

**BOARD OF COUNTY COMMISSIONERS**

**GULF COUNTY, FLORIDA**

<b>AGENDA</b>	<b>SEPTEMBER 24, 2013</b>	<b>TIME / PAGE NO.</b>
1. Meeting Called to Order . . . . .		9:00 a.m.
2. Consent Agenda . . . . .		1-115
3. Preferred Governmental Insurance Trust (P.G.I.T.) – Invoice . . . . .		116-117
4. Christy McElroy – Constitution, the Law & Ethics		
5. Public Hearing – Ordinance – County Probation Services . . . . .		118-121
6. Public Hearing – Ordinance – Pretrial Release Administrative Fee . . . . .		122-125
7. Public Hearing – P.D.R.B. Recommendations (September 16, 2013)		126-128
8. County Staff Business		
9. Board Business		
10. Public Discussion		

**\*\*REMINDER\*\***

**BUDGET  
FINAL BUDGET HEARING SEPTEMBER 24, 2013 @ 5:01 P.M., E.T.**

**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**  
**September 24, 2013**

1.	Minutes – July 23, 2013 – Special Meeting . . . . .	1-5
	- July 29, 2013 – Special Meeting . . . . .	6-10
	- July 30, 2013 – Workshop . . . . .	11-13
2.	Agreement – Preble-Rish, Inc. (Professional Services * C.R. 386 Striping and Signage). . . . .	14-28
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4.	Contract – Core Contract between Gulf County Health Department and Board (Fee schedule for medical, dental and environmental health) . . . . .	30-78
5.	Grant – E9-1-1 (Ali Database Software Maintenance * \$4,167.00) . . . . .	79-82
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	Resolution – John C. Gainous Post #10069 & Willis V. Rowan Post #116 (Proposed Name Change for S.R. 71 from the North end of Cecil Costin Blvd, to the Calhoun-Gulf County line * Gulf County Veterans Memorial Highway) . . . . .	114
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**JULY 23, 2013**

**PORT ST. JOE, FLORIDA**

**SPECIAL MEETING**

The Gulf County Board of County Commissioners met this date in a special meeting with the following members present: Chairman Tynalin Smiley, Vice Chairman Ward McDaniel, and Commissioners Carmen L. McLemore, Joanna Bryan, and Warren J. Yeager, Jr.

Others present were: County Attorney Jeremy Novak, Clerk Rebecca L. Norris, Clerk Finance Officer Sherry Herring, Deputy Clerk Kari Summers, Chief Administrator Don Butler, Assistant Administrator Michael L. Hammond, Deputy Administrator Lynn Lanier, Deputy Administrator Brett Lowry, Building Official Lee Collinsworth, Central Services Director Denise Manuel, E9-1-1 Coordinator Ben Guthrie, Gulf County E.M.S. Director Houston Whitfield, G.I.S. Coordinator Scott Warner, I.T. Director Dennis Barfield, Sr., Mosquito Control Director Mark Cothran, Planner David Richardson, Property Appraiser Mitch Burke, Public Works Director Joe Danford, Sheriff Mike Harrison, Supervisor of Elections John Hanlon, Tax Collector Shirley Jenkins, T.D.C. Executive Director Jennifer Jenkins, and Veterans' Service Officer James Kennedy.

Chairman Smiley called the meeting to order at 11:15 a.m., E.T.

**BUDGET**

Clerk Norris stated that the proposed millage rate for FY 2013-2014 is currently 6.6625. She discussed the changes for the Board's consideration; reporting that at the last meeting the Board voted to increase some revenue sources, which must be adopted by resolution. Upon recommendation by Clerk Norris, Commissioner Yeager motioned to adopt a proposed resolution increasing additional Cash Carry Forward in the T.D.C. Fund. Commissioner McDaniel seconded the motion, and it passed unanimously, as follows:

**RESOLUTION NO. 2013-10**

**WHEREAS**, the Gulf County Board of County Commissioners of Gulf County, Florida, anticipates additional Cash Carry Forward in the Tourist Development Fund for the 2013-2014 Fiscal Year that was not included in the proposed budget dated 07/15/2013; and

**WHEREAS**, said additional revenue will be used for the expenditure in Fiscal Year 2013-2014;

**NOW, THEREFORE, BE IT RESOLVED**, as follows:

**TOURIST DEVELOPMENT FUND**

**REVENUE:**

60098-99000 Balance Brt. Forward: Restricted TDC	\$94,759.00
60098-99002 Balance Brt. Forward: Restricted Bch Renourishment	\$15,000.00

**EXPENDITURES**

27452-12000 Salaries	\$ (4,979.00)
27452-12001 Sick Leave: Lump Sum-No Retire	\$ (25.00)
27452-12002 Vacation: Sell Back to County	\$ (30.00)
27452-13000 Other Salaries & Wages	\$ (26.00)
27452-21000 FICA	\$ (315.00)
27452-21500 Medicare	\$ (76.00)
27452-22000 Retirement	\$ (354.00)
27452-48203 Advertising-Interactive/Digital	\$ 51,500.00
28039-31000 Professional Services	\$ 5,000.00
28039-34000 Other Contractual Services	\$ 10,916.00
28039-4000 Travel and Per Diem	\$ 1,000.00
28039-42000 Postage	\$ 500.00
28039-46100 Repair & Maint: Bldg/Grds-Beach Cleaning	\$ (9,591.00)
28039-47000 Printing and Binding	\$ 500.00
28039-49200 Legal Advertising	\$ 500.00
28039-52100 Gas, Oil & Lubricants	\$ 500.00
28039-54000 Books, Publ, Subsc, Memberships	\$ 500.00
28039-55000 Training & Education	\$ 675.00
69984-95000 Reserve for Contingencies-TDC	\$ 9,476.00
69984-95001 Reserve for Contingencies-Beach Renourishment	\$ 1,500.00
69984-96000 Cash To Be Carried Forward-TDC	\$ 39,588.00
69984-96001 Cash To Be Carried Forward-Beach Renourishment	\$ 3,000.00

**THIS RESOLUTION ADOPTED** by the Gulf County Board of County Commissioners this 23<sup>rd</sup> day of July, 2013.

(End)

Upon recommendation by Clerk Norris, Commissioner Yeager motioned to adopt a proposed resolution regarding the Public Works Fund increasing culvert permit fees, and Cash Carry Forward. Commissioner McLemore seconded the motion, and it passed unanimously, as follows:

**RESOLUTION NO. 2013-11**

**WHEREAS**, the Gulf County Board of County Commissioners of Gulf County, Florida, anticipates additional Cash Carry Forward in the Public Works Fund for the 2013-2014 Fiscal Year that was not included in the proposed budget dated 07/15/2013; and

**WHEREAS**, said additional revenue will be used to reduce Interfund Transfers in Fiscal Year 2013-2014;

**NOW, THEREFORE, BE IT RESOLVED**, as follows:

**PUBLIC WORKS FUND**

**REVENUE**

104329-00000 Drive & Culvert Permits	\$ 700.00
104397-98000 Less 5%	\$ (35.00)
104381-92000 Interfund Transfer In	\$(28,378.00)
104398-99000 Balance Brt. Forward: Cash	\$ 27,713.00

**THIS RESOLUTION ADOPTED** by the Gulf County Board of County Commissioners, this 23<sup>rd</sup> day of July, 2013.

(End)

Clerk Norris discussed some budget changes for the Boards consideration; stating that the Sheriff's Budget needs to be increased by \$27,889.00. Commissioner Yeager motioned to approve this increase. Commissioner McLemore seconded the motion, and it passed unanimously.

Upon discussion by Clerk Norris, Commissioner Yeager motioned to remove \$1,368.00 from the H.C.R.A. Budget. Commissioner McDaniel seconded the motion, and it passed unanimously.

Clerk Norris discussed, for the Boards consideration, a correction to the Property Appraiser's Budget due to a revision from the Department of Revenue (an increase of \$893.00), and for employee insurance which was short \$2,925.00; for a total increase of \$3,818.00. Commissioner Yeager motioned to approve these changes to the Property Appraiser's Budget. Commissioner Bryan seconded the motion, and it passed unanimously.

Clerk Norris discussed a correction to the St. Joe Fire District, in the amount of \$2.00. Commissioner Yeager motioned to approve this change. Commissioner McDaniel seconded the motion, and it passed unanimously.

Clerk Norris discussed a change to Org #330022 (grant) regarding an increase, in the amount of \$1.00. Commissioner Yeager motioned to approve this increase. Commissioner Bryan seconded the motion, and it passed unanimously.

Clerk Norris stated that the first public hearing needs to be scheduled; reporting that the Gulf County School Board will hold their public hearing on Monday, September 9, 2013.

Clerk Norris reported that the Port St. Joe Downtown Redevelopment Agency can be reduced based on the figures from today, by \$11,926.00, and recommended that the Board wait until the end of this meeting to adjust this line item.

Chief Administrator Butler discussed additional revenues to the proposed budget once all the figures are in, stating the Board needs to determine the Millage Rate unless the Board decides to make additional changes to the proposed budget. Commissioner Yeager discussed his concerns regarding the proposed budget and the proposed millage rate. Chief Administrator Butler discussed the matter regarding the proposed fuel tax, stating if it is not the desire of the Board to move forward with this revenue source then it will save staff potential work in the future. After discussion, Commissioner McDaniel motioned to stop the Five Cent Gas Tax process. Commissioner McLemore seconded the motion for discussion. After further discussion, the motion then passed unanimously.

Upon inquiry by Chief Administrator Butler, Commissioner Yeager discussed the increase to the Landfill Fees and inquired if the revenues have been increased. Clerk Norris reported that they are working with Public Works Director Danford regarding the figures and it will be presented to the Board for review at the next scheduled meeting. Chief Administrator Butler discussed other revenue sources regarding E.M.S. (dry run fees, E.M.S. run fees), Building Department fees, and Beach Driving Permits. Upon inquiry by Commissioner Yeager, Gulf County Tax Collector Jenkins appeared before the Board to report that permits can be sold at different outlets. Commissioner Yeager discussed working with the County Attorney to get this process implemented. Upon inquiry by Commissioner McDaniel, Clerk Norris stated that most departments wait to purchase their supplies and equipment during the summer months. She discussed various things that are paid after September 30<sup>th</sup> (payroll, etc) and that most departments use their budgeted amounts. Commissioner Yeager discussed reducing the Reserves for Contingences to help with the proposed millage rate. After discussion by members of the Board, Chief Administrator Butler discussed the move of the Tax Collector and the Clerk of Court Offices from the Wewahitchka Courthouse, stating that this move will be a savings for the County. After discussion, Deputy Administrator Lanier discussed a change to the County Extension Agent Budget, stating that this office has a paid plan for their employees and the Board is contractually bound to pay a portion of this plan, which is an increase of \$2,489.00. Commissioner Yeager motioned to approve this increase to the County Extension Agent Office Budget. Commissioner McLemore seconded the motion, and it passed unanimously.

There being no further business, and upon motion by Commissioner Yeager, second by Commissioner McDaniel, and unanimous vote, the meeting did then adjourn at 11:54 a.m., E.T.

**TYNALIN SMILEY  
CHAIRMAN**

**ATTEST:**

**REBECCA L. NORRIS  
CLERK**

JULY 29, 2013

PORT ST. JOE, FLORIDA

**SPECIAL MEETING**

The Gulf County Board of County Commissioners met this date in a special meeting with the following members present: Chairman Tynalin Smiley, Vice Chairman Ward McDaniel, and Commissioners Joanna Bryan, and Warren J. Yeager, Jr. <Commissioner Carmen L. McLemore was absent.>

Others present were: County Attorney Jeremy Novak, Clerk Rebecca L. Norris, Clerk Finance Officer Sherry Herring, Deputy Clerk Leanna Roberts, Chief Administrator Don Butler, Assistant Administrator Michael L. Hammond, Deputy Administrator Lynn Lanier, Deputy Administrator Brett Lowry, Building Official Lee Collinsworth, Central Services Director Denise Manuel, G.I.S. Coordinator Scott Warner, Grant Writer Towan Kopinsky, Gulf County E.M.S. Director Houston Whitfield, I.T. Director Dennis Barfield, Sr., Mosquito Control Director Mark Cothran, Planner David Richardson, and T.D.C. Executive Director Jennifer Jenkins.

Chairman Smiley called the meeting to order at 10:03 a.m., E.T.

**BRITISH PETROLEUM (B.P.) SPECIAL COUNCIL REPORT**

County Attorney Novak discussed the B.P. Litigation update and introduced Ron Jones and Brantley Frye from Beasley Allen Law Firm. Ron Jones of Beasley Allen Law Firm appeared before the Board to give an update regarding the B.P. Litigation; stating that a suit has been filed and will they proceed with the process.

**TOURIST DEVELOPMENT (T.D.C.) – SPONSORSHIP POLICY REVIEW**

County Attorney Novak discussed the T.D.C. Sponsorship Policy and recommended Board approval to pay the Tupelo Honey Festival, the Kids Win Fishing Tournament, and the Plain Air invoices, stating under the current T.D.C. policy that was recently adopted there is a window of time (45 days) in which the vendor is able to submit their packets on the back end for payment, and some of these events have submitted their packets after the 45 days. He recommended not amending the T.D.C. policy but suspending the T.D.C. policy and allowing the Clerk's Office to pay the sponsorship reimbursements. Commissioner Yeager motioned to approve this recommendation. Commissioner Bryan seconded the motion, and it passed unanimously (4-0).

**TOURIST DEVELOPMENT COUNCIL (T.D.C.) – BUDGET AMENDMENT**

County Attorney Novak discussed left-over B.P. Funding and a recommendation by T.D.C. to approve the spending plan made by TDC Director Jenkins at a previous meeting). Commissioner Bryan motioned to approve this recommendation. Commissioner Yeager seconded the motion, and it passed unanimously (4-0). Upon recommendation by Clerk Norris, Commissioner Yeager motioned to set a

Supplemental Budget Hearing to take care of this matter. Commissioner McDaniel seconded the motion, and it passed unanimously (4-0).

### **EASEMENT APPROVAL**

County Attorney Novak discussed a piece of property located on Wentletrap Avenue (Conley H. & Ethel Juanita Kennison) in Beacon Hill and presented a right-of-way easement to the Board for approval. Commissioner Bryan motioned to approve this easement. Commissioner Yeager seconded the motion, and it passed unanimously (4-0).

### **2013-2014 TENTATIVE BUDGET**

Chief Administrator Butler discussed the proposed 2013-2014 revenue additions; (1) Tipping Fees \$68,750.00, (2) E.M.S. Dry Run Fees \$10,000.00, (3) E.M.S. Sacred Heart Contract \$70,000.00, (4) E.M.S. Mileage Fee increase \$5,000.00, (5) Culvert Fees \$700.00, (6) Building Department Fee increase of \$25,000.00, (7) Third-Party E.M.S. Collections \$1,000.00, and (8) Beach Driving Permit increase \$20,000.00. He then discussed the proposed 2013-2014 expense reductions; (1) move offices from the Wewahitchka Courthouse; a savings of \$20,000.00 and (2) Infrastructure Reserve reduction \$150,000.00, and recommended approval of the revenue additions and expense reductions. After discussion, Commissioner Yeager motioned to approve this recommendation. Commissioner McDaniel seconded the motion for discussion. After further discussion the motion then passed unanimously (4-0). Commissioner Yeager discussed his concerns regarding raises for the employees; stating the Board needs to consider employee raises. Upon discussion by Chairman Smiley, Chief Administrator Butler stated the Board will have to give a pay raise to all Union Employees regardless of their salary. Chief Administrator Butler reported the number for a three (3) percent increase for all County employees would be \$207,962.64. Upon inquiry by Commissioner Yeager, Deputy Administrator Lowry stated the increase in health care for this fiscal year will be approximately six (6) to seven (7) percent. Upon inquiry by Chief Administrator Butler, Clerk Finance Officer Herring stated the changes that were proposed and voted on at the last meeting are in Proposal #3. Chairman Smiley discussed his concerns regarding giving a percentage verses providing a set dollar amount to employees for a pay increase. Commissioner Yeager discussed working with the Clerk's Office to bring a recommendation to the Board regarding a set dollar amount. Upon discussion by Chief Administrator Butler; Commissioner Yeager motioned to allow Chief Administrator Butler to work with the Clerk's Office to set a dollar amount for pay raises from the \$207,963.00 amount. Chief Administrator Butler reported that this proposed raise would be for fulltime Union and Non-Union County Employees. Commissioner McDaniel seconded the motion for discussion. After discussion, Commissioner Yeager amended his motion to add the \$207,963.00 to the budget and to allow Chief Administrator Butler to work with the Clerk's Office on pay increases. The motion then passed unanimously (4-0).

**RESOLUTIONS – FEES**

Upon discussion by Clerk Norris, Commissioner McDaniel motioned to adopt the following proposed resolutions. Commissioner Yeager seconded the motion, and it passed unanimously (4-0), as follows:

**RESOLUTION NO. 2013-12**

**WHEREAS**, the Gulf County Board of County Commissioners of Gulf County, Florida, anticipates additional revenue in the General Fund for the 2013-2014 Fiscal Year that was not included in the proposed budget dated 07/23/2013; and

**WHEREAS**, said additional revenue will be used to reduce Ad Valorem Tax revenue in Fiscal Year 2013-2014;

**NOW, THEREFORE, BE IT RESOLVED**, as follows:

That the 2013-2014 proposed budget be increased, as follows:

**GENERAL FUND****REVENUE:**

00129-00000 Beach Driving Permits	\$ 20,000.00
00143-40000 Tipping Fees-Garbage	\$ 68,750.00

**THIS RESOLUTION ADOPTED** by the Gulf County Board of County Commissioners, this 29<sup>th</sup> day of July, 2013.

(End)

**RESOLUTION NO. 2013-13**

**WHEREAS**, the Gulf County Board of County Commissioners of Gulf County, Florida, anticipates additional revenue in the General Fund for the 2013-2014 Fiscal Year that was not included in the proposed budget dated 07/23/2013; and

**WHEREAS**, said additional revenue will be used to reduce Ad Valorem Tax revenue in Fiscal Year 2013-2014;

**NOW, THEREFORE, BE IT RESOLVED**, as follows:

That the 2013-2014 proposed budgets be increased, as follows:

**GENERAL FUND**

**REVENUE:**

00122-00000 Building Permit Fees	\$ 25,000.00
00142-60000 Ambulance Fees	\$ 16,000.00
00142-60002 Ambulance Contract	\$ 70,000.00

**THIS RESOLUTION ADOPTED** by the Gulf County Board of County Commissioners, this 29<sup>th</sup> day of July, 2013.

(End)

**MEDICAID**

Clerk Norris discussed information received from the Small County Coalition; stating that the estimated amount for Medicaid will increase by \$1,531.00. Commissioner Yeager motioned to approve this increase to the proposed budget. Commissioner Bryan seconded the motion, and it passed unanimously (4-0).

**DOWNTOWN REDEVELOPMENT AGENCY (D.R.A.)**

Clerk Norris discussed the proposed decrease to the D.R.A. based on the millage rate in Proposal #3, which could be reduced by \$12,759.00. Commissioner Yeager motioned to approve this decrease in the proposed budget. Commissioner McDaniel seconded the motion, and it passed unanimously (4-0).

**MILLAGE RATE**

Clerk Norris discussed for the Board's consideration to set the Tentative Millage Rate and the date and time for the First Public Hearing. Commissioner Bryan stated that she is not in favor of raising the Millage Rate, and requested the Board review the County Jail Budget. She reported that the female inmates are being housed at the Bay County Jail and discussed farming the male inmates to Bay County as well. After discussion by Commissioner Yeager, County Jail Administrator Hammond stated that his office can compile the figures and bring to the Board for review regarding this matter. After discussion by County Jail Administrator Hammond, Commissioner Yeager discussed the reduction in inmates staying in the Jail. Commissioner Bryan stated that she would like to work with County Jail Administrator Hammond and Chief Administrator Butler on compiling the numbers. After discussion, Chief Administrator Butler reported that various departments have submitted changes in their budget numbers mainly due to insurance coverage. Upon inquiry by Chief Administrator Butler, Deputy Administrator Lanier requested approval from the Board regarding a change to the T.D.C. Budget, stating that this is a wash and it is not Ad Valorem. Upon inquiry by Commissioner Yeager concerning Cash to be Carried Forward; Clerk Norris reported that for the first three months of the new fiscal year approximately \$1,000,000.00 or higher is used to run the County. Commissioner McDaniel discussed the possibility of using some of the B.P. funds to subsidize the proposed budget. Clerk Norris discussed that she will work with Chief Administrator Butler regarding the Cash to be Carried Forward.

**HEALTHCARE WORKSHOP**

County Attorney Novak reported that a workshop will be held on July 30<sup>th</sup> at 6:00 p.m., C.T. at the Honeyville Community Center to discuss healthcare services.

The meeting did then recess at 10:56 a.m., E.T.

The meeting did then reconvene at 11:15 a.m., E.T.

**2013-2014 TENTATIVE BUDGET**

Clerk Norris stated that with the adjustments made to Budget Proposal #3, the millage rate is currently set at 6.5608 for the County-Wide Tentative Millage Rate. Upon inquiry by Commissioner Yeager, Clerk Finance Officer Herring reported that this is a millage rate decrease, in the amount of .8189. Commissioner Yeager discussed eliminating roadside pick-up to save the County \$300,000.00, and discussed the need to consider increasing the Bed Tax. Chief Administrator Butler stated that he will present numbers to the Board for review regarding mandatory garbage. After discussion, Commissioner McDaniel motioned to approve the Tentative Millage Rate at 6.5608. Commissioner Yeager seconded the motion, and it passed unanimously (4-0).

**DEPENDENT SPECIAL FIRE CONTROL DISTRICTS**

Upon recommendation by Clerk Norris, Commissioner McDaniel motioned to set the Tentative Millage Rate for the Dependent Special Fire Control Districts, with St. Joe Fire Control District at .4 mills, Tupelo Fire Control District, Howard Creek Fire Control District, and Overstreet Fire Control District at .5 mills each. Commissioner Bryan seconded the motion, and it passed unanimously (4-0).

**FIRST PUBLIC HEARING**

Upon recommendation by Clerk Norris, Commissioner Yeager motioned to hold the First Public Hearing on September 10<sup>th</sup> at 5:01 p.m., E.T. Commissioner McDaniel seconded the motion, and it passed unanimously (4-0).

Chairman Smiley called for public comment. There was no public comment.

There being no further business, and upon motion by Commissioner Yeager, second by Commissioner McDaniel, and unanimous (4-0) vote, the meeting did then adjourn at 11:24 a.m., E.T.

**TYNALIN SMILEY  
CHAIRMAN**

**ATTEST:  
REBECCA L. NORRIS  
CLERK**

JULY 30, 2013

**WEWAHITCHKA, FLORIDA**

**WORKSHOP**

The Gulf County Board of County Commissioners met this date in a workshop with the following members present: Chairman Tynalin Smiley, Vice Chairman Ward McDaniel, Commissioners Carmen L. McLemore and Warren J. Yeager, Jr. <Commissioner Joanna Bryan was absent.>

Others present were: County Attorney Jeremy Novak, Deputy Clerk Kari Summers, Chief Administrator Don Butler, and Assistant Administrator Michael L. Hammond.

Chairman Smiley called the meeting to order at 7:05 p.m., E.T.

**HEALTHCARE**

County Attorney Novak reported that this workshop has been properly noticed and advertised in The Star (local newspaper). County Attorney Novak introduced the panelist: Florida Department of Health Administrator Marsha Lindeman, Joel Montgomery of the Wewahitchka Medical Center, Roger Hall of the Sacred Heart Health System, Board of County Commissioners Chairman Tynalin Smiley, Board of County Commissioners Vice Chairman Ward McDaniel, Board of County Commissioners Carmen L. McLemore, Warren J. Yeager, Jr., and Chief Administrator Don Butler. Commissioner McDaniel welcomed and thanked everyone for attending this town hall meeting.

**HEALTH SERVICES – FLORIDA DEPARTMENT OF HEALTH**

Marsha Lindeman, of Florida Department of Health appeared before the Board and gave a power point presentation of the services available through the Florida Department of Health in Gulf County.

**HEALTH SERVICES – SACRED HEART HEALTH SYSTEM**

Roger Hall, of Sacred Heart Health System appeared before the Board and gave a power point presentation of the services available through Sacred Heart Health System in Gulf County.

**HEALTH SERVICES – WEWAHITCHKA MEDICAL CENTER**

Joel Montgomery, of Wewahitchka Medical Center appeared before the Board and gave a power point presentation of the services available through the Wewahitchka Medical Center in Wewahitchka, Florida.

**PUBLIC COMMENT**

County Attorney Novak called for public comment. He stated that a question was submitted from Dolly Guilford asking if any of the organizations are expecting to provide pediatrics services by a pediatrician, and immunization services. FL Department of Health Administrator Lindeman reported that the Health Department has a part time

pediatrician on staff Tuesdays and Wednesdays in Port St. Joe, and there will be an immunization nurse at the Health Department twice a month. Joel Montgomery, of Wewahitchka Medical stated that Wewahitchka Medical Center will see children depending upon their training. Roger Hall, of Sacred Heart Health System reported that Sacred Heart Health System has a children's hospital, located in Pensacola.

County Attorney Novak stated that Mrs. Guilford second written question was: Will there be mental health services provided in Wewahitchka? Joel Montgomery, of Wewahitchka Medical Center discussed an initial push from the Federal Government, stating they are expected to integrate mental health services with the primary care services.

County Attorney Novak called again for public comment. He reported that Mrs. Guilford's third question was: Will Sacred Heart Health System provide free sports health exams for students in Wewahitchka? Roger Hall, of Sacred Heart Health System reported that this service is already provided.

