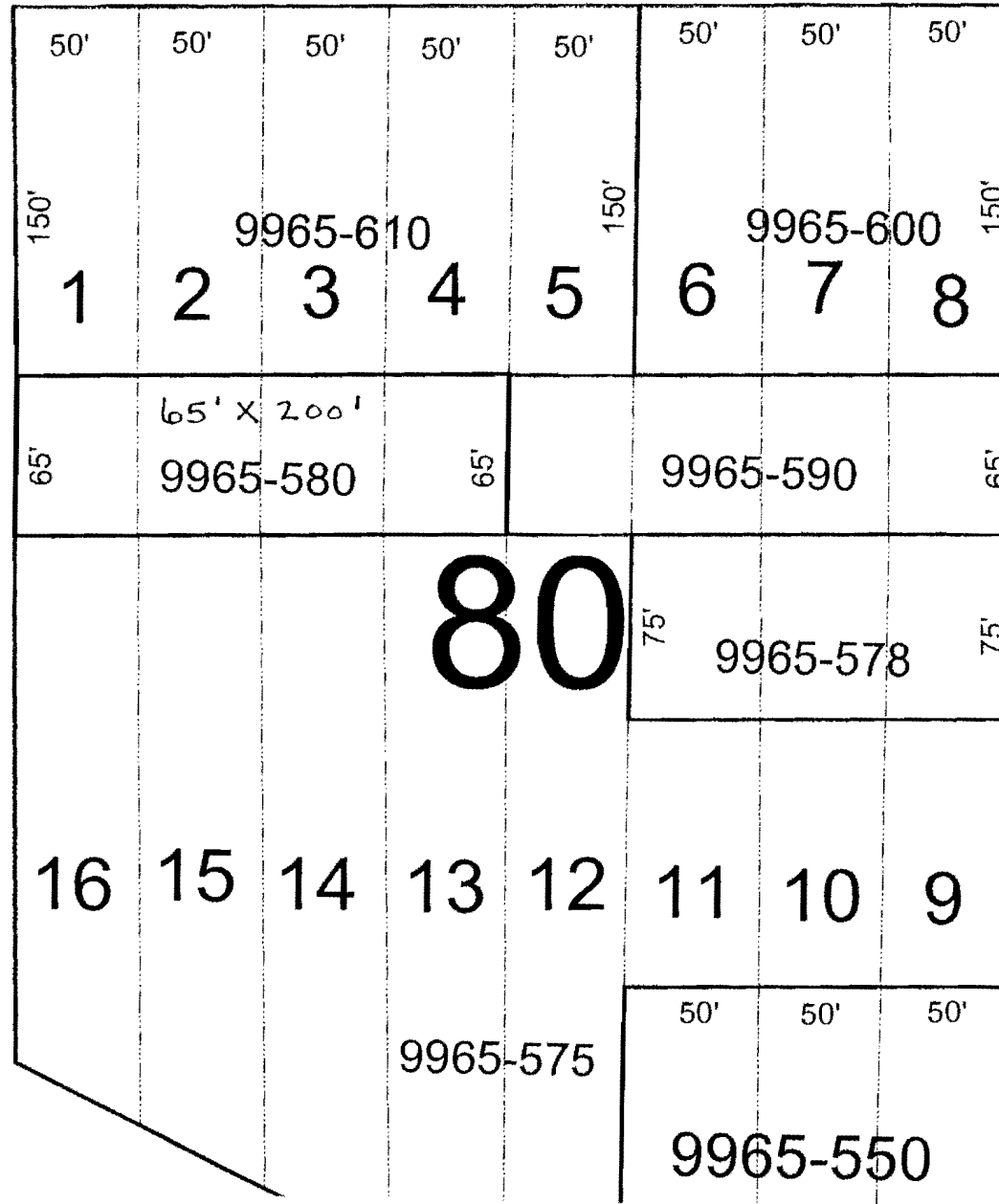
10

9

11

100'

E



24-9-9

23-9-9

26-9-9

25-9-9

SECOND AVE NE

FIRST AVE NE

FIRST AVE NE

FIRST AVE NE

FIRST AVE NE

CENTRAL AVE E

CENTRAL AVE E

CENTRAL AVE E

SIXTH ST SE

FIRST AVE SW

FIRST AVE S

FIRST AVE SE

THIRD ST SE

PARK AVE SE

RIVERSIDE DR SE

FIRST ST NE

SECOND ST NE

MAIN ST NE

MAIN ST S

NOTE: This product has been compiled from the most accurate source data from Taylor County. However, this product is for reference purposes only and is not to be construed as a legal document or survey instrument. Any reliance on the information contained herein is at the user's own risk. Taylor County and the Taylor County Property Appraiser assume no responsibility for any use of the information contained herein or any loss resulting therefrom.

TAYLOR COUNTY BOARD OF COMMISSIONERS

County Commission Agenda Item

SUBJECT/TITLE:



Tourism Development Council
Appoint New TDC Board Member, Mr. Craig Waldrop

The Position was advertised in the local newspaper.
The TDC Board approved the appointment of this person to serve.

MEETING DATE REQUESTED:

Statement of Issue: TDC Board Appointment
Recommended Action: Appoint Mr. Craig Waldrop to serve.

Fiscal Impact: N/A

Budgeted Expense: N/A

Submitted By: Dawn V. Taylor

Contact: Dawn V. Taylor

SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

History, Facts & Issues: None

Options: N/A

Attachments: Letter



February 1, 2016

Taylor County Board of County Commission
Attention: Chairperson Jody Devane
PO Box 620
Perry, FL 32348

Chairperson Devane:

On behalf of the Tourism Development Council Board of Directors, with the current vacant at motel/hotel/accomodation position open and available, I would like to submit the following name for consideration by the board to fill this position:

- Mr. Craig Waldrop - Holiday Inn Express

Thank you for your consideration of appointing this individual to serve on the TDC Board. He is the only person that submitted his name to be considered.

If you have any questions in regards to these individual, please contact the Tourism Development Office at 584-5366. Thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink that reads "Dawn V. Taylor". The signature is fluid and cursive, with the first name "Dawn" being more prominent.

Dawn V. Taylor
Tourism Development Director

"share the real Florida adventure"

Taylor County Tourism Development Council

P.O. Box 892 • Perry, Florida 32348

Office 850-584-5366 • Fax 850-584-8030 • For Tourist Information Call 1-800-257-8881



Perry News-Herald

50¢

Friday/
Saturday

January 15-16, 2016

Serving the Tree Capital of the South Since 1889

TDC seeking new board members

The Taylor County Tourism Development Council (TDC) is currently seeking an interested person in the motel or hotel industry (motel or hotel owner/manager) to serve on the council.

For more information or to submit your name, contact the Perry-Taylor County Chamber of Commerce and Tourism Office at (850) 584-5366.

TAYLOR COUNTY BOARD OF COMMISSIONERS

County Commission Agenda Item

SUBJECT/TITLE:



THE BOARD TO APPROVE A LETTER OF SUPPORT FOR FLORIDA NATURAL TECHNOLOGIES (APPLIED GAIA CORPORATION), AS AGENDAED BY THE COUNTY ADMINISTRATOR.

MEETING DATE REQUESTED:

FEBRUARY 16, 2016

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 COUNTY COMMISSIONERS

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

DUSTIN M. HINKEL, County Administrator
201 East Green Street
Perry, Florida 32347
(850) 838-3500, extension 7 Phone
(850) 838-3501 Fax

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

February 9, 2016

Mrs. Sheila Kyger, CEO
Applied Gaia Corporation
c/o Florida Natural Technologies
103 East Ellis Street
Perry, Florida 32347

Dear Mrs. Kyger,

We are pleased to provide this letter of support for Applied Gaia Corporation's planned facility to be located in Taylor County, Florida, and named Florida Natural Technologies (FNT).

