

**BOARD OF COUNTY COMMISSIONERS**

**GULF COUNTY, FLORIDA**

| <b><u>AGENDA</u></b>   | <b><u>JULY 24, 2012</u></b> | <b><u>TIME / PAGE NO.</u></b> |
|--|-----------------------------|-------------------------------|
| 1. Meeting Called to Order . . . . .                                   |                             | 9:00 a.m.                     |
| 2. Consent Agenda . . . . .  |                             | 1-85                          |
| 3. Public Hearing – P.D.R.B. Recommendations (July 16, 2012) . . . . . |                             | 86-87                         |
| 4. County Staff Business   |                             |                               |
| 5. Board Business  |                             |                               |
| 6. 2012 FAC Presidential Scholarship Presentation – Toren Guthrie      |                             |                               |
| 7. Donna Williams – Gulf Coast Workforce Board Update . . . . .        |                             | 88-90                         |
| 8. Public Discussion   |                             |                               |

**F.S. 286.0105:**

**If a person decides to appeal any decision made by the board, agency or commission, with respect to any matter considered at such meeting or hearing, he will need a record of the proceedings, and that, for such purpose, he 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.**

# CONSENT AGENDA

July 24, 2012

|    |  |       |
|----|--|-------|
| 1. | Minutes – June 12, 2012 – Regular Meeting . . . . .  | 1-10  |
|    | - June 25, 2012 – Emergency Meeting . . . . .  | 11-12 |
|    | - June 26, 2012 – Regular Meeting . . . . .  | 13-22 |
| 2. | Agreement – Agency for Healthcare Administration – Primary Care<br>(\$288,759.00) . . . . .  | 23-26 |
|    | Agreement – Agency for Healthcare Administration – Low Income Pool<br>(\$417,604.00) . . . . .   | 27-37 |
| 3. | Insurance Committee Recommendations . . . . .  | 38    |
| 4. | Inventory – County Judge Timothy J. McFarland (Junk * Optimus TV w/VHS<br>Player, Panasonic TV w/VHS Player, HP1740<br>Monitor, HPL2208w Monitor, Fellows PS-77C<br>Shredder, Fellows DM-6 Shredder) . . . . . | 39    |
| 5. | Invoices – Bryan-Co Services, Inc. – Liberty Manor Apartments (Application<br>No. 1 * \$33,583.68 * to be paid from Account<br>#113554-34000) . . . . .  | 40    |
|    | - Bryan-Co Services, Inc. – Moss Creek Apartments (Application<br>No. 1 * \$2,615.18 * to be paid from Account<br>#113554-34000) . . . . .   | 41    |
|    | - Bryan-Co Services, Inc. – Pine Ridge Apartments (Application<br>No. 1 * \$33,583.68 * to be paid from Account<br>#113554-34000) . . . . .  | 42    |
|    | - Coastal Parasail – Beach Raking (Invoice #12004 * \$500.00 * to be<br>paid from Account #27452-46100) . . . . .  | 43    |
|    | - Kone, Inc. – Courthouse Elevator (Invoice #150690160 * \$12,056.00 *<br>to be paid from Account #26219-62100) . . . . .  | 44-47 |
|    | - North Florida Construction, Inc. – Stumphole Revetment Phase IV<br>- DRI (Invoice #SA#1 * \$96,345.97 * to be paid<br>from Account #113538-34000) . . . . .  | 48-52 |
|    | - North Florida Construction, Inc. – Stumphole Revetment Phase V<br>- DREF (Invoice #SA#1 * \$68,402.25 * to be paid<br>from Account #113538-34000) . . . . .  | 53-72 |
|    | - Okaloosa County Board of County Commissioners – 2012 CO-OP<br>Collection (\$5,267.80 * to be paid from Account<br>#41934-52000) . . . . .  | 73-74 |
|    | - Opportunity Florida – 2012-2013 Membership Dues (\$1,586.30). . . . .  | 75    |

|    |  |       |
|----|--|-------|
|    | - Roberson & Associates, P.A. – Professional Services (Invoice #PSJ9981 * \$10,400.00 * to be paid from Account #346513-32000)   | 76    |
|    | - Sniffen & Spellman, P.A. – Professional Litigation Services (Invoice #8962 \$133.00 * to be paid from Account #21111-31300)  | 77    |
|    | - St. Joseph Bay Humane Society – Animal Control (July, 2012 * \$4,402.00 * to be paid from Account #43262-82000)  | 78-80 |
|    | - Tax Collector – Advertising Cost for Unsold County Certificates (\$3,155.05 * to be paid from Account #21111-49200)  | 81    |
|    | - The Ferguson Group, LLC – Federal Lobbying Services (Invoice #0812170 * \$6,500.00 * to be paid from Account #21111-31200)   | 82    |
| 6. | Request for Extension – C.D.B.G.-DRI Stumphole Revetment Grant.  | 83    |
| 7. | Road Closure (Temporary) – U.S. Highway 98 in the vicinity of Veterans' Memorial Park for the Beach Blast Sprint and Olympic Distance Triathlon and Duathlon (September 8, 2012) | 84    |
| 8. | S.H.I.P. – Down Payment Assistance (Sheila Ann Williams * \$17,500.00)   | 85    |

JUNE 12, 2012

PORT ST. JOE, FLORIDA

REGULAR MEETING

The Gulf County Board of County Commissioners met this date in regular session with the following members present: Chairman William C. Williams, III, Vice Chairman Tan Smiley, and Commissioners Carmen L. McLemore, Ward McDaniel, and Warren J. Yeager, Jr.

Others present were: County Attorney Jeremy Novak, Clerk Finance Officer Carla Hand, Deputy Clerk Kari Summers, Chief Administrator Don Butler, Assistant Administrator Michael Hammond, Deputy Administrator Lynn Lanier, Deputy Administrator Brett Lowry, Building Official Lee Collinsworth, G.I.S. Coordinator Scott Warner, Gulf County E.M.S. Director Houston Whitfield, Grant Writer Towan Kopinsky, Mosquito Control Director Mark Cothran, Gulf County Planner David Richardson, Public Works Director Joe Danford, Sheriff Joe Nugent, and Sheriff's Office Major Bobby Plair.

Sheriff Nugent called the meeting to order at 10:00 a.m., E.T.

Planner Richardson opened the meeting with prayer, and Chairman Williams led the Pledge of Allegiance to the Flag.

**CLERK NORRIS INSTALLATION AS PRESIDENT OF CLERKS ASSOCIATION**

Chairman Williams noted the change in today's meeting being due to the installation of Clerk Norris as the President of the Florida Court Clerks and Comptrollers this evening and congratulated her on this accomplishment.

**CONSENT AGENDA**

Upon motion by Commissioner Yeager, second by Commissioner McLemore and unanimous vote the Board approved the Consent Agenda as follows:

1. Minutes – Correction to Minutes – April 24, 2012 – Regular Meeting
  - May 8, 2012 – Regular Meeting
  - May 22, 2012 – Special Budget Meeting
  - May 22, 2012 Regular Meeting
  
2. Approval of Checks and warrants for May, 2012 which are incorporated herein by reference, pursuant to Chapter 136.06 F.S.

3. Budget – Howard Creek Fire Department (Surplus Metal Sales \* \$2,732.50 \*  
Stone Mill Creek Fire Department (Surplus Metal Sales  
\* \$2,340.00)

Budget – Public Works (Surplus Metal Sales \* \$9,820.37)

4. Grant Agreement – Emergency Management (Emergency Management  
Preparedness Assistance (E.M.P.A.) \* \$105,806.00 \*  
Contract #13-BG-06-02-33-01-023)

Grant Agreement – Emergency Management (Emergency Management  
Preparedness Grant (E.M.P.G.) \* \$54,430.00 \* Contract  
#1-FG- -02-33-01-090)

5. Inventory – Howard Creek Fire Department (Return to Florida State Forestry  
Division \* 1983 International Tanker Fire Truck  
\* VIN #1HC135TTDW2602)

- Public Works (Junk \* #100-547 1988 GMC Box Truck/Boom  
Truck)

6. Invoices – Agency for Healthcare Administration (Florida Medicaid \* 4<sup>th</sup>  
Quarter 2011-2012 \* \$77,464.00 \* to be paid from  
Account #51161-82000)

- MRD Associates, Inc. – St. Joseph Peninsula Sea Turtle and  
Escarpment Monitoring Services (Invoice #1564 \*  
\$49,535.00 \* to be paid from Account #28039-31000)

- The Water Spigot, Inc. – Buckhorn Landfill (Invoice #12-12136 \*  
\$260.00 \* to be paid from Account #281534-31000)

7. Purchase Request through State Contract – Tourist Development Council  
(Tractor for Beach Rut Removal)

8. Reconciliation – T.D.C. (Forgotten Coast Cultural Coalition \* Forgotten  
Coast Plein Air Invitational 2012)

9. Reimbursement – Gulf County Sheriff (Beach Patrol Fund \* \$11,354.02 \*

Beach Patrol for October, 2011 – May, 2012)

(End)

**1<sup>ST</sup> PUBLIC HEARING – SIGN ORDINANCE**

Pursuant to advertisement to hold a public hearing to consider adoption of an ordinance amending County Ordinance #88-3, County Attorney Novak read the proposed Ordinance by title as follows: An ordinance of Gulf County, Florida; whereby amending Gulf County Sign Ordinance No. 88-3 titled “An Ordinance regulating outdoor advertising signs; providing for the prohibition of said signs on County rights of way; providing for an effective date” and herein replacing it by adoption of “Gulf County sign Ordinance” and providing for severability; and providing for an effective date. Chairman Williams called for public comment. There was no public comment. Following discussion and explanation of the “Whereas” clauses; County Attorney Novak recommended amending the definition of “sign” on page 14 to mirror that of the Florida Department of Transportation. There being no further comment, Commissioner McDaniel motioned to approve the recommendation to amend the definition of sign. Commissioner Smiley seconded the motion, and it passed unanimously.

**COUNTY WEBSITE**

Deputy Administrator Lanier reported that the sign ordinance, County-Wide voting issues, and Board meetings have been placed on the county website.

**SMALL COUNTY GRANT**

Public Works Director Danford reported he received notification by email of their eligibility to receive the Small County Grant again and requested permission for the Chairman to sign and execute the Small County Grant once completed. Commissioner Yeager motioned to approve this request. Commissioner McDaniel seconded the motion, and it passed unanimously.

**EMERGENCY MANAGEMENT – SOFTWARE**

Emergency Management Director Nelson requested approval to purchase software from Geo Cove, Inc. (sole source provider), in the amount of \$9,000.00 with a \$2,000.00 per year maintenance fee, to be paid from grant funds. Commissioner Yeager motioned to approve this request. Commissioner Smiley seconded the motion. Commissioner McDaniel asked about it being a sole source purchase and County Attorney Novak stated he reviewed the software with Mr. Nelson, and pursuant to the 2005 bid policy he recommended the Board include that in their motion. The motion and second were so amended as recommended and it then passed unanimously.

### **COMPREHENSIVE PLAN**

Planner Richardson discussed the upcoming changes to the Comprehensive Plan, stating there should be another map update in 2013 to incorporate surge into the coastal areas, and river flooding; noting there will be changes. He reported that the County will be coming up for the C.R.S. recertification for discounts on NFIP, and a new manual will come out this year. Upon inquiry by Commissioner McLemore concerning the flood zones in the North end of the County, Planner Richardson reported they are reviewing the entire County and discussed the process and models used to make these determinations. Commissioners discussed the process and noted the need to make sure the data is correct.

### **BOAT RAMP LEASES**

County Attorney Novak recommended approval of an addendum to the current lease for Odena Boat Ramp, adding the Willis Landing Boat Ramp, and then adding the maps from the old Odena Boat Ramp. He reported that once this is completed they will get a Memorandum of Understanding addendum for ratification. Commissioner Yeager motioned to approve as recommended by County Attorney Novak. Commissioner McLemore seconded the motion, and it passed unanimously.

### **DEPARTMENT OF HEALTH – SETTLEMENT**

County Attorney Novak discussed a stipulation of settlement and final order from the Department of Health, stating they have reached a settlement on an Administrative Complaint and recommended the Board ratify the decision and authorize them to move forward with issuing that processing fee. Commissioner McDaniel motioned to approve this recommendation. Commissioner Smiley seconded the motion, and it passed unanimously.

### **ANIMAL CONTROL ORDINANCE**

County Attorney Novak reported on the progress of the animal control ordinance, stating the sub-committee met and they distributed the proposed animal control language to the committee.

### **HOMELESS SHELTER ORDINANCE**

County Attorney Novak reported on the progress of the Homeless Shelter Ordinance, stating the sub-committee met and requested permission to advertise the proposed ordinance. Commissioner Yeager motioned to approve this request. Commissioner Smiley seconded the motion, and it passed unanimously.

**PERSONNEL POLICY - SAFETY RULES AND REGULATIONS**

County Attorney Novak discussed the safety rules and regulations in the County personnel policy and recommended to add to the current policy, in terms of volunteers for the County, that the Board extend the current personnel policy as they currently exist to apply in their entirety to the County staff when it comes to volunteers. Upon inquiry by Chairman Williams concerning who will follow-up on that, County Attorney Novak stated that it would come as a recommendation from the department head, (Brad Price) to the County Administrator. Commissioner Yeager motioned to approve this recommendation. Commissioner McDaniel seconded the motion, and it passed unanimously.

**S.H.I.P. – SATISFACTION OF MORTGAGE**

County Attorney Novak recommended approval of a S.H.I.P. Satisfaction of Mortgage for Flora Miller, stating these are administrative reviews and suggested for Chief Administrator Butler be allowed to approve and execute these documents without further Board approval. Commissioner McLemore motioned to approve this recommendation. Commissioner Smiley seconded the motion, and it passed unanimously.

**P.D.R.B. RESIGNATION**

County Attorney Novak discussed the resignation of the P.D.R.B. Chairman Jim McKnight, stating the advisory council applications are on the county website, and anyone interested may complete the application and submit it to the County.

**TOURIST DEVELOPMENT COUNCIL**

County Attorney Novak discussed a recent T.D.C. meeting, noting that contracts were discussed. He reported the new T.D.C. Council formed two sub-committees (budget and marketing), and the T.D.C. Council has a unanimous recommendation to term out their marketing contracts for three Memorandum of Understandings with Statecraft, LLC. Mr. Novak stated that with Board approval he will work with the contractor (Statecraft, LLC) to terminate the agreements/contracts. Commissioner Yeager motioned to approve as recommended by the T.D.C. Commissioner Smiley seconded the motion, and it passed 4 and 0, with Chairman Williams abstaining due to a personal relationship with the owner of Statecraft.

**TOURIST DEVELOPMENT COUNCIL – EXECUTIVE DIRECTOR**

Chief Administrator Butler introduced the new T.D.C. Executive Director Jennifer Jenkins to the Board. T.D.C. Executive Director Jenkins appeared before the Board and stated she is excited to be in this County and looks forward to working with everyone.

**RESTORE ACT**

Chief Administrator Butler discussed that the Board previously discussed the Restore Act funding to assist the Florida Association of Counties (F.A.C.) in their request on the Restore Act, and requested for the Clerk to cut the check to F.A.C., not to exceed \$2,500.00 after the invoice is received. Commissioner McLemore motioned to approve this recommendation. Commissioner McDaniel seconded the motion, and it passed unanimously.

**FLOOD ZONES**

Chief Administrator Butler discussed the flood zones in the different areas, specifically the Overstreet area, and recommended the Board send a letter to U. S. Representative Steve Southerland concerning this issue. Commissioner McLemore motioned to approve this recommendation. Commissioner Yeager seconded the motion, and it passed unanimously.

**INTERIM T.D.C. DIRECTOR**

Chief Administrator Butler thanked Interim T.D.C. Director Kopinsky for all her hard work on the T.D.C. Chairman Williams thanked Ms. Kopinsky, the Clerk's Office, the new T.D.C. members, Chief Administrator Butler, and County Attorney Novak for their work with the T.D.C. in getting this on solid footing.

**EDWARD BYRNE MEMORIAL GRANT**

Sheriff Nugent requested permission for Chairman Williams to sign and execute the Edward Byrne Memorial (60/40) Grant. Commissioner McLemore motioned to approve this request. Commissioner Smiley seconded the motion, and it passed unanimously.

**DOMESTIC VIOLENCE**

Sheriff Nugent announced that Deputy Chris Buchannan and Pam Martin will be holding a program on Domestic Violence at the Wewahitchka Courthouse on Thursday, June 28<sup>th</sup> at 6:00 p.m., C.T.

**TOURIST DEVELOPMENT COUNCIL INVESTIGATION**

Sheriff Nugent gave an update on the T.D.C. investigation, stating that F.D.L.E. met and found nothing illegal. He stated there was only a lack of oversight and lack of having contracts aligned; noting there were no criminal charges found. He noted there is one other item they have been asked to look into, post the audit by Roberson and Associates.

**PERMITS – SAULS CREEK AND BYRD PARKER DRIVE**

Commissioner McLemore requested that Chief Administrator Butler check the status of the permitting for Sauls Creek and Byrd Parker Drive.

### **TOURIST DEVELOPMENT COUNCIL**

Commissioner Smiley noted the only problems he saw at the T.D.C. is that they are under manned. Commissioner Yeager stated he saw a lot of people struggling over the issues at the T.D.C. and thanked everyone for their efforts in correcting the issues.

### **F.E.M.A. – U.S. FISH AND WILDLIFE – C.O.B.R.A.**

Commissioner Yeager discussed that he, Chief Administrator Butler, and County Attorney Novak met with U.S. Fish and Wildlife concerning the issue with F.E.M.A., stating they provided them with additional information and it was a great meeting. Commissioner Yeager reported that the Washington Office is deferring to their Field Office on the F.E.M.A. issue. He noted the residents do not want special treatment; they want the same treatment as the surrounding areas receive.

### **APALACHICOLA/CHATTACHOOCHIEE/FLINT RIVERS**

Commissioner McDaniel reported that he traveled to Columbus, Georgia on May 30<sup>th</sup> and 31<sup>st</sup> to attend a meeting with the A.C.F. concerning the water issues, stating we are under a drought, therefore they cannot provide us water. He reported that David McClain will come before the Board and give a report concerning this issue.

### **CITY OF WEWAHITCHKA – ROAD REPAIRS**

Commissioner McDaniel stated the City of Wewahitchka is requesting the County donate approximately three (3) to six (6) yards of milled asphalt to do their patch work in the City limits. The Board had no objections. Commissioner McDaniel requested for Public Works Director Danford to work with the City of Wewahitchka on this issue.

### **RESTORE ACT-DEEPTWATER HORIZON OIL SPILL**

Chairman Williams reported that he attended a meeting in Destin yesterday (June 11, 2012) concerning the Restore Act, noting the Restore Act is tied to the Transportation Bill. Chairman Williams briefly discussed the process, stating he hoped that Congress passes this bill.

### **SPECIAL BUDGET MEETING**

Chairman Williams discussed the Special Budget Meeting that was held at 8:00 a.m. today, and applauded the committee for their hard work, stating that Chief Administrator Butler will schedule the next meeting.

### **DOWNTOWN REDEVELOPMENT AGENCY**

Chairman Williams discussed the D.R.A. and requested an outline of the expenditures for the D.R.A. He noted he will follow up with the Clerk.

### **SIGNAGE – WINDMARK BEACH**

County Attorney Novak discussed the issues with the signage at WindMark Beach, stating they will be meeting concerning this issue.

**P.D.R.B. APPLICATIONS**

County Attorney Novak discussed the P.D.R.B. applications, stating all previously submitted applications on file will be considered.

**TOURIST DEVELOPMENT COUNCIL**

Interim T.D.C. Director Kopinsky appeared before the Board and welcomed new T.D.C. Director Jennifer Jenkins, stating she is looking forward to working with her.

**GRANT – WHITE CITY BRIDGE LANDSCAPE**

Grant Writer Kopinsky reported the County received a grant to landscape the approaches to the White City Bridge, and requested permission to advertise for bids for the landscaping. Commissioner Yeager motioned to approve this request. Commissioner Smiley seconded the motion, and it passed unanimously. Upon inquiry by Commissioner McLemore concerning the funding, Grant Writer Kopinsky reported that she received the fully executed grant agreement and the notice to proceed; noting the grant is through reimbursement.

**LAND'S LANDING GRANT**

Commissioner McLemore requested Grant Writer Kopinsky check on the Lands Landing grant. Ms. Kopinsky stated she has been working on that and noted she is not sure if they will fund Land's Landing in this cycle or whether she will need to re-apply.

**INVOICE – G.A.C. – CAPE SAN BLAS SHARED USE PATH PHASE III**

Grant Writer Kopinsky recommended approval of an invoice from G.A.C. on the C.R. 30-A S.C.O.P. grant for the Cape San Blas Shared Use Path Phase III, in the amount of \$118,852.57. Commissioner McLemore motioned to approve this recommendation. Commissioner Yeager seconded the motion, and it passed unanimously.

**GRANT – HOUSING REHABILITATION**

Grant Writer Kopinsky reported the County received a housing rehabilitation grant, stating the County agreed to match the grant with S.H.I.P. funding and they are currently accepting applications for residents who would like to apply for rehabilitation. She reported it has to be low to moderate income families who live outside the City limits. She stated it will be advertised and on the County website.

**BEACH RAKING**

Interim T.D.C. Director Kopinsky stated the T.D.C. Board recently discussed the beach raking contract and is requesting permission to advertise for bids for a new contractor, once the specifications are worked out. Commissioner Yeager motioned to approve this recommendation. Commissioner McLemore seconded for discussion. Commissioner Yeager requested he be able to review the specifications before they are advertised. The motion then passed 5-0.

**JULY 4<sup>th</sup> FIREWORKS DISPLAY**

Interim T.D.C. Director Kopinsky reported the City of Port St. Joe agreed at their last meeting to not participate (contribute) in the 4<sup>th</sup> of July fireworks. She noted the T.D.C.

received a lot of calls from citizens who are very disappointed in the possibility that there may be no fireworks this year. Ms. Kopinsky advised the Board that she had contacted the two companies who bid on the New Years Eve fireworks and one of them is available at the cost of \$10,000.00 (\$5,000.00 from County and \$5,000.00 from T.D.C.), noting the County would be responsible. She stated if the Board wished, they could contract with them on an emergency basis. Chairman Williams stated he is very disappointed in the City of Port St. Joe on this, as well as other issues. Chairman Williams suggested an alternative site or venue for the fireworks display if the City does not want to participate and proposed paying for it from the \$90,000.00 B.P. settlement funds. Commissioner Yeager discussed that he agrees, but the downtown merchants have events planned for the weekend, and suggested the County proceed with what is already budgeted for. Commissioner McDaniel noted this is a time of celebration and wished the City of Port St. Joe would reconsider, but if not, the County should move forward with this. Commissioner Smiley expressed concerns with the services that have been cut by the City due to funding, noting duplication of services (police and building department) within the City and County that citizens are paying twice for. Commissioner Smiley stated that the City needs to do their part. Chairman Williams suggested the County pay the \$10,000.00 with the B.P. settlement T.D.C. funds and move the venue to Beacon Hill Park or Cape San Blas. Commissioner Yeager disagreed with changing the venue. Chairman Yeager motioned to approve the expenditure; securing the vendor on an emergency basis and allow Chief Administrator Butler or Chairman Williams to engage the City of Port St. Joe to see if they can come to an agreement, leaving the venue downtown. County Attorney Novak discussed the County policy for emergency basis, and recommended it be approved as an exceptional purchase under #8 of the bid policy. Commissioner Smiley seconded for discussion. The motion failed 3 to 2, with Commissioner McLemore, Chairman Williams, and Commissioner McDaniel voting no. Commissioner McLemore motioned to pay the vendor \$10,000.00 and move the venue to Beacon Hill Park if the City of Port St. Joe does not agree to participate by Friday. Commissioner McDaniel seconded the motion, and it passed 4 to 1, with Commissioner Yeager voting no.

## **PUBLIC COMMENT**

### **PARKING SIGNS – ST. JOE BEACH**

Albert Milton appeared before the Board and discussed parking signs in front of his home at St. Joe Beach, and requested the Board submit a letter to Jerry Purdue, District Transportation Operations Engineer at F.D.O.T, to have the signs removed from the right-of-way. Commissioner McLemore motioned to submit the letter. Commissioner Smiley seconded the motion, and it passed unanimously.

There being no further business and upon motion by Commissioner McLemore, the meeting did then adjourn at 11:15 a.m., E.T.

**WILLIAM C. WILLIAMS, III**  
**CHAIRMAN**

**ATTEST:**  
**REBECCA L. NORRIS**  
**CLERK**

**JUNE 25, 2012**  
**PORT ST. JOE, FLORIDA**  
**EMERGENCY MEETING**

The Gulf County Board of County Commissioners met this date in emergency session with the following members present: Chairman William C. Williams, III, Vice Chairman Tan Smiley, and Commissioners Carmen L. McLemore, Ward McDaniel, and Warren J. Yeager, Jr.