Bobby McDonald, of Wewahitchka appeared before the Board to inquire if Sacred Heart Health System will provide a primary care physician in Wewahitchka. Roger Hall, of Sacred Heart Health System reported that a primary care physician will be stationed in Wewahitchka, effective September 15<sup>th</sup>. Upon inquiry by Mr. McDonald, Mr. Hall stated that Sacred Heart Health System is a Tri-Care provider.

County Attorney Novak read the forth question from Mrs. Guilford regarding the sliding scale fees. Mr. Montgomery of Wewahitchka reported that the co-pay at Wewahitchka Medical Center is set at \$10.00. Mr. Hall of Sacred Heart Health System stated that a sliding fee scale will be available.

County Attorney Novak discussed the fifth question submitted by Mrs. Guilford regarding the hours of operation for each facility. Mr. Hall reported that the hours of operation will be 7:00 a.m. to 4:00 p.m. Monday through Friday at the Sacred Heart Health System in Wewahitchka.

County Attorney Novak discussed the sixth and final question by Mrs. Guilford regarding having a medical doctor on site. He reported that from the previous summary statements that there will be a medical doctor on site.

County Attorney Novak called for public comment. There was no additional public comment. Chairman Smiley called for public comment from the public officials.

Upon inquiry by Commissioner McLemore, Health Department Administrator Lindeman reported that grant funds regarding dental services have been renewed. She discussed applying for grants to help fund services to the public.

Upon inquiry by Commissioner McLemore, Mr. Hall of Sacred Heart Health System stated that medical services will be available in Wewahitchka starting Mid-September.

Upon inquiry by Commissioner McDaniel, Mr. Hall of Sacred Heart Health System reported that they will provide x-ray services in Wewahitchka. Mr. Montgomery of the Wewahitchka Medical Center stated that they do have the equipment for x-ray services, but find it difficult to staff technicians. He reported that they refer patients to Sacred Heart Hospital for these services.

Upon inquiry by Commissioner McDaniel, Mr. Hall of Sacred Heart Health System stated that they have two (2) fulltime admitting physicians.

Commissioner McDaniel reported that the Health Department's fiscal year begins July 1<sup>st</sup> and that is why the Health Department could not wait for Sacred Heart to take over services before temporarily closing the Health Department Building in Wewahitchka.

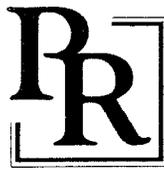
Commissioner Yeager thanked everyone for attending this meeting. He discussed the funds collected to cover healthcare services in Gulf County. Chairman Smiley thanked everyone for attending the town hall meeting.

There being no further discussion, the workshop did then adjourn at 8:19 p.m., E.T.

**TYNALIN SMILEY  
CHAIRMAN**

**ATTEST:**

**REBECCA L. NORRIS  
CLERK**



**PREBLE- RISH INC.**  
CONSULTING ENGINEERS & SURVEYORS

September 10, 2013

Via Email at [tkopinsky@gulfcountry-fl.gov](mailto:tkopinsky@gulfcountry-fl.gov)

Ms. Towan Kopinsky  
Gulf County Grant Writer/Coordinator  
1000 Cecil G. Costin, Sr. Blvd  
Port St. Joe, FL 32456

**RE: CR 386 Striping and Signage**  
**FPID No.: 413202-2-38-01**  
**PRI Project No.: 003.253**

Dear Ms. Kopinsky,

Please find enclosed a Professional Services Agreement and detailed Task Order titled Exhibit A for your review and approval.

If you have any questions, please do not hesitate to contact me at 850.227.7200 or by email at [smallwoodc@preble-rish.com](mailto:smallwoodc@preble-rish.com).

Sincerely,

**PREBLE-RISH, INC.**

  
Clay Smallwood  
Project Manager

CS/sj

Cc: Mr. Philip A. Jones, PRI (w/attachments via email at [jonesp@preble-rish.com](mailto:jonesp@preble-rish.com))

FILED FOR RECORD  
REBECCA L. MORRIS  
CLERK OF CIRCUIT COURT  
GULF COUNTY, FLORIDA  
2013 SEP 18 AM 12:02

**BCC APPROVED**

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

K:\003.253 C.R. 386 Striping\Proposal\091013 TK.doc

**Port St. Joe**  
324 Marina Drive  
Port St. Joe, FL 32456  
(850) 227-7200  
(850) 227-7215

**Panama City**  
203 Aberdeen Parkway  
Panama City, FL 32401  
(850) 522-0644  
(850) 522-1011

**Santa Rosa**  
877 C.R. 393 North  
Santa Rosa Beach, FL 32459  
(850) 267-0759  
(866) 557-0076

Consent agenda  
9/24/13

14  
9/24/13



**PREBLE-RISH INC**  
CONSULTING ENGINEERS & SURVEYORS

**A PROFESSIONAL SERVICES AGREEMENT (PSA)**

**between**

**GULF COUNTY**

**and**

**PREBLE-RISH, INC.**

This Agreement is entered into this \_\_\_\_\_ day of \_\_\_\_\_, 2013, between GULF COUNTY, known hereinafter as "CLIENT" or "AGENCY", and PREBLE-RISH, INC., referred to hereinafter as "PRI" or "CONSULTANT", a Florida corporation.

This Agreement defines the terms under which PRI shall provide professional services to CLIENT.

**SCOPE OF SERVICES**

Specific to this Agreement, PRI shall provide professional services for CR 386 Striping & Signage (FPID #413202-2-38-01) and a detailed task order as described in the attached Exhibit A.

**PROJECTS AND COMPENSATION**

This project is a lump sum project, consisting of one (1) Task Order, as detailed in the proposal letter included herein. The CLIENT must approve the Task Order in writing before PRI provides any compensable service on that Task Order.

This Agreement provides for three ways for the CLIENT and PRI to accomplish changes and/or other specific tasks.

These are:

**1. LUMP SUM**

If the scope of the work of a specific task can be determined with reasonable certainty, the CLIENT and PRI may negotiate a fixed, lump sum fee. The scope of the work and the negotiated fee shall be reduced to writing and signed by both parties.

**2. HOURLY FEES**

Work may be accomplished using the hourly rates listed below applied to the actual man-hours that are required to accomplish the assigned task, plus direct expenses.

324 Marina Drive, Port St. Joe, FL 32456, P (850) 227-7200

Panama City | Port St. Joe | Santa Rosa Beach | Ft. Walton Beach  
Freeport | Monticello | Quincy | Crawfordville | Tallahassee  
Lake City | Cross City | Marianna | Pensacola | Daphne, AL | Pétion-Ville, Haiti

POSITION	BILLING RATE
Firm Principal/ Senior Project Manager	\$175.00
Vice President/Senior Project Manager	\$145.00
Senior Project Manager/Firm Partner	\$135.00
Senior Project Manager	\$125.00
Project Manager III	\$120.00
Project Manager II	\$115.00
Project Manager I	\$110.00
Project Coordinator/ Business Development	\$ 75.00
Project Engineer III	\$105.00
Project Engineer II	\$ 85.00
Project Engineer I	\$ 75.00
Senior Engineering Tech	\$ 95.00
Engineering Technician II	\$ 85.00
Engineering Technician I	\$ 50.00
Senior Inspector	\$ 55.00
Inspector	\$ 50.00
Senior Professional Surveyors	\$125.00
Professional Surveyors	\$110.00
Survey Crew	\$110.00
Field Crew Supervisor	\$ 70.00
Senior Cadd Technician	\$ 65.00
Cadd Technician	\$ 60.00
Senior Administrative Assistant	\$ 65.00
Clerical	\$ 45.00

### 3. OTHER

Any other method that is mutually agreeable.

If a task is assigned to PRI by competent authority of the CLIENT, and no method is specified or otherwise agreed to, the Hourly Fees method above shall be used.

The fee to be paid by the CLIENT to PRI for services described herein will be for a Lump Sum fee of **\$59,000.00**.

The Schedule of Hourly Fees may be modified from time to time with the approval of the CLIENT.

### PAYMENT

PRI shall submit monthly invoices to CLIENT based on a percentage of completion. Invoice(s) shall be submitted on or before the fifteenth (15<sup>th</sup>) day of the month and shall itemize the activities (and Direct Expenses, if appropriate) for the prior month. CLIENT shall expeditiously review the invoice(s).

### SUBCONSULTANTS

When the nature of the work shall suggest or dictate that PRI secure the services of others (i.e., subconsultants), the use of subconsultants, the purpose and nature of the subconsultant services provided and the fees to be paid to the subconsultants shall be approved by CLIENT.

PRI provides this service as a convenience to the client and will not accept any liability on the part of the subconsultant.

CLIENT retains the prerogative to retain subconsultants directly. When CLIENT chooses to retain subconsultants directly, CLIENT shall coordinate their efforts and shall be responsible to PRI for the results of the subconsultants' activities.

#### TERM OF AGREEMENT

This Agreement shall be for such term as CLIENT and PRI shall mutually desire. Either party may terminate this Agreement at any time, with or without cause, on thirty (30) days notice, in writing, of a desire to terminate. PRI shall be paid for work completed at that time.

#### CLIENT'S RESPONSIBILITY

CLIENT shall provide full information regarding requirements of projects and PRI shall be entitled to rely on the accuracy of completeness of such information.

CLIENT shall furnish information and shall render approvals and decisions as expeditiously as necessary for the orderly progress of the services.

CLIENT shall pay all invoices in a timely manner as stated herein.

#### PRI'S RESPONSIBILITY

##### 1. STANDARD OF CARE

The applicable standard of care will be the degree of skill and diligence normally employed by professional engineers or consultants performing the same or similar services.

##### 2. COST OPINIONS

Any cost opinions or Project economic evaluations provided by PRI will be on a basis of experience and judgment, but, since it has no control over market conditions or bidding procedures, PRI cannot warrant that bids, ultimate construction cost, or Project economics will not vary from these opinions.

##### 3. LIMITATION OF LIABILITY

To the maximum extent permitted by law, PRI's liability for CLIENT's damages will not exceed 50% of the compensation received by PRI under this agreement.

##### 4. INTERPRETATION

The limitations of liability and indemnities will apply whether PRI's liability arises under breach of contract or warranty; tort, including negligence; strict liability; statutory; or any other causes of action. The laws of the State of Florida shall govern the validity of this Agreement, its interpretation and performance, and any other claims related to it.

##### 5. CLIENT CONFIDENTIALITY

PRI shall not discuss CLIENT's business outside of PRI's firm without prior approval or direction from the client.

##### 6. PERMITTING

PRI shall not be responsible for the action of permitting agencies or authorities.

##### 7. PLATTING

PRI shall not be responsible for wetlands, FDEP Coastal Construction Control Line (CCCL) permitting, or other related issues that arise after a subdivision plat is recorded.

PRI shall not be responsible for lots reserved or the establishment of a certain number of lots until the final plat is recorded in public records.

## HOLD HARMLESS

PRI shall hold CLIENT harmless against all claims, damages, losses and expenses, including, but not limited to, direct, indirect or consequential damages and attorney's fees, of whatever nature arising out of PRI's negligence in the performance of work under this Agreement.

CLIENT shall likewise hold PRI harmless against all claims, damages, losses and expenses, except for those arising out of PRI's negligence, including, but not limited to, direct, indirect or consequential damages and attorney's fees, of whatever nature arising out of CLIENT's activities under this Agreement.

## MODIFICATION OF AGREEMENT

Modifications of the provisions of this Agreement shall only be valid when they have been reduced to writing and duly signed by the parties.

## ELIGIBILITY

PRI certifies that it is eligible to receive State and Federally funded contracts. PRI also certifies that no party which is ineligible for such work will be subcontracted to perform any services under this Agreement.

## DIGITAL FILES

PRI owns the copyrights to all engineering based digital files and those files will not be released to the CLIENT without the consent of a Principal of PRI. PRI also owns the copyrights to all control data for all surveys. A digital file of a survey with no control points may be provided to the CLIENT if requested. A survey with all data points will be provided to the CLIENT if a Principal of PRI approves.

## FEDERAL STATUTORY REQUIREMENTS

PRI and CLIENT shall comply with all applicable Local, State and Federal provisions required by each project.

## GENERAL PROVISIONS

### 1. GOVERNING LAW AND VENUE

This Agreement shall be governed by and construed in accordance with the laws of the State of Florida. Exclusive jurisdiction and venue of any dispute hereunder shall lie in the Circuit Court, Second Judicial Circuit, in and for Gulf County, Florida, or if the amount in controversy be less, in the County Court for Gulf County, Florida.

### 2. ATTORNEYS FEES

In the event a lawsuit is brought by PRI to enforce any provision or right under this Agreement, including collection of fees, and PRI is the prevailing party, the client agrees to pay to PRI all costs and expenses, including but not limited to, reasonable attorneys fees incurred by PRI in connection with the litigation to the extent allowed by law.

### 3. RELATIONSHIP OF PARTIES

PRI is an independent contractor with respect to the services performed herein. Nothing contained herein shall be deemed to create the relationship of partner principal or joint venture between the Parties. PRI has no right or authority, under this Agreement, to incur obligations of any kind in the name of or for the account of CLIENT, nor to commit or bind CLIENT to any contract or other obligations.

#### 4. WAIVER

Failure or delay on the part of either Party to exercise any right, power, privilege or remedy under this Agreement shall not constitute a waiver thereof. No modifications or waiver by either party of any provision shall be deemed to have been made unless made in writing.

#### 5. SEVERABILITY

The provisions of this Agreement shall be severable and the invalidity of any provision, or portion thereof, shall not affect the enforceability of the remaining provisions.

#### 6. ASSIGNMENT

Neither party shall assign or transfer any interest in this Agreement without the consent of both parties.

#### 7. ENTIRE AGREEMENT AND AMENDMENTS

This Agreement constitutes the entire understanding between the parties and supersedes all previous agreements or negotiations on the subject matter herein, whether written or oral, and shall not be modified or amended except by written agreement duly executed by the Parties.

### TERMS FOR FEDERAL-AID CONTRACTS

The following terms apply to all contracts in which it is indicated in the Standard Professional Services Agreement that the services involve the expenditure of federal funds:

- A. It is understood and agreed that all rights of the Agency relating to inspection, review, approval, patents, copyrights, and audit of the work, tracing, plans, specifications, maps, data, and cost records relating to this Agreement shall also be reserved and held by authorized representatives of the United States of America.
- B. It is understood and agreed that, in order to permit federal participation, no supplemental agreement of any nature may be entered into by the parties hereto with regard to the work to be performed hereunder without the approval of the U.S. Department of Transportation, anything to the contrary in this Agreement notwithstanding.
- C. Compliance with Regulations: The Consultant shall comply with the Regulations of the U.S. Department of Transportation Title 49, Code of Federal Regulations, Part 21, as they may be amended from time to time, (hereinafter referred to as the Regulations), which are herein incorporated by reference and made a part of this Agreement.
- D. Nondiscrimination: The Consultant, with regard to the work performed during the contract, shall not discriminate on the basis of race, color, national origin, sex, age, disability, religion or family status in the selection and retention of subcontractors, including procurements of material and leases of equipment. The Consultant will not participate either directly or indirectly in the discrimination prohibited by Section 21.5 of the Regulations, including employment practices when the contract covers a program set forth in Appendix B of the Regulations.
- E. Solicitations for Subcontracts, Including Procurements of Materials and Equipment: In all solicitations made by the Consultant, either by competitive bidding or negotiation for work to be performed under a subcontract, including procurements of materials and leases of equipment, each potential subcontractor or supplier shall be notified by the Consultant of the Consultant's obligations under this contract and the Regulations relative to nondiscrimination on the basis of race, color, national origin, sex, age, disability, religion or family status.

- F. Information and Reports: The Consultant will provide all information and reports required by the Regulations, or directives issued pursuant thereto, and will permit access to its books, records, accounts, other sources of information, and its facilities as may be determined by the Agency, Florida Department of Transportation, Federal Highway Administration, Federal Transit Administration, Federal Aviation Administration, and/or Federal Motor Carrier Safety Administration to be pertinent to ascertain compliance with such Regulations, orders and instructions. Where any information required of the Consultant is in the exclusive possession of another who fails or refuses to furnish this information, the Consultant shall so certify to the Agency, Florida Department of Transportation, Federal Highway Administration, Federal Transit Administration, Federal Aviation Administration, and/or the Federal Motor Carrier Safety Administration as appropriate, and shall set forth what efforts it has made to obtain the information.
- G. Sanctions for Noncompliance: In the event of the Consultant's noncompliance with the nondiscrimination provisions of this contract, the Agency shall impose such contract sanctions as it or the Florida Department of Transportation, Federal Highway Administration, Federal Transit Administration, Federal Aviation Administration, and/or Federal Motor Carrier Safety Administration may determine to be appropriate, including, but not limited to,
1. withholding of payments to the Consultant under the contract until the Consultant complies and/or
  2. cancellation, termination or suspension of the contract, in whole or in part.
- H. Incorporation or Provisions: The Consultant will include the provisions of Paragraph C through H in every subcontract, including procurements of materials and leases of equipment unless exempt by the Regulations, order, or instructions issued pursuant thereto. The Consultant will take such action with respect to any subcontract or procurement as the Agency, Florida Department of Transportation, Federal Highway Administration, Federal Transit Administration, Federal Aviation Administration, and/or the Federal Motor Carrier Safety Administration may direct as a means of enforcing such provisions, including sanctions for noncompliance. In the event a Consultant becomes involved in, or is threatened with, litigation with a subcontractor or supplier as a result of such direction, the Consultant may request the Agency to enter into such litigation to protect the interests of the Agency, and, in addition, the Consultant may request the United States to enter into such litigation to protect the interests of the United States.
- I. Interest of Members of Congress: No member of or delegate to the Congress of the United States will be admitted to any share or part of this contract or to any benefit arising therefrom.
- J. Interest of Public Officials: No member, officer, or employee of the public body or of a local public body during his tenure or for one year thereafter shall have any interest, direct or indirect, in this contract or the proceeds thereof. For purposes of this provision, public body shall include municipalities and other political subdivisions of States; and public corporations, boards, and commissions established under the laws of any State.
- K. Participation by Disadvantaged Business Enterprises: The Consultant shall agree to abide by the following statement from 49 CFR 26.13(b). This statement shall be included in all subsequent agreements between the Consultant and any subconsultant or contractor.

The Consultant, sub recipient or subcontractor shall not discriminate on the basis of race, color, national origin, or sex in the performance of this contract. The contractor shall carry out applicable requirements of 49 CFR Part 26 in the award and administration of DOT-assisted contracts. Failure by the Consultant to carry out these requirements is a material breach of this contract, which may result in termination of this contract or other such remedy as the recipient deems appropriate.

- L. It is mutually understood and agreed that the willful falsification, distortion or misrepresentation with respect to any facts related to the project(s) described in this Agreement is a violation of the Federal Law. Accordingly, United States Code, Title 18, Section 1020, is hereby incorporated by reference and made a part of this Agreement.
- M. It is understood and agreed that if the Consultant at any time learns that the certification it provided the Agency in compliance with 2 CFR, Part 180, was erroneous when submitted or has become erroneous by reason of changed circumstances, the Consultant shall provide immediate written notice to the Agency. It is further agreed that the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transaction" as set forth in 49 CFR, Section 29.510, shall be included by the Consultant in all lower tier covered transactions and in all aforementioned federal regulation.
- N. The Agency hereby certifies that neither the consultant nor the consultant's representative has been required by the Agency, directly or indirectly as an express or implied condition in connection with obtaining or carrying out this contract, to
1. employ or retain, or agree to employ or retain, any firm or person, or
  2. pay, or agree to pay, to any firm, person, or organization, any fee, contribution, donation, or consideration of any kind;

The Agency further acknowledges that this agreement will be furnished to a federal agency, in connection with this contract involving participation of Federal-Aid funds, and is subject to applicable State and Federal Laws, both criminal and civil.

- O. The Consultant hereby certifies that it has not:
1. employed or retained for a commission, percentage, brokerage, contingent fee, or other consideration, any firm or person (other than a bona fide employee working solely for the above contractor) to solicit or secure this contract;
  2. agreed, as an express or implied condition for obtaining this contract, to employ or retain the services of any firm or person in connection with carrying out this contract; or
  3. paid, or agreed to pay, to any firm, organization or person (other than a bona fide employee working solely for the above contractor) any fee contribution, donation, or consideration of any kind for, or in connection with, procuring or carrying out the contract.

The consultant further acknowledges that this agreement will be furnished to the Agency and a federal agency in connection with this contract involving participation of Federal-Aid funds, and is subject to applicable State and Federal Laws, both criminal and civil.

#### **Employment Eligibility Verification**

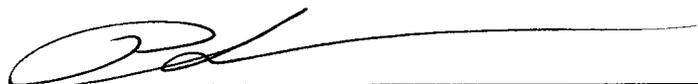
The Consultant shall utilize the U. S. Department of Homeland Security's E-Verify system to confirm the employment eligibility of all persons employed by the Consultant during the term of the Contract to perform employment duties within Florida and all persons, including subconsultants, assigned by the Consultant to perform work pursuant to the Contract.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed by their undersigned officials as duly authorized.

**PREBLE-RISH, INC.**

Address for Correspondence:

324 Marina Drive  
Port St. Joe, FL 32456

By: 

Name and Title: Philip Jones, P.E., Vice-President

Witnessed: 

Date: 9-10-13

**GULF COUNTY**

Address for Correspondence:

1000 Cecil G. Costin, Sr. Blvd.  
Port St. Joe, FL 32456

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

Name and Title: Tynalin Smiley, Chairman

Witnessed: \_\_\_\_\_

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

EXHIBIT A  
C.R. 386 STRIPING & SIGNAGE  
FPID #413202-2-38-01

TASK ORDER  
PROFESSIONAL ENGINEERING SERVICES  
For GULF COUNTY

SEPTEMBER 2013

This Task Order is for the purpose of Preble-Rish, Inc. (PRI) as the ENGINEER to provide professional services for the approximately 19.345 miles of C.R. 386 Striping & Signage Project (FDOT FPID No. 413202-2-38-1) from SR 30 (US 98) to SR 71 for Gulf County (COUNTY) acting by and through its Commission.

**DESCRIPTION OF ENGINEERING SERVICES**

**SCOPE OF SERVICES**

**A. DESIGN**

1. Evaluate existing signage to determine the need for additional signs, correcting redundant or conflicting signage, and the replacement of damaged signs.
2. Provide recommendations to the County on existing signage problems/issues that are discovered during the course of the design phase.
3. Prepare Signing and Pavement marking plans in accordance with the FDOT Plans Preparation Manual.
4. Prepare construction plans and specifications necessary for bidding.
5. Submit 60% plans and specifications to FDOT for review and comments.
6. Submit 90% plans and specifications to FDOT for review and comments.
7. Submit 100% plans and specification to FDOT for final approval.

**B. DELIVERABLES**

1. Provide 2 sets of 60% plans, bid documents, and probable construction cost opinion.
2. Provide 2 sets of 90% plans, bid documents, and probable construction cost opinion.
3. Provide 3 sets of 100% plans, bid documents, and probable construction cost opinion.

**C. PROFESSIONAL SERVICE FEES**

*PRI proposes to provide these services for a lump sum fee of:*

**TOTAL \$59,000.00**

IN WITNESS WHEREOF, the parties hereto have caused this Task Order to be executed by their undersigned officials as duly authorized.

**PREBLE-RISH, INC.**

**GULF COUNTY, FLORIDA**

Address for Correspondence

Address for Correspondence

324 Marina Drive

1000 Cecil G. Costin, Sr. Blvd

Port St. Joe, FL 32456

Port St. Joe, Florida 32456

By:

By:

Name and Title: Philip Jones / P.E., Vice-President

Name and Title: Tynalin Smiley, Chairman

Witnessed:

Witnessed:

Date:

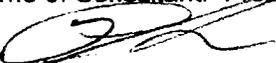
Date:

9-10-13

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
**CERTIFICATION REGARDING DEBARMENT, SUSPENSION,  
INELIGIBILITY AND VOLUNTARY EXCLUSION FOR FEDERAL  
AID CONTRACTS**  
(Compliance with 49CFR, Section 29.510)  
(Appendix B Certification]

It is certified that neither the below identified firm nor its principals are presently suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

Name of Consultant: Preble-Rish, Inc.

By 

Authorized Signature

Date: 6/14/2013

Title: P.E., Vice-President, CEO

Instructions for Certification

1. By signing and submitting this certification with the proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the Department may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted. If at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms 'covered transaction', 'debarred', 'suspended', 'ineligible', 'lower tier covered transaction', 'participant', 'person', 'primary covered transaction', 'principal', 'proposal', and 'voluntarily excluded', as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the person to which this proposal is being submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the Department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Appendix B: Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transaction", without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant are not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the Department may pursue available remedies, including suspension and/or debarment.

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
**CERTIFICATION FOR DISCLOSURE OF LOBBYING ACTIVITIES  
ON FEDERAL-AID CONTRACTS  
(Compliance with 49CFR, Section 20.100 (b))**

375-030-33  
PROCUREMENT  
10/04

**25**

The prospective participant certifies, by signing this certification, that to the best of his or her knowledge and belief:

(1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any federal agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any federal agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities", in accordance with its instructions. (Standard Form-LLL can be obtained from the Florida Department of Transportation's Professional Services Administrator or Procurement Office.)

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

The prospective participant also agrees by submitting his or her proposal that he or she shall require that the language of this certification be included in all lower tier subcontracts, which exceed \$100,000 and that all such subrecipients shall certify and disclose accordingly.

Name of Consultant: Preble-Rish, Inc.

By: Philip A. Jones, P.E. Date: 6/14/2013

Authorized Signature:  \_\_\_\_\_

Title: Vice-President, CEO

**25**

For any lump-sum or cost-plus-a-fixed-fee professional service agreement over \$60,000 the Florida Department of Transportation (Department) requires the Consultant to execute this certificate and include it with the submittal of the Technical Proposal.