Florida Natural Technologies (FNT) is designed to be a collaborative partnership among Applied Gaia Corporation, the City of Perry and the Taylor County Board of County Commissioners. Upon completion, FNT will have created approximately 200 direct jobs and is coordinating with Career Source, North Florida and Wounded Warriors Organization for staffing. Employees for the majority of positions will be trained by Taylor Technical Institute and will receive a nationally portable certification of their skills. Applied Gaia is establishing a scholarship fund to provide educational and vocational monies for area residents.

In addition to personnel, FNT is locally sourcing materials and services for buildings, construction, infrastructure, biomass feed stock, equipment, engineering, accounting, legal services, process engineering, and biodiesel. Positive regional impact is expected to include Taylor, Dixie, Lafayette, Suwanee, Madison, and McCullough counties at a minimum.

FNT is establishing a permanent new regional industry for biomass conversion to energy and biochar in north Florida. Proprietary Applied Gaia technology has been proven in the field for the past decade to commercially and responsibly dispose of waste biomass by way of non-toxic, carbon sequestering, self-sustaining, clean, and safe processes and output products. When fully operational, FNT will be converting 209,527 US tons of hard wood chips into 96,000 MWh of electricity, 64,000 tons of biochar, 66,528,000 liters of condensate, and 2,851,200 liters of wood tar annually. Biochar is an organic soil amendment; condensate is an organic fertilizer; and wood tar is a non-toxic replacement for coal creosote.

Please let this letter of support encourage favorable consideration of Applied Gaia Corporation's planned facility, Florida Natural Technologies.

Sincerely,

Jody DeVane
Chair, Taylor County Board of County Commissioners



TAYLOR COUNTY BOARD OF COUNTY COMMISSIONERS

ANNIE MAE MURPHY, Clerk
P.O. Box 620, Perry, FL 32348
(850) 838-3506 Phone
(850) 838-3549 Fax

DUSTIN HINKEL, County Administrator
201 E. Green Street, Perry, FL 32347
(850) 838-3500, extension 6 Phone
(850) 838-3501 Fax

CONRAD C. BISHOP, JR. County Attorney
P.O. Box 167, Perry, FL 32348
(850) 584-6113 Phone
(850) 584-2433 Fax

NOTICE OF REQUEST FOR PROPOSALS **FOR SHADY GROVE COMMUNITY CENTER ARCHITECTURAL SERVICES**

The Taylor County Board of County Commissioners is soliciting sealed proposals for Architectural Services for the design of a County owned and maintained community center in Shady Grove, Florida.

Qualified firms or individuals desiring to provide the required services must submit the proposal packages in a sealed envelope or similar package marked "***Sealed Proposal for Shady Grove Community Center Architectural Services***" to the Clerk of Court, 1st Floor Courthouse, 108 North Jefferson Street, Suite 102, or P.O. Box 620, Perry, Florida 32348, to arrive no later than 4:00 P.M., local time, on Friday, April 1, 2016. **All proposals MUST have the respondent's name and mailing address clearly shown on the outside of the envelope or package when submitted.** Proposals will be opened and respondents announced at 6:05 P.M. local time, or as soon thereafter as practical, on Monday, April 4, 2016, in the Taylor County Administrative Complex, Old Post Office, 201 East Green Street, Perry, Florida 32347.

Proposal information **MUST** be obtained from the County Administrator's Office located at the Administrative Complex, 201 East Green Street, Perry, Florida 32347.

Required Proposal information:

1. **Firm Overview** – Provide firm information including, but not limited to, Physical Address, Financial Stability, Date Established, Key Project Personnel, Current Insurance Coverages, and Ability to Provide Requested Services.
2. **Prior Related Experience** – Project Examples for last five years for which similar services have been provided. For each project, indicate (1) Project Name and Location, (2) Description of Project, (3) Owner Name, Address and Contact information, (4) Cost of Work and (5) Date Completed.
3. **Scope of Work** – Proposal detail.
4. **Fee** - Proposed Lump Sum pricing for the services requested.
5. **Project Timeline** – Provide timeline outlining proposed starting date, estimated length of project, and date of completion.

The County reserves the right, in its sole and absolute discretion, to reject any or all proposals, to cancel or withdraw this request for proposals at any time and waive any irregularities in the proposal process. The County reserves the right to award any contract to the respondent which it deems to offer the best overall service; therefore, the County is not bound to award any contract based on the lowest quoted price. The County, in its sole and absolute discretion, also reserves the right to waive any minor defects in the process and to accept the proposal deemed to be in the County's best interest. The County, in its sole and absolute discretion, also reserves the right to assign a local business preference in a maximum amount of five (5) percent of the proposed price(s), under the conditions set forth in Ordinance 2003-12. **No faxed proposals will be accepted.**

For additional information contact:

Dustin Hinkel
Taylor County Administrator
201 E. Green Street
Perry, FL. 32347
(850) 838-3500

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



TAYLOR COUNTY BOARD OF COUNTY COMMISSIONERS

ANNIE MAE MURPHY, Clerk
P.O. Box 620, Perry, FL 32348
(850) 838-3506 Phone
(850) 838-3549 Fax

DUSTIN HINKEL, County Administrator
201 E. Green Street, Perry, FL 32347
(850) 838-3500, extension 6 Phone
(850) 838-3501 Fax

CONRAD C. BISHOP, JR. County Attorney
P.O. Box 167, Perry, FL 32348
(850) 584-6113 Phone
(850) 584-2433 Fax

GENERAL PROPOSAL INFORMATION

1. Proposal information **MUST** be obtained from the County Administrator's Office, 201 East Green Street, Perry, Florida 32347, (850) 838-3500.
2. Five (5) proposal packages must be submitted in person to the Clerk of Court, 1st Floor Courthouse, 108 North Jefferson Street, Suite 102, or by mail to P.O. Box 620, Perry, Florida 32348 to arrive no later than 4:00 P.M., local time, Friday, April 1, 2016.
3. Proposals must be in a sealed envelope plainly marked on the outside: **"Sealed Proposals for Shady Grove Community Center Architectural Services"**.
4. **All proposals MUST have the respondents name and mailing address clearly shown on the outside of the envelope or package when submitted.**
5. Proposals not received by the Clerk of Court prior to the specified time will not be considered and **will be returned to the respondent unopened.**
6. Once opened no proposal may be withdrawn prior to the Board of County Commissioners action without written consent of the Clerk of Court.
7. Respondents must complete and furnish with their proposal, the Florida Public Entity Crimes Statement as required by F.S. 287.133 (3) (a).
8. Proposals shall be received and respondents announced on Monday, April 4, 2016 at 6:05 P.M., or as soon thereafter as practical, in the Taylor County Administrative Complex, Old Post Office, 201 East Green Street, Perry, Florida 32347.
9. The Taylor County Board of County Commissioners reserves the right, in its sole and absolute discretion to reject any or all proposals, to cancel or withdraw this proposal at any time and waive any irregularities in the proposal process. The County reserves the right to award any contract to the respondent which it deems to offer the best overall service; therefore, the County is not bound to award any contract(s) based on the lowest quoted price. The County, in its sole and absolute discretion, also reserves the right to waive any minor defects in the process and to accept the proposal deemed to be in the County's best interest.