Others present were: County Attorney Jeremy Novak, Clerk Rebecca L. Norris, Deputy Clerk Kari Summers, Chief Administrator Don Butler, Assistant Administrator Michael Hammond, Deputy Administrator Lynn Lanier, Deputy Administrator Brett Lowry, Building Official Lee Collinsworth, Building Inspector George Knight, Emergency Management Director Marshall Nelson, Emergency Medical Services Director Houston Whitfield, E9-1-1 Coordinator Ben Guthrie, G.I.S. Coordinator Scott Warner, Grant Writer Towan Kopinsky, Mosquito Control Director Mark Cothran, Planner David Richardson, Preble Rish Engineer Clay Smallwood, Public Works Director Joe Danford, Public Works Director Jake Lewis, Sheriff Joe Nugent, and T.D.C. Director Jennifer Jenkins.

Chairman Williams called the meeting to order at 10:25 a.m., E.T.

**TROPICAL STORM DEBBY**

Emergency Management Director Nelson gave an update on Tropical Storm Debby, stating the National Weather Forecast Service is now pushing the storm more to the East; probably around Dixie County. He reported there are approximately 1,300 people without power throughout the County, stating that Gulf Coast Electric Cooperative and Progress Energy are working diligently to restore power. Upon inquiry by Commissioner Yeager, Emergency Management Director Nelson recommended the Board declare a Local State of Emergency. Commissioner Yeager motioned to approve this recommendation. Commissioner Smiley seconded the motion, and it passed unanimously. Emergency Management Director Nelson discussed the storm surges, stating they have diminished to around 2 to 3 feet on top of the tide. He noted the winds should be diminishing, and the chance of tornados is less likely than before. Emergency Management Director Nelson reported rain fall up to 4 ½ inches at the E.O.C. Commissioner Yeager discussed the ongoing construction at the Stumphole area and reported they have had some issues there but the Berm has been built back with some of the rock that had been previously excavated, and have additional rock coming in.

Chairman Williams called for public comment.

City of Port St. Joe Mayor Mel Magidson discussed the erosion around the lighthouse, stating they have loss anywhere from 6 -10 feet more. He noted they have closed that area at this time to keep everyone out.

Upon inquiry by Sheriff Nugent concerning the rivers, Emergency Management Director Nelson reported there will be a little rise on the Chipola River. He stated what we will receive in the Flint River Basin and the Apalachicola River Basin is very minimal. Mr. Nelson noted Blountstown reading is less than a half a foot, having dropped since yesterday. Sheriff Nugent thanked the fire departments and Public Works for their assistance in getting the down trees removed from the roadways.

Chairman Williams recommended the Public Information Officer be a shared roll with T.D.C. Director Jennifer Jenkins handling the external component, and Deputy Administrator Brett Lowry handling the internal. The Board had no objection to this recommendation.

There being no further business, and upon motion by Commissioner Smiley, the meeting did then adjourn at 10:35 a.m., E.T.

**WILLIAM C. WILLIAMS, III**  
**CHAIRMAN**

**ATTEST:**  
**REBECCA L. NORRIS**  
**CLERK**

JUNE 26, 2012

PORT ST. JOE, FLORIDA

**REGULAR MEETING**

The Gulf County Board of County Commissioners met this date in regular session with the following members present: Chairman William C. Williams, III, Vice Chairman Tan Smiley, and Commissioners Carmen L. McLemore, Ward McDaniel, and Warren J. Yeager, Jr.

Others present were: County Attorney Jeremy Novak, Clerk Finance Officer Carla Hand, Deputy Clerk Kari Summers, Chief Administrator Don Butler, Assistant Administrator Michael Hammond, Deputy Administrator Lynn Lanier, Deputy Administrator Brett Lowry, E.D.C. Director Barry Sellers, Emergency Management Director Marshall Nelson, E9-1-1 Coordinator Ben Guthrie, Fire Coordinator Brad Price, G.I.S. Coordinator Scott Warner, Gulf County E.M.S. Director Houston Whitfield, Mosquito Control Director Mark Cothran, Gulf County Planner David Richardson, Preble-Rish/County Engineer Clay Smallwood III, Public Works Director Joe Danford, Sheriff Joe Nugent, and T.D.C. Director Jennifer Jenkins.

Sheriff Nugent called the meeting to order at 6:00 p.m., E.T.

Assistant Administrator Hammond opened the meeting in prayer, and Chairman Williams led the pledge of allegiance.

**CONSENT AGENDA**

Upon motion by Commissioner McLemore, second by Commissioner McDaniel and unanimous vote the Board approved the Consent Agenda as follows, after removal of Item #2 (pages 5-6):

1. Minutes – June 12, 2012 – Special Budget Meeting
2. **\*\*DELETE\*\*** Bid #1112-19 - Fountain Bid (Rescind previously rejected bid and allow to negotiate with the sole bidder)
3. Bid Rejection #1112-12 (T.D.C. Marketing)
4. Grant – Regional Rural Development (Department of Economic Opportunity)
5. Grant Funding Application (T.D.C. – Special Event)
6. Grant Award – Gulf County Emergency Medical Services (\$47,990.00)

7. Invoices – Bryan-Co Services, Inc. – C.D.B.G.-D.R.I. Affordable Rental Housing Liberty Manor Apartments (Application #6 \* \$1,670.70 \* to be paid from Account #113554-34000)
- Bryan-Co Services, Inc. – C.D.B.G.-D.R.I. Affordable Rental Housing Moss Creek Apartments (Application #6 \* \$9,499.58 \* to be paid from Account #113554-34000)
  - Bryan-Co Services, Inc. – C.D.B.G.-D.R.I. Affordable Rental Housing Pine Ridge Apartments (Application #8 \* \$3,544.24 \* to be paid from Account #113554-34000)
  - Coastal Parasail – Gulf County Beach Raking (Invoice #1201 \* \$4,000.00 \* to be paid from Account #27452-46100)
  - C.W. Roberts Contracting, Inc. – Cape San Blas Shared Use Path Phase III (Application #9 & Final \* \$190,681.96 \* to be paid from Account #40341-53000)
  - Ken Murphy – Videotaping & Airing of Board Meetings (May, 2012 \* \$1,350.00 \* to be paid from Account #27452-34000)
  - NCC Media – T.D.C. T.V. Advertising – Atlanta (Invoice #2825016 \* \$650.00 \* Invoice #2825017 \* \$106.00 \* Invoice #2832585 \* \$94.00 \* Invoice #2842623 \* \$3,550.00 \* Invoice #2842624 \* \$581.00 \* Invoice #2854452 \* \$517.00 \* all to be paid from Account #27452-49200)
  - NCC Media – T.D.C. T.V. Advertising – Nashville (Invoice #2825022 \* \$550.00 \* Invoice #2825023 \* \$50.00 \* Invoice #2825035 \* \$52.00 \* Invoice #2842648 \* \$3,600.00 \* Invoice #2842649 \* \$300.00 \* Invoice #2842678 \* \$432.00 \* all to be paid from Account #27452-49200)
  - Sniffen & Spellman, P.A. – Professional Litigation Services (Invoice #8911 \* \$378.00 \* to be paid from Account #21111-31200)
  - St. Joseph Bay Humane Society – Animal Control (May, 2012 \* \$6,223.00 \* to be paid from Account #43262-82000)
  - Rich's IGA – Stone Mill Creek Fire Department candy for 2011 Christmas Parade (\$19.90)

8. Purchase Request – Stone Mill Creek Fire Department (Genesis Extrication Equipment from Rescue Systems Unlimited (Sole Source) \* \$19,880.00 \* to be paid from Stonemill Creek Fire Department Budget)
  9. Refund Request – Honeyville Community Center (Russell McMillian \* \$200.00)
- Refund Request – Gulf County Sheriff's Department (IT for the month of June, 2012 \* \$833.33)

(End)

### **2<sup>nd</sup> PUBLIC HEARING – SIGN ORDINANCE #2012-04**

Pursuant to advertisement to hold a public hearing to consider the adoption of an ordinance amending Gulf County Sign Ordinance No. 88-3 regulating outdoor advertising signs, County Attorney Novak read the proposed Ordinance by title, as follows: An ordinance of Gulf County, Florida; whereby amending Gulf County sign ordinance No. 88-3 titled "An ordinance regulating outdoor advertising signs; providing for the prohibition of said signs on County rights of way; providing for an effective date" and herein replacing it by adoption of "Gulf County sign ordinance" and providing for severability; and providing for an effective date. Chairman Williams called for public comment. There was no public comment. Commissioner Yeager motioned to adopt the ordinance regulating outdoor advertising signs. Commissioner Smiley seconded the motion, and it passed unanimously.

Complete Ordinance on file with Clerk

County Attorney Novak discussed the first issue in the ordinance is the definition and language regarding election signs, and recommended a moratorium regarding election signs for this election year. Commissioner McDaniel motioned to approve this recommendation effective December 1, 2012. Commissioner Yeager seconded the motion, and it passed unanimously.

### **INTRODUCTION & 1<sup>ST</sup> READING – HOMELESS SHELTER & NUISANCE ORDINANCES**

County Attorney Novak read the proposed ordinances by title which regulates and controls the application, review, permitting process, as well as the regulation and annual evaluation of any and all homeless shelters, as follows. An ordinance of the County of Gulf, in the State of Florida to regulate and control the application, review, permitting processes as well as the regulation and annual evaluation of any and all homeless shelters; providing for appropriate locations for such facilities; providing for enforcement; adopting a hearing procedure, providing fines and penalties for enforcement; providing for repeal of ordinances in conflict herewith; providing for severability; and providing for an effective date. County Attorney read the proposed ordinance amending Nuisance Ordinance No. 99-06, providing additional language and further definition of nuisance as any activity conducted on a property within the County by title, as follows. An ordinance

of the County of Gulf, in the State of Florida amending "nuisance" ordinance 99-06, providing additional language and further definition of nuisance as any activity conducted on a property within the County requiring the presence of law enforcement officers on five or more occasions of any thirty day period; providing for severability; providing for repeal; and providing for an effective date.

**PUBLIC HEARING – P.D.R.B. RECOMMENDATIONS (JUNE 18, 2012)**

The Board then considered the following recommendations from the June 18, 2012 meeting of the Planning & Development Review Board:

**VARIANCE APPLICATION – ROBERT DAWKINS**

Pursuant to advertisement to hold a public hearing to consider corrective action to an existing access ramp and dune walkover (Parcel ID #03180-235R), County Attorney Novak read the public hearing to consider the corrective action. Planner Richardson noted this was debated highly and was tabled during the May meeting, stating this is an after-the-fact variance, and that was the main reason for denying it. He reported this is a well built structure and the family does have medical problems and recommended the Board grant the variance for Mr. Dawkins, but consider imposing a fine for these variances, and consider occupational licenses for contractors in an effort to get a handle on these issues. Chairman Williams called for public comment. Johanna Bryan appeared before the Board and discussed that Ms. Browning is an elderly woman with health issues and requested the Board to consider the approval of the variance. Pat Hardman appeared before the Board and stated this Board needs to stop the non licensed contractors from coming into this County and working without pulling permits. Upon inquiry by Commissioner Yeager, Planner Richardson stated the imposition of fines and occupational licenses should be handled separately, but reported if this variance is granted, they are subject to double permitting fees. Jack Husband of Southeastern Consulting Engineering, Inc. appeared before the Board and reported that D.E.P. is going to allow this to remain conditionally upon receiving a letter of no objection from the County. Chairman Williams agreed the Board should impose occupational licenses. Commissioner McDaniel agreed there needs to be fines imposed for those who fail to follow the guidelines. Commissioner Yeager motioned to approve the variance application for Dawkins, and request the P.D.R.B. to come back to the Board with a recommendation on occupational licenses, and fines and penalties for these type variances. Commissioner McDaniel seconded for discussion. Chairman Williams recommended amending the motion to include the variance be granted subject to review by the Building Department. The motion and second were amended to include the Chairs recommended amendment. The motion then passed unanimously.

**VARIANCE APPLICATION – SHERRY STEADHAM**

Pursuant to advertisement to hold a public hearing to consider a road setback variance of 4' and a side setback of 1'6" (Parcel ID #03765-000R \* S31, T6S, R11W), County Attorney Novak read the public hearing notice to approve a road setback variance of 4' and a side setback of 1'6". Commissioner McDaniel motioned to approve the variance application. Commissioner Yeager seconded the motion, and it passed unanimously.

**SIGN VARIANCE APPLICATION – TOYE ROBERTS**

Pursuant to advertisement to hold a public hearing to consider a variance to install an offsite business sign (Parcel ID #03946-000R \* S5, T7S, R11W), County Attorney Novak read the public hearing notice; stating the P.D.R.B. recommended the Board deny the variance to install an offsite business sign. Commissioner McLemore motioned to deny the sign variance application. Commissioner McDaniel seconded the motion. Commissioner Yeager recommended Chairman Williams contact The Port Authority in regards to renting a piece of property to place signs for the Industrial Park area for these businesses. The motion then passed unanimously.

**VARIANCE APPLICATION – ANGELO AND SUSAN JARDINA**

Pursuant to advertisement to hold a public hearing to consider a setback encroachment for Angelo and Susan Jardina (Parcel ID #03946-002R \* S5, T7S, R11W), County Attorney Novak explained they requested a setback encroachment from the construction of a fence and a portable shed. He stated it is recommended by the P.D.R.B. to grant the road setback based on the error admitted by the contractor and testimony of the owners. Commissioner McLemore motioned to approve the variance application. Commissioner McDaniel seconded for discussion. Following discussion clarifying the location, the motion then passed unanimously.

**AWARD BID #1112-16 - TRI COUNTY MAP DISPLAY SYSTEM**

E9-1-1 Coordinator Guthrie recommended awarding Bid #1112-16 to GeoComm Mapping Services, in the amount of \$41,437.32 to be paid from grant funds. Commissioner Yeager motioned to approve this recommendation. Commissioner Smiley seconded the motion. Following further discussion, it passed unanimously.

**GULF COUNTY E.M.S. BUILDING**

Gulf County E.M.S. Director Whitfield requested approval to advertise to receive sealed bids for renovations to the E.M.S. building for awning coverage for the ambulances. Commissioner Yeager motioned to proceed, as requested. Commissioner Smiley seconded the motion. Commissioner McDaniel noted the ambulances sit out in the weather and these coverings are necessary to protect this equipment. The motion then passed unanimously.

**EMERGENCY MEDICAL SERVICES – MEXICO BEACH**

Gulf County E.M.S. Director Whitfield stated that he and Commissioner McDaniel met with Bay Medical E.M.S. concerning Gulf County E.M.S. providing services to Mexico Beach; reporting that Bay Medical E.M.S. took this under advisement. He stated he will report back to the Board as soon as a response is received from Bay Medical E.M.S.

**INVENTORY – GULF COUNTY E.M.S.**

Gulf County E.M.S. Director Whitfield requested permission to junk a bow flex exercise machine located at E.M.S., and advertise to receive sealed bids to sell it. Commissioner Yeager motioned to approve this request. Commissioner McDaniel seconded the motion, and it passed unanimously.

**TROPICAL STORM DEBBY**

Emergency Management Director Nelson gave an update on Tropical Storm Debby; stating there was minor coastal flooding, a lot of damages on the beaches at Cape San Blas, damage to homes from fallen trees, and a lot of damage to power lines. He reported on the damages at Cape San Blas, stating they have started the preliminary damage assessments. He stated that with the Beach damage he feels the County will receive a Presidential Declaration. Chairman Williams called for public comment. There was no public comment. Emergency Management Director Nelson thanked the responders and the Board for their assistance during the storm. Chairman Williams thanked all local and state agencies for their assistance.

**MOSQUITO CONTROL**

Mosquito Control Director Cothran reported this week is the 16<sup>th</sup> Annual National Mosquito Control Awareness week, stating due to the recent heavy rains the mosquito population numbers have increased and requested the public help with preventing mosquito's by emptying all outside containers having water in them.

**BEACHES – CAPE SAN BLAS**

Commissioner Yeager requested Mosquito Control Director Cothran and Building Official Collinsworth to organize the work crews in cleaning up debris from the beaches due to the storm. Chairman Williams requested they also coordinate the clean-up crews with T.D.C. Director Jenkins. The Board had no objection.

**FLOOD PLAIN**

Planner Richardson reported he will be traveling to Havana tomorrow to attend a meeting with the Water Management District concerning the remapping of the County flood plain. Commissioner McLemore requested for Planner Richardson to review the County flood zone.

**DEEPWATER HORIZON OIL SPILL**

County Attorney Novak reported that Brantley Frye from Beasley Allen Law Firm was here last week and met with him and Chairman Williams to give an update on their status.

**RE-DISTRICTING / COUNTY WIDE VOTING**

County Attorney Novak reported that Michael Spellman of Sniffen & Spellman Law Firm will try to attend the July 10<sup>th</sup> meeting to give a status update on the redistricting and county-wide voting.

**TOURIST DEVELOPMENT COUNCIL – GRANT FUNDING APPLICATION**

County Attorney Novak discussed the T.D.C. grant funding application approved in the Consent Agenda for sponsorships, and thanked T.D.C. Director Jenkins and Interim T.D.C. Director Kopinsky for their hard work in preparing this application packet. T.D.C. Director Jenkins reported there were three (3) concerted changes made to the application; (1) changed the name to the "Sponsorship and Special Funding program", making this a continual program and using it to measure tourism and to align with our

brand, (2) made it an annual application as opposed to four (4) times a year, and (3) put measurements in place for increased occupancy, increased visitor spending, and increased long-term repeat visitation. Chairman Williams thanked Ms. Jenkins.

#### **FLORIDA FISH AND WILDLIFE – NET BAN**

County Attorney Novak discussed a letter received from Florida Fish & Wildlife concerning the net ban; requesting the Board take into consideration the Florida Constitution Article 10 Section 16 that went into effect in 1995. Commissioner McLemore motioned to proceed with County Attorney Novak submitting a response to the Florida Fish & Wildlife. Commissioner Yeager seconded the motion, and it passed unanimously.

#### **BID #1112-09 – VIDEOTAPING & AIRING BOARD MEETINGS**

Chief Administrator Butler discussed that he will have a contract for Bid #1112-09 for the videotaping and airing of the Board meetings by Ken Murphy at the next Board meeting. Commissioner McLemore stated he has not had any negative complaints on the North end concerning this issue. Commissioner McDaniel said the only problem he heard is the quality of the picture, but the sound is better than it was previously.

#### **FLORIDA ASSOCIATION OF COUNTIES – COMMISSIONERS**

Chief Administrator Butler reported that Commissioner McDaniel and Commissioner Smiley have completed their Commissioner certification for the Florida Association of Counties. He noted that now (4) four of Gulf County's Commissioner are now certified, two of them receiving advanced certification.

#### **SMALL COUNTY COALITION**

Chief Administrator Butler reported that Commissioner Yeager is now the Chairman of the Small County Coalition.

#### **FLORIDA ASSOCIATION OF COUNTIES**

Chief Administrator Butler reported that Chairman Williams was installed as the President of the Florida Association of Counties this past week in Orlando.

#### **P.D.R.B. VACANCIES**

Chief Administrator Butler discussed an opening on the P.D.R.B. and presented the names of the two (2) applicants for consideration (Jason Miller and Tony Justice). Commissioner McLemore motioned to appoint Jason Miller to the P.D.R.B. Commissioner McDaniel seconded the motion, and it passed unanimously.

#### **TROPICAL STORM DEBBY**

Sheriff Nugent appeared and thanked all the fire departments and Public Works for their assistance during the storm. He discussed the County's need to look into a flag system for the beaches, stating that South Gulf County Fire Department was called out 4 or 5 times last week for rescues from the rough waters. Commissioner McDaniel thanked the 911 Operators for their hard work.

**AGENDA FORM**

Chairman Williams discussed the process for the use of the agenda form when one wishes to speak on a topic listed in the Consent Agenda.

**COUNTY ROAD 386**

Timothy Stein of Overstreet appeared before the Board and presented a letter dated almost three (3) years ago. He discussed that he previously addressed this Board concerning issues on C.R. 386, which are the striping, standing water, and speed limit. Chief Administrator Butler stated the County has provided F.D.O.T. with information on C.R. 386 concerning wrecks and fatalities on this highway, and this highway is at the top of the list for funding. Mr. Stein requested the Board look at reducing the speed limit on this highway to protect the public. County Attorney Novak stated he and Sheriff Nugent can submit a letter to F.D.O.T. requesting they review it and make a recommendation concerning a reduced speed limit. Discussion continued concerning funding, speed limits, and safety concerns of the road.

**BEACHES – TRASH**

Commissioner McLemore requested additional work crews to work on the beaches removing trash/garbage during the holidays.

**GULF COUNTY HEALTH DEPARTMENT**

Commissioner McLemore discussed some issues with the Gulf County Health Department and requested the Board form a committee to research and get the facts and figures on the Health Department. Commissioner Yeager and Chairman Williams agreed, with Chairman Williams agreeing with the need to review the operational performance, scope of care, and personnel issues. Chairman Williams requested permission to work with County Attorney Novak, suggesting they reach an agreement with the Department of Health to have personnel assigned to this committee so they will have administrative support and review capabilities; with him setting the committee to review the problems. He stated he would present those findings to the Board for further consideration. Commissioner McLemore motioned to approve this request. Commissioner Yeager seconded the motion, and it passed 4-0, with Commissioner McDaniel abstaining due to a family member working for the Gulf County Health Department.

**ST. JOE BEACH – RIGHT-OF-WAY**

Commissioner McLemore reported he met with a group of residents at St. Joe Beach concerning a right-of-way sign. County Attorney Novak discussed at a previous meeting the Board requested he contact Mr. Purdue at F.D.O.T. for clarification prior to any action by the Board. Commissioner McLemore requested that the sign not be removed.

**PEG CHANNEL**

Commissioner Smiley stated he would like to meet with T.D.C. Director Jenkins concerning the PEG channel and the possibility of generating revenue from merchant advertisements and commercials to assist with funding of local events. County Attorney Novak stated that they will place this on the next T.D.C. agenda for discussion.

Chairman Williams recommended Commissioner Smiley and T.D.C. Director Jenkins work with merchants to come up with some guidelines that meet F.C.C. regulations; giving Commissioner Smiley full authority to make that happen with the T.D.C. Director. Commissioner Smiley so moved. Commissioner McDaniel seconded the motion, and it passed unanimously.

### **COUNTY / CITY OF PORT ST. JOE JOINT MEETING**

Commissioner Yeager noted the Board previously discussed a joint meeting with the City of Port St. Joe and requested it be scheduled, stating the Chamber funds need to be discussed at this meeting. Commissioner Yeager motioned for Chief Administrator Butler and Port St. Joe City Manager Jim Anderson get together to set the agenda and schedule a joint meeting. Commissioner McDaniel seconded the motion, and it passed unanimously.

### **CHAMBER OF COMMERCE/ECONOMIC DEVELOPMENT COMMITTEE**

Commissioner Yeager discussed the quarterly payment to the Chamber of Commerce/Economic Development Committee and motioned to proceed with the quarterly payment to the Chamber of Commerce/Economic Development Committee. Commissioner McLemore seconded for discussion. Upon inquiry by Commissioner McLemore, it was confirmed that this is a budgeted item. Discussion followed concerning issues with the annexation agreement. The motion then passed 4 to 1, with Chairman Williams voting no.

### **APALACHICOLA / CHATTACHOOCHEE / FLINT RIVERS**

Commissioner McDaniel discussed that he is on the committee for the A.C.F. water system and reported he attended a meeting last month in Columbus, Georgia concerning this issue. At Commissioner McLemore's request, County Attorney Novak read a letter stating that the U.S. Supreme Court refused to intervene in a water dispute between Alabama, Florida, and Georgia that threatened to restrict metro Atlanta, Georgia's water supply.

### **H.B. 1263 – SEPTIC TANKS**

Commissioner McDaniel discussed a letter from the City of Wewahitchka requesting this Board opt out of the septic tank five (5) year inspection under H.B. 1263. County Attorney Novak requested they condition any motion on concurrence with the Department of Health and Northwest Florida Water Management District's review and recommendation. Commissioner McDaniel motioned for the County to opt out of the septic tank five (5) year inspection under H.B. 1263 after concurrence with the Department of Health and Northwest Florida Water Management District prior to any action. Commissioner Yeager seconded the motion, and it passed unanimously.

### **DEAD LAKES PARK**

Commissioner McDaniel motioned to purchase, and transport with county dump trucks, some rock for road at the Dead Lakes Park; to be paid from Park and Recreation funds (57072-46100). Commissioner McLemore seconded the motion, stating he received a complaint on the condition of those roads. The motion then passed unanimously.