The Consultant hereby certifies, covenants and warrants that wage rates and other factual unit costs supporting the compensation for this project's agreement will be accurate, complete, and current at the time of contracting.

The Consultant further agrees that the original agreement price and any additions thereto shall be adjusted to exclude any significant sums by which the Department determines the agreement price was increased due to inaccurate, incomplete, or non-current wage rates and other factual unit costs. All such agreement adjustments shall be made within one (1) year following the end of the agreement. For purpose of this certificate, the end of the agreement shall be deemed to be the date of final billing or acceptance of the work by the Department, whichever is later.

Preble-Rish, Inc.  
Name of Consultant

By:   
Authorized Signature

6/14/2013  
Date

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
**DBE PARTICIPATION STATEMENT**

**Note:** The Consultant is required to complete the following information and submit this form with the technical proposal.

Project Description: CR 386 STRIPING PROJECT 413202-2-38-01

Consultant Name: PREBLE-RISH, INC

This consultant is not a Department of Transportation certified Disadvantaged Business Enterprise (DBE).

Expected percentage of contract fees to be subcontracted to DBE(s): 0 %

If the intention is to subcontract a portion of the contract fees to DBE(s), the proposed DBE sub-consultants are as follows:

DBE Sub-Consultant	Type of Work/Commodity

By:   
Title: P.E., VICE-PRESIDENT, PREBLE-RISH, INC  
Date: June 14, 2013

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
**BID OPPORTUNITY LIST FOR PROFESSIONAL CONSULTANT  
 SERVICES, AND COMMODITIES & CONTRACTUAL SERVICES**

Prime Contractor/Prime Consultant: Preble-Rish, Inc.

Address/Phone Number: 324 Marina Drive, Port St. Joe, Florida 32456

Procurement Number/Advertisement Number: FPID 413202-2-38-01

**49 CFR Part 26.11** The list is intended to be a listing of all firms that are participating, or attempting to participate, on DOT-assisted contracts. The list must include all firms that bid on prime contracts, or bid or quote subcontracts and supplies materials on DOT-assisted projects, including both DBEs and non-DBEs. For consulting companies this list must include all subconsultants contacting you and expressing an interest in teaming with you on a specific DOT-assisted project. Prime contractors and consultants must provide information for Numbers 1, 2, 3 and 4, and should provide any information they have available on Numbers 5, 6, 7, and 8 for themselves, and their subcontractors and subconsultants.

1. Federal Tax ID Number: 59-3089125  
 2. Firm Name: Preble-Rish, Inc.  
 3. Phone: (850) 227-7200  
 4. Address: 324 Marina Drive  
Port St. Joe, Florida 32456  
 \_\_\_\_\_  
 \_\_\_\_\_  
 5. Year Firm Established: 1991

6.  DBE  
 Non-DBE  
 7.  Subcontractor  
 Subconsultant

8. Annual Gross Receipts  
 Less than \$1 million  
 Between \$1 - \$5 million  
 Between \$5 - \$10 million  
 Between \$10 - \$15 million  
 More than \$15 million

1. Federal Tax ID Number: \_\_\_\_\_  
 2. Firm Name: \_\_\_\_\_  
 3. Phone: \_\_\_\_\_  
 4. Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 5. Year Firm Established: \_\_\_\_\_

6.  DBE  
 Non-DBE  
 7.  Subcontractor  
 Subconsultant

8. Annual Gross Receipts  
 Less than \$1 million  
 Between \$1 - \$5 million  
 Between \$5 - \$10 million  
 Between \$10 - \$15 million  
 More than \$15 million

1. Federal Tax ID Number: \_\_\_\_\_  
 2. Firm Name: \_\_\_\_\_  
 3. Phone: \_\_\_\_\_  
 4. Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 5. Year Firm Established: \_\_\_\_\_

6.  DBE  
 Non-DBE  
 7.  Subcontractor  
 Subconsultant

8. Annual Gross Receipts  
 Less than \$1 million  
 Between \$1 - \$5 million  
 Between \$5 - \$10 million  
 Between \$10 - \$15 million  
 More than \$15 million

1. Federal Tax ID Number: \_\_\_\_\_  
 2. Firm Name: \_\_\_\_\_  
 3. Phone: \_\_\_\_\_  
 4. Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 5. Year Firm Established: \_\_\_\_\_

6.  DBE  
 Non-DBE  
 7.  Subcontractor  
 Subconsultant

8. Annual Gross Receipts  
 Less than \$1 million  
 Between \$1 - \$5 million  
 Between \$5 - \$10 million  
 Between \$10 - \$15 million  
 More than \$15 million

**AS APPLICABLE, PLEASE SUBMIT THIS FORM WITH YOUR:**

**BID SHEET (Invitation to Bid – ITB)  
 LETTERS OF RESPONSE (LOR)  
 PRICE PROPOSAL (Request for Proposal – RFP)  
 REPLY (Invitation to Negotiate – ITN)**

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

**29**

Brad Price

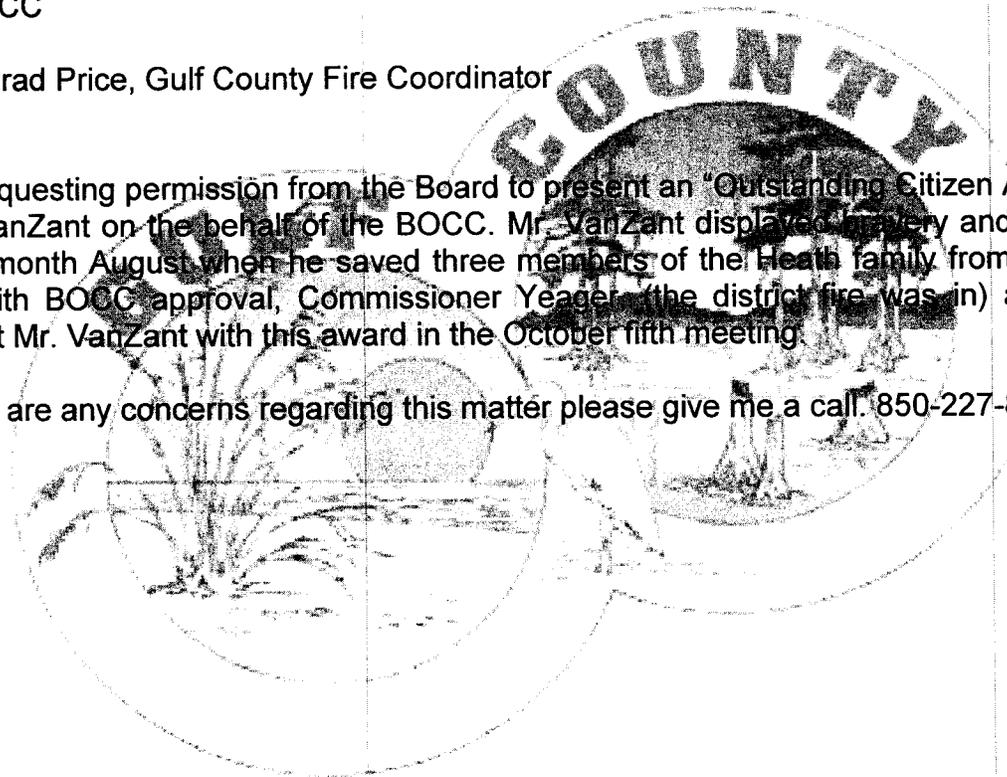
1000 CECIL G. COSTIN SR. BLVD., ROOM 310 , PORT ST. JOE, FLORIDA 32456  
PHONE (850)229-6106 • FAX (850) 229-9252 • EMAIL: bprice@gulfcountry-fl.gov  
DATE AND TIME OF MEETINGS • SECOND AND FOURTH TUESDAY AT 6:00 P.M., E.T.

To: BOCC

From Brad Price, Gulf County Fire Coordinator

I am requesting permission from the Board to present an "Outstanding Citizen Award" to Alex VanZant on the behalf of the BOCC. Mr. VanZant displayed bravery and courage in the month August when he saved three members of the Heath family from a house fire. With BOCC approval, Commissioner Yeager (the district fire was in) and I will present Mr. VanZant with this award in the October fifth meeting.

If there are any concerns regarding this matter please give me a call. 850-227-8353.



**BCC APPROVED**

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

FILED FOR RECORD  
REBECCA L. NORRIS  
CLERK OF CIRCUIT COURT  
GULF COUNTY, FLORIDA  
2013 SEP 18 AM 12:01

CARMEN L. McLEMORE  
District 1

WARD McDANIEL  
District 2

BILL WILLIAMS  
District 3

TAN SMILEY  
District 4

WARREN YEAGER  
District 5

**29**

9/24/13 *js*

**Mission:**

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



**Rick Scott**  
Governor 30

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

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

September 16, 2013

Tynalin Smiley, Chairman  
Board of Gulf County Commissioners  
Gulf County Courthouse  
1000 Cecil G. Costin Sr., Blvd.  
Port St. Joe, FL 32456

Dear Chairman,

Enclosed are eight originals of the 2013-2014 Core Contract between the Department of Health in Gulf County and the Gulf County Board of County Commissioners. Also included are six copies of our annual report which contains the most recent 2012 County Health Profile and our 2013 Community Health Improvement Plan Executive Summary.

Following Board approval, please return three copies of the signed contracts to our offices by September 26, 2013.

If you have any questions, please call me at (850) 227-1276 ext. 129.

Respectfully submitted,

Marie Clark  
Business Manager

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

Enclosures

cc: Marsha Lindeman, Administrator, Gulf CHD

FILED FOR RECORD  
REBECCA L. MORRIS  
CLERK OF CIRCUIT COURT  
GULF COUNTY, FLORIDA  
2013 SEP 17 PM 1:45

2013 SEP 24 11:13 AM  
2013 9/24/13 *ls*

30

**CONTRACT BETWEEN  
GULF COUNTY BOARD OF COUNTY COMMISSIONERS  
AND  
STATE OF FLORIDA DEPARTMENT OF HEALTH  
FOR OPERATION OF  
THE GULF COUNTY HEALTH DEPARTMENT  
CONTRACT YEAR 2013-2014**

This agreement ("Agreement") is made and entered into between the State of Florida, Department of Health ("State") and the Gulf County Board of County Commissioners ("County"), through their undersigned authorities, effective October 1, 2013.

**RECITALS**

- A. Pursuant to Chapter 154, Florida Statutes, the intent of the legislature is to "promote, protect, maintain, and improve the health and safety of all citizens and visitors of this state through a system of coordinated county health department services."
- B. County Health Departments were created throughout Florida to satisfy this legislative intent through "promotion of the public's health, the control and eradication of preventable diseases, and the provision of primary health care for special populations."
- C. Gulf County Health Department ("CHD") is one of the County Health Departments created throughout Florida.
- D. It is necessary for the parties hereto to enter into this Agreement in order to ensure coordination between the State and the County in the operation of the CHD.

NOW THEREFORE, in consideration of the mutual promises set forth herein, the sufficiency of which are hereby acknowledged, the parties hereto agree as follows:

- 1. RECITALS. The parties mutually agree that the forgoing recitals are true and correct and incorporated herein by reference.
- 2. TERM. The parties mutually agree that this Agreement shall be effective from October 1, 2013, through September 30, 2014, or until a written agreement replacing this Agreement is entered into between the parties, whichever is later, unless this Agreement is otherwise terminated pursuant to the termination provisions set forth in paragraph 8, below.
- 3. SERVICES MAINTAINED BY THE CHD. The parties mutually agree that the CHD shall provide those services as set forth on Part III of Attachment II hereof, in order to maintain the following three levels of service pursuant to Section 154.01(2), Florida Statutes, as defined below:
  - a. "Environmental health services" are those services which are organized and operated to protect the health of the general public by monitoring and regulating activities in the environment which may contribute to the occurrence or transmission of disease.

Environmental health services shall be supported by available federal, state and local funds and shall include those services mandated on a state or federal level. Examples of environmental health services include, but are not limited to, food hygiene, safe drinking water supply, sewage and solid waste disposal, swimming pools, group care facilities, migrant labor camps, toxic material control, radiological health, and occupational health.

b. "Communicable disease control services" are those services which protect the health of the general public through the detection, control, and eradication of diseases which are transmitted primarily by human beings. Communicable disease services shall be supported by available federal, state, and local funds and shall include those services mandated on a state or federal level. Such services include, but are not limited to, epidemiology, sexually transmissible disease detection and control, HIV/AIDS, immunization, tuberculosis control and maintenance of vital statistics.

c. "Primary care services" are acute care and preventive services that are made available to well and sick persons who are unable to obtain such services due to lack of income or other barriers beyond their control. These services are provided to benefit individuals, improve the collective health of the public, and prevent and control the spread of disease. Primary health care services are provided at home, in group settings, or in clinics. These services shall be supported by available federal, state, and local funds and shall include services mandated on a state or federal level. Examples of primary health care services include, but are not limited to: first contact acute care services; chronic disease detection and treatment; maternal and child health services; family planning; nutrition; school health; supplemental food assistance for women, infants, and children; home health; and dental services.

4. **FUNDING.** The parties further agree that funding for the CHD will be handled as follows:

a. The funding to be provided by the parties and any other sources are set forth in Part II of Attachment II hereof. This funding will be used as shown in Part I of Attachment II.

i. The State's appropriated responsibility (*direct contribution excluding any state fees, Medicaid contributions or any other funds not listed on the Schedule C*) as provided in Attachment II, Part II is an amount not to exceed \$ 1,234,584 (*State General Revenue, State Funds, Other State Funds and Federal Funds listed on the Schedule C*). The State's obligation to pay under this contract is contingent upon an annual appropriation by the Legislature.

ii. The County's appropriated responsibility (*direct contribution excluding any fees, other cash or local contributions*) as provided in Attachment II, Part II is an amount not to exceed \$ 59,497 (*amount listed under the "Board of County Commissioners Annual Appropriations section of the revenue attachment*).

b. Overall expenditures will not exceed available funding or budget authority, whichever is less, (either current year or from surplus trust funds) in any service category. Unless requested otherwise, any surplus at the end of the term of this Agreement in the

County Health Department Trust Fund that is attributed to the CHD shall be carried forward to the next contract period.

c. Either party may establish service fees as allowed by law to fund activities of the CHD. Where applicable, such fees shall be automatically adjusted to at least the Medicaid fee schedule.

d. Either party may increase or decrease funding of this Agreement during the term hereof by notifying the other party in writing of the amount and purpose for the change in funding. If the State initiates the increase/decrease, the CHD will revise the Attachment II and send a copy of the revised pages to the County and the Department of Health, Bureau of Budget and Revenue Management. If the County initiates the increase/decrease, the County shall notify the CHD. The CHD will then revise the Attachment II and send a copy of the revised pages to the Department of Health, Bureau of Budget and Revenue Management.

e. The name and address of the official payee to who payments shall be made is:

Gulf County Health Department Trust Fund  
2475 Garrison Avenue  
Port St. Joe, FL 32456

5. CHD DIRECTOR/ADMINISTRATOR. Both parties agree the director/administrator of the CHD shall be a State employee or under contract with the State and will be under the day-to-day direction of the Deputy Secretary for Statewide Services. The director/administrator shall be selected by the State with the concurrence of the County. The director/administrator of the CHD shall ensure that non-categorical sources of funding are used to fulfill public health priorities in the community and the Long Range Program Plan. A report detailing the status of public health as measured by outcome measures and similar indicators will be sent by the CHD director/administrator to the parties no later than October 1 of each year (*This is the standard quality assurance "County Health Profile" report located on the Division of Public Health Statistics and Performance Management Intranet site*).

6. ADMINISTRATIVE POLICIES AND PROCEDURES. The parties hereto agree that the following standards should apply in the operation of the CHD:

a. The CHD and its personnel shall follow all State policies and procedures, except to the extent permitted for the use of county purchasing procedures as set forth in subparagraph b., below. All CHD employees shall be State or State-contract personnel subject to State personnel rules and procedures. Employees will report time in the Health Management System compatible format by program component as specified by the State.

b. The CHD shall comply with all applicable provisions of federal and state laws and regulations relating to its operation with the exception that the use of county purchasing procedures shall be allowed when it will result in a better price or service and no statewide Department of Health purchasing contract has been implemented for those goods or services. In such cases, the CHD director/administrator must sign a justification therefore, and all county-purchasing procedures must be followed in their entirety, and such

compliance shall be documented. Such justification and compliance documentation shall be maintained by the CHD in accordance with the terms of this Agreement. State procedures must be followed for all leases on facilities not enumerated in Attachment IV.

c. The CHD shall maintain books, records and documents in accordance with those promulgated by the Generally Accepted Accounting Principles (GAAP) and Governmental Accounting Standards Board (GASB), and the requirements of federal or state law. These records shall be maintained as required by the Department of Health Policies and Procedures for Records Management and shall be open for inspection at any time by the parties and the public, except for those records that are not otherwise subject to disclosure as provided by law which are subject to the confidentiality provisions of paragraph 6.i., below. Books, records and documents must be adequate to allow the CHD to comply with the following reporting requirements:

- i.* The revenue and expenditure requirements in the Florida Accounting System Information Resource (FLAIR).
- ii.* The client registration and services reporting requirements of the minimum data set as specified in the most current version of the Client Information System/Health Management Component Pamphlet;
- iii.* Financial procedures specified in the Department of Health's Accounting Procedures Manuals, Accounting memoranda, and Comptroller's memoranda;
- iv.* The CHD is responsible for assuring that all contracts with service providers include provisions that all subcontracted services be reported to the CHD in a manner consistent with the client registration and service reporting requirements of the minimum data set as specified in the Client Information System/Health Management Component Pamphlet.

d. All funds for the CHD shall be deposited in the Gulf County Health Department Trust Fund maintained by the state treasurer. These funds shall be accounted for separately from funds deposited for other CHDs and shall be used only for public health purposes in Gulf County.

e. That any surplus/deficit funds, including fees or accrued interest, remaining in the County Health Department Trust Fund account at the end of the contract year shall be credited/debited to the state or county, as appropriate, based on the funds contributed by each and the expenditures incurred by each. Expenditures will be charged to the program accounts by state and county based on the ratio of planned expenditures in the core contract and funding from all sources is credited to the program accounts by state and county. The equity share of any surplus/deficit funds accruing to the state and county is determined each month and at contract year-end. Surplus funds may be applied toward the funding requirements of each participating governmental entity in the following year. However, in each such case, all surplus funds, including fees and accrued interest, shall remain in the trust fund until accounted for in a manner which clearly illustrates the amount

which has been credited to each participating governmental entity. The planned use of surplus funds shall be reflected in Attachment II, Part I of this contract, with special capital projects explained in Attachment V.

f. There shall be no transfer of funds between the three levels of services without a contract amendment unless the CHD director/administrator determines that an emergency exists wherein a time delay would endanger the public's health and the Deputy Secretary for Statewide Services has approved the transfer. The Deputy Secretary for Statewide Services shall forward written evidence of this approval to the CHD within 30 days after an emergency transfer.

g. The CHD may execute subcontracts for services necessary to enable the CHD to carry out the programs specified in this Agreement. Any such subcontract shall include all aforementioned audit and record keeping requirements.

h. At the request of either party, an audit may be conducted by an independent CPA on the financial records of the CHD and the results made available to the parties within 180 days after the close of the CHD fiscal year. This audit will follow requirements contained in OMB Circular A-133 and may be in conjunction with audits performed by county government. If audit exceptions are found, then the director/administrator of the CHD will prepare a corrective action plan and a copy of that plan and monthly status reports will be furnished to the contract managers for the parties.

i. The CHD shall not use or disclose any information concerning a recipient of services except as allowed by federal or state law or policy.

j. The CHD shall retain all client records, financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to this Agreement for a period of five (5) years after termination of this Agreement. If an audit has been initiated and audit findings have not been resolved at the end of five (5) years, the records shall be retained until resolution of the audit findings.

k. The CHD shall maintain confidentiality of all data, files, and records that are confidential under the law or are otherwise exempted from disclosure as a public record under Florida law. The CHD shall implement procedures to ensure the protection and confidentiality of all such records and shall comply with sections 384.29, 381.004, 392.65 and 456.057, Florida Statutes, and all other state and federal laws regarding confidentiality. All confidentiality procedures implemented by the CHD shall be consistent with the Department of Health Information Security Policies, Protocols, and Procedures. The CHD shall further adhere to any amendments to the State's security requirements and shall comply with any applicable professional standards of practice with respect to client confidentiality.

l. The CHD shall abide by all State policies and procedures, which by this reference are incorporated herein as standards to be followed by the CHD, except as otherwise permitted for some purchases using county procedures pursuant to paragraph 6.b. hereof.

m. The CHD shall establish a system through which applicants for services and current clients may present grievances over denial, modification or termination of services. The CHD will advise applicants of the right to appeal a denial or exclusion from services, of failure to take account of a client's choice of service, and of his/her right to a fair hearing to the final governing authority of the agency. Specific references to existing laws, rules or program manuals are included in Attachment I of this Agreement.

n. The CHD shall comply with the provisions contained in the Civil Rights Certificate, hereby incorporated into this contract as Attachment III.

o. The CHD shall submit quarterly reports to the county that shall include at least the following:

*i.* The DE385L1 Contract Management Variance Report and the DE580L1 Analysis of Fund Equities Report;

*ii.* A written explanation to the county of service variances reflected in the DE385L1 report if the variance exceeds or falls below 25 percent of the planned expenditure amount. However, if the amount of the service specific variance between actual and planned expenditures does not exceed three percent of the total planned expenditures for the level of service in which the type of service is included, a variance explanation is not required. A copy of the written explanation shall be sent to the Department of Health, Bureau of Budget and Revenue Management.

p. The dates for the submission of quarterly reports to the county shall be as follows unless the generation and distribution of reports is delayed due to circumstances beyond the CHD's control:

- i. March 1, 2014 for the report period October 1, 2013 through December 31, 2013;
- ii. June 1, 2014 for the report period October 1, 2013 through March 31, 2014;
- iii. September 1, 2014 for the report period October 1, 2013 through June 30, 2014; and
- iv. December 1, 2014 for the report period October 1, 2013 through September 30, 2014.

7. FACILITIES AND EQUIPMENT. The parties mutually agree that:

a. CHD facilities shall be provided as specified in Attachment IV to this contract and the county shall own the facilities used by the CHD unless otherwise provided in Attachment IV.

b. The county shall ensure adequate fire and casualty insurance coverage for County-owned CHD offices and buildings and for all furnishings and equipment in CHD offices through either a self-insurance program or insurance purchased by the County.

c. All vehicles will be transferred to the ownership of the County and registered as county vehicles. The county shall ensure insurance coverage for these vehicles is available through either a self-insurance program or insurance purchased by the County. All vehicles will be used solely for CHD operations. Vehicles purchased through the County Health Department Trust Fund shall be sold at fair market value when they are no longer needed by the CHD and the proceeds returned to the County Health Department Trust Fund.

8. TERMINATION.

a. Termination at Will. This Agreement may be terminated by either party without cause upon no less than one-hundred eighty (180) calendar days notice in writing to the other party unless a lesser time is mutually agreed upon in writing by both parties. Said notice shall be delivered by certified mail, return receipt requested, or in person to the other party's contract manager with proof of delivery.

b. Termination Because of Lack of Funds. In the event funds to finance this Agreement become unavailable, either party may terminate this Agreement upon no less than twenty-four (24) hours notice. Said notice shall be delivered by certified mail, return receipt requested, or in person to the other party's contract manager with proof of delivery.

c. Termination for Breach. This Agreement may be terminated by one party, upon no less than thirty (30) days notice, because of the other party's failure to perform an

obligation hereunder. Said notice shall be delivered by certified mail, return receipt requested, or in person to the other party's contract manager with proof of delivery. Waiver of breach of any provisions of this Agreement shall not be deemed to be a waiver of any other breach and shall not be construed to be a modification of the terms of this Agreement.

9. MISCELLANEOUS. The parties further agree:

a. Availability of Funds. If this Agreement, any renewal hereof, or any term, performance or payment hereunder, extends beyond the fiscal year beginning July 1, 2014, it is agreed that the performance and payment under this Agreement are contingent upon an annual appropriation by the Legislature, in accordance with section 287.0582, Florida Statutes.

b. Contract Managers. The name and address of the contract managers for the parties under this Agreement are as follows:

For the State:

For the County:

Stacy Webb  
Name

Rebecca Norris  
Name

Accountant I  
Title

Clerk of Courts  
Title

Gulf County Health Department

Gulf County Courthouse

2475 Garrison Avenue  
Address

1000 Cecil G. Costin, Sr. Boulevard  
Address

(850) 227-1276 x 196  
Telephone

(850) 229-6113  
Telephone

If different contract managers are designated after execution of this Agreement, the name, address and telephone number of the new representative shall be furnished in writing to the other parties and attached to originals of this Agreement.

c. Captions. The captions and headings contained in this Agreement are for the convenience of the parties only and do not in any way modify, amplify, or give additional notice of the provisions hereof.

In WITNESS THEREOF, the parties hereto have caused this 24 page agreement to be executed by their undersigned officials as duly authorized effective the 1<sup>st</sup> day of October, 2013.