General Proposal Considerations
(Continued)

10. It is the responsibility of the respondents to fully understand and follow all project expectations.
11. All bids submitted, requiring General Liability and Workmen's Compensation Insurance, per the bid specifications, must include a Certificate of Insurance showing \$1,000,000.00 liability insurance, listing Taylor County as additional insured, or a statement from a insurance agent, verifying that if the prospective bidder/respondent is awarded the bid, a Certificate of Insurance will be issued to the successful bidder/respondent within thirty (30) days of the acceptance of the bid, in the amount stated. Also include the Declaration Page from the insurance policy, showing Workmen's Compensation Insurance on all employees working on the project. Workers Compensation exemptions will be accepted upon providing a current certificate, Articles of Incorporation, and a signed Taylor County Workers Compensation Hold Harmless Agreement. Any bidder/respondent, who does not furnish the required insurance documents within thirty (30) days after the bid award, is hereby advised that the bid will be given to the next lowest bidder/respondent who meets all bid specifications.
12. The County, in its sole and absolute discretion, also reserves the right to assign a local business preference in a maximum amount of five (5) percent of the proposed price(s), under the conditions set forth in Taylor County Ordinance 2003-12.
13. The Taylor County Board of County Commissioners **Does Not Accept Faxed Proposals.**
14. Respondents who elect to send sealed proposals Overnight Express or Federal Express must send them to the physical address of: Clerk of Court, 1st Floor Courthouse, 108 North Jefferson Street, Suite 102, Perry, Florida 32347.
15. For additional information, contact:

Dustin Hinkel,
County Administrator
201 E. Green Street
Perry, Florida 32347

(850) 838-3500

MALCOLM PAGE
District 1

JIM MOODY
District 2

JODY DEVANE
District 3

PAM FEAGLE
District 4

PATRICIA "PAT" PATTERSON
District 5



TAYLOR COUNTY BOARD OF COUNTY COMMISSIONERS

ANNIE MAE MURPHY, Clerk
P.O. Box 620, Perry, FL 32348
(850) 838-3506 Phone
(850) 838-3549 Fax

DUSTIN HINKEL, County Administrator
201 E. Green Street, Perry, FL 32347
(850) 838-3500, extension 6 Phone
(850) 838-3501 Fax

CONRAD C. BISHOP, JR. County Attorney
P.O. Box 167, Perry, FL 32348
(850) 584-6113 Phone
(850) 584-2433 Fax

PROPOSAL CHECKLIST

Check Items Included:

- _____ 1. Required proposal information referenced above.
- _____ 2. Certificate of Liability Insurance or Agent Statement as outlined in the General Considerations (**MUST BE INCLUDED**).
- _____ 3. Declaration Page from Workers' Compensation Insurance or Exemption Certificate issued by the State, Articles of Incorporation, and Taylor County Workers Compensation Hold Harmless Agreement (**MUST BE INCLUDED WITH BID**).
- _____ 4. Public Entity Crimes Affidavit, signed and notarized, as required by Chapter 287.133(3)(a) (**AFFIDAVIT ENCLOSED**).

Checklist **Please include with proposal.**

IDEMNIFICATION AND HOLD HARMLESS FOR CONSULTANTS AND
SUBCONSULTANTS

The Architect/Engineer/Consultant covenants and agrees to indemnify, hold harmless and defend Taylor County, its commissioners, officers, employees, agents and servants from any and all claims for bodily injury, including death, personal injury, and property damage, including property owned by Taylor County, and any other losses, damages, and expenses of any kind, including attorney's fees, court costs and expenses, which arise out of, in connection with, or by reason of services provided by the Architect/Engineer or Consultant or any of its Subcontractor(s) in any tier, occasioned by the negligence, errors, or other wrongful act or omission of the Architect/Engineer/Consultant, including its Subcontractor(s) in any tier, their officers, employees, servants or agents.

In the event that the completion of the project (to include the work of others) is delayed or suspended as a result of the Architect/Engineer/Consultant's failure to purchase or maintain the required insurance, the Architect/Engineer/Consultant shall indemnify the County from any and all increased expenses resulting from such delay. Should any claims be asserted against the COUNTY by virtue of any deficiency or ambiguity in the plans and specifications provided by the Architect/Engineer/Consultant, the Architect/Engineer/Consultant agrees and warrants that Architect/Engineer/Consultant shall hold the County harmless and shall indemnify it from all losses occurring thereby and shall further defend any claim or action on the County's behalf.

The first ten dollars (\$10.00) of remuneration paid to the Architect/Engineer/Consultant is consideration for the indemnification provided for above.

The extent of liability is in no way limited to, reduced, or lessened by the insurance requirements contained elsewhere within this agreement.

This indemnification shall survive the expiration or earlier termination of the Agreement.

RESPONDENT'S
STATEMENT

I understand the insurance that will be mandatory if awarded the contract and will comply in full with all the requirements.

Respondent

Signature

**SWORN STATEMENT UNDER SECTION 287.133(3)(a),
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES**
THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER
OFFICER AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted with Bid, Proposal or Contract No. _____
for _____

2. This sworn statement is submitted by _____
(Name of entity submitting sworn statement)

Whose business address is _____
_____ and
(if applicable) its Federal Employer Identification Number (FEIN) is _____,
(if the entity has no FEIN, include the Social Security Number of the individual signing this sworn
statement: _____.)
3. My name is _____ and my relationship to the
entity

name above is _____.
4. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
5. I understand that "convicted" or "conviction" as defined in Paragraph 287-133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court or record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
6. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
 - a. A predecessor or successor of a person convicted of a public entity crime: or
 - b. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
7. I understand that a "person" as defined in Paragraph 287.133(1)(g)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or the United States with the legal

power to enter into a binding contract and which bids or applies to bid on contracts for the provisions of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

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

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

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

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

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

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

(Signature)

(Date)

STATE OF _____

COUNTY OF _____

PERSONALLY APPEARED BEFORE ME, the undersigned authority,

(Name of individual signing)

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

of _____, _____.

NOTARY PUBLIC

My commission expires: _____ FORM PUR 7068 (Rev. 11/89)

ATTACHMENT "A"

DESCRIPTION:

The Board of County Commissioners have determined that the Shady Grove community in Taylor County, Florida is in need of a community center. The community center will serve as the cultural and public gathering point for the community as well as serving the community's civic needs, such as a voting location and government meeting space. The facility will be located within the Shady Grove Community Park located at 3845 Alton Wentworth Road (see Exhibit "A").

Taylor County is seeking an architect with a strong background in the planning and design of new public facilities that has successfully completed similar projects. The successful architect will be responsible for the preparation of concept designs, including color renderings from different perspectives, a final set of plans, specifications, and estimates for the project.

PROJECT BUDGET:

For this project, the Board of County Commissioners has allocated \$212,000 from Capital Improvement Funds for the design and construction of the facility.

SCOPE OF WORK:

A. Concept Plans:

Conduct public workshops and prepare concept plans for the site to determine the most feasible designs for recreational activities taking into account, as a minimum, its location, zoning, topography, and adjacent property owners. The concept plans and recommendations shall be compiled and presented as a report to the Project Manager.