**APPOINTMENT – VALUE ADJUSTMENT BOARD**

Chairman Williams recommended appointing Commissioner Yeager, Commissioner McDaniel, and Eugene Raffield (as the Citizen appointee) to serve on the 2012 Value Adjustment Board. Commissioner Smiley motioned to approve this recommendation. Commissioner McLemore seconded the motion, and it passed 3 to 2, with Commissioner McDaniel and Commissioner Yeager voting no.

**RESTORE ACT**

Chairman Williams gave an update on the Restore Act, stating that he and Commissioner Yeager met individually today with the Chief of Staff from Washington, DC, noting he will keep the Board updated on this issue.

**CITY OF PORT ST. JOE – DOWNTOWN REDEVELOPMENT AGENCY**

Chairman Williams discussed the issues with the City of Port St. Joe and the D.R.A.; giving an overview of the Tax Increment Financing (TIF) process. He stated everyone’s budget is in a crunch, and we have to work together on these issues.

**ECONOMIC DEVELOPMENT STEERING COMMITTEE APPOINTMENT**

Chairman Williams stated he appointed Commissioner Yeager to serve as the Chair of the Economic Development Steering Committee through the Florida Association of Counties.

Chairman Williams called for public comment; there was no public comment.

There being no further business, and upon motion by Commissioner McLemore, the meeting did then adjourn at 7:34 p.m., E.T.

**WILLIAM C. WILLIAMS, III  
CHAIRMAN**

**ATTEST:  
REBECCA L. NORRIS  
CLERK**

### Letter of Agreement

THIS LETTER OF AGREEMENT made and entered into in duplicate on the \_\_\_\_\_ day of \_\_\_\_\_ 2012, by and between Gulf County (the County), and the State of Florida, through its Agency for Health Care Administration (the Agency),

1. Per House Bill 5001, the General Appropriations Act of State Fiscal Year 2012-2013, passed by the 2012 Florida Legislature, County and the Agency, agree that County will remit to the State an amount not to exceed a grand total of \$288,759.
  - a. The County and the Agency have agreed that these funds will only be used to increase the provision of health services for the Medicaid, uninsured, and underinsured people of the County and the State of Florida at large.
  - b. The increased provision of Medicaid, uninsured, and underinsured funded health services will be accomplished through the following Medicaid programs:
    - i. Medicaid, Low Income Pool payments for the expansion of primary care services to low income, uninsured individuals by:
      1. Reducing potentially avoidable emergency room visits by developing initiatives to identify persons inappropriately using hospital emergency rooms or other emergency care services and provide care coordination and referral to primary care providers.
      2. Reducing potentially avoidable hospitalizations for ambulatory care sensitive conditions, which involve admissions that evidence suggests could have been avoided.
      3. Expansion of primary care infrastructure to provide additional people with a medical home, thereby supporting meaningful emergency room diversion efforts while also improving overall health care in the community.
      4. Expansion of Primary care through expanded service hours (e.g., evening or weekend hours).
      5. Initiatives to increase self-management and adherence to treatment plans and self-management goals through the availability of disease management services for persons with ambulatory care sensitive conditions such as diabetes, asthma, hypertension, COPD, and high cholesterol.
    - ii. Projects will be required to report qualitative and quantitative data relating to the various initiatives. Initiatives can include any or all of the following services. Some examples:
      1. Hospital Emergency Room (ER) and In Patient (IP) diversion initiatives:

**BCC APPROVED**

DATE \_\_\_\_\_ D.C. \_\_\_\_\_

CLIENT  
DATE 7/24/12 LC

2012 JUL 19 09:00:12

- a. Number of people diverted from a hospital emergency room to a clinic prior to receiving services at the emergency room;
  - b. Number of people referred from a hospital emergency room for follow-up care after being treated in the ER;
  - c. Number of people referred from a hospital emergency room to a primary care provider;
  - d. Number and percent of ER admissions without a subsequent admission with a follow-up appointment with a provider within 14 days of the ER event date;
  - e. Number of hospital inpatients referred for follow-up care or referred to a primary care provider upon discharge from the hospital;
2. Clinic services expansion initiatives:
- a. Number of additional persons by payer source (uninsured, Medicaid etc.) seen and visits as a result of the LIP grant;
  - b. Additional hours of operation funded by the LIP grant;
  - c. Determination of what treatment choice a person would have made if the LIP-funded clinic or service was not available – for example, would the patient have accessed an emergency room, accessed another primary care clinic, or foregone care.
  - d. Summary of services rendered
3. Disease management initiatives:
- a. Number of people participating (enrolled and engaged) persons by payer source (uninsured, Medicaid, etc.) in each DM program funded by the LIP project;
  - b. Data showing the relative adherence of DM program participants with established clinical practice guidelines (e.g., HbA1c testing, LDL-C screening, etc) and self-management activities (e.g., daily weights of CHF)
  - c. Information showing the impact on hospital inpatient and outpatient utilization by DM program participants
  - d. Ensure that DM program activities do not duplicate existing Medicaid DM program services for Medicaid recipients.
2. The County will pay the State an amount not to exceed the grand total amount of \$288,759. The County will transfer payments to the State in the following manner:

- a. The first payment of \$72,192 for the months of July, August and September is due upon notification by the Agency.
  - b. Each successive payment of \$72,189 is due as follows, November 30, 2012, March 31, 2013 and June 15, 2013.
  - c. The State will bill the County when each quarter payments are due.
3. Timelines: This agreement must be signed and submitted to the Agency no later than October 1, 2012, to be effective for SFY 2012-2013.
4. The anticipated annual distribution for Gulf County for State Fiscal Year 2012-2013 is \$1,065,533.
5. The County and the State agree that the State will maintain necessary records and supporting documentation applicable to Medicaid, uninsured, and underinsured health services covered by this Letter of Agreement. Further, the County and State agree that the County shall have access to these records and the supporting documentation by requesting the same from the State.
6. The County and the State agree that any modifications to this Letter of Agreement shall be in the same form, namely the exchange of signed copies of a revised Letter of Agreement.
7. The County confirms that there are no pre-arranged agreements (contractual or otherwise) between the respective counties, taxing districts, and/or the providers to re-direct any portion of these aforementioned Medicaid supplemental payments in order to satisfy non-Medicaid, non-uninsured, and non-underinsured activities.
8. The County agrees the following provision shall be included in any agreements between the County and local providers where funding is provided for the Medicaid program. Funding provided in this agreement shall be prioritized so that designated funding shall first be used to fund the Medicaid program (including LIP) and used secondarily for other purposes.
9. This Letter of Agreement covers the period of July 1, 2012 through June 30, 2013 and shall be terminated June 30, 2013.

**WITNESSETH:**

**IN WITNESS WHEREOF** the parties have duly executed this Letter of Agreement on the day and year above first written.

Gulf County

State of Florida

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phil E. Williams  
Assistant Deputy Secretary for Medicaid Finance,  
Agency for Health Care Administration

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

### Letter of Agreement

THIS LETTER OF AGREEMENT made and entered into in duplicate on the \_\_\_\_\_ day of \_\_\_\_\_ 2012, by and between Gulf County (the County), and the State of Florida, through its Agency for Health Care Administration (the Agency),

1. Per House Bill 5001, the General Appropriations Act of State Fiscal Year 2012-2013, passed by the 2012 Florida Legislature, County and the Agency, agree that County will remit to the State an amount not to exceed a grand total of \$417,604.
  - a. The County and the Agency have agreed that these funds will only be used to increase the provision of health services for the Medicaid, uninsured, and underinsured people of the County and the State of Florida at large.
  - b. The increased provision of Medicaid, uninsured, and underinsured funded health services will be accomplished through the following Medicaid programs:
    - i. The Disproportionate Share Hospital (DSH) program.
    - ii. The removal of inpatient and outpatient reimbursement ceilings for teaching, specialty and community hospital education program hospitals.
    - iii. The removal of inpatient and outpatient reimbursement ceilings for hospitals whose charity care and Medicaid days as a percentage of total adjusted hospital days equals or exceeds 11 percent.
    - iv. The removal of inpatient and outpatient reimbursement ceilings for hospitals whose Medicaid days, as a percentage of total hospital days, exceed 7.3 percent, and are trauma centers.
    - v. Increase the annual cap on outpatient services for adults from \$500 to \$1,500.
    - vi. Medicaid Low Income Pool (LIP) payments to rural hospitals, trauma centers, specialty pediatric hospitals, primary care services and other Medicaid participating safety-net hospitals.
    - vii. Medicaid LIP payments to hospitals in the approved appropriations categories.
    - viii. Medicaid LIP payments to Federally Qualified Health Centers.
    - ix. Medicaid LIP payments to Provider Access Systems (PAS) for Medicaid and the uninsured in rural areas.
    - x. Medicaid LIP payments for the expansion of primary care services to low income, uninsured individuals.

2012 JUL 19 AM 10:42

**BCC APPROVED**

DATE \_\_\_\_\_ D.C. \_\_\_\_\_

27  
DATE 7/24/12 CC

2. The County will pay the State an amount not to exceed the grand total amount of \$417,604. The County will transfer payments to the State in the following manner:
  - a. The first quarterly payment of \$104,401 for the months of July, August, and September is due upon notification by the Agency.
  - b. Each successive payment of \$104,401 is due as follows, November 30, 2012, March 31, 2013 and June 15, 2013.
  - c. The State will bill the County each quarter payments are due.
3. Timelines: This agreement must be signed and submitted to the Agency no later than October 1, 2012, to be effective for SFY 2012-2013.
4. Attached are the DSH and LIP schedules reflecting the anticipated annual distributions for State Fiscal Year 2012-2013.
5. The County and the State agree that the State will maintain necessary records and supporting documentation applicable to Medicaid, uninsured, and underinsured health services covered by this Letter of Agreement. Further, the County and State agree that the County shall have access to these records and the supporting documentation by requesting the same from the State.
6. The County and the State agree that any modifications to this Letter of Agreement shall be in the same form, namely the exchange of signed copies of a revised Letter of Agreement.
7. The County confirms that there are no pre-arranged agreements (contractual or otherwise) between the respective counties, taxing districts, and/or the providers to re-direct any portion of these aforementioned Medicaid supplemental payments in order to satisfy non-Medicaid, non-uninsured, and non-underinsured activities.
8. The County agrees the following provision shall be included in any agreements between the County and local providers where funding is provided for the Medicaid program. Funding provided in this agreement shall be prioritized so that designated funding shall first be used to fund the Medicaid program (including LIP) and used secondarily for other purposes.
9. The Agency will reconcile the difference between the amount of the IGTs used by or on behalf of individual hospitals' buybacks of their Medicaid inpatient and outpatient trend adjustments or exemptions from reimbursement limitations for SFY 2011-12 and an estimate of the actual annualized benefit derived based on actual days and units of service provided. Reconciliation amount may be incorporated into current year (SFY 2012-13) LOAs.
10. This Letter of Agreement covers the period of July 1, 2012 through June 30, 2013 and shall be terminated June 30, 2013.

**WITNESSETH:**

**IN WITNESS WHEREOF** the parties have duly executed this Letter of Agreement on the day and year above first written.

Gulf County

State of Florida

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phil E. Williams  
Assistant Deputy Secretary for Medicaid Finance,  
Agency for Health Care Administration

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

| <b>Local Government Intergovernmental Transfers</b> |                                    |
|---|------------------------------------|
| <b>Program / Amount</b>                             | <b>State Fiscal Year 2012-2013</b> |
| DSH   |                                    |
| LIP, Exemptions & SWI                               | 417,604                            |
| Nursing Home SMP                                    |                                    |
| <b>Total Funding</b>                                | <b>\$417,604</b>                   |

GAA LIP Model  
SFY 2012-2013

TABLE 2

Calculation for Rural Non-Rural PAS

| Medicaid Number | Provider                             | Rural Hospital | Total IGTs | Medicaid + Charity days (if Eligible) | Total IGT ROR 100-500% | Rural Hospitals                            |  |   | Other than Rural Hospitals                                      |   |  | TOTAL OF ACCESS SVS PAYMENTS RP = (RL-RO) |            |
|-----------------|--------------------------------------|----------------|------------|---------------------------------------|------------------------|--|--|---|---|---|--|---|------------|
|                 |                                      |                |            |                                       |                        | M Medicaid-Char+ 50% Bad Debt Patient Days | Proportional Adjust. For Rural Hospitals RK = (RL) * 2.418 (573) | Adjusted Rural Payments RL = (RL-RO) + RK | M Medicaid-Char+ 50% Bad Debt % of Rural Tot RL = Self(RL) + RK | Proportional Adjust. For Remaining (non-Rural) Hospitals RN = (RM) * (alloc-sum(R)) / sum(RK) | Adjusted Non-Rural Payments RO = (RL) * (RN) |   |            |
| 102610          | A. G. HOLLEY STATE HOSPITAL          |                |            | 0                                     |                        |  |  |   |   |   |  |   |            |
| 279289          | DUVAL CHIAGAPE CHC (SOUTH JAX)       |                |            |                                       |                        |  |  |   |   |   |  |   |            |
| 279289          | DUVAL CHIAGAPE CHC (WEST JAX)        |                |            |                                       |                        |  |  |   |   |   |  |   |            |
| 6805661         | AGAPE COMMUNITY HEALTH CENTER        |                |            |                                       |                        |  |  |   |   |   |  |   |            |
| 279111          | ALACHUA COUNTY HEALTH DEPARTMENT     |                |            |                                       |                        |  |  |   |   |   |  |   |            |
| 101516          | ALL CHILDREN'S HOSPITAL              |                |            | 47,786                                |                        |  |  |   |   |   |  |   |            |
| 116483          | ANN BATES LEACH EYE HOSPITAL         |                |            | 3,528                                 |                        |  |  |   |   |   |  |   |            |
| 120375          | AVENTURA MEDICAL CENTER              |                |            | 16,989                                |                        |  |  |   |   |   |  |   |            |
| 100358          | BAPTIST HOSPITAL OF MIAMI            |                |            | 54,262                                |                        |  |  |   |   |   |  |   |            |
| 102326          | BAPTIST HOSPITAL - BEACHES           |                |            | 5,756                                 |                        |  |  |   |   |   |  |   |            |
| 100641          | BAPTIST MEDICAL CENTER               |                |            | 59,351                                |                        |  |  |   |   |   |  |   |            |
| 101231          | BAPTIST MEDICAL CENTER - MASSAU      | Yes            |            | 3,618                                 |                        |  |  | 145,668                                   |   |   |  |   | 145,668    |
| 100749          | BAPTIST HOSPITAL OF PENSACOLA        |                |            | 27,065                                |                        |  |  |   |   |   |  |   |            |
| 120413          | BARTOW MEMORIAL HOSPITAL             |                |            | 4,434                                 |                        |  |  |   |   |   |  |   |            |
| 100064          | BAY MEDICAL CENTER                   |                | 5,348,464  | 23,703                                | 5,803,083              |  |  |   |   |   |  |   |            |
| 101567          | BAYFRONT MEDICAL CENTER              |                |            | 31,823                                |                        |  |  |   |   |   |  |   |            |
| 119881          | REGIONAL MEDICAL CENTER AT BAYONET P |                |            | 9,017                                 |                        |  |  |   |   |   |  |   |            |
| 101834          | BERT FISH MEDICAL CENTER             |                |            | 2,173                                 |                        |  |  |   |   |   |  |   |            |
| 101401          | BETHESDA MEMORIAL HOSPITAL           |                |            | 35,689                                |                        |  |  |   |   |   |  |   |            |
| 10213           | BLAKE MEDICAL CENTER                 |                |            | 0                                     |                        |  |  |   |   |   |  |   |            |
| 101419          | BOCA RATON COMMUNITY HOSPITAL        |                |            | 0                                     |                        |  |  |   |   |   |  |   |            |
| 605514          | BOND COMMUNITY HEALTH CENTER         |                |            | 0                                     |                        |  |  |   |   |   |  |   |            |
| 295540          | BORINGUEN HEALTH CARE                |                |            | 22,773                                |                        |  |  |   |   |   |  |   |            |
| 118079          | BRANDON REGIONAL MEDICAL CENTER      |                |            | 0                                     |                        |  |  |   |   |   |  |   |            |
| 6886931         | BREVARO HEALTH ALLIANCE              |                |            | 0                                     |                        |  |  |   |   |   |  |   |            |
| 6886931         | BREVARO HEALTH ALLIANCE (DIABETES)   |                |            | 0                                     |                        |  |  |   |   |   |  |   |            |
| 102852          | BROOKS REHABILITATION HOSPITAL       |                |            | 15,992                                |                        |  |  |   |   |   |  |   |            |
| 100871          | BROOKSVILLE REGIONAL HOSPITAL        |                |            | 0                                     |                        |  |  |   |   |   |  |   |            |
| 6800271         | BROWARD COMMUNITY FH                 |                |            | 95,774                                | 98,878,182             |  |  |   |   |   |  |   | 98,878,182 |
| 100129          | BROWARD GENERAL MEDICAL CENTER       |                | 91,131,965 | 584                                   |                        |  |  | 23,506                                    |   |   |  |   | 23,506     |
| 520331          | C. L. BRUMBACK                       | Yes            |            | 584                                   |                        |  |  |   |   |   |  |   |            |
| 100269          | CALHOUN LIBERTY HOSPITAL             |                |            | 0                                     |                        |  |  |   |   |   |  |   |            |
| 6800025         | CAMILLUS HEALTH CONCERN, INC.        | Yes            |            | 5,575                                 |                        |  |  |   |   |   |  |   |            |
| 101940          | CAMPBELLTON-GRACEVILLE HOSPITAL      |                |            | 14,196                                |                        |  |  |   |   |   |  |   |            |
| 100999          | CAPE CANAVERAL HOSPITAL              |                |            | 11,302                                |                        |  |  |   |   |   |  |   |            |
| 119717          | CAPE CORAL HOSPITAL                  |                |            | 26,627                                |                        |  |  |   |   |   |  |   |            |
| 119806          | CAPITAL REGIONAL MEDICAL CENTER      |                |            | 7,669                                 |                        |  |  |   |   |   |  |   |            |
| 100366          | CEDARS MEDICAL CENTER                |                |            | 0                                     |                        |  |  |   |   |   |  |   |            |
| 101788          | CENTRAL FLORIDA REGIONAL HOSPITAL    |                |            | 0                                     |                        |  |  |   |   |   |  |   |            |
| 295515          | CENTRAL FLORIDA FAMILY HEALTH CENTER |                |            | 0                                     |                        |  |  |   |   |   |  |   |            |
| 295493          | CENTRAL FLORIDA HEALTH CARE (FROSTPR |                |            | 0                                     |                        |  |  |   |   |   |  |   |            |
| 520446          | CENTRAL FLORIDA HEALTH CARE (FROSTPR |                |            | 0                                     |                        |  |  |   |   |   |  |   |            |
| 100277          | CHARLOTTE COUNTY HEALTH DEPARTMENT   |                |            | 6,411                                 | 7,829,232              |  |  |   |   |   |  |   | 7,829,232  |
| 279196          | CHARLOTTE REGIONAL MEDICAL CENTER    |                |            | 0                                     |                        |  |  |   |   |   |  |   |            |
| 6885713         | CITRUS COUNTY HEALTH DEPARTMENT      |                |            | 0                                     |                        |  |  |   |   |   |  |   |            |
| 102199          | CITRUS HEALTH NETWORK                |                | 7,215,882  | 0                                     |                        |  |  |   |   |   |  |   |            |
| 100307          | CITRUS MEMORIAL HOSPITAL             |                |            | 0                                     |                        |  |  |   |   |   |  |   |            |
| 101966          | CLEARWATER COMMUNITY HOSPITAL        |                |            | 0                                     |                        |  |  |   |   |   |  |   |            |
| 102292          | CLEVELAND CLINIC HOSPITAL            |                |            | 0                                     |                        |  |  |   |   |   |  |   |            |
| 2911            | COLLIER HEALTH SERVICES, INC         |                |            | 0                                     |                        |  |  |   |   |   |  |   |            |

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TABLE 2

Calculation for Rural Non-Rural PAS

| Medicaid Number | Provider                                  | Rural Hospital | Medicaid + Charity days (if Eligible) | Total IGT ROR 100.500% | Medicaid+Charity 50% Bad Debt Patient Days | Rural Hospitals                              |   |                         | Other than Rural Hospitals                   |   |                             | TOTAL OF ACCESS SYS PAYMENTS RP = (RL+RO) |
|-----------------|---|----------------|---------------------------------------|------------------------|--|--|---|-------------------------|--|---|-----------------------------|---|
|                 |   |                |                                       |                        |  | Medicaid+Charity 50% Bad Debt % of Rural Tot | Proportional Adjust For Rural Hospitals | Adjusted Rural Payments | Medicaid+Charity 50% Bad Debt % of Other Tot | Proportional Adjust For Remaining (non-Rural) Hospitals | Adjusted Non-Rural Payments |   |
|                 |   |                | Re = (CS)                             |                        |  | RL = (R) x (2.419573)                        | RM = Self(R) x (RM)                     | RO = (RL) + (RN)        | RL = (Self(R) + RK)                          | RN = (RM x (abc - sum(R) + sum(RK))                     |                             |   |
| 6839550         | COLLIER HEALTH SERVICES                   |                |                                       |                        |  |  |   |                         |  |   |                             |   |
| 120308          | COLUMBIA HOSPITAL                         |                | 13,712                                |                        |  |  |   |                         |  |   |                             |   |
| 295655          | COMMUNITY HEALTH CTR OF PINELLAS (2)      |                |                                       |                        |  |  |   |                         |  |   |                             |   |
| 295655          | COMMUNITY HEALTH CENTERS OF PINELLAS      |                |                                       |                        |  |  |   |                         |  |   |                             |   |
| 295655          | COMMUNITY HC - J. R. CLARKE               |                |                                       |                        |  |  |   |                         |  |   |                             |   |
| 295655          | COMMUNITY HEALTH CENTERS OF PINELLAS      |                |                                       |                        |  |  |   |                         |  |   |                             |   |
| 6819699         | COMMUNITY HEALTH CENTERS (EATONVILLE)     |                |                                       |                        |  |  |   |                         |  |   |                             |   |
| 295451          | COMMUNITY HEALTH CENTERS (ZELLWOOD)       |                |                                       |                        |  |  |   |                         |  |   |                             |   |
| 295451          | COMMUNITY HEALTH CENTERS (WINTER GARDENS) |                |                                       |                        |  |  |   |                         |  |   |                             |   |
| 295728          | COMMUNITY HEALTH OF SOUTH FLORIDA         |                |                                       |                        |  |  |   |                         |  |   |                             |   |
| 295451          | COMMUNITY HEALTH CENTERS, INC.            |                | 10,526                                |                        |  |  |   |                         |  |   |                             |   |
| 105520          | COMMUNITY HOSPITAL                        |                | 3,795                                 |                        |  |  |   |                         |  |   |                             |   |
| 109606          | CORAL GABLES HOSPITAL                     |                | 21,584                                | 12,283,879             |  |  |   |                         |  |   |                             |   |
| 120405          | CORAL SPRINGS MEDICAL CENTER              |                |                                       |                        |  |  |   |                         |  |   |                             |   |
| 120049          | DAYTONA MEDICAL CENTER                    |                |                                       |                        |  |  |   |                         |  |   |                             |   |
| 110060          | DEERING HOSPITAL                          |                |                                       |                        |  |  |   |                         |  |   |                             |   |
| 120090          | DELRAY MEDICAL CENTER                     |                | 0                                     |                        |  |  |   |                         |  |   |                             |   |
| 101923          | DESOTO MEMORIAL HOSPITAL                  | Yes            | 3,506                                 |                        | 3,506                                      | 0.05833                                      | 141,134                                 | 141,134                 | 0  | 0   | 0                           | 0   |
| 278251          | DIXIE COUNTY HEALTH DEPARTMENT            |                |                                       |                        |  |  |   |                         |  |   |                             |   |
| 101036          | DOCTORS MEMORIAL HOSPITAL - BONIFAY       | Yes            | 1,598                                 |                        | 1,598                                      | 0.02658                                      | 64,314                                  | 64,314                  | 0  | 0   | 0                           | 0   |
| 103543          | DOCTORS HOSPITAL - CORAL GABLES           | Yes            | 4,996                                 |                        | 4,996                                      |  |   |                         | 0.00163                                      |   |                             | 64,314                                    |
| 101800          | DOCTORS MEMORIAL HOSPITAL - PERRY         | Yes            | 2,091                                 | 900,555                | 2,091                                      | 0.03479                                      | 84,182                                  | 1,064,737               | 0  | 0   | 0                           | 1,064,737                                 |
| 119954          | DOCTORS HOSPITAL OF SARASOTA              |                |                                       |                        |  |  |   |                         |  |   |                             |   |
| 102776          | DOUGLASS GARDENS HOSPITAL                 |                |                                       |                        |  |  |   |                         |  |   |                             |   |
| 279269          | DUVAL COUNTY HEALTH DEPARTMENT            |                |                                       |                        |  |  |   |                         |  |   |                             |   |
| 101494          | FLORIDA HOSPITAL ZEPHYRILLS               |                | 8,265                                 |                        |  |  |   |                         |  |   |                             |   |
| 295400          | JESSIE TRICE COMMUNITY HEALTH CENTERS     |                |                                       |                        |  |  |   |                         |  |   |                             |   |
| 100048          | ED FRASER MEMORIAL HOSPITAL               | Yes            | 926                                   |                        | 926  | 0.01541                                      | 37,277                                  | 37,277                  | 0  | 0   | 0                           | 37,277                                    |
| 102598          | EDWARD WHITE HOSPITAL                     |                | 2,913                                 |                        |  |  |   |                         |  |   |                             |   |
| 102750          | EMERALD COAST REHABILITATION HOSPITAL     |                |                                       |                        |  |  |   |                         |  |   |                             |   |
| 102539          | ENGLEWOOD COMMUNITY HOSPITAL              |                |                                       |                        |  |  |   |                         |  |   |                             |   |
| 6929907         | ESCAMBIA COMMUNITY CLINICS, INC.          |                |                                       |                        |  |  |   |                         |  |   |                             |   |
| 101435          | EVERGLADES REGIONAL MEDICAL CENTER        |                |                                       |                        |  |  |   |                         |  |   |                             |   |
| 295523          | FAMILY HEALTH CENTER OF COLUMBIA COU      |                |                                       |                        |  |  |   |                         |  |   |                             |   |
| 295701          | FAMILY HEALTH CENTER OF SW FLORIDA        |                |                                       |                        |  |  |   |                         |  |   |                             |   |
| 117463          | FAWCETT MEMORIAL HOSPITAL                 |                |                                       |                        |  |  |   |                         |  |   |                             |   |
| 101206          | FISHERMEN'S HOSPITAL                      | Yes            | 462                                   |                        | 462  | 0.00769                                      | 19,603                                  | 18,603                  | 0  | 0   | 0                           | 18,603                                    |
| 101877          | FLORIDA HOSPITAL DELAND                   |                | 9,522                                 |                        |  |  |   |                         |  |   |                             |   |
| 101826          | FLORIDA HOSPITAL FISH MEMORIAL            |                | 8,394                                 |                        |  |  |   |                         |  |   |                             |   |
| 101711          | FLAGLER HOSPITAL                          |                | 12,601                                |                        |  |  |   |                         |  |   |                             |   |
| 295744          | FLORIDA COMMUNITY HEALTH CENTERS          |                |                                       |                        |  |  |   |                         |  |   |                             |   |
| 101893          | FLORIDA HOSPITAL FLAGLER                  | Yes            | 4,022                                 |                        | 4,022                                      | 0.06692                                      | 161,918                                 | 161,918                 | 0  | 0   | 0                           | 161,918                                   |
| 100901          | FLORIDA HOSPITAL HEARTLAND                |                | 9,852                                 |                        |  |  |   |                         |  |   |                             |   |
| 102148          | FLORIDA MEDICAL CENTER                    |                |                                       |                        |  |  |   |                         |  |   |                             |   |
| 102032          | FLORIDA MEDICAL CENTER SOUTH              |                |                                       |                        |  |  |   |                         |  |   |                             |   |
| 101290          | FLORIDA HOSPITAL                          |                | 164,580                               |                        |  |  |   |                         |  |   |                             |   |
| 260011          | FLORIDA STATE HOSPITAL                    |                | 0                                     |                        |  |  |   |                         |  |   |                             |   |
| 119784          | FLORIDA STATE HOSPITAL - MED. SURG        |                |                                       |                        |  |  |   |                         |  |   |                             |   |
| 100609          | FLORIDA HOSPITAL WATERMAN                 | Yes            | 12,076                                | 553,381                | 12,076                                     | 0.01907                                      | 46,141                                  | 46,141                  | 0  | 0   | 0                           | 553,381                                   |
| 100612          | FLORIDA HOSPITAL - WAUCHULA               |                | 1,146                                 |                        | 1,146                                      |  |   |                         |  |   |                             |   |