**BOARD OF COUNTY COMMISSIONERS  
FOR GULF COUNTY**

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

SIGNED BY: \_\_\_\_\_

SIGNED BY: \_\_\_\_\_

NAME: Tynalin Smiley

NAME: John H. Armstrong, MD

TITLE: Chairman, Board of Gulf County  
Commissioners

TITLE: Surgeon General/Secretary of Health

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

ATTESTED TO:

SIGNED BY: \_\_\_\_\_

SIGNED BY: \_\_\_\_\_

NAME: \_\_\_\_\_

NAME: Marsha Lindeman

TITLE: \_\_\_\_\_

TITLE: Gulf CHD Administrator

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

## ATTACHMENT I

## GULF COUNTY HEALTH DEPARTMENT

**PROGRAM SPECIFIC REPORTING REQUIREMENTS AND PROGRAMS REQUIRING  
COMPLIANCE WITH THE PROVISIONS OF SPECIFIC MANUALS**

Some health services must comply with specific program and reporting requirements in addition to the Personal Health Coding Pamphlet (DHP 50-20), Environmental Health Coding Pamphlet (DHP 50-21) and FLAIR requirements because of federal or state law, regulation or rule. If a county health department is funded to provide one of these services, it must comply with the special reporting requirements for that service. The services and the reporting requirements are listed below:

<u>Service</u>	<u>Requirement</u>
1. Sexually Transmitted Disease Program	Requirements as specified in F.A.C. 64D-3, F.S. 381 and F.S. 384.
2. Dental Health	Monthly reporting on DH Form 1008*. Additional reporting requirements, under development, will be required. The additional reporting requirements will be communicated upon finalization.
3. Special Supplemental Nutrition Program for Women, Infants and Children (including the WIC Breastfeeding Peer Counseling Program)	Service documentation and monthly financial reports as specified in DHM 150-24* and all federal, state and county requirements detailed in program manuals and published procedures.
4. Healthy Start/ Improved Pregnancy Outcome	Requirements as specified in the 2007 Healthy Start Standards and Guidelines and as specified by the Healthy Start Coalitions in contract with each county health department.
5. Family Planning	Periodic financial and programmatic reports as specified by the program office.
6. Immunization	Periodic reports as specified by the department pertaining to immunization levels in kindergarten and/or seventh grade pursuant to instructions contained in the Immunization Guidelines-Florida Schools, Childcare Facilities and Family Daycare Homes (DH Form 150-615) and Rule 64D-3.046, F.A.C. In addition, periodic reports as specified by the department pertaining to the surveillance/investigation of reportable vaccine-preventable diseases, adverse events, vaccine accountability, and assessment of immunization levels as documented in Florida. SHOTS and supported by CHD Guidebook policies and technical assistance guidance.
7. Environmental Health	Requirements as specified in Environmental Health Programs Manual 150-4* and DHP 50-21*
8. HIV/AIDS Program	Requirements as specified in F.S. 384.25 and F.A.C. 64D-3.030 and 64D-3.031. Case reporting should be on Adult HIV/AIDS Confidential Case Report CDC Form DH2139 and Pediatric HIV/AIDS Confidential Case Report CDC Form DH2140.

## ATTACHMENT I (Continued)

- Requirements as specified in F.A.C. 64D-2 and 64D-3, F.S. 381 and F.S. 384. Socio-demographic and risk data on persons tested for HIV in CHD clinics should be reported on Lab Request DH Form 1628 in accordance with the Forms Instruction Guide. Requirements for the HIV/AIDS Patient Care programs are found in the Patient Care Contract Administrative Guidelines.
9. School Health Services Requirements as specified in the Florida School Health Administrative Guidelines (May 2012).
10. Tuberculosis Tuberculosis Program Requirements as specified in F.A.C. 64D-3 and F.S. 392.
11. General Communicable Disease Control Carry out surveillance for reportable communicable and other acute diseases, detect outbreaks, respond to individual cases of reportable diseases, investigate outbreaks, and carry out communication and quality assurance functions, as specified in F.A.C. 64D-3, F.S. 381, F.S. 384 and the CHD Epidemiology Guide to Surveillance and Investigations.

\*or the subsequent replacement if adopted during the contract period.

**ATTACHMENT II**

**GULF COUNTY HEALTH DEPARTMENT**

**PART I. PLANNED USE OF COUNTY HEALTH DEPARTMENT TRUST FUND BALANCES**

	Estimated State Share of CHD Trust Fund Balance	Estimated County Share of CHD Trust Fund Balance	Total
1. CHD Trust Fund Ending Balance 09/30/13	47,221	116,905	164,126
2. Drawdown for Contract Year October 1, 2013 to September 30, 2014	10,688	26,463	37,151
3. Special Capital Project use for Contract Year October 1, 2013 to September 30, 2014			
4. Balance Reserved for Contingency Fund October 1, 2013 to September 30, 2014	57,909	143,368	201,277

Special Capital Projects are new construction or renovation projects and new furniture or equipment associated with these projects, and mobile health vans.

**GULF COUNTY HEALTH DEPARTMENT**  
**Part II. Sources of Contributions to County Health Department**

October 1, 2013 to September 30, 2014

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>1. GENERAL REVENUE - STATE</b>					
015040 AIDS PREVENTION	0	0	0	0	0
015040 ALG/CESSPOOL IDENTIFICATION AND ELIMINATION	0	0	0	0	0
015040 ALG/CONTR TO CHDS-AIDS PATIENT CARE NETWORK	0	0	0	0	0
015040 ALG/IPO HEALTHY START/IPO	0	0	0	0	0
015040 COMMUNITY SMILES - MIAMI-DADE	0	0	0	0	0
015040 COUNTY SPECIFIC DENTAL PROJECTS - ESCAMBIA	0	0	0	0	0
015040 DUVAL TEEN PREGANCY PREVENTION - DUVAL	0	0	0	0	0
015040 FL CLPPP SCREENING & CASE MANAGEMENT	0	0	0	0	0
015040 HEALTHY START GENERAL REVENUE CHD	0	0	0	0	0
015040 HEALTHY START MED-WAIVER - CLIENT SERVICES	0	0	0	0	0
015040 LA LIGA-LEAGUE AGAINST CANCER - MIAMI-DADE	0	0	0	0	0
015040 METRO ORLANDO URBAN LEAGUE - ORANGE	0	0	0	0	0
015040 MINORITY OUTREACH-PENALVER CLINIC - MIAMI-DADE	0	0	0	0	0
015040 PREPAREDNESS GRANT MATCH	0	0	0	0	0
015040 SCHOOL HEALTH GENERAL REVENUE	54,812	0	54,812	0	54,812
015040 STATEWIDE DENTISTRY NETWORK - ESCAMBIA	0	0	0	0	0
015040 STD GENERAL REVENUE	0	0	0	0	0
015040 TREASURE COAST MIDWIFERY - MARTIN	0	0	0	0	0
015040 AIDS SURVEILLANCE	0	0	0	0	0
015040 ALG/CONTR TO CHDS-AIDS PATIENT CARE	0	0	0	0	0
015040 ALG/CONTR TO CHDS-SOVEREIGN IMMUNITY	0	0	0	0	0
015040 ALG/PRIMARY CARE	112,960	0	112,960	0	112,960
015040 COMMUNITY TB PROGRAM	4,059	0	4,059	0	4,059
015040 DENTAL SPECIAL INITIATIVES	6,540	0	6,540	0	6,540
015040 FAMILY PLANNING GENERAL REVENUE	25,732	0	25,732	0	25,732
015040 FL HEPATITIS & LIVER FAILURE PREVENTION/CONTROL	0	0	0	0	0
015040 HEALTHY START MED WAIVER - SOBRA	0	0	0	0	0
015040 JESSIE TRICE CANCER CTR/HEALTH CHOICE - MIAMI-DADE	0	0	0	0	0
015040 MANATEE COUNTY RURAL HEALTH SERVICES	0	0	0	0	0
015040 MIGRANT LABOR CAMP SANITATION	0	0	0	0	0
015050 NON-CATEGORICAL GENERAL REVENUE	444,198	0	444,198	0	444,198
<b>GENERAL REVENUE TOTAL</b>	<b>648,301</b>	<b>0</b>	<b>648,301</b>	<b>0</b>	<b>648,301</b>
<b>2. NON GENERAL REVENUE - STATE</b>					
015010 ALG/CONTR. TO CHDS-BIOMEDICAL WASTE	1,680	0	1,680	0	1,680
015010 FOOD AND WATERBORNE DISEASE PROGRAM ADM TF/DACS	0	0	0	0	0
015010 PREPAREDNESS GRANT MATCH	0	0	0	0	0
015010 SCHOOL HEALTH TOBACCO TF	14,228	0	14,228	0	14,228
015010 TOBACCO COMMUNITY INTERVENTION	116,830	0	116,830	0	116,830
015010 ALG/CONTR. TO CHDS-SAFE DRINKING WATER PRG	0	0	0	0	0
015010 MEDICAID INCENTIVE FOR ELECTRONIC HEALTH RECORDS	49,092	0	49,092	0	49,092
015010 PUBLIC SWIMMING POOL PROGRAM	0	0	0	0	0
015010 TOBACCO ADMINISTRATION & MANAGEMENT	0	0	0	0	0
015020 TRANSFER FROM ANOTHER STATE AGENCY	0	0	0	0	0
015020 TRANSFER FROM ANOTHER STATE AGENCY	0	0	0	0	0
015020 TRANSFER FROM ANOTHER STATE AGENCY	0	0	0	0	0
015060 NON-CATEGORICAL TOBACCO REBASING	2,717	0	2,717	0	2,717

**GULF COUNTY HEALTH DEPARTMENT**  
**Part II. Sources of Contributions to County Health Department**

October 1, 2013 to September 30, 2014

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>NON GENERAL REVENUE TOTAL</b>	184,547	0	184,547	0	184,547
<b>3. FEDERAL FUNDS - State</b>					
007000 ABSTINENCE EDUCATION GRANT PROGRAM	0	0	0	0	0
007000 AIDS PREVENTION	0	0	0	0	0
007000 BIOTERRORISM HOSPITAL PREPAREDNESS	0	0	0	0	0
007000 COASTAL BEACH MONITORING PROGRAM	9,302	0	9,302	0	9,302
007000 DENTAL SERVICES	0	0	0	0	0
007000 EPIDEMIOLOGY & LABORATORY CAPACITY FOR INFECTIOUS	0	0	0	0	0
007000 EXPANDED TESTING INITIATIVE (ETI)	0	0	0	0	0
007000 FGTF/BREAST & CERVICAL CANCER-ADMIN/CASE MAN	0	0	0	0	0
007000 HEPATITIS B VACCINATION PILOT PROJECT	0	0	0	0	0
007000 IMMUNIZATION AFIX	0	0	0	0	0
007000 IMMUNIZATION FIELD STAFF EXPENSE	0	0	0	0	0
007000 MCH BGTF-HEALTHY START COALITIONS	0	0	0	0	0
007000 MINORITY AIDS INITIATIVE	0	0	0	0	0
007000 MINORITY INVOLVEMENT IN HIV/AIDS PROGRAM	0	0	0	0	0
007000 PREGNANCY ASSOCIATED MORTALITY PREVENTION	0	0	0	0	0
007000 PUBLIC HEALTH PREPAREDNESS BASE	0	0	0	0	0
007000 RYAN WHITE	0	0	0	0	0
007000 RYAN WHITE-AIDS DRUG ASSIST PROG-ADMIN	0	0	0	0	0
007000 STATE OFFICE OF RURAL HEALTH	0	0	0	0	0
007000 STD FEDERAL GRANT - CSPS	0	0	0	0	0
007000 SYPHILIS ELIMINATION	0	0	0	0	0
007000 TOBACCO FAITH BASED PROJECT	0	0	0	0	0
007000 UNINTENDED/UNWANTED PREG-TEEN PREGNANCY PREV	13,797	0	13,797	0	13,797
007000 WIC BREASTFEEDING PEER COUNSELING	0	0	0	0	0
007000 ADULT VIRAL HEPATITIS PREVENTION & SURVEILLANCE	0	0	0	0	0
007000 AIDS SURVEILLANCE	0	0	0	0	0
007000 CHRONIC DISEASE PREVENTION & HEALTH PROMOTION	0	0	0	0	0
007000 COLORECTAL CANCER SCREENING	0	0	0	0	0
007000 ENHANCE COMPREHENSIVE PREVENTION PLANNING AND IMPL	0	0	0	0	0
007000 EPIDEMIOLOGY & LABORATORY CAPACITY HAI	0	0	0	0	0
007000 FGTF/AIDS MORBIDITY	0	0	0	0	0
007000 FGTF/FAMILY PLANNING-TITLE X	41,246	0	41,246	0	41,246
007000 HIV HOUSING FOR PEOPLE LIVING WITH AIDS	0	0	0	0	0
007000 IMMUNIZATION FEDERAL GRANT ACTIVITY SUPPORT	2,085	0	2,085	0	2,085
007000 MCH BGTF-GADSDEN SCHOOL CLINIC	0	0	0	0	0
007000 MEDICARE RURAL HOSPITAL FLEXIBILITY PROGRAM	0	0	0	0	0
007000 MINORITY AIDS INITIATIVE TCE COLLABORATIVE	0	0	0	0	0
007000 PHP - CITIES READINESS INITIATIVE	0	0	0	0	0
007000 PUBLIC HEALTH INFRASTRUCTURE	0	0	0	0	0
007000 RAPE PREVENTION & EDUCATION	0	0	0	0	0
007000 RYAN WHITE - EMERGING COMMUNITIES	0	0	0	0	0
007000 RYAN WHITE-CONSORTIA	0	0	0	0	0
007000 STATEWIDE ASTHMA PROGRAM	0	0	0	0	0
007000 STD PROGRAM INFERTILITY PREVENTION PROJECT (IPP)	0	0	0	0	0
007000 TEENAGE PREGNANCY PREVENTION REPLICATION	67,103	0	67,103	0	67,103
007000 TUBERCULOSIS CONTROL - FEDERAL GRANT	0	0	0	0	0

**GULF COUNTY HEALTH DEPARTMENT**  
**Part II. Sources of Contributions to County Health Department**

October 1, 2013 to September 30, 2014

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>3. FEDERAL FUNDS - State</b>					
007000 WIC ADMINISTRATION	0	0	0	0	0
015009 MEDIPASS WAIVER-HLTHY STRT CLIENT SERVICES	0	0	0	0	0
015009 MEDIPASS WAIVER-SOBRA	0	0	0	0	0
007055 ARRA FEDERAL GRANT - SCHEDULE C	0	0	0	0	0
015075 SCHOOL HEALTH TITLE XXI	233,000	0	233,000	0	233,000
015075 SCHOOL HEALTH	0	0	0	0	0
015075 SCHOOL HEALTH	0	0	0	0	0
015075 SCHOOL HEALTH	0	0	0	0	0
<b>FEDERAL FUNDS TOTAL</b>	<b>366,533</b>	<b>0</b>	<b>366,533</b>	<b>0</b>	<b>366,533</b>
<b>4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE</b>					
001020 PUBLIC WATER ANNUAL OPER PERMIT	0	0	0	0	0
001020 NON-SDWA SYSTEM PERMIT	0	0	0	0	0
001020 SWIMMING POOLS	6,188	0	6,188	0	6,188
001020 BODY PIERCING	211	0	211	0	211
001020 MOBILE HOME AND PARKS	2,171	0	2,171	0	2,171
001020 BIOHAZARD WASTE PERMIT	842	0	842	0	842
001020 TANNING FACILITIES	455	0	455	0	455
001020 MIGRANT HOUSING PERMIT	0	0	0	0	0
001020 FOOD HYGIENE PERMIT	3,172	0	3,172	0	3,172
001020 PRIVATE WATER CONSTR PERMIT	0	0	0	0	0
001020 PUBLIC WATER CONSTR PERMIT	0	0	0	0	0
001020 LIMITED USE WATER	2,187	0	2,187	0	2,187
001092 OSDS PERMIT FEE	0	0	0	0	0
001092 AEROBIC OPERATING PERMIT	0	0	0	0	0
001092 NON SDWA LAB SAMPLE	0	0	0	0	0
001092 ENVIRONMENTAL HEALTH FEES	20,322	0	20,322	0	20,322
001092 I & M ZONED OPERATING PERMIT	0	0	0	0	0
001092 SEPTIC TANK SITE EVALUATION	0	0	0	0	0
001092 OSDS VARIANCE FEE	0	0	0	0	0
001092 OSDS REPAIR PERMIT	0	0	0	0	0
001170 LAB FEE CHEMICAL ANALYSIS	0	0	0	0	0
001170 NONPOTABLE WATER ANALYSIS	0	0	0	0	0
001170 WATER ANALYSIS-POTABLE	0	0	0	0	0
001206 CENTRAL OFFICE SURCHARGE	2,791	0	2,791	0	2,791
001093 CHD ON-LINE BILLING FEE	0	0	0	0	0
<b>FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL</b>	<b>38,339</b>	<b>0</b>	<b>38,339</b>	<b>0</b>	<b>38,339</b>
<b>5. OTHER CASH CONTRIBUTIONS - STATE</b>					
010304 STATIONARY POLLUTANT STORAGE TANKS	49,799	0	49,799	0	49,799
090001 DRAW DOWN FROM PUBLIC HEALTH UNIT	10,688	0	10,688	0	10,688
031005 CHDTF CASH TRANSFER	0	0	0	0	0
010306 DOH/DOC INTERAGENCY AGREEMENT	0	0	0	0	0
<b>OTHER CASH CONTRIBUTIONS TOTAL</b>	<b>60,487</b>	<b>0</b>	<b>60,487</b>	<b>0</b>	<b>60,487</b>
<b>6. MEDICAID - STATE/COUNTY</b>					
001056 MEDICAID PHARMACY	0	0	0	0	0

**GULF COUNTY HEALTH DEPARTMENT**  
**Part II. Sources of Contributions to County Health Department**

October 1, 2013 to September 30, 2014

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total	
<b>6. MEDICAID - STATE/COUNTY</b>						
001076	MEDICAID TB	0	139	139	0	139
001078	MEDICAID ADMINISTRATION OF VACCINE	0	10,732	10,732	0	10,732
001079	MEDICAID CASE MANAGEMENT	0	0	0	0	0
001081	MEDICAID CHILD HEALTH CHECK UP	0	6,357	6,357	0	6,357
001082	MEDICAID DENTAL	0	67,800	67,800	0	67,800
001083	MEDICAID FAMILY PLANNING	0	21,556	21,556	0	21,556
001087	MEDICAID STD	0	0	0	0	0
001089	MEDICAID AIDS	0	0	0	0	0
001147	MEDICAID HMO CAPITATION	0	0	0	0	0
001191	MEDICAID MATERNITY	0	0	0	0	0
001192	MEDICAID COMPREHENSIVE CHILD	0	134,569	134,569	0	134,569
001193	MEDICAID COMPREHENSIVE ADULT	0	96,856	96,856	0	96,856
001194	MEDICAID LABORATORY	0	0	0	0	0
001208	MEDIPASS \$3.00 ADM. FEE	0	16,240	16,240	0	16,240
001059	MEDICAID LOW INCOME POOL	0	177,744	177,744	0	177,744
001051	EMERGENCY MEDICAID	0	0	0	0	0
001058	MEDICAID - BEHAVIORAL HEALTH	0	0	0	0	0
001071	MEDICAID - ORTHOPEDIC	0	0	0	0	0
001072	MEDICAID - DERMATOLOGY	0	0	0	0	0
001075	MEDICAID - SCHOOL HEALTH CERTIFIED MATCH	0	0	0	0	0
001069	MEDICAID - REFUGEE HEALTH	0	0	0	0	0
001055	MEDICAID - HOSPITAL	0	0	0	0	0
001148	MEDICAID HMO NON-CAPITATION	0	0	0	0	0
001074	MEDICAID - NEWBORN SCREENING	0	0	0	0	0
001180	DENTAL MEDICAID HMO	0	232,200	232,200	0	232,200
<b>MEDICAID TOTAL</b>	0	764,193	764,193	0	764,193	
<b>7. ALLOCABLE REVENUE - STATE</b>						
018000	REFUNDS	0	0	0	0	0
037000	PRIOR YEAR WARRANT	0	0	0	0	0
038000	12 MONTH OLD WARRANT	0	0	0	0	0
<b>ALLOCABLE REVENUE TOTAL</b>	0	0	0	0	0	
<b>8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE</b>						
ADAP	0	0	0	0	0	
OTHER (SPECIFY)	0	0	0	14,232	14,232	
PHARMACY SERVICES	0	0	0	39,514	39,514	
TB SERVICES	0	0	0	0	0	
STD SERVICES	0	0	0	0	0	
WIC FOOD	0	0	0	238,656	238,656	
DENTAL SERVICES	0	0	0	0	0	
OTHER (SPECIFY)	0	0	0	0	0	
LABORATORY SERVICES	0	0	0	4,693	4,693	
IMMUNIZATION SERVICES	0	0	0	73,702	73,702	
CONSTRUCTION/RENOVATION	0	0	0	0	0	
<b>OTHER STATE CONTRIBUTIONS TOTAL</b>	0	0	0	370,797	370,797	

**GULF COUNTY HEALTH DEPARTMENT**  
**Part II. Sources of Contributions to County Health Department**

**October 1, 2013 to September 30, 2014**

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>9. DIRECT LOCAL CONTRIBUTIONS - BCC/TAX DISTRICT</b>					
008010	CONTRIBUTION FROM CITY GOVERNMENT	0	0	0	0
008020	CONTRIBUTION FROM HEALTH CARE TAX NOT THRU BCC	0	0	0	0
008040	BCC GRANT/CONTRACT	0	0	0	0
008030	CONTRIBUTION FROM HEALTH CARE TAX	0	0	0	0
008034	BCC CONTRIBUTION FROM GENERAL FUND	0	59,497	59,497	0
	<b>DIRECT COUNTY CONTRIBUTION TOTAL</b>	0	59,497	59,497	0
<b>10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY</b>					
001060	CHD SUPPORT POSITION	0	0	0	0
001077	RABIES VACCINE	0	0	0	0
001077	PRIMARY CARE FEES	0	161,097	161,097	0
001077	CHILD CAR SEAT PROG	0	600	600	0
001077	DENTAL HEALTH FEES	0	253,925	253,925	0
001094	ADULT ENTER. PERMIT FEES	0	0	0	0
001094	ENVIRONMENTAL HEALTH FEES	0	9,295	9,295	0
001114	NEW BIRTH CERTIFICATES	0	4,192	4,192	0
001115	VITAL STATISTICS - DEATH CERTIFICATE	0	4,580	4,580	0
001117	VITAL STATS-ADM. FEE 50 CENTS	0	329	329	0
001073	CO-PAY FOR THE AIDS CARE PROGRAM	0	0	0	0
001025	CLIENT REVENUE FROM GRC	0	0	0	0
001040	CELL PHONE ADMINISTRATIVE FEE	0	0	0	0
	<b>FEES AUTHORIZED BY COUNTY TOTAL</b>	0	434,018	434,018	0
<b>11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY</b>					
001009	RETURNED CHECK ITEM	0	0	0	0
001029	THIRD PARTY REIMBURSEMENT	0	365,635	365,635	0
001029	HEALTH MAINTENANCE ORGAN. (HMO)	0	0	0	0
001054	MEDICARE PART D	0	0	0	0
001077	RYAN WHITE TITLE II	0	0	0	0
001090	MEDICARE PART B	0	204,652	204,652	0
001190	HEALTH MAINTENANCE ORGANIZATION	0	0	0	0
005040	INTEREST EARNED	0	0	0	0
005041	INTEREST EARNED-STATE INVESTMENT ACCOUNT	0	0	0	0
007010	U.S. GRANTS DIRECT	0	783,749	783,749	0
008050	SCHOOL BOARD CONTRIBUTION	0	40,000	40,000	0
008060	SPECIAL PROJECT CONTRIBUTION	0	0	0	0
010300	SALE OF GOODS AND SERVICES TO STATE AGENCIES	0	0	0	0
010301	EXP WITNESS FEE CONSULTNT CHARGES	0	0	0	0
010405	SALE OF PHARMACEUTICALS	0	0	0	0
010409	SALE OF GOODS OUTSIDE STATE GOVERNMENT	0	0	0	0
011001	HEALTHY START COALITION CONTRIBUTIONS	0	101,072	101,072	0
011007	CASH DONATIONS PRIVATE	0	0	0	0
012020	FINES AND FORFEITURES	0	0	0	0
012021	RETURN CHECK CHARGE	0	0	0	0
028020	INSURANCE RECOVERIES-OTHER	0	0	0	0
090002	DRAW DOWN FROM PUBLIC HEALTH UNIT	0	26,463	26,463	0
011000	SACRED HEART LIP SUPPORT	0	111,232	111,232	0

GULF COUNTY HEALTH DEPARTMENT  
 Part II. Sources of Contributions to County Health Department