B. Color Renderings and Presentation Documents:

Prepare color renderings of three (minimum) concept plans. Assist Client in selecting a concept. After selection provide:

- i. Estimate of projects costs including line-by-line breakout of all fees, architectural costs, construction costs, furnishings, technology and contingencies.
- ii. Preliminary sections and external elevations
- iii. Preliminary floor plans and interior concepts (including lighting and furnishings)
- iv. Preliminary assessment of mechanical and electrical requirements
- v. Suggested internal and external materials

vi. Rendering of external and internal features suitable for public viewing

C. Design Development

Consultant will prepare the final conceptual design, including a large format display board and electronic files, using the Commission approved conceptual design and incorporating any revisions that the Commission approved. In addition, Consultant will prepare the following Design Development Documents: plans, sections and elevations, typical construction details, and specifications that identify major materials and systems.

D. Plans

The consultant shall prepare construction drawings containing title sheet, general note sheet, plan sheets, typical cross section sheets, and detail sheets for the project. The title sheet shall contain a vicinity map and location map for the project. Scale for plan and profile drawings shall be as follows: Horizontal: 1" = 20'; Vertical: 1" = 2'. Scale for detail drawings shall be as follows: Horizontal: 1" = 10'; Vertical: 1" = 1'.

E. Specifications

Prepare complete project specifications including Special Provisions (including permits from other agencies) and Proposal forms in a format consistent with current County projects. Copies of Standard General Provisions and Construction Contract Agreement will be supplied by the County for incorporation into construction documents. A description for each bid item will be required.

F. Quantity and Cost Estimates

Provide complete preliminary and final construction quantity and cost estimates.

G. Construction Documents

Plans and specifications shall comply with standard drawings and specifications of the County and other agencies as applicable.

SUBMISSION OF RESPONSES

- A. Five (5) copies of each response shall be submitted.
- B. The response shall be submitted in a sealed envelope clearly marked on the outside, with the Respondents name and "Sealed Proposals for Shady Grove Community Center Architectural Services", addressed to the entity and address stated in the Notice of Request for Proposals, on or before 4:00 P.M. local time on April 1, 2016. If forwarded by mail or courier, the above-mentioned envelope shall be enclosed in another envelope addressed to the entity and address stated in the Notice of Request for Proposals. Faxed or e-mailed responses shall be automatically rejected. Responses will be received until the date and hour stated in the Notice of Request for Qualifications.
- C. Each Respondent shall submit with his Response the required evidence of his qualifications and experience.

CONTENT OF SUBMISSION

The submitted responses to this Request for Proposal (RFP) shall be typed on 8- 1/2" x 11" white paper and bound; shall be clear and concise and provide the information requested herein. Responses submitted without the required information will not be considered. Responses shall be organized and sections tabbed. The Respondent should not withhold any information from the written response in anticipation of presenting the information orally or in a demonstration, since oral presentations or demonstrations will not be solicited. Each Respondent must submit adequate documentation to certify the Respondent's compliance with the County's requirements. Respondent should focus specifically on the information requested. Additional information, unless specifically relevant, may distract rather than add to the Respondent's overall evaluation.

The following information, at a minimum, shall be included in the response:

- A. Cover Page

A cover page that states:

"REQUEST FOR PROPOSALS FOR SHADY GROVE COMMUNITY CENTER
ARCHITECTURAL SERVICES, TAYLOR COUNTY, FLORIDA".

The cover page should contain Respondent's name, address, telephone number, and the name of the Respondent's contact person.

- B. Tabbed Sections

Tab 1. Executive Summary

The Respondent shall provide a narrative of the firm's or individual's history, qualities and capabilities that demonstrates how the firm will work with the County to fulfill the requirements of this Project.

All responses must contain, at a minimum, the following information:

1. A list of the person's or entity's shareholders with five percent or more of the stock or, if a general partnership, a list of the general partners; or, if a limited

liability company, a list of its members; or, if a solely owned proprietorship, names(s) of owner(s).

2. A list of the officers and directors of the entity (name(s) and title(s)).
3. The number of years the person or entity has been operating and, if different, the number of years it has been providing the services, goods, or construction services called for in the RFP.
4. The number of years the person or entity has operated under its present name and any prior names. Include any prior names and addresses of any entity which was previously owned, operated or directed by any of its officers, directors, or general partners the person or entity has operated under in the past 5 years.

Tab 2. Relevant Experience

The Respondent shall provide a project history of the firm or organization demonstrating experience with projects that are similar in scope and size to the proposed Project. The Respondent shall provide a detailed summary (two pages or less) of one completed project similar to this project, and a tabular list of other completed projects similar to size and scope.

Tab 3. References and Past Performance on Similar Projects

Please include and describe any previous experience in Taylor County. Each Respondent shall provide a list of past projects and at least two (2) written references of a Florida local government or other governmental entities for which the Respondent has provided the same or similar services during the past three (3) years. Each reference shall include, at a minimum:

1. Name and full address of referenced project and of client organization
2. Name and telephone number of contact person for referenced project
3. Date of initiation and completion of contract for referenced project
4. Brief summary of the project and services comparing the referenced services to these proposed services
5. Describe whether projects met the substantial completion date, and if completion date was not met provide explanation.

Tab 4. Project Approach

The Respondent shall describe the approach and methodology, the use of technology and the software in use or planned to accomplish the scope of work defined herein. Describe the firm's methodology for working locally given the extensive amount of data collection required for this Project. The project approach shall include information on schedule and availability.

Tab 5. Staffing for this Project and Qualifications of Key Personnel

The Respondent shall describe the composition and structure of the firm (sole proprietorship, corporation, partnership, joint venture) and include names of persons with an

interest in the firm. Include in this section a copy of documentation demonstrating that the entity is a legally, viable entity.

The Respondent shall include a list of the proposed staff that will perform the work required if awarded this contract. An organizational chart and management plan should be included in this section. The Respondent shall include a resume for each member of the project team identifying his/her role on the team and any qualifications relevant to the assigned position. The Respondent shall also include a summary of each project team member's experience with projects of this specific type. Include in this section the location of the main office and the location of the office proposed to work on this project.

Tab 6. Services

The Respondent shall provide any additional project experience that will give an indication of and provide evaluators with insight about the qualifications, fitness and abilities of the Respondent.

Tab 7. Pending Litigation

The Respondent shall describe any past or pending litigation in which the Respondent has been involved, in the past five (5) years, indicate whether a plaintiff or defendant, and describe the nature of the cause of action. In all cases Respondent shall give the name, current address, and telephone number of the other party, the case number, and where the litigation is pending or was filed.

All responses must contain answers to the following questions regarding claims and suits:

- a. Are there any judgments, claims, arbitration proceeding or suits pending or outstanding against the person, principal of the entity, or entity, or any entity previously owned, operated or directed by any of its officers, directors, or general partners? If yes, provide details;
- b. Has the person, principal of the entity, entity, or any entity previously owned, operated or directed by any of its officers, major shareholders or directors, within the last five years, been a party to any lawsuit, arbitration, or mediation with regard to a contract for services, goods or construction services similar to those requested in the specifications with private or public entities? If yes, provide details;
- c. Has the person, principal of the entity, or any entity previously owned, operated or directed by any of its officers, owners, partners, major shareholders or directors, ever initiated litigation against the county or been sued by the county in connection with a contract to provide services, goods or construction services? If yes, provide details;
- d. Whether, within the last five years, the owner, an officer, general partner, principal, controlling shareholder or major creditor of the person or entity was an officer, director, general partner, principal, controlling shareholder or major creditor of any other entity that failed to perform services or furnish goods similar to those sought in the request for competitive solicitation;

Tab 8. County forms

Respondent shall complete and execute the forms specified above and found in this RFP, signatures shall be current on all forms, dated within thirty (30) days of the date of submission.