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TABLE 2

Calculation for Rural Non-Rural PAS

| Medicaid Number | Provider                                  | Total IGTs  | Rural Hospital | Medicaid + Charity days (if Eligible) | Total IGT ROR 108-500% | Medicaid+Charity 50% Bad Debt Patient Days | Rural Hospitals                               |   |                         | Other than Rural Hospitals                    |   |                             |                       | TOTAL OF ACCESS SYS PAYMENTS |
|-----------------|---|-------------|----------------|---------------------------------------|------------------------|--|---|---|-------------------------|---|---|-----------------------------|-----------------------|------------------------------|
|                 |   |             |                |                                       |                        |  | Medicaid+Charity 50% Bad Debt % of Rural Tot. | Proportional Adjust For Rural Hospitals | Adjusted Rural Payments | Medicaid+Charity 50% Bad Debt % of Other Tot. | Proportional Adjust For Remaining (non-Rural) Hospitals | Adjusted Non-Rural Payments | RP = (R+RO)           |                              |
|                 |   |             | RD             | RD = (CS)                             |                        | RD = (RD * 2,419,579)                      | RD = (RD * 2,419,579)                         | RD = (RD * 2,419,579)                   | RD = (RD * 2,419,579)   | RD = (RD * 2,419,579)                         | RD = (RD * 2,419,579)                                   | RD = (RD * 2,419,579)       | RD = (RD * 2,419,579) | RD = (RD * 2,419,579)        |
| 111325          | FORT WALTON BEACH MEDICAL CENTER          | -           |                | 10,897                                | -                      |  |   |   |                         |   |   |                             |                       | 0                            |
| 280037          | G PIERCE WOOD HOSPITAL                    | -           |                |                                       | -                      |  |   |   |                         |   |   |                             |                       | 0                            |
| 100811          | GADSDEN COMMUNITY HOSPITAL                | -           |                |                                       | -                      |  |   |   |                         |   |   |                             |                       | 0                            |
| 102717          | GENESIS REHABILITATION HOSPITAL           | -           |                |                                       | -                      |  |   |   |                         |   |   |                             |                       | 0                            |
| 101443          | LAKESIDE                                  | 2,595,924   | Yes            | 4,071                                 | 2,816,578              |  | 163,879                                       | 2,980,457                               |                         |   |   |                             |                       | 2,980,457                    |
| 111368          | GOLDEN GLADES REGIONAL MED CENTER         | -           |                |                                       | -                      |  |   |   |                         |   |   |                             |                       | 0                            |
| 101524          | GOOD SAMARITAN MEDICAL CENTER             | -           |                | 7,127                                 | -                      |  |   |   |                         |   |   |                             |                       | 0                            |
| 102253          | GULF COAST HOSPITAL - FT. MYERS           | -           |                |                                       | -                      |  |   |   |                         |   |   |                             |                       | 0                            |
| 117617          | GULF COAST MEDICAL CENTER - PANAMA CI     | -           |                | 11,456                                | -                      |  |   |   |                         |   |   |                             |                       | 0                            |
| 100820          | GULF PINES HOSPITAL                       | -           |                |                                       | -                      |  |   |   |                         |   |   |                             |                       | 0                            |
| 295531          | HELEN B. BENTLEY FAMILY HEALTH CENTER     | -           |                |                                       | -                      |  |   |   |                         |   |   |                             |                       | 0                            |
| 120324          | HI LEE MOFFIT CANCER CENTER               | 1,129,580   |                | 15,192                                | 1,225,595              |  |   |   |                         |   |   |                             |                       | 0                            |
| 101842          | HALIFAX HEALTH                            | 27,609,172  |                | 32,458                                | 29,955,952             |  |   |   |                         |   |   |                             |                       | 0                            |
| 101354          | HEALTH CENTRAL                            | 2,370,438   | Yes            | 16,431                                | 2,571,925              |  |   |   |                         |   |   |                             |                       | 0                            |
| 204811          | HEALTH CENTRAL PARK                       | -           |                |                                       | -                      |  |   |   |                         |   |   |                             |                       | 0                            |
| 22107           | HEALTH FOUNDATION OF SOUTH FLORIDA        | -           |                |                                       | -                      |  |   |   |                         |   |   |                             |                       | 0                            |
| 6874291         | HEALTHCARE FOR THE HOMELESS               | -           |                |                                       | -                      |  |   |   |                         |   |   |                             |                       | 0                            |
| 101885          | HEALTHMARK REGIONAL MEDICAL CENTER        | -           | Yes            | 1,286                                 | 0,02140                | 51,781                                     |   | 51,781                                  | 51,781                  |   |   |                             |                       | 51,781                       |
| 102288          | HEART OF FLORIDA REGIONAL MEDICAL CEN     | -           |                | 9,789                                 | -                      |  |   |   |                         |   |   |                             |                       | 0                            |
| 101613          | HELEN ELLIS MEMORIAL HOSPITAL             | -           |                | 3,230                                 | -                      |  |   |   |                         |   |   |                             |                       | 0                            |
| 100862          | HENDRY REGIONAL MEDICAL CENTER            | -           | Yes            | 2,380                                 | 0,03960                | 95,807                                     |   | 95,807                                  | 95,807                  |   |   |                             |                       | 95,807                       |
| 279374          | HERNANDO COUNTY HEALTH DEPARTMENT         | -           |                |                                       | -                      |  |   |   |                         |   |   |                             |                       | 0                            |
| 100412          | HI ALEAH HOSPITAL                         | -           |                | 16,545                                | -                      |  |   |   |                         |   |   |                             |                       | 0                            |
| 100897          | HIGHLANDS REGIONAL MEDICAL CENTER         | -           |                | 3,465                                 | -                      |  |   |   |                         |   |   |                             |                       | 0                            |
| 103560          | HEALTHSOUTH RIDGELAKE HOSPITAL            | -           |                |                                       | -                      |  |   |   |                         |   |   |                             |                       | 0                            |
| 103551          | HEALTHSOUTH REHAB OF SPRING HILL          | -           |                |                                       | -                      |  |   |   |                         |   |   |                             |                       | 0                            |
| 120332          | HEALTHSOUTH REHAB HOSPITAL - TALLAHAS     | -           |                |                                       | -                      |  |   |   |                         |   |   |                             |                       | 0                            |
| 111791          | HOLLYWOOD MEDICAL CENTER                  | -           |                |                                       | -                      |  |   |   |                         |   |   |                             |                       | 0                            |
| 100081          | HOLMES REGIONAL MEDICAL CENTER            | -           |                | 38,226                                | -                      |  |   |   |                         |   |   |                             |                       | 0                            |
| 100188          | HOLY CROSS HOSPITAL                       | -           |                | 10,017                                | -                      |  |   |   |                         |   |   |                             |                       | 0                            |
| 102261          | HOMESTEAD HOSPITAL                        | -           |                | 24,124                                | -                      |  |   |   |                         |   |   |                             |                       | 0                            |
| 102709          | HEALTHSOUTH HOSPITAL - MIAMI              | -           |                |                                       | -                      |  |   |   |                         |   |   |                             |                       | 0                            |
| 120383          | HEALTHSOUTH REHAB. INSTITUTE - SARASO     | -           |                |                                       | -                      |  |   |   |                         |   |   |                             |                       | 0                            |
| 120421          | HEALTHSOUTH REHAB HOSPITAL - SEA PINE     | -           |                |                                       | -                      |  |   |   |                         |   |   |                             |                       | 0                            |
| 120341          | HEALTHSOUTH REHAB HOSPITAL TREAS CC       | -           |                |                                       | -                      |  |   |   |                         |   |   |                             |                       | 0                            |
| 6860320         | I. M. SOLZBACHER CTR FOR THE HOMELESS     | -           |                |                                       | -                      |  |   |   |                         |   |   |                             |                       | 0                            |
| 108219          | IMPERIAL POINT HOSPITAL                   | 28,057,004  |                | 12,015                                | 31,526,849             |  |   |   |                         |   |   |                             |                       | 0                            |
| 101044          | INDIAN RIVER MEMORIAL HOSPITAL            | 8,915,254   |                | 15,971                                | 9,673,051              |  |   |   |                         |   |   |                             |                       | 0                            |
| 204161          | JACKSON MEMORIAL LONG-TERM CARE CEN       | -           |                |                                       | -                      |  |   |   |                         |   |   |                             |                       | 0                            |
| 101061          | JACKSON HOSPITAL                          | -           | Yes            | 0                                     | 0,00000                | 0  |   | 0                                       | 0                       |   |   |                             |                       | 0                            |
| 100421          | JACKSON MEMORIAL HOSPITAL                 | 328,284,792 |                | 236,272                               | 356,167,300            |  |   |   |                         |   |   |                             |                       | 0                            |
| 203670          | JACKSON MEMORIAL PERDUE MEDICAL CEN       | -           |                |                                       | -                      |  |   |   |                         |   |   |                             |                       | 0                            |
| 101737          | JAY HOSPITAL                              | -           | Yes            | 1,416                                 | 0,02356                | 56,997                                     |   | 56,997                                  | 56,997                  |   |   |                             |                       | 56,997                       |
| 279439          | JEFFERSON COUNTY HEALTH DEPARTMENT        | -           |                |                                       | -                      |  |   |   |                         |   |   |                             |                       | 0                            |
| 101460          | JFK MEDICAL CENTER                        | -           |                | 26,908                                | -                      |  |   |   |                         |   |   |                             |                       | 0                            |
| 120294          | JUPITER MEDICAL CENTER                    | 327,182     |                |                                       | 354,992                |  |   |   |                         |   |   |                             |                       | 0                            |
| 120138          | KENDALL REGIONAL MEDICAL CENTER           | -           |                | 19,158                                | -                      |  |   |   |                         |   |   |                             |                       | 0                            |
| 102300          | KINDRED HOSPITAL - CENTRAL TAMPA          | -           |                |                                       | -                      |  |   |   |                         |   |   |                             |                       | 0                            |
| 119988          | KINDRED HOSPITAL - S. FLA. - CORAL GABLES | -           |                |                                       | -                      |  |   |   |                         |   |   |                             |                       | 0                            |
| 100158          | KINDRED HOSPITAL - SOUTH FLORIDA          | -           |                |                                       | -                      |  |   |   |                         |   |   |                             |                       | 0                            |

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TABLE 2

Calculation for Rural Non-Rural PAS

| Medicaid Number | Provider                                 | Rural Hospital | Total IGIs | Medicaid + Charity days (if Eligible) | Total IGT ROR 50%+ | Mean+Char+ 50% Bad Debt Patient Days | Rural Hospitals                        |   |                         | Other than Rural Hospitals             |   |                             | TOTAL OF ACCESS SYS PAYMENTS |
|-----------------|--|----------------|------------|---------------------------------------|--------------------|--------------------------------------|--|---|-------------------------|--|---|-----------------------------|------------------------------|
|                 |  |                |            |                                       |                    |                                      | Mean+Char+ 50% Bad Debt % of Rural Tot | Proportional Adjust For Rural Hospitals | Adjusted Rural Payments | Mean+Char+ 50% Bad Debt % of Other Tot | Proportional Adjust For Remaining (non-Rural) Hospitals | Adjusted Non-Rural Payments |                              |
|                 |  | RD             |            | RD + (CS)                             |                    |                                      | RL = (SQR(R) * RK)                     | RR = (RJ * 2.19573)                     | RM = (SR(R) * RK)       | RO = (SR(R) * RN)                      | RP = (RL + RO)  |                             |                              |
| 101815          | KINDRED HOSPITAL - S FLORIDA - HOLLYWOOD |                |            | 0                                     |                    |                                      |  |   |                         |  |   | 0                           |                              |
| 103535          | KINDRED HOSPITAL - OCALA                 |                |            | 0                                     |                    |                                      |  |   |                         |  |   | 0                           |                              |
| 102768          | KINDRED HOSPITAL - ST. PETERSBURG        |                |            | 0                                     |                    |                                      |  |   |                         |  |   | 0                           |                              |
| 102342          | KINDRED HOSPITAL BAY AREA - TAMPA        |                |            | 0                                     |                    |                                      |  |   |                         |  |   | 0                           |                              |
| 109227          | LAKE BUTLER HOSPITAL                     | Yes            |            | 1,239                                 |                    | 0.02062                              | 49,890                                 |   |                         |  |   | 49,890                      |                              |
| 563234          | LAKE COUNTY HEALTH DEPARTMENT            |                |            |                                       |                    |                                      |  |   |                         |  |   | 0                           |                              |
| 119768          | LAKE CITY MEDICAL CENTER                 |                |            | 2,591                                 |                    |                                      |  |   |                         |  |   | 0                           |                              |
| 101664          | LAKE WALES MEDICAL CENTER                |                |            | 3,857                                 |                    |                                      |  |   |                         |  |   | 0                           |                              |
| 101648          | LAKELAND REGIONAL MEDICAL CENTER         |                |            | 53,238                                |                    |                                      |  |   |                         |  |   | 0                           |                              |
| 103420          | LAKELAND REGIONAL MEDICAL CENTER         |                |            | 1,765                                 |                    |                                      |  |   |                         |  |   | 0                           |                              |
| 119741          | LARGO MEDICAL CENTER                     |                |            | 10,284                                |                    |                                      |  |   |                         |  |   | 0                           |                              |
| 101753          | HEALTHSOUTH REHAB HOSPITAL - LARGO       |                |            | 0                                     |                    |                                      |  |   |                         |  |   | 0                           |                              |
| 120057          | HEALTHSOUTH LARKIN HOSPITAL - MIAMI      |                |            | 5,365                                 |                    |                                      |  |   |                         |  |   | 0                           |                              |
| 119695          | LAWNWOOD REGIONAL MEDICAL CENTER         |                |            | 23,047                                |                    |                                      |  |   |                         |  |   | 0                           |                              |
| 279463          | LEE COUNTY HEALTH DEPARTMENT             |                |            |                                       |                    |                                      |  |   |                         |  |   | 0                           |                              |
| 101109          | LEE MEMORIAL HOSPITAL                    |                | 16,377,741 | 56,467                                |                    | 17,769,849                           |  | 49,467                                  |                         |  | 17,769,849  | 17,769,849                  |                              |
| 101079          | LEESBURG REGIONAL MEDICAL CENTER         |                |            | 12,497                                |                    |                                      |  |   |                         |  |   | 0                           |                              |
| 101117          | LEHIGH REGIONAL MEDICAL CENTER           |                |            | 3,160                                 |                    |                                      |  |   |                         |  |   | 0                           |                              |
| 279498          | LIBERTY COUNTY HEALTH DEPARTMENT         |                |            | 7,095                                 |                    |                                      |  |   |                         |  |   | 0                           |                              |
| 101192          | LOWER KEYS HOSPITAL                      |                |            |                                       |                    |                                      |  |   |                         |  |   | 0                           |                              |
| 290408          | MADISON COUNTY HEALTH DEPARTMENT         |                |            | 1,229                                 |                    | 0.02044                              | 49,467                                 |   |                         |  |   | 49,467                      |                              |
| 101150          | MADISON COUNTY MEMORIAL HOSPITAL         | Yes            |            | 1,229                                 |                    |                                      |  |   |                         |  |   | 0                           |                              |
| 295612          | MANATEE COUNTY RURAL HEALTH SERVICE      |                |            | 20,415                                |                    | 1,743,503                            |  |   |                         |  | 1,743,503   | 1,743,503                   |                              |
| 101168          | MANATEE MEMORIAL HOSPITAL                |                | 1,806,915  |                                       |                    |                                      |  |   |                         |  |   | 0                           |                              |
| 295612          | MANATEE COUNTY RURAL HEALTH SERVICE      |                |            |                                       |                    |                                      |  |   |                         |  |   | 0                           |                              |
| 295612          | MANATEE COUNTY RURAL HEALTH SERVICE      |                |            |                                       |                    |                                      |  |   |                         |  |   | 0                           |                              |
| 203475          | MARIANNA CONVALESCENT CENTER             |                |            | 1,645                                 |                    |                                      |  |   |                         |  |   | 0                           |                              |
| 101214          | MARINERS HOSPITAL                        | Yes            |            | 13,185                                |                    |                                      | 66,242                                 |   |                         |  | 66,242  | 66,242                      |                              |
| 101184          | MARTIN MEMORIAL MEDICAL CENTER           |                |            | 18,658                                |                    |                                      |  |   |                         |  |   | 0                           |                              |
| 101541          | MEASE HOSPITAL - DUNEDIN                 |                |            |                                       |                    |                                      |  |   |                         |  |   | 0                           |                              |
| 120081          | MEASE HOSPITAL - COUNTRYSIDE             |                |            |                                       |                    |                                      |  |   |                         |  |   | 0                           |                              |
| 100200          | MEMORIAL REGIONAL HOSPITAL               |                | 31,513,671 | 98,514                                |                    | 34,192,333                           |  |   |                         |  | 34,192,333  | 34,192,333                  |                              |
| 101761          | MEMORIAL HOSPITAL - SARASOTA             |                | 19,232,905 | 25,398                                |                    | 20,867,702                           |  |   |                         |  | 20,867,702  | 20,867,702                  |                              |
| 201006          | MEMORIAL MANOR                           |                |            |                                       |                    |                                      |  |   |                         |  |   | 0                           |                              |
| 102229          | MEMORIAL HOSPITAL PEMBROKE               |                | 26,765,069 | 15,023                                |                    | 29,040,100                           |  |   |                         |  | 29,040,100  | 29,040,100                  |                              |
| 102521          | MEMORIAL HOSPITAL WEST                   |                | 31,366,173 | 27,692                                |                    | 34,032,298                           |  |   |                         |  | 34,032,298  | 34,032,298                  |                              |
| 101931          | MEMORIAL HOSPITAL OF JACKSONVILLE        |                |            | 19,525                                |                    |                                      |  |   |                         |  |   | 0                           |                              |
| 103454          | MEMORIAL HOSPITAL MIRAMAR                |                | 15,990,963 | 13,525                                |                    | 17,350,194                           |  |   |                         |  | 17,350,194  | 17,350,194                  |                              |
| 112798          | MEMORIAL HOSPITAL OF TAMPA               |                |            | 0                                     |                    |                                      |  |   |                         |  |   | 0                           |                              |
| 100439          | MERCY HOSPITAL                           |                |            | 10,192                                |                    |                                      |  |   |                         |  |   | 0                           |                              |
| 100706          | METHODIST HOSPITAL, INC                  |                |            | 3,911                                 |                    |                                      |  |   |                         |  |   | 0                           |                              |
| 100544          | METROPOLITAN HOSPITAL                    |                |            |                                       |                    |                                      |  |   |                         |  |   | 0                           |                              |
| 295442          | MIAMI BEACH COMMUNITY HEALTH CENTER      |                |            |                                       |                    |                                      |  |   |                         |  |   | 0                           |                              |
| 295442          | MIAMI BEACH COMM. HEALTH CTR             |                |            |                                       |                    |                                      |  |   |                         |  |   | 0                           |                              |
| 295442          | MIAMI BEACH COMMUNITY HEALTH CENTER      |                |            |                                       |                    |                                      |  |   |                         |  |   | 0                           |                              |
| 295442          | MIAMI BEACH CHC                          |                |            | 42,035                                |                    |                                      |  |   |                         |  |   | 0                           |                              |
| 100609          | MIAMI CHILDRENS HOSPITAL                 |                |            |                                       |                    |                                      |  |   |                         |  |   | 0                           |                              |
| 100447          | MIAMI HEART INSTITUTE                    |                |            |                                       |                    |                                      |  |   |                         |  |   | 0                           |                              |
| 101593          | MORTON F. PLANT HOSPITAL                 |                |            | 24,442                                |                    |                                      |  |   |                         |  |   | 0                           |                              |
| 100445          | MT. SINAI MEDICAL CENTER                 |                |            | 25,274                                |                    |                                      |  |   |                         |  |   | 0                           |                              |