October 1, 2013 to September 30, 2014

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY</b>					
011000 SACRED HEART LEASE	0	14,416	14,416	0	14,416
011000 BIG BEND (AHEC) AREA HEALTH EDUCATION CENTER	0	1,000	1,000	0	1,000
011000 GRANT DIRECT-ARROW	0	0	0	0	0
011000 GRANT DIRECT-HEALTH CARE DISTRICT PAHOKEE	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT DIRECT-NOVA UNIVERSITY CHD TRAINING	0	0	0	0	0
011000 GRANT DIRECT-COUNTY HEALTH DEPARTMENT DIRECT SERVICES	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT DIRECT-QUANTUM DENTAL	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
010402 RECYCLED MATERIAL SALES	0	0	0	0	0
010303 FDLE FINGERPRINTING	0	0	0	0	0
007050 ARRA FEDERAL GRANT	0	0	0	0	0
001010 RECOVERY OF BAD CHECKS	0	0	0	0	0
008065 FCO CONTRIBUTION	0	0	0	0	0
011006 RESTRICTED CASH DONATION	0	0	0	0	0
028000 INSURANCE RECOVERIES	0	0	0	0	0
001033 CMS MANAGEMENT FEE - PMPMPC	0	0	0	0	0
010400 SALE OF GOODS OUTSIDE STATE GOVERNMENT	0	0	0	0	0
010500 REFUGEE HEALTH	0	0	0	0	0
005045 INTEREST EARNED-THIRD PARTY PROVIDER	0	0	0	0	0
005043 INTEREST EARNED-CONTRACT/GRANT	0	0	0	0	0
001053 MEDICARE - PART A	0	0	0	0	0
011002 ARRA FEDERAL GRANT - SUB-RECIPIENT	0	0	0	0	0
011004 LOW INCOME POOL - SUBRECIPIENT	0	0	0	0	0
001003 WIRE TRANSFER FEE	0	0	0	0	0
<b>OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL</b>	0	1,648,219	1,648,219	0	1,648,219
<b>12. ALLOCABLE REVENUE - COUNTY</b>					
018000 REFUNDS	0	0	0	0	0
037000 PRIOR YEAR WARRANT	0	0	0	0	0
038000 12 MONTH OLD WARRANT	0	0	0	0	0
001053 CLIENT REVENUE FROM NCO	0	0	0	0	0
<b>COUNTY ALLOCABLE REVENUE TOTAL</b>	0	0	0	0	0
<b>13. BUILDINGS - COUNTY</b>					
ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	0	0
OTHER (SPECIFY)	0	0	0	0	0
UTILITIES	0	0	0	0	0
BUILDING MAINTENANCE	0	0	0	5,500	5,500
GROUNDS MAINTENANCE	0	0	0	0	0
INSURANCE	0	0	0	0	0
OTHER (SPECIFY)	0	0	0	0	0
<b>BUILDINGS TOTAL</b>	0	0	0	5,500	5,500

**GULF COUNTY HEALTH DEPARTMENT**  
**Part II. Sources of Contributions to County Health Department**

October 1, 2013 to September 30, 2014

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
<b>14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY</b>					
EQUIPMENT/VEHICLE PURCHASES	0	0	0	0	0
VEHICLE INSURANCE	0	0	0	0	0
VEHICLE MAINTENANCE	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
<b>OTHER COUNTY CONTRIBUTIONS TOTAL</b>	0	0	0	0	0
<b>GRAND TOTAL CHD PROGRAM</b>	1,298,207	2,905,927	4,204,134	376,297	4,580,431

## GULF COUNTY HEALTH DEPARTMENT

## Part III. Planned Staffing, Clients, Services, And Expenditures By Program Service Area Within Each Level Of Service

October 1, 2013 to September 30, 2014

	FTE's (0.00)	Clients Units	Services/ Visits	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
<b>A. COMMUNICABLE DISEASE CONTROL:</b>										
IMMUNIZATION (101)	0.65	1,600	1,989	10,242	10,394	8,907	9,955	20,704	18,794	39,498
STD (102)	0.31	125	157	4,626	3,964	4,626	4,624	13,953	3,887	17,840
HIV/AIDS PREVENTION (03A1)	0.06	0	0	919	787	919	919	2,874	670	3,544
HIV/AIDS SURVEILLANCE (03A2)	0.00	0	0	14	12	14	13	41	12	53
HIV/AIDS PATIENT CARE (03A3)	0.00	0	0	0	0	0	0	0	0	0
ADAP (03A4)	0.01	0	0	154	132	154	152	462	130	592
TB CONTROL SERVICES (104)	0.15	17	186	2,439	2,090	2,439	2,439	7,447	1,960	9,407
COMM. DISEASE SURV. (106)	0.15	0	24	2,139	1,833	2,139	2,140	8,251	0	8,251
HEPATITIS PREVENTION (109)	0.00	0	0	0	0	0	0	0	0	0
PUBLIC HEALTH PREP AND RESP (116)	0.07	0	0	0	1,200	3,852	0	5,052	0	5,052
REFUGEE HEALTH (118)	0.00	0	0	0	0	0	0	0	0	0
VITAL STATISTICS (180)	0.29	735	1,126	3,217	2,757	3,217	3,215	3,305	9,101	12,406
<b>COMMUNICABLE DISEASE SUBTOTAL</b>	<b>1.69</b>	<b>2,477</b>	<b>3,482</b>	<b>23,750</b>	<b>23,169</b>	<b>26,267</b>	<b>23,457</b>	<b>62,089</b>	<b>34,554</b>	<b>96,643</b>
<b>B. PRIMARY CARE:</b>										
CHRONIC DISEASE SERVICES (210)	0.12	0	0	2,181	1,869	2,181	2,179	2,205	6,205	8,410
TOBACCO PREVENTION (212)	1.78	0	91	36,581	31,347	36,581	36,567	141,076	0	141,076
WIC (21W1)	0.00	0	0	0	0	0	0	0	0	0
WIC BREASTFEEDING PEER COUNSELING (21W2)	0.00	0	0	0	0	0	0	0	0	0
FAMILY PLANNING (223)	2.59	512	1,100	51,983	44,545	51,983	51,962	106,771	93,702	200,473
IMPROVED PREGNANCY OUTCOME (225)	0.01	48	48	166	142	166	167	499	142	641
HEALTHY START PRENATAL (227)	1.33	135	1,017	17,871	15,314	17,871	17,866	0	68,922	68,922
COMPREHENSIVE CHILD HEALTH (229)	4.45	1,139	2,487	74,237	63,615	74,237	74,209	42,837	243,461	286,298
HEALTHY START INFANT (231)	0.85	108	891	10,822	9,274	10,822	10,818	0	41,736	41,736
SCHOOL HEALTH (234)	10.80	0	57,875	152,352	131,412	152,352	128,295	507,109	57,302	564,411
COMPREHENSIVE ADULT HEALTH (237)	20.92	3,651	12,012	365,301	313,035	365,301	365,161	131,270	1,277,528	1,408,798
COMMUNITY HEALTH DEVELOPMENT (238)	1.92	0	1,440	14,354	12,300	14,354	14,347	52,355	3,000	55,355
DENTAL HEALTH (240)	12.17	2,407	5,988	249,337	213,663	249,337	249,241	6,568	955,010	961,578
<b>PRIMARY CARE SUBTOTAL</b>	<b>56.94</b>	<b>8,000</b>	<b>82,949</b>	<b>975,185</b>	<b>836,516</b>	<b>975,185</b>	<b>950,812</b>	<b>990,690</b>	<b>2,747,008</b>	<b>3,737,698</b>
<b>C. ENVIRONMENTAL HEALTH:</b>										
<b>Water and Onsite Sewage Programs</b>										
COASTAL BEACH MONITORING (347)	0.11	103	103	1,405	303	4,508	4,600	9,208	1,608	10,816
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.08	23	50	1,594	2,660	1,294	599	2,950	3,197	6,147
PUBLIC WATER SYSTEM (358)	0.00	0	0	0	0	0	0	0	0	0
PRIVATE WATER SYSTEM (359)	0.00	0	0	0	0	0	0	0	0	0
INDIVIDUAL SEWAGE DISP. (361)	0.69	148	173	13,421	11,500	13,421	13,415	20,322	31,435	51,757
<b>Group Total</b>	<b>0.88</b>	<b>274</b>	<b>326</b>	<b>16,420</b>	<b>14,463</b>	<b>19,223</b>	<b>18,614</b>	<b>32,480</b>	<b>36,240</b>	<b>68,720</b>
<b>Facility Programs</b>										
FOOD HYGIENE (348)	0.06	20	55	2,126	870	852	870	3,008	1,710	4,718
BODY PIERCING FACILITIES SERVICES (349)	0.00	0	0	0	0	61	0	53	8	61
GROUP CARE FACILITY (351)	0.01	10	10	800	0	190	0	0	990	990
MIGRANT LABOR CAMP (352)	0.00	0	0	0	0	0	0	0	0	0

## GULF COUNTY HEALTH DEPARTMENT

## Part III. Planned Staffing, Clients, Services, And Expenditures By Program Service Area Within Each Level Of Service

October 1, 2013 to September 30, 2014

	FTE's (0.00)	Clients Units	Services/ Visits	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
<b>C. ENVIRONMENTAL HEALTH:</b>										
<b>Facility Programs</b>										
HOUSING,PUBLIC BLDG SAFETY,SANITATION (353)	0.00	0	0	0	0	0	0	0	0	0
MOBILE HOME AND PARKS SERVICES (354)	0.03	16	20	1,200	1,200	231	230	2,289	572	2,861
SWIMMING POOLS/BATHING (360)	0.06	37	80	0	206	3,260	1,092	2,870	1,688	4,558
BIOMEDICAL WASTE SERVICES (364)	0.02	13	14	1,581	0	585	0	1,861	305	2,166
TANNING FACILITY SERVICES (369)	0.01	3	5	381	0	134	0	333	182	515
<b>Group Total</b>	<b>0.19</b>	<b>99</b>	<b>184</b>	<b>6,088</b>	<b>2,276</b>	<b>5,313</b>	<b>2,192</b>	<b>10,414</b>	<b>5,455</b>	<b>15,869</b>
<b>Groundwater Contamination</b>										
STORAGE TANK COMPLIANCE (355)	0.83	114	134	15,905	13,629	15,905	15,899	49,631	11,707	61,338
SUPER ACT SERVICE (356)	0.00	0	0	0	0	0	0	0	0	0
<b>Group Total</b>	<b>0.83</b>	<b>114</b>	<b>134</b>	<b>15,905</b>	<b>13,629</b>	<b>15,905</b>	<b>15,899</b>	<b>49,631</b>	<b>11,707</b>	<b>61,338</b>
<b>Community Hygiene</b>										
TATTOO FACILITIES SERVICES	0.00	0	2	0	0	397	0	0	397	397
COMMUNITY ENVIR. HEALTH (345)	0.00	0	0	0	0	0	0	0	0	0
INJURY PREVENTION (346)	0.00	0	0	0	0	0	0	0	0	0
LEAD MONITORING SERVICES (350)	0.00	0	0	0	0	0	0	0	0	0
PUBLIC SEWAGE (362)	0.00	0	0	0	0	0	0	0	0	0
SOLID WASTE DISPOSAL (363)	0.00	0	0	0	0	0	0	0	0	0
SANITARY NUISANCE (365)	0.06	17	42	620	1,063	1,860	1,239	0	4,782	4,782
RABIES SURVEILLANCE/CONTROL SERVICES (366)	0.02	3	7	576	493	576	575	0	2,220	2,220
ARBOVIRUS SURVEILLANCE (367)	0.00	0	0	0	0	0	0	0	0	0
RODENT/ARTHROPOD CONTROL (368)	0.00	0	0	0	0	0	0	0	0	0
WATER POLLUTION (370)	0.00	0	0	0	0	0	0	0	0	0
INDOOR AIR (371)	0.00	0	0	0	0	0	0	0	0	0
RADIOLOGICAL HEALTH (372)	0.00	0	0	0	0	0	0	0	0	0
TOXIC SUBSTANCES (373)	0.00	0	0	0	0	0	0	0	0	0
<b>Group Total</b>	<b>0.08</b>	<b>20</b>	<b>51</b>	<b>1,196</b>	<b>1,556</b>	<b>2,833</b>	<b>1,814</b>	<b>0</b>	<b>7,399</b>	<b>7,399</b>
<b>ENVIRONMENTAL HEALTH SUBTOTAL</b>	<b>1.98</b>	<b>507</b>	<b>695</b>	<b>39,609</b>	<b>31,924</b>	<b>43,274</b>	<b>38,519</b>	<b>92,525</b>	<b>60,801</b>	<b>153,326</b>
<b>D. NON-OPERATIONAL COSTS:</b>										
NON-OPERATIONAL COSTS (599)	0.00	0	0	0	0	0	0	0	0	0
ENVIRONMENTAL HEALTH SURCHARGE (399)	0.00	0	0	724	620	724	723	2,791	0	2,791
MEDICAID BUYBACK (611)	0.00	0	0	14,507	14,507	14,507	14,508	58,029	0	58,029
<b>NON-OPERATIONAL COSTS SUBTOTAL</b>	<b>0.00</b>	<b>0</b>	<b>0</b>	<b>15,231</b>	<b>15,127</b>	<b>15,231</b>	<b>15,231</b>	<b>60,820</b>	<b>0</b>	<b>60,820</b>
<b>TOTAL CONTRACT</b>	<b>60.61</b>	<b>10,984</b>	<b>87,126</b>	<b>1,053,775</b>	<b>906,736</b>	<b>1,059,957</b>	<b>1,028,019</b>	<b>1,206,124</b>	<b>2,842,363</b>	<b>4,048,487</b>

## ATTACHMENT III

## GULF COUNTY HEALTH DEPARTMENT

## CIVIL RIGHTS CERTIFICATE

The applicant provides this assurance in consideration of and for the purpose of obtaining federal grants, loans, contracts (except contracts of insurance or guaranty), property, discounts, or other federal financial assistance to programs or activities receiving or benefiting from federal financial assistance. The provider agrees to complete the Civil Rights Compliance Questionnaire, DH Forms 946 A and B (or the subsequent replacement if adopted during the contract period), if so requested by the department.

The applicant assures that it will comply with:

1. Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C., 2000 Et seq., which prohibits discrimination on the basis of race, color or national origin in programs and activities receiving or benefiting from federal financial assistance.
2. Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 794, which prohibits discrimination on the basis of handicap in programs and activities receiving or benefiting from federal financial assistance.
3. Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. 1681 et seq., which prohibits discrimination on the basis of sex in education programs and activities receiving or benefiting from federal financial assistance.
4. The Age Discrimination Act of 1975, as amended, 42 U.S.C. 6101 et seq., which prohibits discrimination on the basis of age in programs or activities receiving or benefiting from federal financial assistance.
5. The Omnibus Budget Reconciliation Act of 1981, P.L. 97-35, which prohibits discrimination on the basis of sex and religion in programs and activities receiving or benefiting from federal financial assistance.
6. All regulations, guidelines and standards lawfully adopted under the above statutes. The applicant agrees that compliance with this assurance constitutes a condition of continued receipt of or benefit from federal financial assistance, and that it is binding upon the applicant, its successors, transferees, and assignees for the period during which such assistance is provided. The applicant further assures that all contracts, subcontractors, subgrantees or others with whom it arranges to provide services or benefits to participants or employees in connection with any of its programs and activities are not discriminating against those participants or employees in violation of the above statutes, regulations, guidelines, and standards. In the event of failure to comply, the applicant understands that the grantor may, at its discretion, seek a court order requiring compliance with the terms of this assurance or seek other appropriate judicial or administrative relief, to include assistance being terminated and further assistance being denied.

**ATTACHMENT IV**  
**GULF COUNTY HEALTH DEPARTMENT**  
**FACILITIES UTILIZED BY THE COUNTY HEALTH DEPARTMENT**

<u>Facility Description</u>	<u>Location</u>	<u>Owned By</u>
Gulf County Health Department	2475 Garrison Avenue Port St. Joe, FL 32456	Gulf County
Gulf County Health Department	807 West Highway 22 Wewahitchka, FL 32465	Gulf County

**ATTACHMENT V  
GULF COUNTY HEALTH DEPARTMENT  
SPECIAL PROJECTS SAVINGS PLAN**

IDENTIFY THE AMOUNT OF CASH THAT IS ANTICIPATED TO BE SET ASIDE ANNUALLY FOR THE PROJECT.

<u>CONTRACT YEAR</u>	<u>STATE</u>	<u>COUNTY</u>	<u>TOTAL</u>
2011-2012	\$ _____	\$ _____	\$ _____ -
2012-2013	\$ _____	\$ _____	\$ _____ -
2013-2014	\$ _____	\$ _____	\$ _____ -
2014-2015	\$ _____	\$ _____	\$ _____ -
2015-2016	\$ _____	\$ _____	\$ _____ -
<b>PROJECT TOTAL</b>	\$ _____ -	\$ _____ -	\$ _____ -

**SPECIAL PROJECT CONSTRUCTION/RENOVATION PLAN**

PROJECT NAME: \_\_\_\_\_

LOCATION/ ADDRESS: \_\_\_\_\_

PROJECT TYPE:           NEW BUILDING \_\_\_\_\_ ROOFING \_\_\_\_\_  
                                   RENOVATION \_\_\_\_\_ PLANNING STUDY \_\_\_\_\_  
                                   NEW ADDITION \_\_\_\_\_ OTHER \_\_\_\_\_

SQUARE FOOTAGE: \_\_\_\_\_

PROJECT SUMMARY: *Describe scope of work in reasonable detail.*

**ESTIMATED PROJECT INFORMATION:**

START DATE *(initial expenditure of funds)*: \_\_\_\_\_

COMPLETION DATE: \_\_\_\_\_

DESIGN FEES: \$ \_\_\_\_\_

CONSTRUCTION COSTS: \$ \_\_\_\_\_

FURNITURE/EQUIPMENT \$ \_\_\_\_\_

TOTAL PROJECT COST: \$ \_\_\_\_\_

COST PER SQ FOOT: \$ \_\_\_\_\_

**Special Capital Projects are new construction or renovation projects and new furniture or equipment associated with these projects and mobile health vans.**

**Mission:**

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



**Rick Scott**  
Governor 55

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

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

Date: September 16, 2013

To: Members of the Board of County Commissioners

From: *W* Marsha Lindeman, Administrator  
Gulf County Health Department  
2475 Garrison Avenue  
Port St. Joe, FL 32456

Subject: Gulf County 2013/2014 Proposed Fee Schedule

**Descriptions and Conditions**

The Gulf County Health Department is submitting the attached Proposed Fee Schedule (Environmental Health, Dental, Medical) for approval by the Board of County Commissioners. We continue to follow recommendations from our FQHC federal program office to adjust our fee schedule to more closely align with the Medicare fee schedule. The Gulf County Health Department requests that these fees be effective October 1, 2013. Pursuant to Florida Statutes, Section 154.06 (1), the Board of County Commissioners must establish the fee schedule by resolution.

**Attachments**

2013/2014 Proposed Fee Schedule

FILED FOR RECORD  
KATHLEEN L. MORRIS  
CLERK OF CIRCUIT COURT  
GULF COUNTY, FLORIDA  
2013 SEP 17 PM 1:46

**ENVIRONMENTAL HEALTH FEE SCHEDULE  
FISCAL YEAR 2013-2014  
Effective 07/01/13-06/30/14**



DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	EO	OBJECT CODE	REVENUE CATEGORY	SI	OCA	FUND GF-SF-FID	BUDGET ENTITY	IBI	PROGRAM COMPONENT
<b>PUBLIC SWIMMING POOLS</b>												
(Annual Permits received after 1/1/XX are prorated semi-annually)												
1. Annual Permit - Up to (and including) 25,000 gallons	125.00	112.50	XX-360	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
1a. Transfer to headquarters		12.50	XX-399	SM	001206	000121	CD	K3000	20-2-141001	64200700	**	1306000000
2. Annual permit- More than 25,000 gallons	250.00	225.00	XX-360	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
2a. Transfer to headquarters		25.00	XX-399	SM	001206	000121	CD	K3000	20-2-141001	64200700	**	1306000000
3. Exempted Condo or Co-op Pools (over 32 units)	50.00	45.00	XX-360	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
3a. Transfer to headquarters		5.00	XX-399	SM	001206	000121	CD	K3000	20-2-141001	64200700	**	1306000000
4. Non-Routine Inspection (no charge for 1st reinspection)	40.00	40.00	XX-360	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
<b>OTHER FEES</b>												
Collected by the 13 delegated engineering counties												
Broward, Dade, Duval, Hillsborough, Lee, Manatee,												
Collier, Palm Beach, Pinellas, Polk, Sarasota, Volusia, Escambia,												
Permits and variances for Okaloosa, Santa Rosa, Walton, Bay,												
Holmes, and Washington CHDs are processed by Escambia CHD, Polk CHD												
processes Sumter & Hardee, Lee processes Charlotte,												
Volusia processes Flagler												
7. Initial operating permit	150.00	150.00	XX-360	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
8. Variance application	300.00	270.00	XX-360	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
8a. Transfer to headquarters		30.00	XX-399	SM	001206	000121	CD	K3000	20-2-141001	64200700	**	1306000000
<b>All other counties</b> who receive the initial operating application packet with fee from an applicant should send the packet to their assigned Bureau of Water Programs Office in Tallahassee or Orlando, if service has been requested.												

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG LALS	EO	OBJECT CODE	REVENUE CATEGORY	SI	OCA	FUND GF-SF-FID	BUDGET ENTITY	IBI	PROGRAM COMPONENT
<b>MOBILE HOME &amp; RECREATIONAL VEHICLE PARKS</b>												
(FEES ARE PRORATED ON A QUARTERLY BASIS)												
1. Annual permit for 5 to 25 spaces	100.00	90.00	XX-354	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
1a. Transfer to headquarters	4.00 per space	10.00	XX-399	MP	001206	000121	CD	UQ000	20-2-141001	64200700	**	1306000000
2. Annual permit for 26 to 149 spaces			XX-354	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
2a. Transfer to headquarters		10%	XX-399	MP	001206	000121	CD	UQ000	20-2-141001	64200700	**	1306000000
3. Annual permit for 150 and above spaces	600.00	540.00	XX-354	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
3a. Transfer to headquarters		60.00	XX-399	MP	001206	000121	CD	UQ000	20-2-141001	64200700	**	1306000000
<b>MIGRANT LABOR CAMPS</b>												
1. Annual permit for facilities with 5-50 occupants	125.00	125.00	XX-352	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
2. Annual permit for facilities with 51-100 occupants	225.00	225.00	XX-352	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
3. Annual permit for facilities with over 100 occupants	500.00	500.00	XX-352	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
<b>BIOMEDICAL WASTE FACILITIES</b>												
1. Initial permit ( generator, storage and treatment)	85.00	85.00	XX-364	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
2. Renewal of annual permit (except exempt generator producing less than 25lbs/30 days) postmarked by October 1	85.00	85.00	XX-364	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
3. Renewal of annual permit (except exempt generator producing less than 25lbs/30 days) postmarked after October 1	105.00	105.00	XX-364	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
4. Initial Transporter Registration ( includes 1 truck)	85.00	85.00	XX-364	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
5. Initial Registration of Each Additional Truck	10.00	10.00	XX-364	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
6. Annual Registration Renewal (postmarked by 10/01, includes 1 truck)	85.00	85.00	XX-364	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
7. Annual Registration Renewal (postmarked after 10/01, includes 1 truck)	105.00	105.00	XX-364	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
8. Annual Registration of Each Additional Truck	10.00	10.00	XX-364	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
<b>TANNING FACILITIES</b>												
(FEES ARE PRORATED ON A QUARTERLY BASIS)												
1. Annual license fee	150.00	135.00	XX-369	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
1a. Transfer to headquarters		15.00	XX-399	TN	001206	000121	CD	R9000	20-2-141001	64200700	**	1306000000
2. Fee for each additional device	55.00	49.50	XX-369	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
2a. Transfer to headquarters		5.50	XX-399	TN	001206	000121	CD	R9000	20-2-141001	64200700	**	1306000000
3. Late fee	25.00	25.00	XX-369	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
Maximum license fee that can be charged for tanning facilities is \$315.00												
<b>BODY PIERCING</b>												
(FEES ARE PRORATED ON A QUARTERLY BASIS)												
1. Initial License (prorated quarterly)	150.00	135.00	XX-349	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
1a. Transfer to headquarters		15.00	XX-399	IE	001206	000121	CD	PIERS	20-2-141001	64200700	**	1306000000
2. Temporary Establishment	75.00	67.50	XX-349	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
2a. Transfer to headquarters		7.50	XX-399	IE	001206	000121	CD	PIERS	20-2-141001	64200700	**	1306000000
3. Annual Renewal License Fee	150.00	135.00	XX-349	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
3a. Transfer to headquarters		15.00	XX-399	IE	001206	000121	CD	PIERS	20-2-141001	64200700	**	1306000000
4. Late fee	100.00	100.00	XX-349	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG LAL6	EO	OBJECT CODE	REVENUE CATEGORY	SI	OCA	FUND GF-SF-FID	BUDGET ENTITY	IBI	PROGRAM COMPONENT
<b>Tattooing</b>												
1. Initial Establishment License	200.00	180.00	XX-344	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
1a. Transfer to headquarters		20.00	XX-399	TA	001206	000121	CD	TATTO	20-2-141001	64200700	**	1306000000
2. Temporary Establishment License	200.00	180.00	XX-344	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
2a. Transfer to headquarters		20.00	XX-399	TA	001206	000121	CD	TATTO	20-2-141001	64200700	**	1306000000
3. Annual Establishment Renewal License	200.00	180.00	XX-344	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
3a. Transfer to headquarters		20.00	XX-399	TA	001206	000121	CD	TATTO	20-2-141001	64200700	**	1306000000
4. Tattoo Artist License	60.00	54.00	XX-344	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
4a. Transfer to headquarters		6.00	XX-399	TA	001206	000121	CD	TATTO	20-2-141001	64200700	**	1306000000
5. Tattoo Artist Renewal License	60.00	54.00	XX-344	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
5a. Transfer to headquarters		6.00	XX-399	TA	001206	000121	CD	TATTO	20-2-141001	64200700	**	1306000000
6. Guest Tattoo Initial Artist Registration	35.00	31.50	XX-344	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
6a. Transfer to headquarters		3.50	XX-399	TA	001206	000121	CD	TATTO	20-2-141001	64200700	**	1306000000
7. Guest Tattoo Artist Re-registration	35.00	31.50	XX-344	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
7a. Transfer to headquarters		3.50	XX-399	TA	001206	000121	CD	TATTO	20-2-141001	64200700	**	1306000000
8. Reactivation of Tattoo Establishment License	75.00	75.00	XX-344	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
9. Reactivation of Tattoo Artist License	25.00	25.00	XX-344	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4L5	EO	OBJECT CODE	REVENUE CATEGORY	SI	OCA	FUND GF-SF-FID	BUDGET ENTITY	IBI	PROGRAM COMPONENT
<b>FOOD ESTABLISHMENTS</b>												
(FEES ARE PRORATED ON A QUARTERLY BASIS)												
1. Annual Permit for Fraternal/Civic	190.00	171.00	XX-348	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
1a. Transfer to headquarters		19.00	XX-399	FP	001206	000121	CD	IO000	20-2-141001	64200700	**	1306000000
2. Annual Permit School Cafeteria Operating for 9 months or less	170.00	153.00	XX-348	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
2a. Transfer to headquarters		17.00	XX-399	FP	001206	000121	CD	IO000	20-2-141001	64200700	**	1306000000
3. Annual Permit School Cafeteria Operating for more than 9 months	200.00	180.00	XX-348	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
3a. Transfer to headquarters		20.00	XX-399	FP	001206	000121	CD	IO000	20-2-141001	64200700	**	1306000000
4. Annual Permit for Hospital/Nursing Food Service	250.00	225.00	XX-348	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
4a. Transfer to headquarters		25.00	XX-399	FP	001206	000121	CD	IO000	20-2-141001	64200700	**	1306000000
5. Annual Permit for Movie Theaters	190.00	171.00	XX-348	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
5a. Transfer to headquarters		19.00	XX-399	FP	001206	000121	CD	IO000	20-2-141001	64200700	**	1306000000
6. Annual Permit for Jails/Prisons	250.00	225.00	XX-348	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
6a. Transfer to headquarters		25.00	XX-399	FP	001206	000121	CD	IO000	20-2-141001	64200700	**	1306000000
7. Annual Permit for Bars/Lounges (Drink Service Only)	190.00	171.00	XX-348	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
7a. Transfer to headquarters		19.00	XX-399	FP	001206	000121	CD	IO000	20-2-141001	64200700	**	1306000000
8. Annual Permit for Residential Facilities	135.00	121.50	XX-348	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
8a. Transfer to headquarters		13.50	XX-399	FP	001206	000121	CD	IO000	20-2-141001	64200700	**	1306000000
9. Annual Permit for Child Care Centers	110.00	99.00	XX-348	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
9a. Transfer to headquarters		11.00	XX-399	FP	001206	000121	CD	IO000	20-2-141001	64200700	**	1306000000
10. Annual Permit for Limited Food Service	110.00	99.00	XX-348	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
10a. Transfer to headquarters		11.00	XX-399	FP	001206	000121	CD	IO000	20-2-141001	64200700	**	1306000000
11. Annual Permit Other Food Service	190.00	171.00	XX-348	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
11a. Transfer to headquarters		19.00	XX-399	FP	001206	000121	CD	IO000	20-2-141001	64200700	**	1306000000
12. Annual Permit for Catering Service	180.00	162.00	XX-348	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
12a. Transfer to headquarters		18.00	XX-399	FP	001206	000121	CD	IO000	20-2-141001	64200700	**	1306000000
13. Annual Permit for Mobile Food Unit	180.00	162.00	XX-348	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
13a. Transfer to headquarters		18.00	XX-399	FP	001206	000121	CD	IO000	20-2-141001	64200700	**	1306000000
14. Annual Permit for Vending Machine Dispense-Potentially Hazardous Food	85.00	76.50	XX-348	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
14a. Transfer to headquarters		8.50	XX-399	FP	001206	000121	CD	IO000	20-2-141001	64200700	**	1306000000
15. Annual permit for multiple food operations operating in the same building and under the same ownership	300.00	270.00	XX-348	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
15a. Transfer to headquarters		30.00	XX-399	FP	001206	000121	CD	IO000	20-2-141001	64200700	**	1306000000
16. Plan Review	\$40/hour	\$40/hour	XX-348	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
17. Food Worker Training (per person)	10.00	10.00	XX-348	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
18. Request for Inspection	40.00	40.00	XX-348	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
19. Request for Inspection (after the first reinspection)	75.00	75.00	XX-348	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
20. License Renewal	25.00	25.00	XX-348	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
21. Alcoholic Beverage Inspection Approval	30.00	30.00	XX-348	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000