Respondent shall produce evidence of proper licensing to perform the services described herein. Copies of all professional and occupational licenses shall be included in this section.

Tab 9. Pricing

Respondent shall provide a lump sum, not to exceed cost to perform the services requested.

EVALUATION/ SELECTION OF CONTRACTOR

A Selection Review Committee will evaluate all responses received and:

1. Prepare an alphabetical listing of those respondents determined to be interested and available.
2. Evaluate the responses meeting minimum submission criteria based upon qualifications. Selection as best qualified will be based on the following considerations:
 - a. Recent experience of individuals and firm on projects of similar size and scope.
 - b. Schedule and availability
 - c. Past Performance record
 - d. Project approach
 - e. Taylor County experience
 - f. Pricing proposal
 - f. Each TAB section will be given points used to score and evaluate firms and individuals. The point structure is as follows:

CRITERIA	MAXIMUM POINTS
----------	----------------

TAB 1	5
TAB 2	10
TAB 3	10
TAB 4	20
TAB 5	15
TAB 6	5
TAB 7	5
TAB 8	*All forms must be complete or Respondent will be deemed non-responsive.
TAB 9	30
TOTAL	100

3. Review of all proposals received will proceed as follows:
 - a. The selection committee will review all written documents submitted.
 - b. The committee's ranking of prospective firms shall be based on the firm's capabilities, ability, and adequacy of personnel, past record, recent experience, current workload, price, and project approach.
4. Presentation of the tentative agreements by the selection committee to the Board for approval. The Executive Summary shall inform the Board as to the terms, conditions and costs associated with the contracts.
5. Upon approval of the agreement by the Board, execution of a formal written agreement is required prior to commencement of the work associated with the contract.

6. Direct contact one-on-one with the Committee members or Board of County Commissioners is not allowed. Selection will be on the basis of professional qualifications and experience.

[illegible]

TAYLOR COUNTY BOARD OF COMMISSIONERS

County Commission Agenda Item

SUBJECT/TITLE:



Requesting Board approval to prepare and submit grant application to the Florida Division of Emergency Management Hurricane Loss Mitigation Program-Residential Construction Mitigation Program (RCMP) grant program and waiver public hearings as the grant can only be used to mitigate single family homes against hurricane and severe weather damage.

MEETING DATE REQUESTED:

February 16, 2016

Statement of Issue: The 2016-2017 RCMP grant funding cycle will open in March or April 2016. These grant funds can be used alone or with SHIP and CDBG housing rehabilitation funds to "strengthen" and improve resiliency of residential structures from hurricanes and severe weather events. These funds would enable the County to increase assistance to our homeowners.

Recommended Action: Move forward with the preparation and submission of the grant application and waiver public hearings.

Fiscal Impact: The County is eligible to submit grant application up to \$194,000 and a match is not required.

Budgeted Expense: Y/N Not Applicable

Submitted By: Melody Cox

Contact: Melody Cox

SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

History, Facts & Issues: The County submitted application to the program for the first time in July 2015 and was awarded the maximum of \$194,000. Approximately sixteen (16) projects using these funds will be completed by June 30, 2016. The County has received quite a few applications from citizens needing assistance through this program and if awarded a second grant will be able to expend the funds fairly quickly. Government Services Group (GSG) is working with the County providing contract administration and inspection services for this program.

Attachments: RCMP Program Information

State of Florida
Division of Emergency Management



RFP-DEM-14-15-043

HURRICANE LOSS MITIGATION PROGRAM
Residential Construction Mitigation Program (RCMP)

Request for Proposals

CONTACT FOR QUESTIONS:

Tara Walters
2555 Shumard Oak Blvd.
Tallahassee, Florida 32399-2100
Tara.Walters@em.myflorida.com
Phone #: (850) 410-1391
Fax #: (850) 488-7842

1) BACKGROUND

In 1999, the Florida Legislature passed the Bill Williams Residential Safety and Preparedness Act. Codified as section 215.559, Florida Statutes, this legislation created the Hurricane Loss Mitigation Program ("HLMP").

In order to fund the HLMP, the Legislature appropriates at least \$10 million annually from the Florida Hurricane Catastrophe Fund to the Florida Division of Emergency Management ("Division"). Of that \$10 million, the Division can expend \$3.5 million in order to:

- a) Fund programs that "improve the wind resistance of residences and mobile homes...";
- b) Educate "persons concerning the Florida Building Code cooperative programs..."; and,
- c) Undertake "other efforts to prevent or reduce losses or reduce the cost of rebuilding after a disaster."

In accordance with section 215.559(5), Florida Statutes, funds appropriated by the Legislature to the Division for HLMP purposes "are intended to supplement, not supplant, the [D]ivision's other funding sources." Thus, HLMP projects should not duplicate existing mitigation programs administered by the Division.

As required by section 215.559(4), Florida Statutes, the Division implemented the HLMP in consultation with an advisory council. Based upon that consultation, the Division developed the Residential Construction Mitigation Program ("RCMP"). A component of the HLMP, the RCMP provides grant funding to governmental entities, nonprofit organizations, and qualified for-profit organizations as a means to improve the resiliency of residential structures within their communities. Mitigation retrofit improvements currently authorized for the RCMP include:

- a) Replacement of roof sheathing;
- b) Replacement of roof covering;
- c) Strengthening of roof deck attachment;
- d) Installation of secondary water barrier;
- e) Installation of hurricane straps;
- f) Installation of window and door opening protection;
- g) Installation of hurricane resistant windows and doors;
- h) Brace bottom chord gable end; and,
- i) Anchoring of wall or floor units to the foundation.

Ultimately, HLMP provides a mechanism for the Division to use moneys from the Hurricane Catastrophe Fund in order to protect against damage to property caused by disasters; by reducing the exposure of insured property in the State of Florida, the HLMP thereby reduces the exposure of the Hurricane Catastrophe Fund (and therefore, the exposure of Florida's taxpayers).

2) SOLICITATION

Through this Request for Proposals ("RFP"), the Division solicits written proposals from responsible and responsive Proposers who seek to perform mitigation retrofit improvements to residential properties. In order to qualify for an award, the proposed mitigation retrofit improvements must reduce losses or reduce the cost of rebuilding after a disaster. Additionally, Proposers must target residential properties that are not in compliance with the current edition of the Florida Building Code ("FBC").

When determining the effectiveness of a particular retrofit improvement, the Division will focus on the amount of reduction in risk exposure associated with the mitigation of a residential property, not the age of that property. Nonetheless, the Division encourages Proposers to target residential properties that fail to comply with the 2001 edition of the FBC as retrofit improvements to those properties may yield the greatest savings for the Hurricane Catastrophe Fund.

3) PROPOSERS

For the purpose of this document, the term "Proposer" means the prime Recipient acting on its own behalf and those individuals, partnerships, firms, or corporations comprising the Proposer's team. The term "proposal" means the complete response of the Proposer to the RFP, including properly completed forms and supporting documentation. After the award, said Proposer will be referred to as the "Recipient".

4) ELIGIBLE PROPOSERS

Grant funds awarded under the RCMP qualify as state financial assistance under the Florida Single Audit Act. See Section 215.971, Florida Statutes. The Catalog of State Financial Assistance number (CSFA#) for RCMP is 31.066.