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TABLE 2

Calculation for Rural Non-Rural PAS

| Medicaid Number | Provider                              | Total IGTs | Rural Hospital | Medicaid + Charity days (if Eligible) | Total IGT ROR 100.500% | Mcaid+Char+ 50% Bad Debt Patient Days | Rural Hospitals                         |  |                         | Other than Rural Hospitals              |  |                             | TOTAL OF ACCESS SYS PAYMENTS RP = (RL+RO) |
|-----------------|---------------------------------------|------------|----------------|---------------------------------------|------------------------|---------------------------------------|---|--|-------------------------|---|--|-----------------------------|---|
|                 |                                       |            |                |                                       |                        |                                       | Mcaid+Char+ 50% Bad Debt % of Rural Tot | Proportional Adjust. For Rural Hospitals | Adjusted Rural Payments | Mcaid+Char+ 50% Bad Debt % of Other Tot | Proportional Adjust. For Remaining (non-Rural) Hospitals | Adjusted Non-Rural Payments |   |
|                 |                                       |            | RD             | RH + (CS)                             |                        |                                       | RL = (Sqr(RH+PK))                       | PK = (R1 x 2.419,673)                    | RL = (Sqr(RH+PK))       | RN = (RM x (alloc-sum(RJ)-sum(RK)))     | RO = (sum(RI) + RN)                                      |                             |   |
| 101176          | MUNROE REGIONAL MEDICAL CENTER        | 1,901,481  |                | 19,332                                | 2,063,106              |                                       | 0                                       | 0  | 0.00631                 | 0                                       | 2,063,106  | 2,063,106                   |   |
| 108626          | NORTH FLORIDA REGIONAL MEDICAL CENTER |            |                | 13,638                                |                        |                                       | 0                                       | 0  | 0.00445                 | 0                                       | 0  | 0                           |   |
| 14042           | NORTH DADE HEALTH CENTER (JMH)        |            |                |                                       |                        |                                       | 0                                       | 0  | 0.00000                 | 0                                       | 0  | 0                           |   |
| 295680          | NORTH FLORIDA MEDICAL CTR - WEAHAWICH |            |                |                                       |                        |                                       | 0                                       | 0  | 0.00000                 | 0                                       | 0  | 0                           |   |
| 100315          | NAPLES COMMUNITY HOSPITAL             |            |                | 33,664                                |                        |                                       | 0                                       | 0  | 0.01088                 | 0                                       | 0  | 0                           |   |
| 101141          | NATURE COAST REGIONAL HOSPITAL        |            | Yes            | 0                                     |                        |                                       | 0                                       | 0  | 0.00000                 | 0                                       | 0  | 0                           |   |
| 6879551         | NORTHEAST FL HEALTH SERVICES          |            |                |                                       |                        |                                       | 0                                       | 0  | 0.00000                 | 0                                       | 0  | 0                           |   |
| 260029          | N E FLORIDA STATE HOSPITAL            |            |                | 0                                     |                        |                                       | 0                                       | 0  | 0.00000                 | 0                                       | 0  | 0                           |   |
| 101508          | NORTH BAY HOSPITAL                    |            |                | 8,186                                 |                        |                                       | 0                                       | 0  | 0.00287                 | 0                                       | 0  | 0                           |   |
| 102118          | NORTH BROWARD MEDICAL CENTER          | 15,996,228 |                | 28,632                                | 17,355,907             |                                       | 0                                       | 0  | 0.00934                 | 0                                       | 17,355,907   | 17,355,907                  |   |
| 101265          | NORTH OKALOOSA MEDICAL CENTER         |            |                | 4,287                                 |                        |                                       | 0                                       | 0  | 0.00140                 | 0                                       | 0  | 0                           |   |
| 100498          | NORTH SHORE MEDICAL CENTER            |            |                | 39,938                                |                        |                                       | 0                                       | 0  | 0.01303                 | 0                                       | 0  | 0                           |   |
| 102571          | NORTHSHORE MEDICAL CENTER             |            |                |                                       |                        |                                       | 0                                       | 0  | 0.00000                 | 0                                       | 0  | 0                           |   |
| 115193          | NORTHSHORE MEDICAL & HEART INSTITUTE  |            |                | 8,938                                 |                        |                                       | 0                                       | 0  | 0.00292                 | 0                                       | 0  | 0                           |   |
| 101907          | NORTHWEST FLORIDA COMMUNITY HOSPITAL  |            | Yes            | 1,290                                 |                        | 1,290                                 | 51,952                                  | 51,952                                   |                         |   |  | 51,952                      |   |
| 104591          | NORTHWEST REGIONAL HOSPITAL           |            |                | 9,193                                 |                        |                                       | 0                                       | 0  | 0.00300                 | 0                                       | 0  | 0                           |   |
| 120073          | OAK HILL HOSPITAL                     |            |                | 0                                     |                        |                                       | 0                                       | 0  | 0.00000                 | 0                                       | 0  | 0                           |   |
| 109888          | OCALA REGIONAL MEDICAL CENTER         | 1,033,687  |                | 9,775                                 | 1,121,518              |                                       | 0                                       | 0  | 0.00319                 | 0                                       | 1,121,518  | 1,121,518                   |   |
| 279561          | OKALOOSA COUNTY HEALTH DEPARTMENT     |            |                |                                       |                        |                                       | 0                                       | 0  | 0.00000                 | 0                                       | 0  | 0                           |   |
| 279587          | ORANGE COUNTY HEALTH DEPARTMENT       |            |                |                                       |                        |                                       | 0                                       | 0  | 0.00000                 | 0                                       | 0  | 0                           |   |
| 111741          | ORANGE PARK MEDICAL CENTER            |            |                | 16,098                                |                        |                                       | 0                                       | 0  | 0.00525                 | 0                                       | 0  | 0                           |   |
| 101338          | ORLANDO REGIONAL MEDICAL CENTER       |            |                | 153,070                               |                        |                                       | 0                                       | 0  | 0.04895                 | 0                                       | 0  | 0                           |   |
| 101869          | MEMORIAL HOSPITAL - ORMOND BEACH      |            |                | 9,772                                 |                        |                                       | 0                                       | 0  | 0.00319                 | 0                                       | 0  | 0                           |   |
| 279595          | OSCEOLA COUNTY HEALTH DEPARTMENT      |            |                |                                       |                        |                                       | 0                                       | 0  | 0.00000                 | 0                                       | 0  | 0                           |   |
| 101389          | OSCEOLA REGIONAL MEDICAL CENTER       |            |                | 17,864                                |                        |                                       | 0                                       | 0  | 0.00583                 | 0                                       | 0  | 0                           |   |
| 212032          | PALM BEACH COUNTY HOME                |            |                |                                       |                        |                                       | 0                                       | 0  | 0.00000                 | 0                                       | 0  | 0                           |   |
| 102105          | PALM BEACH GARDENS MEDICAL CENTER     |            |                | 0                                     |                        |                                       | 0                                       | 0  | 0.00000                 | 0                                       | 0  | 0                           |   |
| 102245          | PALM BEACH REGIONAL HOSPITAL          |            |                |                                       |                        |                                       | 0                                       | 0  | 0.00000                 | 0                                       | 0  | 0                           |   |
| 100536          | PALM SPRINGS GENERAL HOSPITAL         |            |                | 3,814                                 |                        |                                       | 0                                       | 0  | 0.00124                 | 0                                       | 0  | 0                           |   |
| 104604          | PALMETTO GENERAL HOSPITAL             |            |                | 30,806                                |                        |                                       | 0                                       | 0  | 0.01005                 | 0                                       | 0  | 0                           |   |
| 120111          | PALMS OF PASADENA HOSPITAL            |            |                | 0                                     |                        |                                       | 0                                       | 0  | 0.00000                 | 0                                       | 0  | 0                           |   |
| 120260          | PALMS WEST HOSPITAL                   |            |                | 16,156                                |                        |                                       | 0                                       | 0  | 0.00527                 | 0                                       | 0  | 0                           |   |
| 6896936         | PANCREA HEALTH CENTER                 |            |                |                                       |                        |                                       | 0                                       | 0  | 0.00000                 | 0                                       | 0  | 0                           |   |
| 111414          | PARK MEDICAL CENTER                   |            |                |                                       |                        |                                       | 0                                       | 0  | 0.00000                 | 0                                       | 0  | 0                           |   |
| 102385          | PARKWAY REGIONAL MEDICAL CENTER       |            |                |                                       |                        |                                       | 0                                       | 0  | 0.00000                 | 0                                       | 0  | 0                           |   |
| 100102          | PARRISH MEDICAL CENTER                | 1,055,929  |                | 10,295                                | 1,145,682              |                                       | 0                                       | 0  | 0.00336                 | 0                                       | 1,145,682  | 1,145,682                   |   |
| 109592          | PASCO REGIONAL MEDICAL CENTER         |            |                | 2,499                                 |                        |                                       | 0                                       | 0  | 0.00082                 | 0                                       | 0  | 0                           |   |
| 100285          | PEACE RIVER REGIONAL MEDICAL CENTER   |            |                | 9,493                                 |                        |                                       | 0                                       | 0  | 0.00310                 | 0                                       | 0  | 0                           |   |
| 101851          | MEDICAL CENTER PENINSULA              |            |                |                                       |                        |                                       | 0                                       | 0  | 0.00000                 | 0                                       | 0  | 0                           |   |
| 103144          | PHYSICIANS REGIONAL MEDICAL CENTER    |            |                | 5,914                                 |                        |                                       | 0                                       | 0  | 0.00193                 | 0                                       | 0  | 0                           |   |
| 120251          | PINECREST REHABILITATION HOSPITAL     |            |                |                                       |                        |                                       | 0                                       | 0  | 0.00000                 | 0                                       | 0  | 0                           |   |
| 279625          | PINELLAS COUNTY HEALTH DEPARTMENT     |            |                |                                       |                        |                                       | 0                                       | 0  | 0.00000                 | 0                                       | 0  | 0                           |   |
| 120006          | PLANTATION GENERAL HOSPITAL           |            |                | 26,047                                |                        |                                       | 0                                       | 0  | 0.00850                 | 0                                       | 0  | 0                           |   |
| 279633          | POLK COUNTY HEALTH DEPARTMENT         |            |                |                                       |                        |                                       | 0                                       | 0  | 0.00000                 | 0                                       | 0  | 0                           |   |
| 101881          | POLK GENERAL HOSPITAL                 |            |                | 9,775                                 |                        |                                       | 0                                       | 0  | 0.00000                 | 0                                       | 0  | 0                           |   |
| 102237          | POMPANO BEACH MEDICAL CENTER          |            |                |                                       |                        |                                       | 0                                       | 0  | 0.00000                 | 0                                       | 0  | 0                           |   |
| 295507          | PREMIER COMMUNITY HEALTHCARE          |            |                |                                       |                        |                                       | 0                                       | 0  | 0.00000                 | 0                                       | 0  | 0                           |   |
| 101311          | PRINCETON HOSPITAL                    |            |                |                                       |                        |                                       | 0                                       | 0  | 0.00000                 | 0                                       | 0  | 0                           |   |
| 11356           | PUTNAM COMMUNITY MEDICAL CENTER       |            | Yes            | 6,040                                 |                        | 6,040                                 | 243,167                                 | 243,167                                  |                         |   |  | 243,167                     |   |
| 11973           | RAULIERTSON HOSPITAL                  |            | Yes            | 3,091                                 |                        | 3,091                                 | 124,453                                 | 124,453                                  |                         |   |  | 124,453                     |   |

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TABLE 2

Calculation for Rural Non-Rural PAS

| Medicaid Number | Provider                                | Total IGTs | Rural Hospital | Medicaid + Charity days (of Eligible) | Total IGT ROK 100.500% | Rural Hospitals                 |  |   | Other than Rural Hospitals |  |   |                             | TOTAL OF ACCESS SYS PAYMENTS<br>RP = (R1+R2) |   |
|-----------------|---|------------|----------------|---------------------------------------|------------------------|---------------------------------|--|---|----------------------------|--|---|-----------------------------|--|---|
|                 |   |            |                |                                       |                        | Medicaid + Charity Patient Days | Mean+Char+ 50% Bad Debt % of Rural Tot | Proportional Adjust For Rural Hospitals | Adjusted Rural Payments    | Mean+Char+ 50% Bad Debt % of Other Tot | Proportional Adjust For Remaining (non-Rural) Hospitals | Adjusted Non-Rural Payments |  |   |
|                 |   |            | RO             | RP + (CS)                             |                        | RJ = (SAL(R1)SUM(R1))           | RK = (RJ * 2.418573)                   | RL = (SAL(R1) * RK)                     | RM = (SAL(R1)SUM(R1))      | RO = (SAL(R1) * RN)                    |   |                             |  |   |
| 202533          | THE ROHR HOME                           | -          | -              | -                                     | -                      | -                               | -                                      | -                                       | -                          | -                                      | -   | -                           | -  | 0 |
| 295434          | RURAL HEALTH CARE - FMDC                | -          | -              | -                                     | -                      | -                               | -                                      | -                                       | -                          | -                                      | -   | -                           | -  | 0 |
| 260045          | SOUTH FLORIDA STATE HOSPITAL            | -          | -              | 0                                     | -                      | -                               | -                                      | -                                       | -                          | -                                      | -   | -                           | -  | 0 |
| 119897          | SOUTH SEMINOLE COMMUNITY HOSPITAL       | -          | -              | -                                     | -                      | -                               | -                                      | -                                       | -                          | -                                      | -   | -                           | -  | 0 |
| 103233          | SACRED HOSPITAL ON THE EMERALD COAST    | -          | Yes            | 3,280                                 | -                      | 0.00000                         | -                                      | -                                       | -                          | -                                      | -   | -                           | -  | 0 |
| 100765          | SACRED HEART HOSPITAL                   | -          | -              | 41,242                                | -                      | -                               | -                                      | -                                       | -                          | -                                      | -   | -                           | -  | 0 |
| 20127           | SACRED HEART HOSPITAL ON THE GULF       | 417,604    | -              | 114                                   | 453,101                | -                               | -                                      | -                                       | -                          | -                                      | -   | -                           | -  | 0 |
| 101745          | SANTA ROSA MEDICAL CENTER               | -          | -              | 3,017                                 | -                      | -                               | -                                      | -                                       | -                          | -                                      | -   | -                           | -  | 0 |
| 120014          | SEBASTIAN HOSPITAL                      | -          | -              | -                                     | -                      | -                               | -                                      | -                                       | -                          | -                                      | -   | -                           | -  | 0 |
| 103390          | SELECT SPECIALTY HOSPITAL - ORLANDO     | -          | -              | -                                     | -                      | -                               | -                                      | -                                       | -                          | -                                      | -   | -                           | -  | 0 |
| 103438          | SELECT SPECIALTY HOSPITAL PANAMA CITY   | -          | -              | -                                     | -                      | -                               | -                                      | -                                       | -                          | -                                      | -   | -                           | -  | 0 |
| 103373          | SELECT SPECIALTY HOSPITAL MIAMI         | -          | -              | -                                     | -                      | -                               | -                                      | -                                       | -                          | -                                      | -   | -                           | -  | 0 |
| 119989          | SEVEN RIVERS COMMUNITY HOSPITAL         | -          | -              | 3,499                                 | -                      | -                               | -                                      | -                                       | -                          | -                                      | -   | -                           | -  | 0 |
| 100676          | SHANDS AT JACKSONVILLE                  | 4,511,329  | -              | 87,379                                | 4,894,792              | -                               | -                                      | -                                       | -                          | -                                      | -   | -                           | -  | 0 |
| 100013          | SHANDS AT AGH                           | -          | -              | -                                     | -                      | -                               | -                                      | -                                       | -                          | -                                      | -   | -                           | -  | 0 |
| 100331          | SHANDS AT LAKE SHORE                    | 2,571,995  | Yes            | 9,402                                 | 2,790,614              | 12,271                          | 494,015                                | 3,284,630                               | -                          | -                                      | -   | -                           | -  | 0 |
| 101796          | SHANDS AT LIVE OAK                      | -          | Yes            | 2,194                                 | -                      | 2,544                           | 102,401                                | 102,401                                 | -                          | -                                      | -   | -                           | -  | 0 |
| 100072          | SHANDS AT STARKE                        | -          | Yes            | 2,319                                 | -                      | 2,768                           | 111,422                                | 111,422                                 | -                          | -                                      | -   | -                           | -  | 0 |
| 100030          | SHANDS TEACHING HOSPITAL & CLINIC       | 3,820,670  | -              | 90,103                                | 4,145,427              | -                               | -                                      | -                                       | -                          | -                                      | -   | -                           | -  | 0 |
| 103284          | SISTER EMANUEL HOSPITAL                 | -          | -              | -                                     | -                      | -                               | -                                      | -                                       | -                          | -                                      | -   | -                           | -  | 0 |
| 119946          | SOUTH BAY HOSPITAL                      | -          | -              | 0                                     | -                      | -                               | -                                      | -                                       | -                          | -                                      | -   | -                           | -  | 0 |
| 100986          | SOUTH FLORIDA BAPTIST HOSPITAL          | -          | -              | 9,618                                 | -                      | -                               | -                                      | -                                       | -                          | -                                      | -   | -                           | -  | 0 |
| 101087          | SOUTH LAKE MEMORIAL HOSPITAL            | -          | -              | 5,921                                 | -                      | -                               | -                                      | -                                       | -                          | -                                      | -   | -                           | -  | 0 |
| 100587          | SOUTH MIAMI HOSPITAL                    | -          | -              | 23,260                                | -                      | -                               | -                                      | -                                       | -                          | -                                      | -   | -                           | -  | 0 |
| 100595          | SOUTH SHORE HOSPITAL                    | -          | -              | -                                     | -                      | -                               | -                                      | -                                       | -                          | -                                      | -   | -                           | -  | 0 |
| 106470          | SPECIALTY HOSPITAL OF JACKSONVILLE      | -          | -              | 0                                     | -                      | -                               | -                                      | -                                       | -                          | -                                      | -   | -                           | -  | 0 |
| 102466          | SPRING HILL REGIONAL HOSPITAL           | -          | -              | -                                     | -                      | -                               | -                                      | -                                       | -                          | -                                      | -   | -                           | -  | 0 |
| 120227          | SAINT ANTHONY'S HOSPITAL                | -          | -              | 17,013                                | -                      | -                               | -                                      | -                                       | -                          | -                                      | -   | -                           | -  | 0 |
| 120022          | ST. CATHERINE'S REHABILITATION HOSPITAL | -          | -              | 2,993                                 | -                      | -                               | -                                      | -                                       | -                          | -                                      | -   | -                           | -  | 0 |
| 103462          | ST CLOUD REGIONAL MEDICAL CENTER        | -          | -              | -                                     | -                      | -                               | -                                      | -                                       | -                          | -                                      | -   | -                           | -  | 0 |
| 102407          | ST. JOHN'S REHABILITATION HOSPITAL      | -          | -              | 0                                     | -                      | -                               | -                                      | -                                       | -                          | -                                      | -   | -                           | -  | 0 |
| 9143211         | ST. JOHN'S RIVER RURAL HEALTH NETWORK   | -          | -              | -                                     | -                      | -                               | -                                      | -                                       | -                          | -                                      | -   | -                           | -  | 0 |
| 6867286         | ST. JOSEPH CARE OF FLORIDA              | -          | -              | -                                     | -                      | -                               | -                                      | -                                       | -                          | -                                      | -   | -                           | -  | 0 |
| 100978          | ST. JOSEPH'S HOSPITAL                   | -          | -              | 82,772                                | -                      | -                               | -                                      | -                                       | -                          | -                                      | -   | -                           | -  | 0 |
| 119971          | ST. LUCIE MEDICAL CENTER                | -          | -              | 7,529                                 | -                      | -                               | -                                      | -                                       | -                          | -                                      | -   | -                           | -  | 0 |
| 101486          | ST. MARY'S HOSPITAL                     | -          | -              | 54,545                                | -                      | -                               | -                                      | -                                       | -                          | -                                      | -   | -                           | -  | 0 |
| 120103          | ST. PETERSBURG GENERAL HOSPITAL         | -          | -              | 9,099                                 | -                      | -                               | -                                      | -                                       | -                          | -                                      | -   | -                           | -  | 0 |
| 100731          | SAINT VINCENT'S HEALTH SYSTEM           | -          | -              | 21,401                                | -                      | -                               | -                                      | -                                       | -                          | -                                      | -   | -                           | -  | 0 |
| 100722          | SAINTE LUKE'S HOSPITAL                  | -          | -              | 0                                     | -                      | -                               | -                                      | -                                       | -                          | -                                      | -   | -                           | -  | 0 |
| 101591          | SUN COAST HOSPITAL                      | -          | -              | -                                     | -                      | -                               | -                                      | -                                       | -                          | -                                      | -   | -                           | -  | 0 |
| 295230          | SUNCOAST CHC                            | -          | -              | -                                     | -                      | -                               | -                                      | -                                       | -                          | -                                      | -   | -                           | -  | 0 |
| 295574          | SUNCOAST COMM HEALTH CENTER (DENTAL)    | -          | -              | -                                     | -                      | -                               | -                                      | -                                       | -                          | -                                      | -   | -                           | -  | 0 |
| 295230          | SUNCOAST COMM HEALTH CTR                | -          | -              | -                                     | -                      | -                               | -                                      | -                                       | -                          | -                                      | -   | -                           | -  | 0 |
| 295574          | SUNCOAST COMMUNITY HEALTH CENTER (R     | -          | -              | -                                     | -                      | -                               | -                                      | -                                       | -                          | -                                      | -   | -                           | -  | 0 |
| 119962          | SUNLAND - MARIANNA                      | -          | -              | -                                     | -                      | -                               | -                                      | -                                       | -                          | -                                      | -   | -                           | -  | 0 |
| 120278          | HEALTHSOUTH REHAB HOSPITAL - SUNRISE    | -          | -              | 0                                     | -                      | -                               | -                                      | -                                       | -                          | -                                      | -   | -                           | -  | 0 |
| 111341          | SOUTHWEST FLORIDA REGIONAL MEDICAL C    | -          | -              | 16,835                                | -                      | -                               | -                                      | -                                       | -                          | -                                      | -   | -                           | -  | 0 |
| 119970          | TACACHALE DAHLIA HOSPITAL               | -          | -              | -                                     | -                      | -                               | -                                      | -                                       | -                          | -                                      | -   | -                           | -  | 0 |
| 10111           | TALLAHASSEE MEMORIAL HEALTHCARE         | -          | -              | 33,122                                | -                      | -                               | -                                      | -                                       | -                          | -                                      | -   | -                           | -  | 0 |



BOARD OF COUNTY COMMISSIONERS  
GULF COUNTY, FLORIDA

CHIEF ADMINISTRATOR'S OFFICE

Donald Butler, Chief Administrator

1000 CECIL G. COSTIN, SR. BLVD., ROOM 302, PORT ST. JOE, FLORIDA 32456

PHONE: (850) 229-6111/639-6700 • FAX: (850) 229-9252 • EMAIL: dbutler@gulfcounty-fl.gov

DATE AND TIME OF MEETINGS: SECOND AND FOURTH TUESDAYS AT 6:00 P.M., E.T.

MEMORANDUM

TO: GULF COUNTY BOARD OF COUNTY COMMISSIONERS  
FROM: DON BUTLER, COUNTY ADMINISTRATOR  
DATE: JULY 18, 2012  
RE: INSURANCE ISSUES

It is the recommendation of the Insurance Committee as follows:

- Combined Insurance Services be retained for another year at the same rate as the current year.
- The board to stay with United Healthcare for next year.
- The board to offer the employees a choice of three medical option plans, two being HSA options and one PPO option. Next year the board will only offer one plan, a HSA option.
- 

Thank you.

**BCC APPROVED**  
DATE \_\_\_\_\_ D.C. \_\_\_\_\_

2012 JUL 18 AM 10:42

CONSENT  
DATE 7/24/12 LC

**TIMOTHY J. McFARLAND**  
GULF COUNTY JUDGE  
1000 CECIL G. COSTIN, SR. BLVD., ROOM 126  
PORT ST. JOE, FLORIDA 32456

SANDRA J. LAMBERSON  
JUDICIAL ASSISTANT

PHONE: (850) 227-1141  
FAX: (850) 227-1142

Date: July 9, 2012

TO: Gulf County Board of County Commissioners

RE: Non-Inventory Items

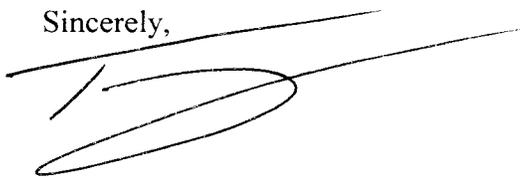
The following are several items located in my office that are not listed on the county's inventory list which need to be disposed of:

- Optimus TV w/VHS player
- Panasonic TV w/VHS player
- HP1740 Monitor
- HPL2208w Monitor
- Fellows PS-77C Shredder
- Fellows DM-6 Shredder

The two shredders have been transferred to the Clerk of Courts office for their use.

If you have any questions, please do not hesitate to contact this office.

Sincerely,



**BCC APPROVED**  
DATE \_\_\_\_\_ D.C. \_\_\_\_\_

7-24-12 

FILED FOR RECORDED  
REBECCA L. JORDAN  
CLERK OF CIRCUIT COURT  
GULF COUNTY, FLORIDA  
2012 JUL 10 AM 10:11



APPLICATION AND CERTIFICATION FOR PAYMENT

PROJECT: CDBG-JDREF Affordable Rental Housing Moss Creek Apartments Port St. Joe, FL 32456

LOCAL GOVERNMENT: Gulf County BOCC 1000 Cecil G. Costin Sr. Boulevard Port St. Joe, FL 32456

APPLICATION NO: 1

CONTRACTOR: Bryan-Co Services, Inc. 15037 SW 351 Highway Horshoe Beach, FL 32648

ADMINISTRATOR: Jordan & Associates 769 Blanding Boulevard, Suite #5 Orange Park, FL 32073

PROJECT COMPLETION

Contracts Executed: 09/22/11
NTP Issued: 09/27/11
To Be Completed By: 12/31/12
Calendar Days: 461

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for Payment, as shown below, in accordance with the Contract Documents.