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DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	EO	OBJECT CODE	REVENUE CATEGORY	SI	OCA	FUND GF-SF-FID	BUDGET ENTITY	IBI	PROGRAM COMPONENT
22. Temporary Event for Food Service Establishment for Sponsor without an Existing Sanitation Certificate	100.00	100.00	XX-348	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
23. Temporary Event for Food Service Establishment for Vendor or Booth without an Existing Sanitation Certificate	50.00	50.00	XX-348	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	EO	OBJECT CODE	REVENUE CATEGORY	SI	OCA	FUND GF-SF-FID	BUDGET ENTITY	IBI	PROGRAM COMPONENT
<b>ONSITE SEWAGE DISPOSAL PROGRAM (OSTDS)</b>												
1. Application and plan review for construction permit for new systems	100.00	92.00	XX-361	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
1a. Transfer to headquarters		8.00	XX-399	ST	001206	000121	CD	1E000	20-2-141001	64200700	**	1306000000
2. Application and approval for existing system, if system inspection not required.	35.00	32.20	XX-361	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
2a. Transfer to headquarters		2.80	XX-399	ST	001206	000121	CD	1E000	20-2-141001	64200700	**	1306000000
3. Application and Existing System Evaluation	50.00	46.00	XX-361	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
3a. Transfer to headquarters		4.00	XX-399	ST	001206	000121	CD	1E000	20-2-141001	64200700	**	1306000000
4. Application for permitting of a new Performance-based treatment system	125.00	115.00	XX-361	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
4a. Transfer to headquarters		10.00	XX-399	ST	001206	000121	CD	1E000	20-2-141001	64200700	**	1306000000
5. Site evaluation	115.00	105.80	XX-361	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
5a. Transfer to headquarters		9.20	XX-399	ST	001206	000121	CD	1E000	20-2-141001	64200700	**	1306000000
6. Site re-evaluation	50.00	46.00	XX-361	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
6a. Transfer to headquarters		4.00	XX-399	ST	001206	000121	CD	1E000	20-2-141001	64200700	**	1306000000
7. Permit or permit amendment for new systems.	55.00	50.60	XX-361	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
7a. Transfer to headquarters		4.40	XX-399	ST	001206	000121	CD	1E000	20-2-141001	64200700	**	1306000000
8. Research and Training Surcharges- Collected at the CHDS	5.00	0.00										
8a. Transferred to headquarters		5.00	XX-399	RF	001206	000121	CD	B9000	20-2-141001	64200700	**	1306000000
8b. Collected at CHD-transferred to headquarters		5.00	XX-399	TC	001206	000121	CD	SEWTN	20-2-141001	64200700	**	1306000000
9. Initial system inspection	75.00	69.00	XX-361	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
9a. Transfer to headquarters		6.00	XX-399	ST	001206	000121	CD	1E000	20-2-141001	64200700	**	1306000000
10. System reinspection (stabilization, non-compliance or other inspection after initial inspection.)	50.00	46.00	XX-361	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
10a. Transfer to headquarters		4.00	XX-399	ST	001206	000121	CD	1E000	20-2-141001	64200700	**	1306000000
11. Application for system abandonment permit, includes permit issuance and inspection	50.00	46.00	XX-361	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
11a. Transfer to headquarters		4.00	XX-399	ST	001206	000121	CD	1E000	20-2-141001	64200700	**	1306000000
12. Annual operating permit fee for industrial/manufacturing zoning or commercial sewage waste	150.00	138.00	XX-361	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
12a. Transfer to headquarters		12.00	XX-399	ST	001206	000121	CD	1E000	20-2-141001	64200700	**	1306000000
13. Biennial operating permit for aerobic treatment unit or performance based treatment system	100.00	92.00	XX-361	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
13a. Transfer to headquarters		8.00	XX-399	ST	001206	000121	CD	1E000	20-2-141001	64200700	**	1306000000
14. Amendments to operating permit	50.00	46.00	XX-361	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
14a. Transfer to headquarters		4.00	XX-399	ST	001206	000121	CD	1E000	20-2-141001	64200700	**	1306000000
15. Tank manufacturer's inspection per annum	100.00	50.00	XX-361	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
15a. Transfer to headquarters		50.00	XX-399	ST	001206	000121	CD	1E000	20-2-141001	64200700	**	1306000000
16. Septage disposal service permit per annum	75.00	69.00	XX-361	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
16a. Transfer to headquarters		6.00	XX-399	ST	001206	000121	CD	1E000	20-2-141001	64200700	**	1306000000
17. Portable or temporary toilet service permit per annum	75.00	69.00	XX-361	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
17a. Transfer to headquarters		6.00	XX-399	ST	001206	000121	CD	1E000	20-2-141001	64200700	**	1306000000

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	EO	OBJECT CODE	REVENUE CATEGORY	SI	OCA	FUND GF-SF-FID	BUDGET ENTITY	IBI	PROGRAM COMPONENT
18. Additional charge per pump out vehicle	35.00	32.20	XX-361	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
18a. Transfer to headquarters		2.80	XX-399	ST	001206	000121	CD	1E000	20-2-141001	64200700	**	1306000000
19. Septage stabilization facility inspection fee per annum	150.00	198.00	XX-361	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
19a. Transfer to headquarters		12.00	XX-399	ST	001206	000121	CD	1E000	20-2-141001	64200700	**	1306000000
20. Septage disposal site evaluation fee per annum	200.00	184.00	XX-361	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
20a. Transfer to headquarters		16.00	XX-399	ST	001206	000121	CD	1E000	20-2-141001	64200700	**	1306000000
21. Aerobic treatment unit maintenance entity permit per annum	25.00	23.00	XX-361	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
21a. Transfer to headquarters		2.00	XX-399	ST	001206	000121	CD	1E000	20-2-141001	64200700	**	1306000000
22. Variance application for a single family residence per each lot or building site	200.00	100.00	XX-361	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
22a. Transfer to headquarters		100.00	XX-399	CR	001206	000121	CD	BY000	20-2-141001	64200700	**	1306000000
23. Variance application for a multi-family or commercial building per each building site	300.00	150.00	XX-361	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
23a. Transfer to headquarters		150.00	XX-399	CR	001206	000121	CD	BY000	20-2-141001	64200700	**	1306000000
24. Inspection for construction of an injection well (FL Keys)	125.00	125.00	XX-361	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	EO	OBJECT CODE	REVENUE CATEGORY	SI	OCA	FUND GF-SF-FD	BUDGET ENTITY	IBI	PROGRAM COMPONENT
<b>DRINKING WATER</b>												
1. Limited Use Public Water System Construction Permit (includes first year operating permit)	90.00	81.00	XX-357	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
1a. Transfer to headquarters		9.00	XX-399	64	001206	000121	CD	M5000	20-2-141001	64200700	**	1306000000
2. Application for Limited Use Public Water System Operation (including annual operating permit renewals and change of owner/business)	90.00	81.00	XX-357	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
2a. Transfer to headquarters		9.00	XX-399	64	001206	000121	CD	M5000	20-2-141001	64200700	**	1306000000
3. Multi-Family Water System Construction Permit	75.00	67.50	XX-357	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
3a. Transfer to headquarters		7.50	XX-399	64	001206	000121	CD	M5000	20-2-141001	64200700	**	1306000000
4. Initial Operating Permit Fee After March 31 (including change of owner)	45.00	40.50	XX-357	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
4a. Transfer to headquarters		4.50	XX-399	64	001206	000121	CD	M5000	20-2-141001	64200700	**	1306000000
5. Non-SDWA Lab Sample (Sample Collection/Review of Analytical Results/Health Risk Interpretation):												
Microbiological Sample Collection	50.00	50.00	XX-357	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
Chemical Sample Collection	60.00	60.00	XX-357	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
Combined Microbiological and Chemical Collection	70.00	70.00	XX-357	EN	001020	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
6. Reinspection of Multi-family Water System	40.00	40.00	XX-357	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
7. Reinspection of Limited Use Public Water System	40.00	40.00	XX-357	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
8. Delineated Area Clearance Fee	50.00	50.00	XX-357	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
9. Limited Use Commercial Public Water System registration/Re-Registration	15.00	15.00	XX-357	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
10. Family Day Care Establishment, Annual Operating Permit Fee	30.00	30.00	XX-357	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
11. Family Day Care Establishment, Initial Operating Permit Fee after 3/31	15.00	15.00	XX-357	EN	001092	000121	CD	ENVFE	20-2-141001	64200700	**	1306000000
<b>Safe Drinking Water Act (Delegated Counties) eff. 4/21/09</b>												
1. Construction permit for each Category I through III treatment plant, as defined in Rule 62-699.310, F.A.C.												
a. Treatment plant - 5 MGD and above	12500.00	12500.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
b. Treatment plant - 1 MGD up to 5 MGD	10000.00	10000.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
c. Treatment plant - .25 MGD up to 1 MGD	7000.00	7000.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
d. Treatment plant - 0.1 MGD up to .25 MGD	4000.00	4000.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
e. Treatment plant - up to 0.1 MGD	2000.00	2000.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
2. Construction permit for each Category IV treatment plant, as defined in Rule 62-699.310, F.A.C.												

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	EO	OBJECT CODE	REVENUE CATEGORY	SI	OCA	FUND GF-SF-FID	BUDGET ENTITY	IBI	PROGRAM COMPONENT
a. Treatment plant - 5 MGD and above	12500.00	12500.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
b. Treatment plant - 1 MGD up to 5 MGD	10000.00	10000.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
c. Treatment plant - .25 MGD up to 1 MGD	7000.00	7000.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
d. Treatment plant - 0.1 MGD up to .25 MGD	4000.00	4000.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
e. Treatment plant - 0.01 up to 0.1 MGD	2000.00	2000.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
f. Treatment plant - up to 0.01 MGD	800.00	800.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
3. Construction permit for each Category V treatment plant, as defined in Rule 62-699.310, F.A.C.												
a. treatment plant - 5 MGD and above	10000.00	10000.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
b. Treatment plant - 1 MGD up to 5 MGD	6000.00	6000.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
c. Treatment plant - .25 MGD up to 1 MGD	2000.00	2000.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
d. Treatment plant - 0.1 MGD up to .25 MGD	1000.00	1000.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
e. Treatment plant - up to 0.1 MGD	600.00	600.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
4. Distribution and transmission systems, including raw water lines into the plant, except those under general permit.												
a. Serving a community public water system	900.00	900.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
b. Serving a non-transient non-community public water systems	700.00	700.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
c. Serving a transient non-community public water system	500.00	500.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
5. Construction permit for each public water supply well.												
a. Well located in a delineated area pursuant to Chapter 62-524, F.A.C.	1000.00	1000.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
b. Any other public water supply well.	500.00	500.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
6. Major modifications to systems that alter the existing treatment without expanding the capacity of the system and are not considered substantial changes pursuant to Rule 62-4.050(7) below.												
a. 1MGD and above	4000.00	4000.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
b. .1 MGD up to 1 MGD	2000.00	2000.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
c. 0.01 up to .1 MGD	1000.00	1000.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
d. Up to 0.01 MGD	500.00	500.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
e. Lead and Copper Corrosion Fee	500.00	500.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
7. Minor modifications to systems that result in no change in the treatment or capacity.												
a. 1 MGD and above	1000.00	1000.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
b. Up to 0.1 MGD	500.00	500.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
8. Fines and Forfeitures	Variable	Variable	XX-358	WC	012020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
a. General Permits requiring Professional Engineer or Professional Geologist certification	650.00	650.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
b. General Permits not requiring Professional Engineer or Professional Geologist certification	500.00	500.00	XX-358	WC	001020	000121	CD	SDWCH	20-2-141001	64200700	**	1306000000
10. Annual Operating Licenses for Community Public												



DIAGNOSTIC SCREENINGS	CPT CODE	FEE
Blood pressure check, routine.....	2000F	\$ 5.00 If Medical Mgmt, also bill office visit
Colposcopy Lab.....		\$ 90.00 ** Current Laboratory Cost to CHD
Drawing fee only.....	36415	\$ 10.00 Plus Nursing protocol or office visit
EKG.....	93000	\$ 40.00 Plus Office Visit-EKG order by our Physician
Flu Test, Quik Vue.....	87804	\$ 25.00 Plus Office Visit
Gyn Probe (up to age 26).....	87491	\$ 5.00 ** Current Laboratory Cost to CHD on SFS Program
Gyn Probe (age 27 and above).....	87591	\$ 5.00 ** Current Laboratory Cost to CHD on SFS Program
Glucose Capillary (finger stick).....	82962	\$ 5.00 Plus Nursing protocol or office visit
Hemoccult Slides (per slide).....		\$ 5.00 Plus Nursing protocol or office visit
Hemoglobin (in house).....	83026	\$ 5.00 Plus Nursing protocol or office visit
Hep B Titer-State Lab.....		\$ 17.00 ** Current Laboratory Cost to CHD Plus Draw Fee
Lead Screen (except for EPSDT).....		\$ 11.00 Plus draw fee
Micro Albumin (In House).....	82044	\$ 10.00 Plus office visit
Mononucleosis (Heterophile Antibodies Screening).....	86308	\$ 10.00 Plus office visit
Prescription Assistance Program (Per Prescription).....		\$ 6.00
Pap Smear (pricing may vary according to lab cost and charge only if underinsured).....		\$ 30.00 Plus office visit
Repeat Pap Smear (same as above pap).....		\$ 30.00 Plus office visit
Pap Smear with HPV (pricing may vary according to lab cost and charge only if underinsured).....		\$ 35.00 Plus office visit
Pregnancy Test (urine).....	81025	\$ 12.00 Plus office visit
Prothrombin Time (in house).....	85610	\$ 10.00 Plus draw fee
Strep Screen (billed in addition to office visit).....	86318	\$ 10.00 Plus office visit
Urinalysis, multistick (in house).....	81003	\$ 10.00 Plus office visit
Urine Drug Screen, 5 panel (in house).....	80100	\$ 25.00
Urine Drug Screen, (private lab).....	80100	\$ 40.00

\*\* Test Procedures are completed at current lab cost, plus draw fee.

OFFICE VISITS	CPT CODE	FEE
Child Health Check-up (EPSDT).....		Medicaid Reimbursement Rate
Adult Health Exam (females will be charged for pap in addition unless it is billed to Ins.) Cash ONLY.....		\$ 85.00
Family Planning Initial.....		
program 23 (12 - 17 yrs old).....	99384	\$ 169.00
program 23 (18 - 39 yrs old).....	99385	\$ 163.00
program 23 (40 - 64 yrs old).....	99386	\$ 189.00
Family Planning Annual.....		
program 23 (12 - 17 yrs old).....	99394	\$ 144.00
program 23 (18 - 39 yrs old).....	99395	\$ 146.00
program 23 (40 - 64 yrs old).....	99396	\$ 156.00
Family Planning Limited Exam,Counseling with or without Supply.....		\$ 60.00 3 month supply only

OFFICE VISITS	CPT CODE	FEE
Brief (approx. 10 minutes).....	99201	\$ 55.00
Limited (approx. 20 minutes).....	99202	\$ 93.00
Intermediate (approx. 30 minutes).....	99203	\$ 136.00
Extended (approx. 45 minutes).....	99204	\$ 208.00
Comprehensive (approx. 60 minutes).....	99205	\$ 258.00

Child Well Check, New Patient	CPT CODE	FEE
Under 1 year old.....	99381	\$ 138.00
1 - 4 years old.....	99382	\$ 143.00
5 - 11 years old.....	99383	\$ 149.00
12 - 18 years old.....	99384	\$ 169.00

Office Visit, Established Patient	CPT CODE	FEE
Brief - R.N (approx. 5 minutes).....	99211	\$ 40.00
Limited (ARNP or physician) (approx. 10 minutes).....	99212	\$ 65.00
Intermediate (approx. 15 minutes).....	99213	\$ 91.00
Extended (approx. 25 minutes).....	99214	\$ 134.00
Comprehensive (approx. 40 minutes).....	99215	\$ 179.00

Child Well Check, Established Patient	CPT CODE	FEE
Under 1 year old.....	99391	\$ 123.00
1 - 4 years old.....	99392	\$ 131.00
5 - 11 years old.....	99393	\$ 131.00
12 - 18 years old.....	99394	\$ 144.00

**DIAGNOSTIC SCREENINGS**

**Adult Exams**

	CPT CODE	FEE
	CPT CODE	FEE
Established patient adult exam ages 18-39.....	99395	\$ 146.00
Established patient adult exam ages 40-64.....	99396	\$ 156.00
Established patient adult exam ages 65 and older.....	99397	\$ 169.00
New patient adult exam ages 18-39.....	99385	\$ 163.00
New patient adult exam ages 40-64.....	99386	\$ 189.00
New patient adult exam ages 65 and older.....	99387	\$ 209.00
Nursing Protocol Visit.....		\$ 40.00
Athletic Physicals/School Physicals by ARNP and/or Physician.....	all ages (cash only)	\$ 50.00
Adult Physicals (for employment, college, <b>BRIEF</b> ) No lab included.....	all ages (cash only)	\$ 85.00
Nutrition Counseling, Initial Visit.....	all ages (cash only)	\$ 25.00
Nutrition Counseling, Follow-up visits.....	all ages (cash only)	\$ 15.00

For Gulf County Residents \*All others according to level of Office Visit

**IMMUNIZATIONS**

	CPT CODE	FEE
All childhood immunizations ages 0-19.....		No Charge Plus administration fee
Immunization Administration.....	90471	\$ 5.00 Children/Adult
Immunization Administration - add imm. during same visit.....	90472	\$ 10.00 Children/Adult
Hepatitis A Vaccine (per injection).....		\$ 40.00 Plus administration fee
Hepatitis B Vaccine (per injection).....		\$ 43.00 Plus administration fee
Influenza (Flu shot).....		\$ 30.00 This included the administration fee G0008
MMR vaccine - Adult.....		\$ 55.00 Plus administration fee
Other Vaccines.....	Current Cost plus administration fee	Current Price Plus administration fee
Pneumonia vaccine (if available).....		\$ 66.00 This included the administration fee G0009
Rabies Vaccine.....	Current Pharmacy Cost	Current Price Plus administration fee
Tetanus/TD -Private- Adult.....		\$ 22.00 Plus administration fee
Tetanus/TDap -Private- Adult.....		\$ 34.00 Plus administration fee

**INJECTIONS**

	CPT CODE	FEE
Allergen Injection (one injection).....	95115	\$ 15.00 Patient supplies medication
Allergen Injection (two injection).....	95117	\$ 18.00 Patient supplies medication
Ancef (500mg).....	J0690	\$ 2.00 plus injection fee
B12 (using CHD medication).....	J3420	\$ 12.00 plus injection fee
B12, Rocephin, Decadron, Tordol, etc-Injection Fee.....	96372	\$ 26.00 plus injection fee
Benadryl.....	J1200	\$ 2.00 plus injection fee
Decadron (per mg).....	J1100	\$ 2.00 plus injection fee
Nubain (per 10 mg).....	J2300	Current Price plus injection fee
Penicillin up to 100,000 units.....	J0561	\$ 7.00 plus injection fee
Phenergan (up to 50mg).....	J2550	\$ 2.00 plus injection fee
PPD.....	86580	\$ 20.00
No charge for infants, or clients with symptoms or contact with positive diagnosis		
Rocephin (per 250 mg).....	J0696	\$ 2.50 plus injection fee
Solu-Medrol.....	J2920	\$ 4.00 plus injection fee
Tordal (per 15 mg unit).....	J1885	\$ 2.00 plus injection fee

\*\* Injectable and Adult Vaccines are charged at current cost plus administration fee.

**MEDICATIONS**

	CPT CODE	FEE
Insulin, per vial.....	Current Pharmacy Cost	\$ 15.00 Plus Nursing protocol visit or office visit
Seizure Medication (requires eligibility determination).....	Only 100% below poverty eligible	No Charge
Parasite treatment (Mintezol, Vermox) per treatment.....		\$ 5.00 Plus office visit

All Family Planning medications are charged to the client at the current clinic cost.