Because the Legislature provides the Division with RCMP funds through the grants and aid appropriation category, eligible proposers under this RFP include governmental entities, nonprofit organizations, and qualified for-profit organizations; individual homeowners are ineligible to apply. The following statutory sections provide additional guidance:

- a) **Grants and aid.** In order to qualify for an award of a State-Funded Grant Agreement under the "grants and aid" appropriation category, a Recipient must be either a unit of government or nonstate entity. See Section 216.011(1)(r), Florida Statutes.

b) **Nonstate entity.** As defined by section 215.97(2)(m), Florida Statutes, nonstate entity “means a local governmental entity, nonprofit organization, or for-profit organization that receives state financial assistance.”

1. **Local governmental entity.** As defined by section 215.97(2)(j), Florida Statutes, local governmental entity “means a county as a whole, municipality, or special district or any other entity excluding a district school board, charter school, Florida College System institution, or public university, however styled, which independently exercises any type of governmental function within the state.”

2. **Nonprofit organization.** As defined by section 215.97(2)(l), Florida Statutes, nonprofit organization “means any corporation, trust, association, cooperative, or other organization that:

- a. Is operated primarily for scientific, educational service, charitable, or similar purpose in the public interest.
- b. Is not organized primarily for profit
- c. Uses net proceeds to maintain, improve, or expand the operations of the organization.
- d. Has no part of its income or profit distributable to its members, directors, or officers.

3. **For-profit organization.** As defined by section 215.97(2)(g), Florida Statutes, for-profit organization “means any organization or sole proprietor that is not a governmental entity or a nonprofit organization.”

5) **RESPONSIBILITY**

In order to qualify as a responsible vendor as that term is defined by section 287.012(25), Florida Statutes, a proposer must demonstrate the capability in all respects to fully perform the contract requirements and the integrity and reliability that will assure good faith performance.

6) **PROPOSALS**

Applicants may submit one (1) proposal for a maximum award amount of \$194,000. Subcontractors may appear in more than one proposal. Sections 30 through 33 of this RFP provide additional guidance on proposal requirements.

7) **RESPONSIVENESS**

a) **Vendor.** In order to qualify as a responsive vendor as that term is defined by section 287.012(27), Florida Statutes, a Proposer must submit a proposal that conforms in all material respects to this solicitation.

b) **Proposal.** In order to qualify as a responsive proposal as that term is defined by section 287.012(26), Florida Statutes, a proposal must conform in all material respects to this solicitation.

The Purpose of Mitigating Homes

After the hurricanes of 2004, legislation was established to help homeowners reduce their insurance premiums based on their home's ability to withstand a hurricane. The goal was to offer incentives to homeowners who invested in mitigation techniques, upgrades or retrofits to make their home stronger.



Without mitigation techniques applied, your home may not withstand a windstorm as well as you think it will.

North Lauderdale Permitting Information

A permit can be pulled by a licensed contractor or a homeowner that resides at the property as their primary residence. (Note: a landlord who does not reside on the property cannot pull a permit.)

If you are pulling a Homeowner Building Permit it is considered an exemption to the State Law F.S. 489.103(7) and requires the homeowner to complete an Owner/Builder Affidavit to acknowledge their understanding of the legal obligations and to be in accordance with Section 104.6.1.2 of the Florida Building Code.

A permit must be submitted with an initial deposit that is required at the time of submittal. The following items may be needed when applying for a permit: Two (2) sets of plans with applicable details, sealed plans may be necessary; and two sets of Product Approval

documents are required for any doors, windows, shutters, roof shingles or tiles, etc.

If you have a Homeowner's Association you will also be required to get written approval notarized or sealed by an authorized HOA officer. Only after plans are approved and the permit is issued, can work commence. The Building Permit Card with plans must be made visible on the property during the construction/repair and readily accessible at the time of inspection.

Inspections are to be called in by the individual who the permit was issued to prior to 3:00 p.m. for the next business day inspection to occur.

Funding provided by a grant from:



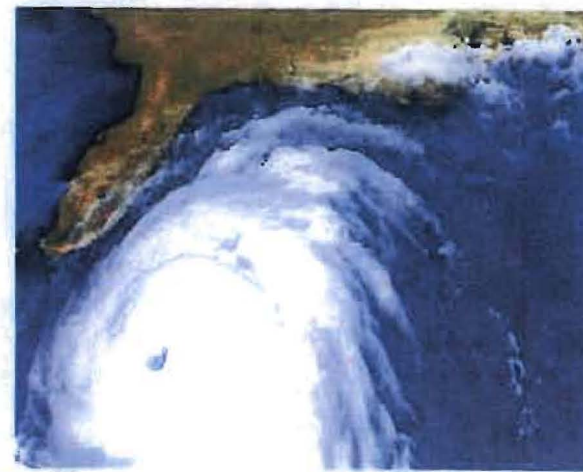
State of Florida – Division of Emergency Management

In partnership with:



*Community Development Department
701 SW 71st Avenue
North Lauderdale, FL 33068
954-724-7069 Phone
954-720-2064 Fax*

City of



Hurricane Mitigation

***The Importance
and Benefits
of Mitigating
Your Home.***

Understanding the Benefits of Mitigating Your Home

The City of North Lauderdale Community Development Department, in partnership with the State of Florida Division of Emergency Management, offers this information to homeowners regarding the benefits of home windstorm mitigation. Sometimes grants are available for these types of projects and homeowners should check with their local municipalities and the State of Florida <http://www.mysafefloridahome.com>

General Information

Did you know that your insurance premiums are based on your home's ability to withstand weather conditions (especially hurricanes) here in South Florida? Homeowners are encouraged to invest in mitigation techniques, upgrades or retrofits in order to be eligible for insurance rate reductions and to make their homes stronger.

Residential buildings can be effectively classified according to their degree of wind vulnerability. That classification recognizes the fact that buildings with wind resistant features are expected to experience significant reductions in hurricane damage and loss.

The reduced risk and associated loss results from both basic house characteristics (roof, shape, frame vs. masonry, etc.) as well as structural features of the building envelope (roof deck attachment, hurricane straps, etc.)

While the existing house characteristics are in place and cannot be easily modified, the key building envelope features can often be upgraded and strengthened to provide notable reductions in vulnerability.

By rating structures based on wind vulnerability and risk, significant financial incentives, (in the form of reduced insurance premiums, credits and discounts) exist for homeowners who invest in hurricane mitigation retrofits. The first step in obtaining a possible reduction of your insurance premium is to have your home assessed by a qualified inspector. It is recommended that you contact your insurance company to inquire if they refer their insured to a specific company for wind mitigation testing. The estimated cost for this service should range from \$150 - \$200.

Your investment in mitigation testing will no doubt result in a cost savings and help identify structural vulnerabilities that need to be addressed to further strengthen your home.

Key Factors of a Mitigation Inspection (must be in compliance with the current Florida Building Codes):

- Year Home Built
- Building Height/Number of Stories
- Roof Covering and Installation
- Roof Deck Attachment
- Roof to Wall Connection
- Roof Shape
- Gable Bracing
- Secondary Water Resistance
- Opening Protection

The year your home was constructed is important from an insurance perspective and can be obtained from the property appraiser's website.

The height of the building/number of stories is another factor that increases the wind load exposure. The taller a structure, the higher the

wind speeds will affect the structure. As you can see from the illustration provided below, the risks are higher based on the height of any structure and will be considered for underwriting insurance policies.



The roof covering and installation date is key, especially as it relates to the Florida Building Codes (FBC) that are updated periodically. If not properly secured, the roof covering could become flying debris during a hurricane.