Table with columns: MODIFICATION SUMMARY, Approved Change Orders To Date, ADDITIONS, DELETIONS. Includes a TOTAL row at the bottom.

- 1. ORIGINAL CONTRACT SUM \$
2. Net Change by Change Orders
3. ADJUSTED CONTRACT SUM TO DATE
4. TOTAL COMPLETED AND STORED TO DATE \$ 2,905.76
5. RETAINAGE: 10% of TOTAL COMPLETED AND STORED TO DATE
6. TOTAL EARNED LESS RETAINAGE
7. LESS PREVIOUS APPLICATIONS FOR PAYMENTS
8. CURRENT PAYMENT DUE
9. BALANCE TO FINISH, PLUS RETAINAGE

The undersigned Contractor certifies to the best of the Contractor's knowledge, information and belief, the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received by the Local Government, and that current payment shown herein is now due.
CERTIFYING CONTRACTOR: BRYAN-CO SERVICES, INC.
By: [Signature] Date: 7/12/2012
Phillip C. Bryan, esq. Vice President

APPROVED FOR PAYMENT
ADMINISTRATOR: JORDAN & ASSOCIATES
By: [Signature] Date: 07/12/2012
State of Florida, County of Duval, Commission Expires: 3/5/2016
Notary Public: Carrie Cobb, Notary Public - State of Florida, Commission Number EEJ7593A, Expires- March 5, 2016

APPROVED FOR PAYMENT
Date: 7/12/12 D.H. OK
Account # 13554-34000
MC-ARR-DREF (SA#2)

BCC APPROVED
DATE: D.C.

APPLICATION AND CERTIFICATION FOR PAYMENT

PROJECT: CDBG-DREF Affordable Rental Housing Pine Ridge Apartments Port St. Joe, FL 32456

LOCAL GOVERNMENT: Galf County BOCC 1000 Cecil G. Costin Sr. Boulevard Port St. Joe, FL 32456

APPLICATION NO: 1

CONTRACTOR: Bryan-Co Services, Inc. 16037 SW 351 Highway Horseshoe Beach, FL 32648

ADMINISTRATOR: Jordan & Associates 769 Blanding Boulevard, Suite #5 Orange Park, FL 32073

PROJECT COMPLETION

Contracts Executed: 09/22/11 NTP Issued: 09/27/11 To Be Completed By: 12/31/12 Calendar Days: 461

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for Payment, as shown below, in accordance with the Contract Documents.

Table with columns: Approved Change Orders To Date, MODIFICATION SUMMARY (ADDITIONS, DELETIONS), and TOTAL. Row 1: 1-A, 10/08/12, \$ 52,506.20, \$ -.

- 1. ORIGINAL CONTRACT SUM \$
2. Net Change by Change Orders
3. ADJUSTED CONTRACT SUM TO DATE \$ 37,315.20
4. TOTAL COMPLETED AND STORED TO DATE
5. RETAINAGE:
6. TOTAL EARNED LESS RETAINAGE
7. LESS PREVIOUS APPLICATIONS FOR PAYMENTS
8. CURRENT PAYMENT DUE
9. BALANCE TO FINISH, PLUS RETAINAGE

The undersigned Contractor certifies to the best of the Contractor's knowledge, information and belief, the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received by the Local Government, and that current payments shown herein is now due

CERTIFYING CONTRACTOR: BRYAN-CO SERVICES, INC. Date: 7/10/2012 By: Phillip C. Bryan, as its Vice President

APPROVED FOR PAYMENT ADMINISTRATOR: JORDAN & ASSOCIATES By: [Signature] Date: 07/12/2012 State of Florida, County of Duval, Commission Expires 3/5/2016

BCC APPROVED DATE: 7/17/12 PH DK Acct # 113554-34000

APPROVED FOR PAYMENT Date: 7/12/2012

Notary Public- State of Florida Commission Number EE-175934 Expires- March 5, 2016

7/24/12

# Coastal PARASAIL

2012 JUL -9 PM 2:14

FLORIDA COUNTY COMMISSIONERS

|             |
|-------------|
| Bill To     |
| Gulf County |

|          |           |
|----------|-----------|
| Date     | Invoice # |
| 7/2/2012 | 12004     |

| Description: Beach Raking   | Amount          |
|---|-----------------|
| Raked Indian Pass June 23, 2012<br>\$500.00 per day   | \$500.00        |
| <p><b>APPROVED FOR PAYMENT</b><br/> Date <u>7/10/12</u> D.H. <u>DB</u><br/> Acct. # <u>TDC</u><br/> <u>27452-46100</u></p> <p><b>BCC APPROVED</b><br/> DATE: _____ D.C. _____</p> |                 |
|   | <b>\$500.00</b> |

2012 JUL 18 AM 10:43

CONSENT  
DATE: 7-24-12 DB



|   |  |
|---|--|
| <b>Invoice number:</b> 150690160<br><b>Invoice Date:</b> 07/12/2012<br><b>Customer PO No:</b> KONE proposal<br><b>KONE Order No:</b> 340148247<br><b>Service Order:</b> 320153203<br><b>Date work performed:</b> 07/10/2012 | <b>Area Office:</b> <b>KONE Inc., Federal</b><br>MOBILE - 150<br>5252 2A Halls Mill Road<br>Mobile AL 36619<br>Ph: 251-661-7522<br>Fax: 251-661-7516 |
| <b>Bill To:</b><br>GULF COUNTY BOARD OF COUNTY<br>1000 CECIL G COSTIN SR BLVD<br>PORT SAINT JOE FL 32456-1653<br>USA  | <b>Location/Project:</b><br>GULF COUNTY COURTHOUSE<br>1000 CECIL G COSTIN SR BLVD<br>PORT SAINT JOE FL 32456<br>USA                                  |
| <b>Payment Terms:</b><br>Net 30   |  |

Furnish labor and materials to perform work on elevator per accepted KONE Proposal to correct state inspection violations.

|                                   |                     |
|-----------------------------------|---------------------|
| <b>Contract Price</b>             | \$ 12,056.00        |
| <b>Previously Invoiced Amount</b> | \$ 0.00             |
| <b>Current Billing Amount</b>     | \$ 12,056.00        |
| <b>Total Invoice Amount</b>       | <u>\$ 12,056.00</u> |

**APPROVED FOR PAYMENT**

Date 7/17/12 D.H.LL

Acct. # 26219-62100

**BCC APPROVED**

DATE \_\_\_\_\_ D.C. \_\_\_\_\_

2012 JUL 10 AM 10:45

*Invoices not paid within 30 days are subject to a service charge of 1.5% per month, or the maximum permitted by law*

Please return this portion with your payment

**PAYMENT ADVICE**

We also accept VISA/Mastercard or EFT payments



|  |  |
|--|--|
| <b>Payer:</b><br>GULF COUNTY BOARD OF COUNTY<br>1000 CECIL G COSTIN SR BLVD<br>PORT SAINT JOE FL 32456-1653<br>USA | <b>Invoice number:</b> 150690160<br><b>Invoice Date:</b> 07/12/2012<br><b>Customer Number:</b> 164143<br><b>KONE Order No:</b> 340148247<br><b>Area Office No:</b> U150<br><b>Billing Type:</b> YTBF |
| <b>Remit to:</b><br>KONE Inc.<br>P. O. BOX 429<br>MOLINE, IL 61266-0429  | Use this address for payments only.<br>Direct calls and area correspondence to our area office above.  |
| <b>Amount paid if different than invoice amount: \$</b><br><b>INVOICE AMOUNT: \$ 12,056.00</b>                     |  |

KONE Inc. Proposal



Elevators Escalators

9/29/2011

Gulf County Board of County Commissioners  
1000 Cecil G. Coston Sr. Blvd.  
Port St. Joe, FL 32456

KONE Inc.  
5252 #2A Halls Mill Road  
Mobile, AL 36619  
Tel 251-661-7522  
Fax 251-661-7516  
[www.kone.com](http://www.kone.com)  
kerry.dupree@kone.com

ATTN: Mr. Raymond Hart email: rhart@gulfcounty.fl.gov

Re: Gulf County Courthouse Elevator

We propose: to furnish and install all the necessary labor, materials, tools and supervision to perform the following work on the elevator at Gulf County Courthouse, Port St. Joe, FL to correct inspection violations

- Install car door restrictor.
- Replace oil line in machine room with schedule 80 pipe.
- Install shutoff valve in machine room oil line.
- Shorten traveling cables.
- Repair car top duct and cover.
- Repair top of car inspection station.
- Repair car directional arrows.

Our price to perform the above mentioned work amounts to \$12,056.00

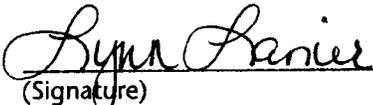
Our price includes applicable labor, material and permit fees. Pricing is subject to KONE's Terms and Conditions for tendered repairs and is valid until 30 days after the above stated proposal date.

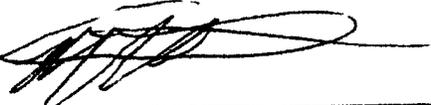
During the course of our work, should deficiencies, code violations, or other issues be discovered, we will promptly notify Purchaser and provide a separate quotation to correct these issues.

KONE will provide a 90-day labor / material warranty on the work provided within this proposal.

ACCEPTANCE: The foregoing Agreement is hereby signed and accepted in duplicate on behalf of Gulf County Board of County Commissioners

Respectfully submitted by,  
KONE Inc.

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

  
\_\_\_\_\_  
Kerry Dupree, Service Sales

Lynn Lanier  
\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Approved By) Authorized Representative

Deputy Administrator  
\_\_\_\_\_  
(Print Title)

\_\_\_\_\_  
Title

Date: 10 / 3 / 11  
MKT-14-0017 Rev13 (8/31/07)

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

## TERMS AND CONDITIONS

This proposal is subject to the following terms and conditions, all of which are hereby agreed to:

Purchaser agrees to pay the amount of any tax imposed by any existing law, or by any law enacted after the date of this Agreement, based upon the transfer, use, ownership or possession of the equipment involved in the services rendered herein. KONE reserves the right to discontinue our work at anytime until we have assurance, satisfactory to us, that payments will be made as agreed. Final payment shall become due and payable upon completion of the work described in this Agreement. Failure to pay any sum due to KONE within thirty (30) days of the invoice will be a material breach. A delinquent payment charge calculated at the rate of 1½ % per month, or if such rate is usurious then at the maximum rate under applicable law, shall be applied to the delinquent payments. In the event of default on the payment provisions herein, Purchaser agrees to pay, in addition to any defaulted amount, all attorney fees, collection cost or court costs in connection therewith. The machinery, implements and apparatus furnished hereunder remain KONE's personal property and KONE retains title thereto until final payment is made, with right to retake possession of the same at the cost of the Purchaser if default is made in any of the payments, irrespective of the manner of attachment to the realty, the acceptance of notes, or the sale, mortgage or lease of the premises.

The states requiring notice prior to filing a lien, this notice requirement is hereby complied with.

KONE shall not be liable for damage or delay caused directly or indirectly by accidents, embargoes, strikes, lockouts, work interruption or other labor dispute, fire, theft, floods, or any cause beyond KONE's control. Regardless of the type of delay, KONE shall not be liable for any indirect, consequential, or special damages including but not limited to fines, penalties, loss of profits, goodwill, business or loss of use of equipment or property.

Purchaser agrees to provide safe access to the equipment and machine room areas. Should conditions develop beyond KONE's control, making the building or premises in which KONE's personnel are working unsafe, KONE reserves the right to discontinue work until such unsafe conditions are corrected. Should damage occur to KONE's material or work on the premises, by fire, theft or otherwise, Purchaser shall compensate us therefore.

KONE undertakes to perform this work in conformity with the usual applied codes and standards, however, no guarantee can be made that all code violations or defects have been found. This work is not intended as a guarantee against failure or malfunction of equipment at any future time.

It is agreed and understood that KONE is not responsible for damages, either to the vertical transportation equipment or to the building, or for any personal injury or death, arising from or resulting from any code required safety tests performed on this equipment.

Nothing in this agreement shall be construed to mean that KONE assumes any liability of any nature whatsoever arising out of, relating to or in any way connected with the use or operation of the equipment described above. Purchaser shall be solely responsible for the use, repair and maintenance of the equipment and for taking such steps including but not limited to providing attendant personnel, warning signs and other controls necessary to ensure the safety of the user or safe operation of the equipment.

Neither KONE nor its affiliates, subsidiaries or divisions shall be responsible or liable for any damages, claims, suits, expenses and payments on account of or resulting from any injury, death or damage to property arising or resulting from the misuse, abuse or neglect of the equipment herein named or any other device covered by this contract.

Purchaser shall at all times and at Purchaser's own cost, maintain a commercial general liability policy covering bodily injury and property damage with the limits of liability Purchasers customarily carry (naming KONE as additional insured) arising out of the services provided under this Authorization and/or the ownership, maintenance, use or operation of the equipment described herein.

It is agreed and understood that Purchaser is solely responsible for ongoing maintenance and care of the equipment described above. IT IS EXPRESSLY UNDERSTOOD, IN CONSIDERATION OF OUR PERFORMANCE OF THIS WORK THAT PURCHASER ASSUMES ALL LIABILITY FOR THE USE, MAINTENANCE OR OPERATION OF THE EQUIPMENT DESCRIBED ABOVE AND FOR ANY INJURY, INCLUDING DEATH, TO ANY PERSON OR PERSONS AND FOR DAMAGE TO PROPERTY OR LOSS OF USE THEREOF, ON ACCOUNT OF OR RESULTING FROM THE PERFORMANCE OF THE WORK TO BE DONE HEREIN, AND AGREES TO THE EXTENT PERMITTED BY LAW TO DEFEND, INDEMNIFY AND HOLD HARMLESS KONE, ITS OFFICERS, DIRECTORS AND EMPLOYEES FROM ALL DAMAGES, CLAIMS, SUITS, EXPENSES AND PAYMENTS ON ACCOUNT OF OR RESULTING FROM ANY SUCH INJURY, DEATH OR DAMAGE TO PROPERTY, EXCEPT THAT RESULTING FROM THE SOLE NEGLIGENCE OF KONE INC. Purchaser hereby waives any and all rights of recovery, arising as a matter of law or otherwise, which Purchaser might now or hereafter have against KONE Inc.

KONE warrants the materials and workmanship of the equipment for 90 days after completion. Purchaser's remedy is limited to repair or replacement of a defective part, in KONE's sole discretion. The warranty is limited to the replacement or repair of the part itself, and excludes labor. In no event shall KONE be responsible for damage due to normal wear and tear, vandalism, abuse, misuse, neglect, work or repairs or modifications by others, or any other cause beyond the control of KONE. KONE disclaims any other warranty of any kind, either expressed or implied, including without limitation the implied warranties of merchantability or fitness for a particular purpose, or noninfringement.

Unless otherwise agreed, it is understood that the work shall be performed during regular working hours of regular working days of the elevator trade. If overtime work is mutually agreed upon and performed, the additional price, at KONE's usual rates for such work, shall be added to the contract price herein named.

It is expressly understood and agreed all prior agreements written or verbal regarding the subject matter herein are void and the acceptance of this Agreement shall constitute the contract for the material and work specified in this Agreement. Any changes to this Agreement must be made in writing and signed by both parties.

The terms and conditions set forth herein shall constitute the complete agreement for any work performed, AND shall prevail over and supersede any terms and conditions contained in any documents provided by the Purchaser.

The Purchaser does hereby agree the exclusive venue for any dispute between the parties shall be in the county of Rock Island, IL (LL)

JUNE 14, 2011

PORT ST. JOE, FLORIDA

REGULAR MEETING

**CONTRACT - COURTHOUSE ELEVATORS**

Deputy Administrator Lanier requested approval of a contract for the courthouse elevators maintenance and repairs with Kone, contingent upon County Attorney review. County Attorney Novak requested direction from the Board concerning contract terms. Deputy Administrator Lanier reported that there are limited organizations to provide these services in this area. Commissioner Williams motioned to approve the request, contingent upon County Attorney Novak and Chief Administrator Butler reviewing. Commissioner McDaniel seconded the motion, and it passed unanimously.



**Progress Estimate - Unit Price Work**

**Contractor's Application**

| For (Contract):     |                        | STUMPHOLE REVETMENT PHASE IV CDBG DRI FUNDS |            |                       |                      |                              |                                 |   |                                    |           |                           |
|---------------------|------------------------|---|------------|-----------------------|----------------------|------------------------------|---------------------------------|---|------------------------------------|-----------|---------------------------|
| Application Period: |                        | 6/29/2012                                   |            | Application Number: 1 |                      | Application Date: 6/29/2012  |                                 |   |                                    |           |                           |
| A                   |                        | B   |            |                       | C                    |                              | D                               | E   | F                                  |           |                           |
| Bid Item No.        | Item Description       | Bid Item Quantity                           | Unit Price | Bid Item Value (\$)   | Total Contract Value | Estimated Quantity Installed | Value of Work Installed to Date | QUANTITY OF Materials Presently Stored (not in C) | Total Completed and Stored to Date | % (F / B) | Balance to Finish (B - F) |
| 1                   | MOBILIZATION           | 1   | LS         | \$ 17,380.00          | \$ 17,380.00         | 1                            | \$17,380.00                     |   | \$17,380.00                        | 100.0%    |                           |
| 2                   | BONDS AND INSURANCE    | 1   | LS         | \$ 5,925.00           | \$ 5,925.00          | 1                            | \$5,925.00                      |   | \$5,925.00                         | 100.0%    |                           |
| 3                   | MAINTENANCE OF TRAFFIC | 1   | LS         | \$ 1,975.00           | \$ 1,975.00          | 0.3                          | \$592.50                        |   | \$592.50                           | 30.0%     | \$1,382.50                |
| 4                   | CONSTRUCTION LAYOUT    | 1   | LS         | \$ 1,500.00           | \$ 1,500.00          | 0.5                          | \$750.00                        |   | \$750.00                           | 50.0%     | \$750.00                  |
| 5                   | AS-BUILTS              | 1   | LS         | \$ 2,800.00           | \$ 2,800.00          |                              |                                 |   |                                    |           | \$2,800.00                |
| 6                   | ROCK REVETMENT         | 115   | LF         | \$ 3,340.00           | \$384,100.00         | 0.16                         | \$61,456.00                     | \$ 20,947.58                                      | \$82,403.58                        | 21.5%     | \$301,696.42              |
| Total Contract      |                        |   |            |                       | \$413,680.00         |                              | \$86,103.50                     | \$20,947.58                                       | \$107,051.08                       | 25.9%     | \$306,628.92              |



# MSC WATERWORKS

MSC WATERWORKS  
 1100 W. BERRY AVE. PANAMA CITY  
 FL 32405  
 Phone: 905-785-7203

WAREHOUSE  
 1117 TRANSMITTER ROAD  
 SPRINGFIELD 32405  
 Phone: 905-785-7203

SALES ORDER  
 PICK TICKET

PAGE NO. 1  
 DOCUMENT NO. 2902910  
 DOCUMENT DATE 6/10/12  
 CUSTOMER NO. 011482  
 WAREHOUSE 013

PAGE NO. 1

REDFISH MARINE CONSTRUCTION LL  
 725 CO. HWY 90 & EAST  
 FREEPORT FL 32439

REDFISH MARINE CONSTRUCTION LL  
 COUNTY ROAD 301  
 STUMP HOLE,  
 PORT ST. JOE FL 32456

SPECIAL INSTRUCTIONS  
 Contact Chris  
 239-229-2203

CUSTOMER P.O. NUMBER: STUMP HOLE CVAL  
 JOB NAME: STUMP HOLE CVAL  
 ORDER DATE: 6/13/12  
 SHIPPING METHOD: DIRECT SHIP  
 PREPAY & ADD

| LINE | PRODUCT NO. / DESCRIPTION          | QTY | UNIT | PRICE | DISCOUNT | EXTENDED AMOUNT |
|------|------------------------------------|-----|------|-------|----------|-----------------|
| 001  | 12"X300' FILTER FABRIC PN104FWF EA | 14  | EA   |       |          | 0 EA            |

NO. CTNS. WEIGHT  
 50  
 PREPAID  
 COLLECT  
 CHECK UP

SHIPPED VIA  
 PICKED BY  
 FILLED BY  
 PACKED BY  
 CHECKED BY

AMOUNT TAX %  
 FREIGHT  
 TOTAL DUE  
 50

RECEIVED BY  
 DATE RECEIVED

MERCHANDISE CANNOT BE RETURNED WITHOUT RETURN AUTHORIZATION NUMBER  
 Any shortages, damages, or discrepancies concerning this order must be reported within 30 days of delivery date.

ALL SALES ARE SUBJECT TO THE TERMS AND CONDITIONS OF SALE ON THE REVERSE SIDE.

Tensar International  
 C/O THE TENSAR CORPORATION  
 MORROW, GA 30260

UNIFORM STRAIGHT BILL OF LADING  
 NOT NEGOTIABLE

B/L NO: TMP-415818  
 B/L DATE: 06/21/2012  
 TENSAR SO NO: TET-209271

*Plm At Cape San Blas  
 JSLW  
 W/L  
 Miami FL*

SOLD TO 22272-HQ  
 MSC WATERWORKS CO. INC.  
 7025 NORTHWINDS DRIVE NW  
 CONCORD, NC 28027  
 UNITED STATES

SHIP TO 22272-A12703 REDFISH MARINE  
 MSC WATERWORKS CO. INC.  
 STUMP HOLE PHASE III PROJECT  
 A12703  
 C/O REDFISH MARINE CONSTRUCTION  
 1417 TRANSMITTER ROAD  
 PANAMA CITY, FL 32401-5056  
 UNITED STATES

| CUSTOMER PO NUMBER  |  | IF ANY PROBLEMS CONTACT |   |                  |
|---|--|-------------------------|---|------------------|
| A12703  |  |                         |   |                  |
| SCHEDULED SHIP DATE   | SHIP VIA   | FOB                     | FREIGHT   | WAREHOUSE        |
| 21-JUN-2012   | NONE-FLAT  | FACT FLAT               | PPD   | VN               |
| NO OF PACKAGES  | KIND OF PACKAGES - DESCRIPTION OF ARTICLES - SPECIFIC MARKS - EXCEPTIONS | QUANTITY                |   |                  |
| 14 EA   | 1 FP405030V TET-209271 MO :<br>UX MARINE MATTRESS SKU:                   | 14                      | 14  | 100              |
| 50 RL   | 2 FPBAR TET-209271 MO :<br>MARINE MATTRESS ACCESSORY BARS SKU:           | 50                      | 50  | 100              |
| 1 RL  | 3 FPBRAID TET-209271 MO :<br>MARINE MATTRESS ACCESSORY BRAID SKU:        | 1                       | 1   | 100              |
| **PLEASE SHIP VIA FLATBED**PLEASE CALL JOBSITE PRIOR TO DELIVERY @ 850-622-3272**MIL CERTS**PO: A12703**  |  |                         |   |                  |
| <i>Delivered to Cape San Blas JSLW #1</i>   |  |                         |   |                  |
| <b>TOTAL SHIPMENT :</b>   |  |                         |   | 65               |
| RECEIVED, subject to the classification and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order except as noted (contents and condition of contents of packages unknown) marked consigned and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.<br>Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns. |  |                         | Subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without resource on the consignor, the consignor shall sign the following statement:<br>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. |                  |
| SIGNATURE (RECEIVED BY)   | NAME (PLEASE PRINT)  | COMPANY                 | DATE  |                  |
| CHECKED/LOADED BY   | CARRIER  | TRAILER NO              |   |                  |
| PER   | DATE   | PER                     | DATE  |                  |
|   |  | <i>X SPT</i>            | <i>X 116</i>  | <i>X 6-26-12</i> |
|   |  | <i>X Jay Samples</i>    |   |                  |