**PROCEDURES**

	CPT CODE	FEE
** The procedures listed below are those we expect to do most routinely. The charges are taken from the Medicare Physician Fee Schedule Allowances, rounded up. Any procedures not listed below, that are performed by this office, will be charge by the same method.		
Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different provider); other than the prone position.....	01991	\$ 25.00
Incision & Drainage of abcess/cyst – simple/single.....	10060	\$ 148.00
Incision & Drainage of abcess/cyst – multiple/complicated.....	10061	\$ 263.00
Removal of foreign body subcutaneous (fish hook).....	10120	\$ 195.00
Incision and removal of foreign body, subcutaneous tissues; complicated.....	10121	\$ 356.00
Incision & Drainage of hematoma.....	10140	\$ 208.00
Puncture aspiration of abscess, hematoma, bulla, or cyst.....	10160	\$ 167.00
Biopsy of skin or tissue, single lesion.....	11100	\$ 133.00
Biopsy of skin or tissue each additional lesion.....	11101	\$ 41.00
Skin tag removal ..	11200	\$ 112.00
Skin Tag Removal, Each Additional.....	11201	\$ 24.00

DIAGNOSTIC SCREENINGS	CPT CODE	FEE
Shaving of Lesions, no suturing, includes local anesthesia, chemical or electrocauterization .....	11300	\$ 124.00
Shaving of Epidermal or dermal lesion, single lesion, trunk, arms or legs, Lesion Diameter 0.6 to 1.0 cm .....	11301	\$ 153.00
Shaving of Epidermal or dermal lesion, single lesion, trunk, arms or legs, Lesion Diameter 1.1 to 2.0 cm .....	11302	\$ 181.00
Shaving of Epidermal or dermal lesion, single lesion, trunk, arms or legs, Lesion Diameter over 2.0 cm.....	11303	\$ 200.00
Shaving of Epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia, Lesion Diameter 0.5 cm or less .....	11305	\$ 124.00
Shaving of Epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia, Lesion Diameter 0.6 to 1.0 cm.....	11306	\$ 154.00
Shaving of Epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia, Lesion Diameter 1.1 to 2.0 cm .....	11307	\$ 183.00
Shaving of Epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia, Lesion Diameter over 2.0 cm .....	11308	\$ 194.00
Shaving of Epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane, Lesion Diameter 0.5 cm or less.....	11310	\$ 145.00
Shaving of Epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane, Lesion Diameter 0.6 to 1.0 cm .....	11311	\$ 143.00
Shaving of Epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane, Lesion Diameter 1.1 to 2.0 cm.....	11312	\$ 207.00
Shaving of Epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane, Lesion Diameter over 2.0 cm.....	11313	\$ 239.00
Excision of benign lesion, 0.5 cm or less, includes anesthesia and simple closure to trunk, arms, or legs (Add biopsy charge if applicable.) .....	11400	\$ 158.00
Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0cm .....	11401	\$ 192.00
Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0cm .....	11402	\$ 213.00
Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0cm .....	11403	\$ 247.00
Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0cm .....	11404	\$ 280.00
Excision of benign lesion, 0.5 cm or less, includes anesthesia and simple closure to scalp, neck, hands, feet, genitalia (Add biopsy charge if applicable.).....	11420	\$ 157.00
Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm .....	11421	\$ 203.00
Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm .....	11422	\$ 226.00
Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm .....	11423	\$ 261.00
Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm .....	11424	\$ 301.00
Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm .....	11426	\$ 430.00
Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less .....	11440	\$ 174.00
Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm .....	11441	\$ 216.00
Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm .....	11442	\$ 242.00
Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm .....	11443	\$ 289.00

DIAGNOSTIC SCREENINGS	CPT CODE	FEE
Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm .....	11444	\$ 363.00
Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm .....	11446	\$ 503.00
Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less .....	11600	\$ 247.00
Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm .....	11601	\$ 293.00
Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm .....	11602	\$ 319.00
Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm .....	11603	\$ 363.00
Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm .....	11604	\$ 401.00
Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm .....	11606	\$ 583.00
Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less .....	11620	\$ 251.00
Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm .....	11621	\$ 295.00
Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm .....	11622	\$ 330.00
Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm .....	11623	\$ 387.00
Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm .....	11624	\$ 437.00
Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less .....	11640	\$ 258.00
Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm .....	11641	\$ 306.00
Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm .....	11642	\$ 349.00
Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm .....	11643	\$ 413.00
Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm .....	11644	\$ 510.00
Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm .....	11646	\$ 667.00
Nail removal .....	11730	\$ 124.00
Excision of nail and nail matrix, partial or complete, for permanent removal .....	11750	\$ 283.00
Wedge excision of skin of nail fold (eg, for ingrown toenail) .....	11765	\$ 209.00
Insertion, non-biodegradable drug delivery implant .....	11981	\$ 101.00
Removal, non-biodegradable drug delivery implant .....	11982	\$ 120.00
Removal with reinsertion, non-biodegradable drug delivery implant .....	11983	\$ 208.00
Laceration repair of body other than face, simple 2.5 cm or less .....	12001	\$ 117.00
Laceration repair of body other than face, simple 2.6cm to 7.5cm .....	12002	\$ 142.00
Laceration repair of body other than face, simple 7.6cm to 12.5cm .....	12004	\$ 167.00
Laceration repair of face or ears, simple 2.5 cm or less .....	12011	\$ 143.00
Laceration repair of face or ears, simple 2.6 cm to 5.0 cm .....	12013	\$ 156.00
Laceration repair of face or ears, simple 5.1 cm to 7.5 cm .....	12014	\$ 183.00
Layer closure of wounds of scalp, axillae, trunk, and/or extremities (excluding hands and feet) of body other than face, intermediate, 2.5 cm or less .....	12031	\$ 306.00
Layer closure of wounds of scalp, axillae, trunk, and/or extremities (excluding hands and feet) of body other than face, intermediate, 2.6 cm to 7.5 cm .....	12032	\$ 390.00
Layer closure of wounds of scalp, axillae, trunk, and/or extremities (excluding hands and feet) of body other than face, intermediate, 7.6 cm to 12.5 cm .....	12034	\$ 403.00
Layer closure of wounds of scalp, axillae, trunk, and/or extremities (excluding hands and feet) of body other than face, intermediate, 12.6 cm to 20.0 cm .....	12035	\$ 502.00
Layer closure of wounds of neck, hands, feet, and/or external genitalia, intermediate, 2.5 cm or less .....	12041	\$ 311.00
Layer closure of wounds of neck, hands, feet, and/or external genitalia, intermediate, 2.6 cm to 7.5 cm .....	12042	\$ 371.00
Layer closure of wounds of neck, hands, feet, and/or external genitalia, intermediate, 7.6 cm to 12.5 cm .....	12044	\$ 464.00

DIAGNOSTIC SCREENINGS	CPT CODE	FEE
Layer closure of wounds of neck, hands, feet, and/or external genitalia, intermediate, 12.6 cm to 20.0 cm.....	12045 \$	520.00
Layer closure of face or ears, intermediate, 2.5 cm or less .....	12051 \$	333.00
Layer closure of face or ears, intermediate, 2.6 cm to 5.0 cm ....	12052 \$	378.00
Layer closure of face or ears, intermediate, 5.1 cm to 7.5 cm ....	12053 \$	446.00
Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area) ....	16020 \$	104.00
Destruction of benign/premalignant lesion, not including skin tag .....	17000 \$	104.00
Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettage), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion) .....	17003 \$	9.00
Wart removal by any method .....	17110 \$	141.00
Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia") .....	20550 \$	74.00
Trigger Point Injections .....	20552 \$	70.00
Arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers, toes) .....	20600 \$	60.00
Arthrocentesis, aspiration and or injection; intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa) .....	20605 \$	84.00
Removal of fluid- knee, shoulder or hip .....	20610 \$	77.00
Aspiration and/or injection of ganglion cyst(s) any location .....	20612 \$	77.00
Nurse Maid Elbow .....	24600 \$	478.00
Excision subcutaneous tumor; forearm and wrist .....	25075 \$	624.00
Arthrotomy, with exploration, drainage, or removal of loose or foreign body; metacarpophalangeal joint, each.....	26075 \$	423.00
Excision subcutaneous tumor; thigh or knee .....	27327 \$	600.00
Removal of foreign body, foot; subcutaneous .....	28190 \$	332.00
Closed treatment of metatarsal fracture;without manipulation, ea .....	28470 \$	287.00
Long Arm Splint .....	29105 \$	114.00
Short Arm Splint .....	29125 \$	84.00
Finger Splint .....	29130 \$	53.00
Long Leg Splint .....	29505 \$	108.00
Application of short leg splint .....	29515 \$	93.00
Removal foreign body, nose .....	30300 \$	303.00
Enucleation or excision of external thrombotic hemorrhoid .....	46320 \$	241.00
Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine) .....	51701 \$	69.00
Insertion of temporary indwelling bladder, catheter; simple.....	51702 \$	91.00
Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery .....	54056 \$	183.00
Biopsy of vulva or perineum (separate procedure); one lesion ..	56605 \$	108.00
Colposcopy without biopsy .....	57452 \$	142.00
Colposcopy with biopsy .....	57454 \$	202.00
Cervical Biopsy .....	57500 \$	166.00
Cervical Curettage.....	57505 \$	133.00
Cautery of cervix; electro or thermal .....	57510 \$	173.00
Cryocautery, initial or repeat .....	57511 \$	191.00
Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure) .....	58100 \$	112.00
Insertion of intrauterine device (IUD) .....	58300 \$	63.00
Removal of intrauterine device (IUD) .....	58301 \$	86.00
Postpartum care only (separate procedure) .....	59430 \$	239.00
Removal foreign body, eye superficial .....	65205 \$	73.00
Removal foreign body, cornea without slit lamp .....	65220 \$	76.00
Incision of conjunctiva/cyst drainage .....	68020 \$	157.00
Removal foreign body from external auditory canal; without general anesthesia .....	69200 \$	160.00
Removal impact cerumen (separate procedure),one/or both ears .....	69210 \$	67.00
Pulmonary Functions Test .....	94010 \$	46.00
Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (eg, with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing [IPPB] device) .....	94640 \$	24.00
Aerosol inhalation of pentamidine for pneumocystis carinii pneumonia treatment or prophylaxis .....	94642	
Nebulizer treatment & medication (in house) <b>Requires Dx code</b> .....	94664 \$	23.00
Pulse Oximetry .....	94760 \$	4.00

DIAGNOSTIC SCREENINGS	CPT CODE	FEE
Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), with or without topical application(s), wound assessment .....	97597	\$ 97.00
Intravenous infusion, hydration; initial, 31 minutes to 1 hour .....	96360	\$ 72.00
Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure) .....	96361	\$ 19.00
Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour .....	96365	\$ 92.00
Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure).....	96366	\$ 27.00
Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug .....	96374	\$ 71.00
Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure) .....	96375	\$ 28.00
Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session ....	97602	\$ 40.00
Negative pressure wound therapy (eg, vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square cm .....	97605	\$ 54.00
Negative pressure wound therapy (eg, vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters .....	97606	\$ 58.00
Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making .....	99347	\$ 68.00
Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service (eg, prolonged care and treatment of an acute asthmatic patient in an outpatient setting); first hour (List separate) .....	99354	\$ 123.00
Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service (eg, prolonged care and treatment of an acute asthmatic patient in an outpatient setting); ea additional 30 min .....	99355	\$ 119.00
<b>CLINICAL SOCIAL SERVICES</b>	<b>CPT CODE</b>	<b>FEE</b>
Psychiatric diagnostic evaluation .....	90791	\$ 188.00
Psychotherapy, 30 minutes with patient and/or family member .....	90832	\$ 61.00
Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure) .....	90833	\$ 51.00
Psychotherapy, 45 minutes with patient and/or family member .....	90834	\$ 92.00
Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)....	90836	\$ 84.00
Psychotherapy, 60 minutes with patient and/or family member .....	90837	\$ 139.00
Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure) ...	90838	\$ 135.00
Psychotherapy for crisis; first 60 minutes .....	90839	\$ 150.00
Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service) .....	90840	\$ 180.00
Interactive complexity (List separately in addition to the code for primary procedure) .....	90785	\$ 6.00
Group Psych(Other A Multiple Family) .....	90853	\$ 31.00
Clinic visit/encounter, all-inclusive .....	T1015	\$ 112.00
Mental health assessment, by nonphysician (Bio-Psychosocial or Limited function assessment) .....	H0031	\$ 80.00
Mental Health Service Plan Development by Non-Physician.....	H0032	\$ 49.00
Therapeutic behavioral services, per 15 minutes (per 15 min) ...	H2019	\$ 16.00

DIAGNOSTIC SCREENINGS	CPT CODE	FEE
<b>VITAL STATISTICS</b>		
Certified copy of death certificates, each.....		\$ 10.00
Certified copy of birth certificates, each.....		\$ 12.00
<b>CAR SEATS</b>		
Car Seats (must attend car seat education).....		\$ 20.00
<b>MISCELLANEOUS</b>		
Copies of medical records/non-public documents (F.S. 456.057) ...	Per page	\$ 1.00
Copies / Faxes - miscellaneous records (F.S. 119.07(4)).....	Per page	\$ 0.15
<b>ENVIRONMENTAL HEALTH FEES - COUNTY</b>		
<b>These fees are in addition to State Environmental Health Fees</b>		
Water Samples (Micro).....		\$ 50.00
Water Samples (Lead-Nitrates).....		\$ 35.00
Subdivision Analysis:		
1-10 Lots.....		\$ 300.00
11-20 Lots.....		\$ 500.00
21-30 Lots.....		\$ 650.00
31-40 Lots.....		\$ 800.00
41-50 Lots.....		\$ 950.00
51-60 Lots.....		\$ 1,100.00
61-70 Lots.....		\$ 1,250.00
71-80 Lots.....		\$ 1,400.00
81-90 Lots.....		\$ 1,550.00
91-100 Lots.....		\$ 1,700.00
101-110 Lots.....		\$ 1,850.00
Swimming Pool Permit-Annual.....		\$ 75.00
Mobile Home & RV Park Permit-Annual.....		\$ 50.00
Tanning Facilities Permit-Annual.....		\$ 50.00
Food Establishment Permit-Annual.....		\$ 50.00
OSDS Permits, Other than new systems.....		\$ 50.00
OSDS Permit, New systems and Prior only.....		\$ 75.00
Drinking Water Permit-Annual.....		\$ 50.00
Pump Trucks.....		\$ 25.00

All other Environmental Health fees are mandated by the State of Florida and cannot be revised by this office.

**Gulf County Health Department  
Dental Clinic Fee Schedule**

Effective : 10/01/13

FEE SCHEDULE FOR THE GULF COUNTY HEALTH DEPARTMENT DENTAL SERVICES		
CDT CODES	DESCRIPTION	
D0120	PERIODIC ORAL EVALUATION	\$ 35.00
D0140	LIMITED ORAL EVALUATION	\$ 41.00
D0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMARY CAREGIVER	\$ 40.00
D0150	COMPREHENSIVE ORAL EVALUATION	\$ 53.00
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION	\$ 58.00
D0170	RE-EVALUATION ,LIMITED,FOCUSED EST	\$ 29.00
D0180	COMPRESIVE PERIODONTAL EVALUATION	\$ 35.00
D0210	INTRAORAL X-RAY (FULL)	\$ 76.00
D0220	INTRAORAL PERIAPICAL X-RAY (1ST)	\$ 16.00
D0230	INTRAORAL PERIAPICAL X-RAY (ADDITIONAL)	\$ 12.00
D0240	INTRAORAL OCCLUSAL X-RAY	\$ 24.00
D0270	BITEWING X-RAY (SINGLE)	\$ 16.00
D0272	BITEWING X-RAY (2)	\$ 25.00
D0273	BITEWING X-RAY (3)	\$ 29.00
D0274	BITEWING X-RAY (4)	\$ 37.00
D0277	BITEWING X-RAY (7)	\$ 36.00
D0330	PANORAMIC X-RAY	\$ 69.00
D0460	PULP VITALITY TESTING-INCLUDES MULTIPLE TEETH	\$ 12.00
D0470	DIAGNOSTIC CASTS	\$ 53.00
D1110	ADULT ORAL PROPHYLAXIS	\$ 58.00
D1120	CHILD PROPHYLAXIS - UP TO 14 YEARS OLD	\$ 42.00
D1206	TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR MODERATE TO HIGH CARIES RISK PATIENTS	\$ 29.00
D1208	TOPICAL APPLICATION OF FLUORIDE	\$ 21.00
D1310	NUTRI COUNSEL.ORAL DISEASE	\$ 18.00
D1320	TOBACCO COUNSEL/ORAL DISEASE	\$ 18.00
D1330	DET ORAL HYGIENE INSTRUCTIONS	\$ 18.00
D1351	OCCLUSAL SEALANT (PER TOOTH)	\$ 30.00
D1510	SPACE MAINTAINER (FIX UNI)	\$ 191.00
D1515	SPACE MAINTAINER (FIX BI)	\$ 229.00
D1550	RECEMENTATION/SPACE MAINTAINER	\$ 46.00
D1555	REMOVAL OF FIXED SPACE MAINTAINER-NOT ORIGINALLY PLACED	\$ 58.00
D2140	AMALGAM RESTORATION 1 SURF PER/PRI	\$ 76.00
D2150	AMALGAM RESTORATION 2 SURF PER/PRI	\$ 95.00
D2160	AMALGAM RESTORATION 3 SURF PER/PRI	\$ 115.00
D2161	AMALGAM RESTORATION 4+SURF PERM/PRI	\$ 140.00
D2330	RESIN 1 SURF PRI/PERM ANT	\$ 90.00
D2331	RESIN 2 SURF PRI/PERM ANT	\$ 111.00
D2332	PESIIN 3 SURF PRI/PERM ANT	\$ 135.00
D2335	RESIN 4+ SURF/INCISAL PRI /PERM ANT	\$ 165.00
D2390	RESIN-BASED COMPOSITE CROWN-ANT	\$ 242.00
D2391	RESIN 1 SURF POS PERM/PRI	\$ 103.00
D2392	RESIN 2 SURF POS PERM/PRI	\$ 139.00
D2393	RESIN 3+ SURF POS PERMPRI	\$ 169.00
D2394	RESIN-BASED COMP 4+ SURF POS	\$ 187.00
D2510	INLAY-METALLIC ONE SURFACE	\$ 578.00
D2520	INLAY-METALLIC TWO SURFACE	\$ 607.00
D2530	INLAY-METALLIC THREE+ SURFACE	\$ 635.00

Gulf County Health Department  
Dental Clinic Fee Schedule

Effective : 10/01/13

FEE SCHEDULE FOR THE GULF COUNTY HEALTH DEPARTMENT DENTAL SERVICES		
CDT CODES	DESCRIPTION	
D2542	ONLAY METALLIC TWO SURFACE	\$ 838.00
D2543	ONLAY METALLIC THREE SURFACE	\$ 894.00
D2544	ONLAY METALLIC FOUR+ SURFACE	\$ 950.00
D2710	CROWN-FULL RESIN -LAB	\$ 300.00
D2721	CROWN-RESIN WITH PRE BASE METAL	\$ 371.00
D2740	CROWN-FULL PROC	\$ 300.00
D2750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	\$ 600.00
D2751	CROWN-PORCELAIN FUSED TO BASE METAL	\$ 500.00
D2752	CROWN-PORC FUSED/NOBEL METAL	\$ 500.00
D2790	CROWN-FULL CAST HIGH NOBLE METAL	\$ 781.00
D2791	CROWN-FULL CAST BASE METAL	\$ 731.00
D2792	CROWN-FULL CAST NOBLE METAL	\$ 751.00
D2799	PROVISIONAL CROWN TO BE WORN AT LEAST 6 MONTHS	\$ 200.00
D2910	RECEMENT INLAY	\$ 90.00
D2915	RECEMENT CAST OR PREFABRICATED POST AND CORE	\$ 40.00
D2920	RECEMENT CROWN	\$ 30.00
D2930	STAINLESS STEEL CROWN-PRIMARY TOOTH	\$ 190.00
D2931	STAINLESS STEEL CROWN-PERMANENT TOOTH	\$ 237.00
D2932	PREFABRICATED RESIN CROWN	\$ 200.00
D2933	STAINLESS STEEL CROWN/RESIN WITH RESIN WINDOW	\$ 231.00
D2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN-PRIMARY TOOTH	\$ 210.00
D2940	TEMP SEDATIVE RESTORATION	\$ 58.00
D2950	CORE BUILDUP WITH PINS	\$ 156.00
D2951	PIN RETENTION PER TOOTH IN ADDITION TO RESTORATION	\$ 32.00
D2952	CAST POST & CORE, IN ADD TO CROWN	\$ 291.00
D2954	PREFAB POST & CORE IN ADD TO CROWN	\$ 190.00
D2960	LABIAL VENEER (RESIN LAMINATE)-CHAIRSIDE	\$ 200.00
D2961	LABIAL VENEER (RESIN LAMINATE)-LABORATORY	\$ 200.00
D2962	VENEERS (LABIAL VENEER PROCELAIN LAMINATE LAB)	\$ 500.00
D2970	TEMPORARY CROWN-AS IMMEDIATE PROTECTION NOT TO BE USED AS TEMPORIZATION DURING CROWN FABRICATION	\$ 200.00
D2975	COPING	\$ 400.00
D2791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	\$ 731.00
D3110	PULP CAP-DIRECT	\$ 42.00
D3120	PULP CAP-INDIRECT	\$ 37.00
D3220	THERAPEUTIC PULPOTOMY-PRIMARY OR PERMANENT (EXCLUDING FINAL RESTORATION)	\$ 115.00
D3221	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TOOTH	\$ 115.00
D3338	PULPAL THERAPY (RESORBABLE FILLING)-ANT PRIM	\$ 100.00
D3340	PULPAL THERAPY (RESORBABLE FILLING)-POST PRIM	\$ 100.00
D3341	ANTERIOR ENDOODONTICS	\$ 400.00
D3342	PREMOLAR ENDOODONTICS	\$ 300.00
D3343	MOLAR ENDOODONTICS	\$ 300.00
D3331	TREATMENT OF ROOT CANAL OBST, NON SURG	\$ 100.00
D3332	INCOMPLETE ENDOODONTIC THERAPY INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH	\$ 100.00
D3333	INTERNAL ROOT REPAIR OF PERFORMANCE DEFECTS	\$ 200.00
D3345	ENDOODONTIC RETREATMENT-ANT	\$ 500.00
D3347	ENDOODONTIC RETREATMENT-PREMOLA	\$ 400.00
D3346	ENDOODONTIC RETREATMENT-MOLAR	\$ 700.00
D3361	APEXIFICATION-INITIAL TREATMENT	\$ 200.00

Gulf County Health Department  
Dental Clinic Fee Schedule

Effective : 10/01/13

FEE SCHEDULE FOR THE GULF COUNTY HEALTH DEPARTMENT DENTAL SERVICES		
CDT CODES	DESCRIPTION	
D3352	APEXIFICATION-INTERIM TREATMENT	\$ 105.00
D3353	APEXIFICATION-FINAL VISIT	\$ 252.00
D3410	APICOECTOMY-ANTERIOR	\$ 202.00
D3421	APICOECTOMY PERIRADICULAR SURGERY BICUSPID (FIRST ROOT)	\$ 202.00
D3430	RETROGRADE FILLING-PER ROOT	\$ 145.00
D3450	AMPUTATION	\$ 145.00
D3470	INTENTIONAL REMOVAL AND REPLANTATION WITH SPLINTING	\$ 252.00
D4210	GINGIVOPLASTY/PER QUADRANT FOUR OR MORE TEETH	\$ 242.00
D4211	GINGIVOPLASTY/1-3 TEETH IN QUAD OR SPACE	\$ 92.00
D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING, 4 OR MORE TEETH	\$ 242.00
D4241	GINGIVAL FLAP PROCEDURE INCLUDING ROOT PLANING, 1-3 TEETH PER QUADRANT	\$ 92.00
D4249	CLINICAL CROWN LENGTHENING	\$ 442.00
D4260	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES PER QUADRANT	\$ 402.00
D4261	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) ONE TO THREE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES PER QUADRANT	\$ 252.00
D4263	BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT	\$ 252.00
D4264	BONE REPLACEMENT GRAFT - EACH ADDITIONAL SITE IN QUADRANT	\$ 202.00
D4271	FREE SOFT TISSUE GRAFT	\$ 375.00
D4321	PROVISIONAL SPLINTING-EXTRACORONAL	\$ 318.00
D4341	PER SCALING/ROOT PLANING-QUAD+4	\$ 145.00
D4342	PER SCALING PLAN QUAD 1-3	\$ 116.00
D4355	FULL MOUTH DEBRIDMENT	\$ 120.00
D4910	PERIODONTAL MAINTENANCE	\$ 81.00
D5110	COMPLETE DENTURE (MAXILLARY)	\$ 675.00
D5120	COMPLETE DENTURE (MANDIBULAR)	\$ 575.00
D5130	IMMEDIATE UPPER DENTURE	\$ 325.00
D5140	IMMEDIATE LOWER DENTURE	\$ 275.00
D5211	MAXILLARY PARTIAL DENTURE-RESI	\$ 575.00
D5212	MANDIBULAR PARTIAL DENTURE-RES	\$ 475.00
D5213	MAX PARTIAL DENTURE-CAST	\$ 325.00
D5214	MANI PARTIAL DENTURE-CAST	\$ 275.00
D5225	MAXILLARY PARTIAL DENTURE-FLEXIABLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH)	\$ 505.00
D5226	MANDIBULAR PARTIAL DENTURE-FLEXIABLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH)	\$ 405.00
D5410	ADJUST COMPLETE DENTURE UPPER	\$ 55.00
D5411	COMPLETE DENTURE ADJUSTMENT, LOWER	\$ 55.00
D5421	PARTIAL DENTURE ADJUSTMENT, UPPER	\$ 55.00
D5422	PARTIAL DENTURE ADJUSTMENT, LOWER	\$ 55.00
D5510	REPAIR BROKEN COMPLETE DENTURE BASE	\$ 125.00
D5520	REPLACE MISSING OR BROKEN TEETH-COMPLETE	\$ 125.00
D5510	REPAIR RESIN PARTIAL BASE	\$ 125.00
D5525	REPAIR CASE FRAMEWORK	\$ 125.00
D5530	REPAIR OR REPLACE BROKEN CLASP	\$ 55.00
D5540	REPLACE BROKEN TOOTH (PER TOOTH)	\$ 125.00
D5650	ADD TOOTH TO EXIST PARTIAL DENTURE CLASP EXIST PARTIAL	\$ 125.00
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	\$ 125.00
D5670	REPLACE ALL TEETH AND ACRYLIC MAXILLARY PARTIAL DENTURE	\$ 505.00
D5671	REPLACE ALL TEETH AND ACRYLIC MANDIBULAR PARTIAL DENTURE	\$ 405.00
D5730	RELINE MAX DENTURE (CHAIRSIDE)	\$ 175.00