Along with the roof covering, how the roof deck attachment is affixed to the trusses/rafters plays an important role in its ability to withstand windstorms. The entire roof deck shall be covered with an approved asphalt impregnated 30# felt underlayment installed with nails and tin-tabs as required for the HVHZ. (No additional underlayment shall be required over the top of this sheet). The inspector will look for the thickness of roof sheathing, the type of attachment (staple, nail or screw), the size of nails, and the spacing of those nails. A combination of these items along with very specific measurements will determine the strength of the roof deck.

The Inspector should provide photos of the attachment type to reflect the measurements of the sheathing thickness, size of nails, and truss attachment spacing.

(See inside)

You may qualify for a **Secondary Water Resistance (SWR)** credit if you have a self adhering modified bitumen roofing underlayment applied directly to the roof sheathing or foam (SWR) sprayed from inside the attic (not spray foam insulation). Photographs of this application or documentation from the roofer or homeowner are required to validate when the (SWR) is not visible.

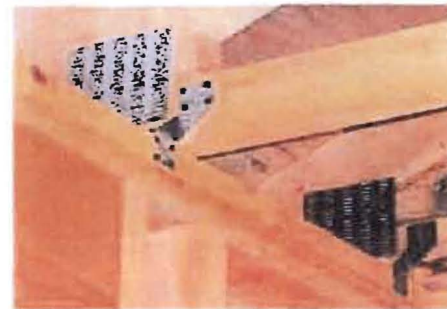
These photos reflect types of foam insulation.



The home's **roof to wall connection** and type is important. Inspectors should take photos because it helps establish the continuous load path from the roof through the walls and into the ground. The weaker the connection, the higher the risk the roof may lift off during high winds.



Photo above shows roof to wall connections.



Hurricane straps are important to prevent roof lifting.

The **roof shape** is often reported incorrectly on the Uniform Mitigation Verification Inspection Form. A "hip" shaped roof has **no** other roof shape greater than 50% of any major wall length.

Illustrated below are some roof shapes.



Entire roofs are classified as "other":

- If there is a "gable" over a garage and the garage sits on its own wall;
- If there is one "gable" greater than 50% of an elevation or wall length;
- If the roof is all "hip" except for a flat portion over a porch that is structurally connected to the roof system.
- If the roof is any other shape or combination of shapes other than "hip".

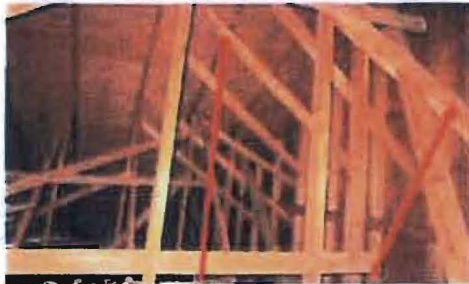


This home is classified as "gable roof".



This photo shows a form of bracing.

All accessible gables must be inspected to properly report **gable end bracing** and must be braced to meet the Florida Building Code (FBC), otherwise the roof is **not** considered braced. Retrofitted gable braces should be clearly outlined so no confusion exists when your report is submitted to your insurance carrier.



These are examples of "gable end reinforcements".

The wall construction type is an important factor as certain wall structures are stronger and have less risk than others. An inspector will use a metal detector on masonry walls to determine proper reinforcement. At least 3-5 locations should be checked. For reinforced masonry, the inspector should take a photo of the metal detector showing the locations of reinforcement as validation. Other types of wall construction such as unreinforced masonry are found in older homes. Poured concrete is very rare in single-family home residential construction.



Inspectors use metal detectors to validate the reinforcement in the walls.

Opening Protection

In order to receive the "Hurricane" rating, each and every opening on the home, must be protected with impact-resistant products that have been tested and comply with the required codes. In order to qualify for an insurance discount, window film does not count as an approved form of protection and any hurricane panels, accordion or roll-down shutters must be installed with certain attachments that meet the Florida Building Code.



Every opening, including sky lights and gable vents, must be protected in order to receive the "Hurricane" rating.



This home was disqualified for a discount because every opening except this window was protected with an impact resistant product.

If you have "Hurricane" protection on every opening, the inspector will verify the product and photograph the approval stickers or documentation in order to qualify your discount.

In Summary:

This brochure is only a brief outline of information on wind mitigation upgrades. When homeowners truly understand what needs to be done, they will benefit from insurance premium discounts and increase the structural integrity of their home to prevent or reduce losses. The upgrades usually cost less than the discounted savings when calculated over the five year validity period of the Wind Mitigation Inspection.

Make sure that the mitigation inspector takes photos of every phase of the mitigation inspection. If no photos are submitted showing the details, your report may be questioned as to its legitimacy.

For further information, please contact your insurance carrier.

TAYLOR COUNTY BOARD OF COMMISSIONERS

County Commission Agenda Item

SUBJECT/TITLE:



Requesting Board to discuss the upcoming funding cycle for the Florida Boating Improvement Program (FBIP) and to approve holding public hearings to receive public input March 7 at 6:15 p.m. and March 22 at 6:10 p.m.

MEETING DATE REQUESTED:

February 16, 2016

Statement of Issue: The 2016 funding cycle for the FBIP grant program is currently open. Staff is requesting approval to hold public hearings March 7 and March 22 to discuss and receive public input for the upcoming funding cycle and possible grant submission to the program. Due to the grant timelines, the Commission would need to tentatively approve submission of a specific project at the March 7 meeting and approve the grant application after the public hearing at the March 22 meeting.

Recommended Action: Approval to hold two public hearings as requested.

Fiscal Impact: Not applicable at this time. A cash match of a minimum of 25% of the total project cost would be required for the application. The match would be required FY 2016-2017.

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

Submitted By: Melody Cox

Contact: Melody Cox

SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

History, Facts & Issues: The 2016 funding cycle is currently open 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. The grant funds can only be used for recreational boating enhancements and improvements not commercial activities and use. The County was awarded a grant FY 2015 and is currently waiting on the contract for the construction of restrooms at Steinhatchee Boat Ramp.



Florida Fish and Wildlife Conservation Commission

[Fishing](#) [Boating](#) [Hunting](#) [Licenses & Permits](#) [Wildlife Viewing](#) [Wildlife & Habitats](#) [Research](#) [Education](#) [Conservation](#)

[Home](#) [Boating](#) [Boating Grant Programs](#) [FBIP](#)

Florida Boating Improvement Program (FBIP)

Boating Regulations

Safety & Education

Anchoring & Mooring

Waterway Management

Boat Ramps & Access

Boating Grant Programs

FBIP

Funded Projects

BigP

Derelict Vessels

Safety & Education

Advisory Council

Application Period

February 1, 2016 through March 31, 2016 .

The Florida Fish and Wildlife Conservation Commission (FWC) announces the anticipated availability of grant funds under the Florida Boating Improvement Program (FBIP). Applications for grant funding for fiscal year 2016-2017 will be accepted beginning February 1, 2016. Applications must be received by FWC before close of business on March 31, 2016. Applications received after the deadline will be ineligible for consideration. For more information, email FBIP@MyFWC.com or call (850) 488-5600.

Related Documents

- Program Guidelines
- Annual Report
- Funded Projects
- 2015 FBIP Scores and Ranking

Application Forms

- Instructions
- Application Form A: Recreational Channel Markers
- Application Form B: Boat Access Facilities
- Application Form C: Derelict Vessel Removal
- Application Form D: Boater Education
- Application Form E: Other Local Boating-related Projects

The Florida Boating Improvement Program provides funding through competitive grants for boating access projects and other boating-related activities on coastal and/or inland waters of Florida. Eligible program participants include county governments, municipalities and other governmental entities of the state of Florida

Eligible uses of program funds include:

- Boat ramps; lifts and hoists; marine railways; and other public launching facilities
- Piers, docks and other mooring facilities
- Recreational channel marking and other uniform waterway markers
- Derelict vessel removal
- Boating education
- Economic development initiatives that promote boating
- Other local boating-related activities that enhance boating access for recreational boaters

If you have any questions, send email to FBIP@MyFWC.com or call 850-488-5600.