**Progress Estimate - Unit Price Work**

**Contractor's Application**

| For Contract: STUMP/PHOLE REVEITEMENT PHASE V CDBG DREF FUNDS |                         | Application Number: 1       |            |                     |                      |                              |                                 |   |                                    |           |                           |
|---|-------------------------|-----------------------------|------------|---------------------|----------------------|------------------------------|---------------------------------|---|------------------------------------|-----------|---------------------------|
| Application Period: 6/29/2012                                 |                         | Application Date: 6/29/2012 |            |                     |                      |                              |                                 |   |                                    |           |                           |
| A   |                         | B                           |            | C                   |                      | D                            |                                 | E   |                                    | F         |                           |
| Bid Item No.  | Item Description        | Bid Item Quantity           | Unit Price | Bid Item Value (\$) | Total Contract Value | Estimated Quantity Installed | Value of Work Installed to Date | QUANTITY OF Materials Presently Stored (not in C) | Total Completed and Stored to Date | % (F / B) | Balance to Finish (B - F) |
| 1   | MOBILIZATION            | 1                           | LS         | \$ 26,620.00        | \$ 26,620.00         | 1                            | \$26,620.00                     |   | \$26,620.00                        | 100.0%    |                           |
| 2   | BONDS AND INSURANCE     | 1                           | LS         | \$ 9,075.00         | \$ 9,075.00          | 1                            | \$9,075.00                      |   | \$9,075.00                         | 100.0%    |                           |
| 3   | MAINTENANCE OF TRAFFIC  | 1                           | LS         | \$ 3,025.00         | \$ 3,025.00          | 0.3                          | \$907.50                        |   | \$907.50                           | 30.0%     | \$2,117.50                |
| 7   | CONSTRUCTION LAYOUT     | 1                           | LS         | \$ 1,800.00         | \$ 1,800.00          | 0.5                          | \$900.00                        |   | \$900.00                           | 50.0%     | \$900.00                  |
| 8   | AS-BUILTS               | 1                           | LS         | \$ 3,500.00         | \$ 3,500.00          |                              |                                 |   |                                    |           | \$3,500.00                |
| 9   | ROCK REVEITEMENT        | 165                         | LF         | \$ 3,340.00         | \$ 551,100.00        |                              |                                 |   |                                    |           | \$551,100.00              |
| 10  | 4" CRUSHED OYSTER SHELL | 385                         | CYD        | \$ 100.00           | \$ 38,500.00         | 1                            | \$38,500.00                     |   | \$38,500.00                        | 100.0%    |                           |
| Total Contract  |                         |                             |            | \$ 633,620.00       | \$ 633,620.00        |                              | \$76,002.50                     |   | \$76,002.50                        | 12.0%     | \$557,617.50              |

BILL TO: Red Fish Marine Const. SHIP Stumphole Phase IV+V

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRODUCT: Shell Screenings

CN **47499**

Gulf Coast Aggregates, L.L.C.  
P.O. Box 551  
Carrabelle, FL 32322  
Phone (850)697-4669

0133 065 10 12  
00000 10 10  
00000 70 (TMD)  
00000 10 (M) TONE  
20.42

RECEIVED BY: JR 10  
DRIVER: [Signature]

BILL TO: Red Fish Marine Cons. SHIP Stimphe Phone IV+V  
 TO: PO 523-12  
 122.01

Gulf Coast Aggregates, L.L.C.  
 P.O. Box 551  
 Carrabelle, FL 32322  
 Phone (850)697-4669

CN 47505

PRODUCT: Shall Screen

9122 06 18 18  
 00940 1b 1D  
 22200 1b (TRH)  
 33740 1b (N-1250.00 TONS)

19.37

RECEIVED BY: [Signature]  
 DRIVER: [Signature]

BILL TO: Red Fish Marina SHIP Stump Hole - Houseboat  
PO Box 3-12 TO: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
304.57

PRODUCT: Shell Screen

CN 47515

Gulf Coast Aggregates, L.L.C.  
 P.O. Box 551  
 Carrabelle, FL 32322  
 Phone (850)697-4669

11159 06 10 18  
 62400 lb (D)  
 22200 lb (TRH)  
 40200 lb (N) 200.00 TONS  
 20.14

RECEIVED BY: [Signature]  
 DRIVER: [Signature]

14  
BILL TO: Red Lion Marine Cust SHIP Stimpfle Phase IV  
TO: PO 503-12

223.40

PRODUCT: Shell Screen

CN 47510

Gulf Coast Aggregates, L.L.C.  
P.O. Box 551  
Carrabelle, FL 32322  
Phone (850)697-4669

12:05 06 10 12  
62100 10 1D  
62200 10 (TRD)  
62300 10 ON -200.00 TONS  
19.916

RECEIVED BY: [Signature]  
DRIVER:

BILL TO:

*Red Fish Marine Coast*

SHIP TO:

*Stump Hole Phase IV SV  
PO 583-12*

*203.52*

Gulf Coast Aggregates, L.L.C.  
P.O. Box 551  
Carrabelle, FL 32322  
Phone (850)697-4669

CN 47509

PRODUCT:

*Shell Screen*

11:16 06 10 12  
62700 lb ID  
22100 lb (TRH)  
40500 lb (N 520.00 TONS)

*20.26*

RECEIVED BY:

*W. Lawless #5*

DRIVER:

*Louis Blaska*

BILL TO: Redfish Industries

SHIP TO:

Sumphire Assets Inc  
PO 523-10

303,913

CN **47514**

Gulf Coast Aggregates, L.L.C.  
P.O. Box 551  
Carrabelle, FL 32322  
Phone (850)697-4669

PRODUCT: Shed Screen

14100 06 10 12  
61200 1b 1D  
22100 1b (TRH)  
29020 1b (N) 300.00 TONS  
19.51

RECEIVED BY: Wesley AS

DRIVER: Steve B...

BILL TO: Red Fish Marine Const

SHIP TO:

Stumpide Phase IV & V  
PO 523-12

102.64

Gulf Coast Aggregates, L.L.C.  
P.O. Box 551  
Carrabelle, FL 32322  
Phone (850)697-4669

CN 47504

PRODUCT:

Shell Screen

8:23 06 10 12  
68920 lb ID  
82100 lb (TRM)  
40740 lb (N 740.00 TONS

20.37

RECEIVED BY:

W. Moore #5

DRIVER:

Louis Blaski

BILL TO: Red Fish Marine SHIP Stump Hole Phase IV<sup>1</sup>  
Coast TO: PO. 523-12  
241.92

Gulf Coast Aggregates, L.L.C.  
 P.O. Box 551  
 Carrabelle, FL 32322  
 Phone (850)697-4669

CN 47511

PRODUCT: Well Screen

12-15 06 20 12  
 50500 LB 10  
 21500 LB (TOD)  
 36000 LB (IN CASE OF TONS)  
 18.44

RECEIVED BY: [Signature]  
 DRIVER: Little John

BILL TO: Red Fish Village  
Coast

SHIP TO: Stump Lake Phase IV  
PO 523-12

32.27

PRODUCT: *[Handwritten]*

CN 47503

Gulf Coast Aggregates, L.L.C.  
P.O. Box 551  
Carrabelle, FL 32322  
Phone (850)697-4669

7:00 86 10 12  
71000 1b 1D  
24500 1b (TRH)  
46500 1b (N 3400, 400 TONS)

22.26

RECEIVED BY: *[Signature]*  
DRIVER: *[Signature]*

BILL TO: Redfish Marine Const.

SHIP TO: Slumphone Phase IV+V

Gulf Coast Aggregates, L.L.C.  
P.O. Box 551  
Carrabelle, FL 32322  
Phone (850)697-4669

CN 47500

PRODUCT: Shell Screenings

6136 06 18 12  
60070 1b 10  
21600 1b (TRND)  
39240 1b (N-~~20000~~ TONS)

19.62

RECEIVED BY: 39

DRIVER: Little John



BILL TO: Bedford Mine Lims

SHIP

Sample Drive IVY

TO:

P.O. 523-12

16106

CN **47507**

PRODUCT:

Shallow Screen

Gulf Coast Aggregates, L.L.C.

P.O. Box 551

Carrabelle, FL 32322

Phone (850)697-4669

9429 06 18 18  
0000 10 10  
01000 10 0000  
00000 10 00000 10 00000

1984

RECEIVED BY:

John

DRIVER:

Kiffeschin

BILL TO: Bed Fish Utenens SHIP Seaside Beach 4 1/2  
271267 TO: VO 5033-D  
34374

PRODUCT: Shell Screen

CN 47516

Gulf Coast Aggregates, L.L.C.  
 P.O. Box 551  
 Carrabelle, FL 32322  
 Phone (850)697-4669

19-03 140 10 10  
 01000 10 10  
 01000 10 10  
 01000 10 10  
 19.67

RECEIVED BY: [Signature]  
 DRIVER: [Signature]

BILL TO:

*Redfish Aggregate Co*

SHIP

TO:

*Complete House W.F.V.  
PO 523-12*

*362.61*

CN 7517

PRODUCT:

*Shell Screen*

Gulf Coast Aggregates, L.L.C.

P.O. Box 551

Carrabelle, FL 32322

Phone (850)697-4669

15:10 06 10 12  
59240 16 10  
215200 16 (TRIP)  
37740 16 (N 7540.000 TONS)

*18.57*



RECEIVED BY:

DRIVER:

*Bob Bentley*

*1/10*

BILL TO: Red Fish Machine Coast SHIP Slump Job Phase IV+V  
TO: R2 # 523-12  
R/T  
58.99

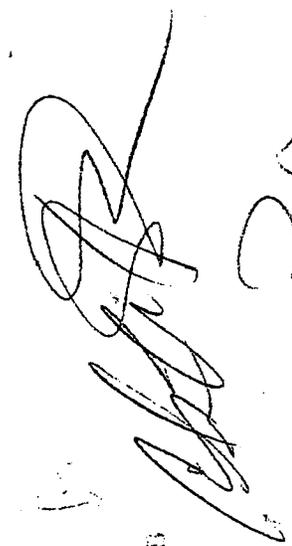
PRODUCT: Shell Screenings

CN **47502**

Gulf Coast Aggregates, L.L.C.  
P.O. Box 551  
Carrabelle, FL 32322  
Phone (850)697-4669

6140 50 10 12  
50440 16 10  
21500 16 (TRH)  
57240 16 ~~40~~ TONS

18.97



RECEIVED BY: BOB

DRIVER: BOB

BILL TO: Red Bull Home

SHIP TO: Stumpfle Drive, W.V.  
PO 50312

26199

PRODUCT: Shellscreen

CN 47512

Gulf Coast Aggregates, L.L.C.  
P.O. Box 551  
Carrabelle, FL 32322  
Phone (850)697-4669

12122 06 10 12  
61040 1b 1D  
21300 1b (TRH)  
40140 1b (N) 140.00 TONS

20.07

RECEIVED BY: R. D. Penley

DRIVER: BO

BILL TO: Red Willow Lane Co. SHIP TO: Sumphire House IV 47  
PO 523-12

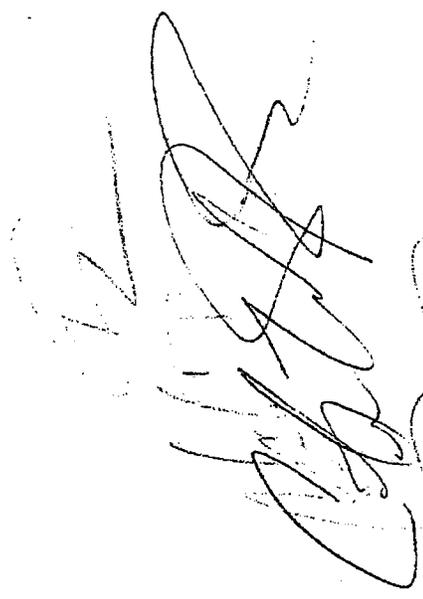
141.20

Gulf Coast Aggregates, L.L.C. CN **47506**  
 P.O. Box 551  
 Carrabelle, FL 32322  
 Phone (850)697-4669

PRODUCT: 100 Screen

9:27 06 10 12  
 50920 1b 10  
 51320 1b (TRD)  
 33620 1b (N 0420.00 TONS)

19.21



RECEIVED BY: ROD RANTLEY

DRIVER: RC

BILL TO:

*Bob Smith*

SHIP TO:

*Dumfries Place  
PO 52312*

*28442*

CN 17513

PRODUCT: *Sho Screen*

Gulf Coast Aggregates, L.L.C.

P.O. Box 551  
Carrabelle, FL 32322  
Phone (850)697-4669

12145 06 18 12  
69300 1b 1D  
24500 1b (TRH)  
44000 1b (N 48CM. 0M TONS)

*2842*

RECEIVED BY:

*[Signature]*

DRIVER:

*[Signature]*



# Board of County Commissioners

73

2730

State of Florida

June 4, 2012

Mr. Joe Danford, Public Works Director  
Gulf County  
1001 10<sup>th</sup> Street  
Port St. Joe, FL 32456

Subject: 2012 CO-OP Collection, Gulf County

Dear Sir:

The collection cost for the CO-OP event totaled \$11,767.80. Under the provisions of the FDEP contract the State pays \$6,500.00 with the balance being paid by the "neighboring county" (Gulf).

This is Okaloosa County's request for Gulf's share of the cost in the amount of \$5,267.80. Please make check payable to the "Board of County Commissioners" in care of Okaloosa County Recycling Office, 84 Ready Ave., Fort Walton Beach, FL 32548.

We appreciate the opportunity to again work with you and your staff this year and look forward to seeing you again next year.

Sincerely,

Jim Reece  
Recycling Coordinator

State Waste Grant  
41334-52

7-24-12 JB

**BCC APPROVED**

DATE \_\_\_\_\_ D.C. \_\_\_\_\_

LEPP OF THE  
GULF COUNTY  
2012 JUN 11 PM 4:12

**Darla Lyle**

---

**From:** Darla Lyle [dlyle@gulfclerk.com]  
**Sent:** Monday, June 25, 2012 1:58 PM  
**To:** 'jdanford@gulfcounty-fl.gov'  
**Cc:** 'kcollinsworht@gulfcounty-fl.gov'  
**Subject:** FW: 73454\_38652\_2011\_CO-OP.pdf - Adobe Acrobat Professional  
**Attachments:** 73454\_38652\_2011\_CO-OP.pdf, OKALOOSA CO COOP 2012.pdf

Joe,  
 On the contract \$4,300.00 was anticipated and budgeted for 2012 CO-OP Collection and the amount of this invoice is \$5,267.80. Might need to have BOCC approval the extra since it's over the anticipated amount. Please let me know. 2011 and 2012 are attached.

Darla Lyle  
 Accounts Payable Clerk  
 Gulf County Clerk of Circuit Court  
 1000 Cecil G. Costin Sr. Blvd.  
 Port St. Joe, Fl. 32456  
 850-229-6112, ext 1110  
 850-229-6174 (fax)

"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. Instead, contact this office by telephone or in writing."  
 "This message may contain confidential and/or proprietary information, and is intended for the person/entity to whom it was originally addressed. Any use by others is strictly prohibited.

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

**From:** Darla Lyle [mailto:dlyle@gulfclerk.com]  
**Sent:** Monday, June 25, 2012 9:57 AM  
**To:** 'kcollinsworth@gulfcounty-fl.gov'  
**Subject:** 73454\_38652\_2011\_CO-OP.pdf - Adobe Acrobat Professional

Karen,  
 The first attachment is last years and shows the report. Need report for 2012.

Darla Lyle  
 Accounts Payable Clerk  
 Gulf County Clerk of Circuit Court  
 1000 Cecil G. Costin Sr. Blvd.  
 Port St. Joe, Fl. 32456  
 850-229-6112, ext 1110  
 850-229-6174 (fax)

"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. Instead, contact this office by telephone or in writing."  
 "This message may contain confidential and/or proprietary information, and is intended for the person/entity to whom it was originally addressed. Any use by others is strictly prohibited.

850-718-0453  
VOICE

850-482-3590  
FAX

877-467-7352  
TOLL FREE



75

# Opportunity Florida Membership Dues Invoice 2012-2013 Membership Year

June 22, 2012

Ms. Rebecca Norris  
Gulf County Board of County Commissioners  
1000 Cecil G Costin, Sr. Blvd  
Port St Joe, FL 32456

Membership Category: County

Amount for Yearly Dues: [Ten Cents (\$.10) per capita based on U.S. Census Bureau, 2010]

**\$1,586.30**

**Due upon receipt**

If you need to make any changes to your membership information, please include a copy of this page with your check and make the appropriate changes below.

Please note any address changes here:

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

We wish to retain Ms. Towan Kopinsky as our official representative on the Opportunity Florida Board of Directors

\_\_\_\_\_ We wish to name \_\_\_\_\_ as our official representative on the Opportunity Florida Board of Directors.

THANK YOU

**APPROVED FOR PAYMENT**

Date \_\_\_\_\_ D.H. \_\_\_\_\_

Acct. # \_\_\_\_\_

**BCC APPROVED**

DATE \_\_\_\_\_ D.C. \_\_\_\_\_

Please remit payment to:  
Opportunity Florida  
4636 Hwy 90, Ste K  
Marianna, FL 32446

7/24/12 LL

75



**ROBERSON &  
ASSOCIATES, P.A.**  
CERTIFIED PUBLIC ACCOUNTANTS

**76**

Port St. Joe - Apalachicola

www.rapacpas.com

Gulf County Board of  
County Commissioners  
1000 C. G. Costin Sr. Blvd.  
Room 302 Don Butler  
Port St. Joe, FL 32456

|             |                  |
|-------------|------------------|
| <b>Date</b> | <b>Invoice #</b> |
| 7/11/2012   | PSJ9981          |

| Item           | FOR PROFESSIONAL SERVICES RENDERED  | Amount    |
|----------------|---|-----------|
| Auditing - PSJ | Final Billing for Audit per engagement letter.<br><br><p style="text-align: center;"><b>APPROVED FOR PAYMENT</b><br/>           Date <u>7/17/12</u> D.H. <u>LL</u><br/>           Acct. # <u>346513 - 32000</u></p> <p style="text-align: center;"><b>BCC APPROVED</b><br/>           DATE _____ D.C. _____</p> | 10,400.00 |

Please Remit Payment To:  
214 Seventh Street  
Port St. Joe, FL 32456  
(850) 227-3838

|              |                    |
|--------------|--------------------|
| <b>Total</b> | <b>\$10,400.00</b> |
|--------------|--------------------|

**WE NOW ACCEPT VISA, MASTERCARD & DISCOVER**

**76**  
7/24/12 LL

**SNIFFEN & SPELLMAN, P.A.**

123 North Monroe Street  
Tallahassee, Florida 32301  
Phone: (850) 205-1996 Fax: (850) 205-3004  
Federal I.D. #20-2446163

**Terms: Due Upon Receipt**

Attn: Jeremy Novak  
Gulf County  
Lynn Lanier, Deputy Administrator  
Gulf County Board of County Commiss  
1000 Cecil G. Costin Sr. Blvd. Rm 302  
Port St. Joe FL 32456

Page 1  
July 06, 2012  
Account No: 7010-001  
Statement No: 8962

Modification of Consent Decree

**For Legal Services through June 30, 2012.**

**Thank you for allowing us to serve you.**

2012 JUL 10 10:15:13  
STATE OF FLORIDA

|            |   | Hours       |               |
|------------|---|-------------|---------------|
| 06/11/2012 | MPS Telephone conference with J. Novak. | 0.50        | 95.00         |
| 06/24/2012 | MPS Email with J. Novak.                | 0.10        | 19.00         |
| 06/27/2012 | MPS Email from J. Novak.                | 0.10        | 19.00         |
|            | <b>Total for Current Services</b>       | <b>0.70</b> | <b>133.00</b> |

Summary by Timekeeper:

| <u>Timekeeper</u>   | <u>Hours</u> | <u>Rate</u> |
|---------------------|--------------|-------------|
| Michael P. Spellman | 0.70         | \$190.00    |

|                          |                              |                        |
|--------------------------|------------------------------|------------------------|
| Previous Balance         | <b>BCC APPROVED</b>          | \$378.00               |
| Total Current Charges    | DATE _____ D.C. _____        | 133.00                 |
|                          | ACCT. #. <u>2111 - 31300</u> |                        |
| <b>Total Balance Due</b> |                              | <b><u>\$511.00</u></b> |

Aged Due Amounts

| <u>0-30</u> | <u>31-60</u> | <u>61-90</u> | <u>91-120</u> | <u>121-180</u> | <u>181+</u> |
|-------------|--------------|--------------|---------------|----------------|-------------|
| 378.00      | 0.00         | 0.00         | 0.00          | 0.00           | 0.00        |

Payments received after 07/03/12 are not included on this statement.

7/24/12 u  7/10/12



HELPING HANDS  
HAPPY HEARTS!

# St. Joseph Bay Humane Society

1007 Tenth St., Port St. Joe, FL 32456  
850-227-1103 Ph • 850-227-1191 Fax  
[www.SJBHumaneSociety.org](http://www.SJBHumaneSociety.org)

78

FSC 509 (a) (1)

Section 501 (c) (3)

EIN 59-34887791

ID# 31462

TO:

Warren Yeager, Jr., Chairman  
Gulf County Board of County Commissions

Don Butler, Gulf County Administrator

FOR:

Housing & Care of Gulf County animals at the St. Joseph Bay Humane Society

DATE: 7-4-2012- JULY INVOICE

PAID - JULY 05 2012

| DESCRIPTION  | TOTAL ANIMALS | RATE         | AMOUNT               |
|--|---------------|--------------|----------------------|
| For the care & housing of all animals delivered to St. Joseph Bay Humane Society for the month of:<br><br><u>June 2012</u>   | <u>88</u>     | \$49/ animal | <u>\$4312</u>        |
| For the care & housing of dangerous animals, after 5 days & until case is resolved.<br>Total days are <u>5</u> days for <u>2</u> animals.<br><br>***HOLDING 2 DOGS FOR PENDING CHARGES<br>3/29/12 INTAKE<br>4/27/12 INTAKE | <u>2</u>      | \$9/ day     | <u>\$90</u>          |
| <b>TOTAL:</b>  |               |              | <u><b>\$4402</b></u> |

Please send payment to:

SJBHS  
Attn: Melody Townsend  
1007 Tenth St.  
Port St. Joe, FL 32456

**APPROVED FOR PAYMENT**  
Date 7/10/12 D.H. LL  
Acct. # 43262-82000

For questions about this invoice, please call Melody Townsend at (850) 227-1103.

**BCC APPROVED**  
DATE \_\_\_\_\_ D.C. \_\_\_\_\_

78

7/24/12 LL

| DATE     | CO#   | Description/Breed     | SEX | COLOR     | AGE     | LOCATION                             | RESP |
|----------|-------|-----------------------|-----|-----------|---------|--------------------------------------|------|
| 06/01/12 | 3581  | feral cat             | m   | tabby     | 1 yr    | 411 Hummingbird, Overstreet          | CO   |
| 06/01/12 | 3582a | dachsund mx           | f   | black     | adult   | 159 S. Murphy, Howards Creek         | CO   |
| 06/01/12 | 3582b | corgie mx             | f   | blk/wht   | adult   | 159 S. Murphy, Howards Creek         | CO   |
| 06/01/12 | 3583a | walker                | m   | tri color | 6 mos   | S Murphy, Howards Creek              | CO   |
| 06/01/12 | 3583b | beagle mix            | f   | tri color | 6 mos   | S Murphy, Howards Creek              | CO   |
| 06/04/12 | 3584  | terrier mix           | f   | black     | 5 wks   | DalKeith Fire Department             | CO   |
| 06/04/12 | 3585  | bulldog mix           | m   | black     | 10 mos  | 154 Michael St., Stonemill Creek     | CO   |
| 06/04/12 | 3586  | bulldog mix           | m   | brown     | 2 yrs   | 2531 Hwy 381, DalKeith               | CO   |
| 06/07/12 | 3587  | feral cat             | m   | orange    | 2 yrs   | 411 Hummingbird, Overstreet          | CO   |
| 06/07/12 | 3588  | feral cat             | f   | blk/wht   | 1.5 yrs | 156 Bliss, Whtfield Landing          | CO   |
| 06/07/12 | 3589  | FELINE                | m   | black     | 2 yrs   | 3580 Hwy 386                         | CO   |
| 06/07/12 | 3590  | FELINE                | m   | blue/gry  | 2 yrs   | 3580 Hwy 386                         | CO   |
| 06/07/12 | 3591  | dachsund mx           | f   | standard  | 2 yrs   | 724 Van Dr., Bryants Landing         | CO   |
| 06/07/12 | 3592a | lab mix               | m   | black     | 9 wks   | 111 Palm Breeze Way, Jones Homestead | CO   |
| 06/07/12 | 3592b | lab mix               | m   | brown     | 9 wks   | 111 Palm Breeze Way, Jones Homestead | CO   |
| 06/08/12 | 3593a | bulldog mix           | m   | wht/brn   | 10 wks  | Church St., Wewa                     | WEWA |
| 06/08/12 | 3593b | bulldog mix           | m   | wht/brn   | 10 wks  | Church St., Wewa                     | WEWA |
| 06/08/12 | 3594a | 11 lab mix puppies    | m/f | black     | 8 wks   | 214 Canning, Wewa                    | WEWA |
| 06/08/12 | 2     | lab mix puppies       | m/f | black     | 8 wks   | 214 Canning, Wewa                    | WEWA |
| 06/08/12 | 3     | lab mix puppies       | m/f | black     | 8 wks   | 214 Canning, Wewa                    | WEWA |
| 06/08/12 | 4     | lab mix puppies       | m/f | black     | 8 wks   | 214 Canning, Wewa                    | WEWA |
| 06/08/12 | 5     | lab mix puppies       | m/f | black     | 8 wks   | 214 Canning, Wewa                    | WEWA |
| 06/08/12 | 6     | lab mix puppies       | m/f | black     | 8 wks   | 214 Canning, Wewa                    | WEWA |
| 06/08/12 | 7     | lab mix puppies       | m/f | black     | 8 wks   | 214 Canning, Wewa                    | WEWA |
| 06/08/12 | 8     | lab mix puppies       | m/f | black     | 8 wks   | 214 Canning, Wewa                    | WEWA |
| 06/08/12 | 9     | lab mix puppies       | m/f | black     | 8 wks   | 214 Canning, Wewa                    | WEWA |
| 06/08/12 | 10    | lab mix puppies       | m/f | black     | 8 wks   | 214 Canning, Wewa                    | WEWA |
| 06/08/12 | 11    | lab mix puppies       | m/f | black     | 8 wks   | 214 Canning, Wewa                    | WEWA |
| 06/08/12 | 3595  | bulldog mix           | m   | black     | 3 yrs   | 146 Dawkins                          | CO   |
| 06/08/12 | 3596  | lab                   | f   | yellow    | 1 yr    | 217 Whiting, Highland View           | PSJ  |
| 06/12/12 | 3597a | 5 kittens             | m/f | multi     | baby    | 264 Rhodes Ave, Wewa                 | WEWA |
| 06/12/12 | 2     | 5 kittens             | m/f | multi     | baby    | 264 Rhodes Ave, Wewa                 | WEWA |
| 06/12/12 | 3     | 5 kittens             | m/f | multi     | baby    | 264 Rhodes Ave, Wewa                 | WEWA |
| 06/12/12 | 4     | 5 kittens             | m/f | multi     | baby    | 264 Rhodes Ave, Wewa                 | WEWA |
| 06/12/12 | 5     | 5 kittens             | m/f | multi     | baby    | 264 Rhodes Ave, Wewa                 | WEWA |
| 06/13/12 | 3598a | 4 bulldog mix puppies | m/f | multi     | young   | 214 Fieldstone, Stonemill Creek      | CO   |
| 06/13/12 | 2     | 4 bulldog mix puppies | m/f | multi     | young   | 214 Fieldstone, Stonemill Creek      | CO   |
| 06/13/12 | 3     | 4 bulldog mix puppies | m/f | multi     | young   | 214 Fieldstone, Stonemill Creek      | CO   |
| 06/13/12 | 4     | 4 bulldog mix puppies | m/f | multi     | young   | 214 Fieldstone, Stonemill Creek      | CO   |
| 06/14/12 | 3599  | bulldog               | m   | blk/wht   | 1 yr    | 283 Mace Mastin Rd                   | CO   |
| 06/16/12 | 3600  | retriever mix         | f   | chocolate | 1 yr    | Robbie Lane, Wewa                    | WEWA |
| 06/15/12 | 3601  | feral cat             | f   | blue      | 2 yrs   | 411 Hummingbird, Overstreet          | CO   |
| 06/15/12 | 3602  | pomerian mix          | m   | black     | 1 yr    | Garrison Lane                        | PSJ  |
| 06/18/12 | 3603  | lab mix               | m   | black     | 1.5 yrs | Pats Bait & Tackle, Dal Keith        | CO   |
| 06/19/12 | 3604  | deerhound             | m   | standard  | 3 yrs   | 545 Hwy 71 N, Wewa                   | CO   |
| 06/18/12 | 3605  | lab mix               | f   | brown     | 10 mos  | 6211 Gaidy                           | CO   |
| 06/19/12 | 3606a | mother & 5 kittens    | f   | blk/wht   | adult   | 732 7th St., Wewa                    | WEWA |
| 06/19/12 | 1     | 5 kittens- dsh/dlh    | m/f | blk/wht   | baby    | 732 7th St., Wewa                    | WEWA |
| 06/19/12 | 2     | 5 kittens- dsh/dlh    | m/f | blk/wht   | baby    | 732 7th St., Wewa                    | WEWA |
| 06/19/12 | 3     | 5 kittens- dsh/dlh    | m/f | blk/wht   | baby    | 732 7th St., Wewa                    | WEWA |
| 06/19/12 | 4     | 5 kittens- dsh/dlh    | m/f | blk/wht   | baby    | 732 7th St., Wewa                    | WEWA |
| 06/19/12 | 5     | 5 kittens- dsh/dlh    | m/f | blk/wht   | baby    | 732 7th St., Wewa                    | WEWA |
| 06/04/12 | 3607  | 2 cats                | m   | gray      | adult   | 144 Betty Dr., Overstreet            | CO   |
| 06/04/12 | 3607b | 2 cats                | f   | simese    | adult   | 144 Betty Dr., Overstreet            | CO   |
| 06/19/12 | 3608  | westie                | m   | white     | 3 yrs   | 1660 Hwy 71                          | WEWA |
| 06/19/12 | 3609a | 2 bulldogs            | m   | blk/wht   | adult   | 184 Gray Addison, Wewa               | CO   |
| 06/19/12 | 3609b | bulldog               | m   | multi     | adult   | 184 Gray Addison, Wewa               | CO   |
| 06/20/12 | 3610  | aussie mix            | m   | multi     | 2 yrs   | dixie dandy                          | WEWA |
| 06/21/12 | 3611  | hound                 | m   | brindle   | 10 mos  | Whites Wrecker Service               | WEWA |

|          |       |                           |     |           |         |                                  |      |
|----------|-------|---------------------------|-----|-----------|---------|----------------------------------|------|
| 06/18/12 | 3612  | <b>BITE-</b> bulldog mix  | m   | brindle   | 4 yrs   | 248 Willow St., St. Joe Beach    | CO   |
| 06/22/12 | 3613  | kitten                    | f   | brn tabby | 3 wks   | 1816 71S., Wewa                  | CO   |
| 06/25/12 | 3614  | bulldog mix               | f   | blk/wht   | 2 yrs   | Piggly Wiggly, Port St Joe       | PSJ  |
| 06/26/12 | 3615  | <b>BITE-</b> orange tabby | m   | orange    | 2 yrs   | 305 Natalius Dr., St Joe Beach   | CO   |
| 06/26/12 | 3616  | hound mix                 | f   | brown     | 6 mos   | Canal St., St Joe Beach          | CO   |
| 06/26/12 | 3617a | 2 bulldogs                | m   | brindle   | 2 yrs   | 508 6th St., PSJ                 | PSJ  |
| 06/26/12 | 3617b | bulldog                   | f   | blk/wht   | 2 yrs   | 508 6th St., PSJ                 | PSJ  |
| 06/26/12 | 3618  | siberian husky            | f   | standard  | old     | 1209 Pleasant Rest               | CO   |
| 06/27/12 | 3619  | cocker sp/pekeneese mx    | m   | blonde    | 2 yrs   | Griffin Park Rd, Stonemill Creek | CO   |
| 06/27/12 | 3620  | lab mix                   | f   | black     | old     | 2820 Lake Grove Rd., Wewa        | CO   |
| 06/26/12 | 3621  | feral cat                 | f   | gray      | 1.5 yrs | 416 Gary Rowell Rd, Wewa         | CO   |
|          | VOID  |                           |     |           |         |                                  |      |
|          | VOID  |                           |     |           |         |                                  |      |
|          | VOID  |                           |     |           |         |                                  |      |
|          | VOID  |                           |     |           |         |                                  |      |
| 06/27/12 | 3626a | 4 feral cats              | m   | black     | 1 yr    | B & B Feed, Wewa                 | WEWA |
| 06/27/12 | 2     | feral cat                 | m   | black     | 1 yr    | B & B Feed, Wewa                 | WEWA |
| 06/27/12 | 3     | feral cat                 | f   | black     | 1 yr    | B & B Feed, Wewa                 | WEWA |
| 06/27/12 | 4     | feral cat                 | f   | black     | 1 yr    | B & B Feed, Wewa                 | WEWA |
| 06/28/12 | 3627a | 5 feral kittens           | m   | black     | 10 mos  | B & B Feed, Wewa                 | WEWA |
| 06/28/12 | 3     | feral kitten              | m   | black     | 10 mos  | B & B Feed, Wewa                 | WEWA |
| 06/28/12 | 3     | feral kitten              | f   | black     | 10 mos  | B & B Feed, Wewa                 | WEWA |
| 06/28/12 | 4     | feral kitten              | f   | black     | 10 mos  | B & B Feed, Wewa                 | WEWA |
| 06/28/12 | 5     | feral kitten              | f   | black     | 10 mos  | B & B Feed, Wewa                 | WEWA |
| 06/27/12 | 3628  | kitten                    | m   | orange    | 20 wks  | 6325 Hwy 71 S, Wewa              | CO   |
| 06/29/12 | 3629a | 4 kittens                 | m/f | multi     | young   | EOC Building                     | PSJ  |
| 06/29/12 | 2     | 4 kittens                 | m/f | multi     | young   | EOC Building                     | PSJ  |
| 06/29/12 | 3     | 4 kittens                 | m/f | multi     | young   | EOC Building                     | PSJ  |
| 06/29/12 | 4     | 4 kittens                 | m/f | multi     | young   | EOC Building                     | PSJ  |
| 06/29/12 | 3630a | 2 kittens                 | m/f | multi     | baby    | 358 Roberts Cementary, Wewa      | CO   |
| 06/29/12 | 3630b | 2 kittens                 | m/f | multi     | baby    | 358 Roberts Cementary, Wewa      | CO   |
| 06/29/12 | 3631a | bulldog                   | m   | brindle   | 3 yrs   | 7839 C-30, Indian Pass           | CO   |
| 06/29/12 | 3632  | hound/lab mix             | m   | yellow    | 10 mos  | 524 3rd St., Port St. Joe        | PSJ  |



# GULF COUNTY TAX COLLECTOR

SHIRLEY J. JENKINS, CFC  
TAX COLLECTOR  
sjjgulfcotxcoll@gulfcountry-fl.gov

**Port St. Joe Office**

1000 Cecil G. Costin Sr Blvd Rm 100  
Port St. Joe, FL 32456  
Telephone: (850) 229-6116 / 229-6652  
Fax: (850) 229-9224

**Wewahitchka Office**

P.O. Box 681  
Wewahitchka, FL 32465  
Telephone: (850) 639-2655  
Fax: (850) 639-6977

**To: The Board Of Gulf County Commissioners**

**From: Shirley J. Jenkins Tax Collector, CFC** *Shirley*

**Date: July 10, 2012**

**Subject: Advertising Cost For Unsold County Certificates**

**Requesting \$3, 155.05 for 2011 unsold county certificates.**

**BCC APPROVED**

DATE 2/11/11 D.C. 49200

CONSENT  
DATE 7-24-12 *DB*

FILED FOR RECORD  
KATHERINE L. NORRIS  
CLERK OF CIRCUIT COURT  
GULF COUNTY, FLORIDA  
2012 JUL 10 AM 11:07



1130 Connecticut Avenue, NW  
Suite 500  
Washington, D.C. 20036  
202 331 4500  
202 331 1798 fax

Invoice Number 0812170  
Invoice Date August 01, 2012  
PO Number  
Contract  
Project 0711-GULFCOUNTY  
Page 1 of 1

BCC CONTRACTORS

Don Butler  
Gulf County, FL  
1000 Cecil G. Costin Sr. Blvd.  
Room 302  
Port St. Joe, FL 32456

Manager Valerie L. Gelnovatch

Retainer for the month of August 1 through August 31, 2012 6,500.00

Invoice Total

6,500.00

*This invoice is due upon receipt*

Please return yellow copy with payment.

**APPROVED FOR PAYMENT**

Date 7/10/12 DH. LL

Acct. # 21111-31200

**BCC APPROVED**

DATE \_\_\_\_\_ D.C. \_\_\_\_\_

2012 AUG 10 11:00 AM

**BOARD OF COUNTY COMMISSIONERS  
GULF COUNTY, FLORIDA**

**83**

**Towan Kopinsky, Grant Writer/Coordinator**

1000 CECIL G. COSTIN SR. BLVD., ROOM 312, PORT ST. JOE, FLORIDA 32456  
PHONE: (850) 229-6144 / FAX (850) 229-9252 / EMAIL: tkopinsky@gulfcounty-fl.gov

**MEMORANDUM**

**TO: GULF COUNTY BOCC**  
**FROM: TOWAN – GRANT COORDINATOR**  
**TOPIC: DRI – REQUEST FOR EXTENSION**  
**DATE: JULY 18, 2012**

---

Due to issues related to Tropical Storm Debby and the numerous rain days we have experienced, I am requesting permission from the Board to request an extension on the CDBG-DRI Stumphole Revetment grant. This issue has been discussed with the Florida Department of Economic Opportunity, and due to T.S. Debby, they have verbally concurred. This approval would allow me to submit a written request, and would allow the Chairman to execute the Modification documents upon approval by FDEO.

**BCC APPROVED**

DATE \_\_\_\_\_ D.C. \_\_\_\_\_

2012 JUL 18 11:00 AM  
DATE 7-24-12 DB



To the Gulf County Commissioner Meeting attendees

I would like to apply for your approval to temporarily close U.S. Highway 98 for an athletic event.

Name of event: Beach Blast Sprint and Olympic Distance Triathlon and Duathlon  
 Sprint Distance 0.35mile swim, 15mile bike, 6.1 mile run  
 Olympic Distance 0.7mile swim, 25mile bike, 6.2mile run

Date: September 8, 2012

Contact: Olga Cemore, Race Director, ph: 850-914-2348 or cell 850-867-0117

Approximate schedule: First start - Olympic distance 8:00am,  
 Second start - Sprint Distance 8:30am.  
 Last finisher of Olympic distance in at 11:45am,  
 Last finisher of Sprint distance 11:30am. All ET.

Details:

1. For safety of everyone involved, race participants, volunteers and spectators, we need uniformed men to assist when athletes cross U.S. Highway 98 after the swim part of the race. There will be a carpet laid on the road to keep everyone on the same path. Carpet is to be removed after the event.

2. Bicycles leaving Beacon Hill Park entering U.S. Highway 98 will face potential hazard of entering the open traffic. Due to a significant decline of the road when leaving the Park, we need to be able to permit cyclists safely make a turn (East U.S. Highway 98). Traffic is not to be stopped unless an officer is letting race participants make the turn on U.S. Highway 98, no more than 10 minutes at the time.

Based on a prior conversation with Gulf County Sheriff Department another entity has been secured to provide traffic control at the September event; Highway Patrol. Beach Blast Triathlon & Duathlon will no longer present burden on local law enforcement. Sergeant Richard V. Warden may be reached at (850) 873-7020 to verify this information.

Olga Cemore  
 June 30, 2012, updated July 16, 2012

APPROVED  
 7-24-12 JB

Ph 850.867.0117

Olga Cemore  
 P.O. Box 864  
 Panama City, FL 32402  
 www.BeachBlastTriathlon.com

Fax 850.914.2398

**BCC APPROVED**

DATE \_\_\_\_\_ D.C. \_\_\_\_\_

2012 JUL 18 01:10:45

# BOARD OF COUNTY COMMISSIONERS GULF COUNTY, FLORIDA

1000 CECIL G. COSTIN, SR. BLVD., ROOM 302, PORT ST. JOE, FLORIDA 32456  
PHONE: (850) 229-6106/639-6700 • FAX: (850) 229-9252 • EMAIL: boccc@gulfcounty-fl.gov  
WEBSITE: www.gulfcounty-fl.gov

DATE AND TIME OF MEETINGS: SECOND AND FOURTH TUESDAYS AT 6:00 P.M., E.T.

July 18, 2012

Sheila Ann Williams  
141 Williams Street  
Wewahitchka, Florida 32465

Re: SHIP Award-Down Payment Assistance

Dear Ms. Williams:

This letter is to certify that the Gulf County B.O.C.C. SHIP office has reviewed and verified your household annual income. According to the information provided, you meet the income eligibility requirements for the SHIP program as established by the Florida Housing Finance Corporation and the Gulf County SHIP program.

According to our guidelines, you are eligible within the low income category, which entitles you for up to \$17,500 to be used for down payment and closing costs.

This award is contingent upon you receiving a commitment from a first mortgage lender. Furthermore, if Gulf County learns of a change to your income before you are assisted; your annual income will be re-calculated to determine if you are still income eligible for assistance.

You will be required to execute a second (or third) mortgage and note that has a deferred payment plan due upon sale or transfer of the property (or whatever terms may be). You will not be required to attend a homeownership training program due to time constraints. This award letter is valid for a period of 60 days from the date of this letter.

Respectfully yours,

William C. Williams  
Chairman, Gulf County Board of County Commissioners

cc: Brett Lowry, Deputy Administrator

COPIES  
DATE 7/24/12 LL

**PUBLIC NOTICE**

**A Public Hearing will be held at the Planning and Development Review Board (PDRB) meeting on Monday, July 16 , 2012 at 8:45 a.m. EST, and at the Board of County Commissioners (BOCC) meeting on Tuesday, July 24, 2012 at 6:00 p.m. EST. Both public hearings will be held in the BOCC Meeting Room at the Robert M. Moore Administration Building, 1000 Cecil G. Costin Sr. Blvd., Port St. Joe, Florida. The public hearings will be to discuss and act on the following:**

1. Variance Application - Michael Dodson - Parcel ID # 04546-004R- Located in Section 26, Township 7 South, Range 11 West, Gulf County, Florida - encroachment of mobile home into road setback 10.2 ".
2. Non-Residential Development - Castaway Campground RV Park - Thad Williams - Parcel ID #03552-000R - Located in Section 30, Township 6 South, Range 11 West, Gulf County, Florida - development of a 40 unit RV Park
3. Development Policy, Ordinances, Comprehensive Plan and LDR Revisions
  - Comprehensive Plan Amendments
  - Occupational License
  - Construction without permit and variance fines
4. Public and Open Discussion

The public is encouraged to attend and be heard on these matters. Information prior to the meeting can be viewed at the Planning Department at 1000 Cecil G. Costin Sr. Blvd., Room 311.

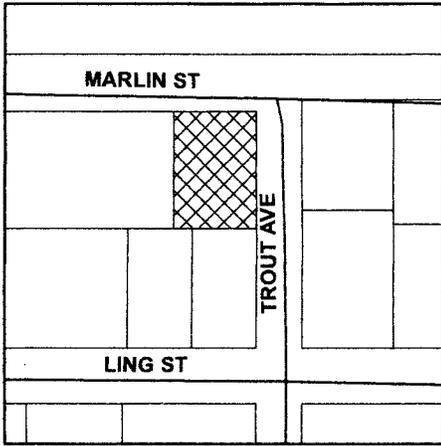
Ad #2012-68

Date: July 5, 2012 and July 12, 2012

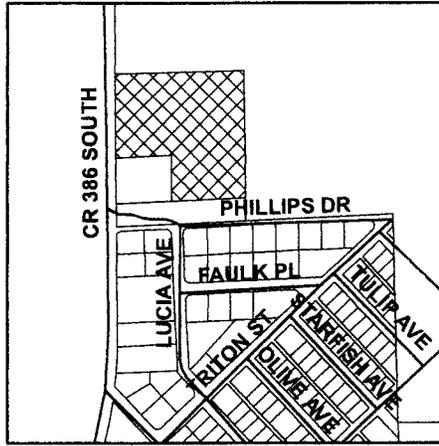
Invoice: Gulf County Planning Department

Size: **Headline no smaller than 18 point**  
**Must be at least 2 columns wide by 10 inches long**  
**Must not appear in the newspaper portions where legal notices and classified advertisements appear**  
**MAP**

Michael Dodson



Castaway Campground RV Park



**Gulf Coast Workforce Board 2012-2013 Budget**

**Ch. 2012-29, L.O.F., created s. 445.007(12), F.S., to require each regional board to submit their annual budget, as approved by the chief local elected official, to WFI for review.**

|                        | 2011-2012<br>Beginning<br>Budget | 2012-2013<br>Beginning<br>Budget | Increase/<br>(Decrease) | Percentage |
|------------------------|----------------------------------|----------------------------------|-------------------------|------------|
| Salaries/Benefits      | 1,219,246                        | 1,353,546                        | 134,300                 | 11%        |
| Operational Expenses   | 141,150                          | 157,000                          | 15,850                  | 11%        |
| Direct Services        | 2,653,260                        | 2,811,176                        | 157,916                 | 6%         |
| One Stop Lease         | 268,000                          | 290,000                          | 22,000                  | 8%         |
| One Stop Operational   | 82,517                           | 102,000                          | 19,483                  | 24%        |
| Contracted to Svc Prov | 1,590,274                        | 1,658,474                        | 68,200                  | 4%         |
| <b>Total</b>           | <b>5,954,447</b>                 | <b>6,372,196</b>                 | <b>417,749</b>          | <b>7%</b>  |

New law requires that 50% of WIA Adult and Dislocated (estimated at 1.8 million) must be used on tuition, books, training case management, and training program management.

The above Direct Services line contains 62% of of the WIA Adult and Dislocated Worker allocation including estimated carryforward.

As required by law, no more than 10% of our budget that can be spent on Admin expenses.

Salaries/Benefits include 33 staff positions, FICA, Retirement, Health & Life Insurance, Compensated Absences. Some of the salary/benefit category will include Admin. Expenses

Operational Expenses include:

Supplies, equipment, phone, internet, cell phone, postage, maintenance/repair, travel, meeting expenses, insurance (directors & officers liability), dues/memberships, software, copier leases, professional development, printing, subscriptions, audit fees, advertising, legal/professional/temp services.

Some of the operational expense category will include Admin. Expenses.

Direct Services include:

OJT (on-the-job training), tuition, books, food, food related, participant travel, supportive services, lease/rent, utilities, fees, supplies, equipment, phone, internet, cell phone, postage, maintenance/repair, travel, meeting expenses, insurance (participant/liability/property/flood/auto), dues/memberships, software, copier leases, professional development, printing, subscriptions, advertising, legal/professional/temp services.

One Stop Lease includes:

Lease of Workforce Center (utilities included)

One Stop Operational includes:

Supplies, equipment, phone, internet, cell phone, maintenance/repair, travel, meeting expenses, insurance (liability/property/flood), dues/memberships, software, copier leases, postage meter rent, advertising, legal/professional services.

Contracted to Service Providers includes:

|                                 |         |                                     |
|---------------------------------|---------|-------------------------------------|
| Gulf Coast State College        | 636,000 | One-Stop Operator                   |
| Royal American Management       | 545,713 | Welfare Transition, FSET/SNAP       |
| Bay District Schools            | 312,652 | Youth Program                       |
| Friends of Franklin Co. Library | 88,909  | Youth Program                       |
| Christian Comm. Develop. Fund   | 75,200  | Deepwater Oil Spill Community Grant |

## ITA Waiver Approval

Passage of the Workforce Accountability Act — (Ch. 2012-29, L.O.F.) created several major policy changes for Workforce Florida and regional workforce boards. One of those is that the new law requires that 50% of WIA Adult and Dislocated Worker funds be spent on —Individual Training Accounts (ITAs).

—The new law reduced the types of expenditures authorized from ITAs. New definition of “authorized training expenditures” is limited to only tuition, “books” and fees of training providers and “other training services prescribed and authorized by the Workforce Investment Act.” Following a narrow interpretation of the new law was estimated to reduce local one stop staff by approximately one hundred employees statewide.

—The Law authorizes waivers from the 50% ITA reserve requirement. Workforce Boards can request a reduction in the statutorily required ITA reserve to address their specific regional need with the approval of their Chief Elected Officials. Workforce Boards must substantiate this need with documentation, to the satisfaction of the Workforce Florida Board.

To be cautious and safe, we would like to request a waiver to 30% expenditures on ITA’s primarily because we cannot estimate an exact number of training participants. Other non-ITA expenses such as rent, phones, and salaries are set and will be spent, but student demand for training requests is uncertain. This creates a problem in that we can't spend the rent half if we can't spend the tuition half. It puts us in a position where we must spend all of the funds, and we typically don't. We carry forward funds every year. This year our carry forward was higher than average. It is very unpredictable. Factors out of our control such as economic conditions and disaster events tend to affect the number of students able to attend training.

By law, we must have the Board of Commissioners in our service delivery area approve a waiver request before the board can proceed with our request to waive the 50% requirement to Workforce Florida.

# GULF COAST WORKFORCE BOARD, INC.

5230 West Highway 98 - Panama City, FL 32401 - Phone (850) 913-3285 - Fax (850) 913-3269 - www.workforcecenter.org

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To the Attention of Budget Review  
Workforce Florida, Inc.  
1580 Waldo Palmer Lane – Ste. 1  
Tallahassee, FL 32308

This budget and permission to request an ITA waiver has been approved by the designated chief elected official of Workforce Region 4 – Gulf County and the chair of Regional Workforce Board 4 on

\_\_\_\_\_ ( date ).

X \_\_\_\_\_  
Signature - Chief Elected Official

Printed Name: \_\_\_\_\_  
Gulf County Board of Commissioners

\_\_\_\_\_  
Signature - Chair of the RWB

\_\_\_\_\_  
Signature - Executive Director of the RWB

Contact Name and phone number for questions related to submitted budget: \_\_\_\_\_