FWC Facts:

Any vessel operating in a "slow down, minimum-wake" zone must operate fully off plane and completely settled in the water.

Learn More at [AskFWC](#)



Get FWC News Feeds



VISIT FLORIDA



Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public records request, do not send electronic mail to this entity.

Florida Boating Improvement Program

FY 2015-16

Scores and Ranking

(a minimum score of 65.00 is required to be eligible for funding)

App #	Applicant	Project	Score
15-038	Town of Lake Clarke Shores	Lake Clarke Shores Boat Ramp	95.80
15-035	Taylor County	Steinhatchee Boat Ramp Restroom	90.80
15-043	Monroe County	Derelict Vessel Removal	90.60
15-012	City of Fernandina Beach	Breakwater Dock Safety Improvements	89.00
15-026	Holmes County	CR-2 Choctawhatchee River Boat Ramp	88.80
15-001	Monroe County	Waterway Markers	88.20
15-013	City of Fernandina Beach	Dock 6 Fire Safety Enhancements	88.00
15-018	City of Mexico Beach	Mexico Beach Marina Improvements	86.40
15-004	City of Apalachicola	Battery Park	85.80
15-016	City of Lynn Haven	Porter Park Boat Ramps	85.20
15-037	Town of Branford	Ivey Memorial Park South Boat Ramp	84.20
15-021	DeSoto County	Lettuce Lake Boating Improvements	84.20
15-023	Dixie County	Rocky Creek Boat Ramp	83.20
15-009	City of Crescent City	Margary Neal Nelson Sunrise Park, Phase IV	82.40
15-007	City of Callaway	John B. Gore Boat Ramp	81.80
15-017	City of Melbourne	Marina Seawall and Boat Ramp	81.40
15-044	Santa Rosa County	Boating & Angling Guide to Escambia and Santa Rosa Counties	81.20
15-006	City of Bradenton	Twin Dolphin Marina Dock C	77.80
15-039	Town of White Springs	White Springs Boat Ramp	76.80
15-024	Franklin County	Old Ferry Dock Boat Ramp	76.00
15-011	City of Daytona Beach	Riverfront Park Day Docks	75.20
15-014	City of Green Cove Springs	Green Cove Springs City Pier	75.20
15-034	St. Johns River Water Management District	McDonald Canal Recreation Area	74.80
15-041	Walton County	Shoal River Boat Ramp	73.60
15-042	Washington County	Gln Lake Boat Ramp	73.20
15-029	Martin County	Phipps Park	72.80
15-031	Palm Beach County	Bert Winters Park	72.80
15-015	City of LaBelle	LaBelle City Wharf - Phase III	71.60
15-027	Lee County	Alva Boat Ramp Renovation	71.20
15-022	Dixie County	Yellow Jacket Boat Ramp	70.20
15-020	City of Tampa	Julian B. Lane Riverfront Park	69.60
15-028	Marion County	Heagy-Burry Boat Ramp	69.60
15-002	Brevard County	POW/MIA Park Channel Dredging	67.80
15-033	St. Johns River Water Management District	Emeralda Marsh Conservation Area Boat Ramp	65.80

Florida Boating Improvement Program

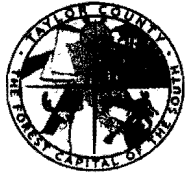
FY 2015-16

15-003	Calhoun County	Neal Landing Boat Ramp	64.60
15-036	Town of Branford	Ivey Memorial Park Restrooms	62.20
15-030	North Bay Village	Vogel Park Docks	59.20
15-032	Palm Beach County	Phil Foster Floating Dock	52.00
15-045	City of Daytona Beach	Maritime Management Plan for ICW in Volusia County	50.80
15-019	City of Sanford	North Shore Rigging Docks	47.60
15-040	Village of North Palm Beach	Anchorage Park	47.20
15-005	City of Apalachicola	Battery Park Restrooms / Kayak	Incomplete
15-008	City of Chattahoochee	River Landing	Incomplete
15-010	City of Crystal River	Three Sister's Spring and King's Bay Moorings	Incomplete
15-025	Gulf County	Indian Pass Boat Ramp	Incomplete

TAYLOR COUNTY BOARD OF COMMISSIONERS

County Commission Agenda Item

SUBJECT/TITLE:



Board to approve the Invitation To Bid for the Hazardous Mitigation Grant Program to advertise and receive bids for the purchase and installation of Hurricane Shutters on twelve (12) single family homes in Taylor County.

MEETING DATE REQUESTED:

February 16, 2016

Statement of Issue: The Board to receive bids on March 22, 2016 at 6:05 p.m. for the purchase and installation of hurricane shutters on twelve (12) single family homes. These projects will be 100% funded with the Residential Construction Mitigation Program (RCMP) grant the County has been awarded.

Recommended Action: Approve the Invitation To Bid

Fiscal Impact: The projects will be 100% grant funded.

Submitted By: Melody Cox

Contact: Melody Cox

SUPPLEMENTAL MATERIAL / ISSUE ANALYSIS

History, Facts & Issues: The County received \$190,000 through the RCMP grant program to mitigate potential damage to homes resulting from severe weather. The twelve (12) homes currently under construction with CDBG and/or SHIP funds will have hurricane shutters installed with the RCMP grant funds. We are currently qualifying additional applicants for the program and will use the remaining funds for roofing projects.

Attachments: Invitation To Bid

PUBLIC NOTICE

INVITATION TO BID

Hazard Mitigation Grant Program Funds Provided By Florida Department of Emergency Management

Taylor County Board of County Commissioners invites interested licensed residential contractors to submit bids for the purchase and installation of Hurricane Shutters for approximately 12 single family homes in Taylor County.

SEALED Bids (Please submit one original and two copies) are to be submitted on or before Friday, March 18, 2016 at 4:00 PM to Annie Mae Murphy, Clerk of the Court (850) 838-3506. Bid envelopes are to be identified as DEM ITB-00.

Hand Delivery: Annie Mae Murphy
Fed – X or UPS Clerk of the Court
108 North Jefferson Street, Suite 102
Perry, FL. 32347

Mail Delivery: Annie Mae Murphy
Clerk of the Court
108 North Jefferson Street, Suite 102
Perry, FL. 32347

A Public Opening of the Bids is scheduled for **Tuesday, March 22, 2016 at 6:05 PM** at 201 East Green Street, Perry, Florida, 32347. Bids will be opened during a regularly scheduled Board of County Commissioners meeting.

Each of the houses to be shuttered shall include from 6 to 8 window openings and 1 door opening that must have the following shutters installed: Material and installation shall meet the requirements for Code Approved Accordion Style shutters meeting the requirements of FBC 2413 of the General Building Code, 5th Edition. Please provide unit prices for purchase and installation for the following window and door sizes:

Doors – 36" X 80"
Windows - 38" X 38", 53" X 53", 38" X 62", 38" X 52"

WBE/MBE/DBE Firms are encouraged to participate. Taylor County is an Equal Opportunity Employer.

The Taylor County Board of Commissioners reserves the right to accept or reject any and/or all bids in the best interest of Taylor County.

TAYLOR COUNTY BOARD OF COUNTY COMMISSIONERS
Jody DeVane, Chair