Gulf County Health Department  
Dental Clinic Fee Schedule

Effective : 10/01/13

FEE SCHEDULE FOR THE GULF COUNTY HEALTH DEPARTMENT DENTAL SERVICES		
CDT CODES	DESCRIPTION	
D5731	RELINE MAN COMPLETE (CHAIRSIDE)	\$ 173.00
D5740	RELINE MAX PART DENT (CHAIRSIDE)	\$ 166.00
D5741	RELINE MAN PART DENT (CHAIRSIDE)	\$ 146.00
D5750	RELINE MAX COMPLETE DENT (LAB)	\$ 200.00
D5751	RELINE MAN COMPLETE DENT (LAB)	\$ 200.00
D5760	RELINE MAX PART DENT (LAB)	\$ 201.00
D5761	RELINE MAN PART DENT (LAB)	\$ 201.00
D5810	INTERIM COMPLETE DENTURE MAX	\$ 300.00
D5820	INTERIM PARTIAL DENTURE MAX	\$ 370.00
D5821	INTERIM PARTIAL DENTURE MAN	\$ 370.00
D5850	MAXILLARY TISSUE CONDITIONING	\$ 67.00
D5851	MANDIBULAR TISSUE CONDITIONING	\$ 67.00
D5860	OVERDENTURE COMPLETE BY REPORT	\$ 360.00
D5862	PRECISION ATTACHMENT BY REPORT	\$ 67.00
D5889	OPEN FACE CROWN FOR DENTURE	\$ 100.00
D5882	SURGICAL STENT	\$ 70.00
D5986	FLUORIDE GEL CARRIER	\$ 76.00
D6053	IMPLANT ABUTMENT SUPPORTED REMOVABLE DENTURE FOR COMPLETELY EDENTULOUS ARCH	\$ 1,000.00
D6054	IMPLANT ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH	\$ 700.00
D6055	DENTAL IMPLANT SUPPORT CONNECTING BAR	\$ 1,000.00
D6056	PREFABRICATED ABUTMENT-INCLUDES PLACEMENT	\$ 300.00
D6057	CUSTOM ABUTMENT-INCLUDES PLACEMENT	\$ 300.00
D6058	ABUTMENT SUPPORTED PORCELAIN CERAMIC CROWN	\$ 400.00
D6059	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (HIGH NOBLE METAL)	\$ 300.00
D6061	ABUTMENT SUPPORTED PORCELAIN FUSED TO NOBLE METAL CROWN	\$ 300.00
D6062	ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL)	\$ 300.00
D6068	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN CERAMIC FPD	\$ 300.00
D6069	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (HIGH NOBLE METAL)	\$ 300.00
D6072	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (HIGH NOBLE METAL)	\$ 300.00
D6078	IMPLANT ABUTMENT SUPPORTED FIXED DENTURE FOR COMPLETELY EDENTULOUS ARCH	\$ 300.00
D6079	IMPLANT ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH	\$ 300.00
D6090	REPAIR IMPLANT SUPPORTED PROSTHESIS, BY REPORT	\$ 300.00
D6092	REPAIR IMPLANT ABUTMENT SUPPORTED CROWN	\$ 300.00
D6093	REPAIR IMPLANT ABUTMENT SUPPORTED FIXED PARTIAL DENTURE	\$ 300.00
D6095	REPAIR IMPLANT ABUTMENT, BY REPORT	\$ 300.00
D6210	FIXED PARTIAL DENTURE - PONTIC GOLD (HIGH NOBLE)	\$ 300.00
D6211	FIXED PARTIAL DENTURE - PONTIC PREDOMINANTLY BASE METAL	\$ 300.00
D6212	FIXED PARTIAL DENTURE - PONTIC GOLD (NOBLE)	\$ 300.00
D6240	FIXED PARTIAL DENTURE - PONTIC PORCELAIN FUSED TO HIGH NOBLE METAL	\$ 300.00
D6241	FIXED PARTIAL DENTURE - PONTIC PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$ 300.00
D6242	FIXED PARTIAL DENTURE - PONTIC PORCELAIN FUSED TO NOBLE METAL	\$ 300.00
D6245	FIXED PARTIAL DENTURE - PONTIC PORCELAIN CERAMIC	\$ 300.00
D6250	FIXED PARTIAL DENTURE - RESIN WITH HIGH NOBLE METAL	\$ 300.00
D6545	FIXED PARTIAL DENTURE - PONTIC RETAINER, CAST METAL FOR RESIN BONDED FIXED PROSTHESIS	\$ 300.00
D6710	FIXED PARTIAL DENTURE - CROWN INDIRECT RESIN BASED COMPOSITE (NOT TO BE USED AS TEMPORARY OR PROVISIONAL PROSTHESIS)	\$ 200.00
D6740	FIXED PARTIAL DENTURE - CROWN PORCELAIN CERAMIC	\$ 300.00
D6750	FIXED PARTIAL DENTURE - CROWN ABUTMENT PORCELAIN FUSED TO NOBLE HIGH METAL	\$ 300.00
D6751	FIXED PARTIAL DENTURE - CROWN PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$ 300.00

Gulf County Health Department  
Dental Clinic Fee Schedule

Effective : 10/01/13

FEE SCHEDULE FOR THE GULF COUNTY HEALTH DEPARTMENT DENTAL SERVICES		
CDT CODES	DESCRIPTION	
D6752	FIXED PARTIAL DENTURE - CROWN ABUTMENT PORCELAIN FUSED TO NOBLE METAL	\$ 438.00
D6790	FIXED PARTIAL DENTURE - CROWN ABUTMENT GOLD HIGH (NOBLE)	\$ 781.00
D6791	FIXED PARTIAL DENTURE - CROWN FULL CAST PREDOMINANTLY BASE METAL	\$ 781.00
D6792	FIXED PARTIAL DENTURE - CROWN ABUTMENT GOLD (NOBLE)	\$ 781.00
D6793	FIXED PARTIAL DENTURE - CROWN PROVISIONAL RETAINER	\$ 355.00
D6930	RECEMENT FIXED PARTIAL DENTURE	\$ 55.00
D6940	STRESS BREAKER	\$ 200.00
D7111	EXTRACTION DECIDUOUS TEETH	\$ 76.00
D7140	EXTRACTION,ERUPTED TOOTH OR EXPOSED ROOT	\$ 99.00
D7210	SURGICAL REMOVAL ERUPTED TOOTH	\$ 168.00
D7220	REMOVAL OF IMPACTION-SOFT TISSUE	\$ 208.00
D7230	REMOVAL OF IMPACTION-PART BONY	\$ 277.00
D7240	REMOVAL OF IMPACTION-COMP BONY	\$ 312.00
D7241	REMOVAL OF IMPACTION-DIFFICULT	\$ 347.00
D7250	SURGICAL REMOVAL RESIDUAL ROOT	\$ 173.00
D7260	ORANTAL FISTULA CLOSURE	\$ 462.00
D7270	TOOTH REPLANTATION AND STABILITY	\$ 347.00
D7280	SURGICAL EXPOSURE OF IMPACTED OR UNERUPTED-NOT TO BE EXTRACTED	\$ 347.00
D7285	BIOPSY OF ORAL TISSUE-HARD	\$ 173.00
D7286	BIOPSY OF ORAL TISSUE-SOFT	\$ 138.00
D7288	BRUSH BIOPSY TRANSEPIHELIAL SAMPLE COLLECTION (LAB CHARGE BY LAB)	\$ 58.00
D7310	ALVELOPLASTY/EXTRACTION-FOUR OR MORE TEETH OR TOOTH SPACES, PER QUAD	\$ 173.00
D7311	ALVELOPLASTY/EXTRACTION-ONE TO THREE TEETH OR TOOTH SPACES, PER QUAD	\$ 145.00
D7320	ALVELOPLASTY/NO EXTRACT-FOUR OR MORE TEETH OR TOOTH SPACES,PER QUAD	\$ 231.00
D7321	ALVELOPLASTY/NO EXTRACT-ONE TO THREE TEETH OR TOOTH SPACES,PER QUAD	\$ 203.00
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	\$ 173.00
D7430	REMOVAL ODONTOGENIC CYST<1.25 CM	\$ 289.00
D7471	REMOVAL OF EXOSTOSIS	\$ 462.00
D7510	INCISION & DRAINAGE OF ABSCESS-INTRORAL SOFT	\$ 116.00
D7520	I & D OF ABCESS-EXTRORAL SOFT TISS	\$ 173.00
D7530	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR SUBCUTANEOUS	\$ 99.00
D7540	REMOVAL OF REACTION PRODUCING FOREIGN BODIES, MUSCULOSKELETAL SYSTEM	\$ 289.00
D7820	CLOSE REDUCTION TMJ DISLOCATION	\$ 71.00
D7880	OCCLUSAL ORTHOTIC DEVICE, BY REPORT	\$ 499.00
D7910	SUTURE SMAL WOUND >5 CM	\$ 104.00
D7911	COMPLICATED SUTURE > 5 CM	\$ 300.00
D7960	FRENULLECTOMY	\$ 283.00
D7970	EXCISION-INTERPLASTIC TISSUE PER ARCH	\$ 283.00
D7971	EXCISION PERICORONAL GINGIVAE ON IMPACTED OR PARTIALLY ERUPTED	\$ 116.00
D8010	LIMITED ORTHO TREATMENT OF THE PRJ DENTITION	\$ 355.00
D8020	LIMITED ORTHO TREATMENT OF THE TRANSITIONAL DENTITION	\$ 573.00
D8030	LIMITED ORTHO TREATMENT OF THE ADOLESCENT DENTITION	\$ 355.00
D8040	LIMITED ORTHO TREATMENT OF THE ADULT DENTITION	\$ 573.00
D8080	LIMITED ORTHO TREATMENT OF TRANSITIONAL DENTITION	\$ 573.00
D8070	COMPREHENSIVE ORTHO TREATMENT-TRANS	\$ 3,493.00
D8080	COMPREHENSIVE ORTHO TREATMENT-ADOLESCENT	\$ 3,493.00
D8090	COMPREHENSIVE ORTHO TREATMENT-ADULT DENT	\$ 4,813.00
D8210	REMOVAL BE HABIT APPLIANCE	\$ 347.00

Gulf County Health Department  
Dental Clinic Fee Schedule

Effective : 10/07/18

FEE SCHEDULE FOR THE GULF COUNTY HEALTH DEPARTMENT DENTAL SERVICES		
CDT CODES	DESCRIPTION	
D8220	FIXED HABIT APPLIANCE	\$ 347.00
D9110	EMERGENCY / PALLIATIVE TREATMENT	\$ 58.00
D9120	FIXED PARTIAL DENTURE SECTIONING	\$ 87.00
D9210	LOCAL ANESTHESIA	\$ 18.00
D9212	TRIGEMINAL DIVISION BLOCK ANESTHESIA	\$ 18.00
D9220	GENERAL ANESTHESIA/DEEP SEDATION FIRST 30 MIN	\$ 528.00
D9221	GENERAL ANESTHESIA-EACH ADD 15 MINUTES	\$ 34.00
D9230	ANALGESIA - NITROUS OXIDE PER 15 minutes	\$ 41.00
D9310	PROFESSIONAL CONSULTATION	\$ 53.00
D9430	OFFICE VISIT-INCLUDED WITH PROCEDURE	n/c
D9440	OFFICE VISIT, AFTER REGULAR SCHEDULED HOURS	\$ 87.00
D9630	OTHER DRUGS AND/OR MEDICAMENTS, BY REPORT	\$ 13.00
D9910	DESENSITIZING MEDICATION PER VISIT	\$ 30.00
D9911	APPLICATION OF DESENSITIZING RESIN FOR CERVICAL AND/OR ROOT SURFACE, PER TOOTH	\$ 30.00
D9920	BEHAVIOR MGT (15 MIN INCREMENTS)	\$ 58.00
D9930	POST SURGICAL COMPLICATIONS	\$ 58.00
D9940	OCCLUSAL GUARD IN HOUSE	\$ 38.00
D9940	OCCLUSAL GUARD OFF SITE LAB	\$ 375.00
D9941	FABRICATION ATHLETIC MOUTHGUARD	\$ 67.00
D9942	REPAIR AND/OR RELINE OF OCCLUSAL GUARD	\$ 97.00
D9950	OCCLUSAL ANALYSIS ADJUSTED CASE	\$ 251.00
D9951	OCCLUSAL ADJUSTMENT LIMITED	\$ 25.00
D9952	COMPLETE OCCLUSAL ADJUSTMENT	\$ 315.00
D9971	ODONTOPLASTY 1-2 TEETH	\$ 18.00
D9972	BLEACHING, EXTERNAL PER ARCH	\$ 225.00
D9974	INTERNAL BLEACHING PER TOOTH	\$ 265.00
D9999	UNSPECIFIED BY REPORT	\$ 25.00
BLEACH	BLEACHING TUBE ONLY, 2 TUBES	\$ 20.00

The above fee schedule indicates charges for services. The Florida Department of Health in Gulf County will use updated income guidelines to determine eligibility for sliding fee scale up to 200% of Federal Poverty Level. The Gulf CHD Administrator shall have authority to make internal policies and procedures to limit the number of sliding fee scale clients seen per day, etc., and may restrict sliding fee scale dental services.

For root canals, post and core procedures, crowns, bridges, partials, and denture services, the sliding fee scale will not be adjusted. These services shall be considered "elective" and the patient will be responsible for 100% of the charges. Payment for these services must be paid in full before seating or delivery. These procedures are in grey shaded areas.

Laboratory charges must be paid in full prior to completion of the service (before delivery).

These fees are in effect from October 1, 2013 through September 30, 2014 as approved by the Gulf County Board of County Commissioners.



**GULF COUNTY  
E9-1-1 DEPARTMENT**

1000 Cecil G. Costin, Sr. Blvd.  
Port St. Joe, Florida 32456

**INTEROFFICE MEMORANDUM**

TO: GULF COUNTY BOARD OF COUNTY COMMISSIONERS

FROM: BEN GUTHRIE 

DATE: 09/18/2013

SUBJECT: ALI DATABASE SOFTWARE MAINTENANCE GRANT

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I am requesting permission from the Board of County Commissioners to submit a grant request for our ALI Database Software maintenance. The grant request is in the amount of \$ 4,167.00 which is one third of the invoice cost of \$ 12,501.00. The cost is being split equally between Calhoun, Franklin and Gulf Counties.

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

FILED FOR RECORD  
PROFESSOR AT MORRIS  
CLERK OF DISTRICT COURT  
GULF COUNTY, FLORIDA  
2013 SEP 18 AM 12: 01

9/24/13 7988

## County     Gulf

### STATE OF FLORIDA E911 BOARD E911 GRANT PROGRAM APPLICATION FORM

Total Amount Requested:     \$4,167.00    

Project Title:     **911 Datamaster Maintenance & Support  
Renewal**    

1. **Board of County Commissioners Chair:**     Tan Smiley      
Mailing Address:     1000 Cecil G Costin Sr Blvd      
City:     Port St Joe      
State:     Florida     Zip:     32456     -           
Phone:     ( 850 ) 229-6106     Fax:     (850) 229-9252      
Email Address:     bocc@gulfcounty-fl.gov
  
2. **County 911 Coordinator:**     Ben Guthrie      
Mailing Address:     1000 Cecil G Costin Sr Blvd, Bldg 500      
City:     Port St Joe      
State:     Florida     Zip:     32546     -           
Phone:     ( 850 ) 229-9111     Fax:     (850) 229-9115      
Email Address:     bguthrie@gulfcounty-fl.gov
  
3. **Federal Tax ID Number:**     59-6000627

**County Gulf**

**COUNTY INFORMATION**

USE 12 POINT FONT OR LEGIBLE HAND PRINTING

**4. County Fact Information**

- A. County Gulf
- B. Population 15,789
- C. Total Number of Incoming Nonwireless Trunks 2 – Wireline & Wireless calls process through same network to PSAP
- D. Total Number of Incoming Wireless Trunks Same as above
- E. Number of PSAP's 1
- F. Number of Call Taker Positions per PSAP 2
- G. Total Volume of 911 Calls 6299 (Sept 1, 2012 – Sept 1, 2013)
- H. What equipment is needed to maintain the Enhanced 911 system?  
ALI Database Software Annual Maintenance
- I. What equipment is requested in this grant application?  
N/A
- J. Financial Information:
  - 1.) What are the current annual costs for your E911 system (circuits, customer records hardware and software, etc.) not including maintenance?  
\$23,339.40
  - 2.) What are the current annual costs for maintenance of items included in 1.)?  
\$16,986.33 (Includes 911 Datamaster - \$4,167.00)

**5. Describe your county's existing E911 system.**

Regional 911 System for Gulf, Calhoun, and Franklin Counties. Solacom IP enabled router, Guardian answering positions, with a stand-a-lone ALI database consisting of 2 ALI Servers & 1 DBMS Server

**6. Describe the proposed project including any goal(s) and objectives.**

Continued 24 X 7 Support/Maintenance of ALI Database Software

The logo for 911 Datamaster features a stylized grid icon to the left of the text "911" in a large, bold, sans-serif font. Below "911" is the word "Datamaster" in a smaller, bold, sans-serif font.

February 14<sup>th</sup>, 2013

*Quote: 75k Software Premium Support  
Attn: Georgia Baggett, FairPoint  
End User: Tri-County - Florida*

ALI / Cell/Remarks/DBMS/WebDBMS (75,000 Records)

Annual Premium Support - \$12,501  
Dates 11-13-13 thru 11-12-14

**Total \$12,501**

**\*Premium Support for first year must be purchased with software. Support will then be invoiced annually.**

Premium Support includes technical support, software patches/fixes and normal software upgrades on products previously purchased.

For questions contact:

Eric J Regnier -  
Email [ericr@911Datamaster.com](mailto:ericr@911Datamaster.com)  
Phone 951.551.8272

**This quote is for software only. 911 Datamaster allows customers to purchase, install, and maintain hardware platform of their choice. We will partner with you on technical specifications.**

***Thank you for giving us the opportunity to provide this quote.***

*This document is intended only for the use of the person or organization to which it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. Any unauthorized dissemination, distribution or copying of this communication is strictly prohibited.*



**GULF COUNTY  
EMERGENCY MANAGEMENT**

1000 Cecil G. Costin, Sr. Blvd.  
Port St. Joe, Florida 32456

**INTEROFFICE MEMORANDUM**

TO: DONNA RAY

FROM: MARSHALL NELSON, DIRECTOR *Lyndale*

DATE: SEPTEMBER 10, 2013

SUBJECT: 2012-2013 ANNUAL PHYSICAL INVENTORY FOR THE  
EMERGENCY MANAGEMENT DEPARTMENT

---

Attached is the completed 2012-2013 Annual Physical Inventory for the Emergency Management Department.

We have been unable to locate 90-327 (Refurbished Jaguar Portable Radio) and 90-328 (Refurbished Jaguar Portable Radio) and have no indication that they were ever put into our inventory. The radios were not on last year's inventory sheet and did not have an Asset/Inventory Activity Form associated with them. Therefore, please remove 90-327 and 90-328 from our inventory.

Also, 90-255 (Utility Trailer) is valued at less than the \$1,000.00 threshold and should be removed from inventory.

If you have any questions or need additional information please feel free to call me at 229-9110.

**BCC APPROVED**

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

2013 SEP 17 AM 9:10  
FILED FOR RECORD  
REBECCA L. HOBBS  
CLERK OF CIRCUIT COURT  
GULF COUNTY, FLORIDA

2013 SEP 16 83 JF



GULF COUNTY BCC  
FIXED ASSET WORKSHEET

09/17/2013 09:38  
838dray

ASSET # 3327      MISC. EQUIPMENT      40      MASTER ASSET      11      REFURBISHED JAGUAR PORTABLE RADIO      N      0.00

CLASS      405      COMMUNICATIONS      A1      FUND SOURCE      A1      PURCHASE      03/06/2006      1,945.45      0.00

COMMODITY      90      EMERGENCY MANAG      ACQUIS DATE      ACQUIS COST      0.000      1,945.45      0.00

DEPT      90      EMERGENCY MANAG      ACQUIS COST      0.000      1,945.45      0.00

LOC CODE      EOC      C. NUNERY 639-5      QTY      UNIT PRICE      PURCH MEMO      WILLIAMS COMM.CK#64488

LOC MEMO      STORAGE LOC      PURCH MEMO      SOY BOOK      1,945.45

ROOM      STATUS      A      ACTIVE      CURRENT BOOK      1,945.45

STORAGE LOC      CONDITION      E      EXCELLENT      EST SALVAGE      0.00

CONDITION      CUSTODIAN      EMERGENCY MANAGEMENT      REPL COST      1,945.45

CUSTODIAN      TITLEHOLDER      GULF BOCC      LAST INVENT      IMPROVE MEMO

TITLEHOLDER      TAG # 90-327      SERIAL # 9618274      EOC      RETIRE DATE      0.00

MANUFACTURER      JAGUA      JAGUAR      DISP CODE      0.00

MODEL      YEAR      LICENSE #

DESCRIPTION      REFURBISHED JAGUAR PORTABLE RADIO      N      0.00      LAST YR/PR      /00

MAINT CONT      Y      Vendor Name      Mi      INSURED      CARRIER      INSURED VAL      0.00

VENDOR DESC      G      0.00      0.00      EXPIRE DATE      POLICY CST      MEMO      0.00

TYPE      ANNUAL COST      MEMO      DEPRECIATE      N      0.00      0.00

ANNUAL COST      MEMO      DEPREC PRIN      FIRST YR/PR      0.00      LAST YR/PR      /00

MEMO      EST LIFE      3      0      PERIODS TAKEN      ACCUM DEPREC      0.00

DEPRECIATE      N      0.00      0.00

DEPREC PRIN      FIRST YR/PR      0.00      LAST YR/PR      /00

EST LIFE      3      0      PERIODS TAKEN      ACCUM DEPREC      0.00

INVOICE #      50032A      INV DATE      02/27/2006      INV AMT      1,945.45

DOCUMENT #      50032A      INVOICE #      50032A

G/L Accounts

TYPE DESC	ORG	OBJ	PROJ	PERCENT
1 ASSET	GFAAG	40000		100.00
2 CONTRA	GFAAG	31511		100.00

PO Accounts

ORG	OBJ	PROJ	AMOUNT

Tx From #12.5 Search & Reserve to #90 E.M. 09/25/12

GULF COUNTY BCC  
FIXED ASSET WORKSHEET

09/17/2013 09:33  
838dray

ASSET # 3555	40	MISC. EQUIPMENT	MASTER ASSET	JAGUAR REFURBISHED RADIO	
CLASS	405	COMMUNICATIONS	FUND SOURCE	MAINT CONT	Y
SUBCL			ACQUIS METH	VENDOR DESC	G
COMMODITY	90	EMERGENCY MANAG	ACQUIS DATE	INSURED	N
DEPT	90	EMERGENCY MANAG	ACQUIS COST	CARRIER	
LOC CODE	EOC		ACRES	INSURED VAL	0.00
LOC MEMO			QTY	EXPIRE DATE	
ROOM			UNIT PRICE	POLICY CST	0.00
STORAGE LOC			PURCH MEMO	MEMO	
STATUS	A	ACTIVE	WILLIAMS COMMUNICATION		
CONDITION	G	GOOD			
CUSTODIAN		EMERGENCY MANAGEMENT	SOY BOOK	DEPRECIATE	N
TITLEHOLDER			CURRENT BOOK	DEPREC PRIN	
			EST SALVAGE	FIRST YR/PR	0.00
			REPL COST	EST LIFE	/00
TAG # 90-328			LAST INVENT	PERIODS TAKEN	3
SERIAL # 9608521			IMPROVE MEMO	ACCUM DEPREC	0
MANUFACTURER	JAGUA	JAGUAR			
MODEL			RETIRE DATE		
MODEL YEAR			DISP CODE		
LICENSE #			DISP PRICE		
			SALE PRICE		
VEND #	PO #	DOCUMENT #	INVOICE #	INV DATE	INV AMT
4845		50881			1,960.25

G/L Accounts			
TYPE DESC	ORG	OBJ	PERCENT
1 ASSET	GFAAG	4000	100.00
2 CONTRA	GFAAG	31511	100.00
PO Accounts			
ORG	OBJ	PROJ	AMOUNT

*Tx from #125 Search & Rescue to #90 E.M. 09/25/12*



# Memorandum

**To:** Gulf County BOCC  
**From:** Scott Warner, GIS Director  
**Date:** November 3, 2008  
**CC:** Don Butler, Marshall Nelson  
**Re:** Permission to remove old dilapidated desk from inventory

I am writing to ask your permission to junk Asset number #2323, Tag# 265-13 from GIS Mapping. This was an old desk that has come apart and can no longer be used.

Thank you,  
 Scott Warner  
 GIS Director/EM Coordinator

FILED FOR RECORD  
 REBECCA L. NORRIS  
 CLERK OF CIRCUIT COURT  
 GULF COUNTY, FLORIDA  
 2013 SEP 18 AM 12:00

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

9/24/13 LL  
**87**

**LOCN #265 GIS MAPPING**

ASSET TAG#

000002323 265-13

CHERRY/SLATE DESK UNIT

DESCRIPTION

SERIAL #

GIS MAPPING

CLASS

40

STORAGE/LOCATION

GIS MAPPING/PENNY FC

DATE ACQ

09/27/00

COST

\$ 1,187.66

**ITEMS MISSING ON ORIGINAL INVENTORY**

GULF COUNTY ASSET / INVENTORY ACTIVITY FORM

Initiating Department: #50 Gulf County Extension

Check type of Activity below:

- Asset Acquisition
- Asset Purchase

Amount      Invoice#      Invoice Date      Vendor Name  
 Attach a copy of this form to the invoice when submitting to the Clerk's Office for payment

- Asset Donation

Donation From      Asset Description      Value

- Improvement to Existing Asset

Describe the Need For and Description Of the Improvement, Attach a copy if necessary

- Asset Transfer To

- Receiving Department - Name
- Surplus (useable condition but no longer needed by Department)

- Asset Disposal

- Retired (check reason)      Retirement Reason:  Obsolete / No longer needed
- Sold       Non-Repairable
- Trade-in       Repair Not Cost Effective
- Donate       Cannibalized
- Return to other Government       Other

FILED FOR RECORD  
 REBECCA L. NORRIS  
 CLERK OF CIRCUIT COURT  
 GULF COUNTY, FLORIDA  
 2013 SEP 13 AM 10:40

Enter Information for Asset/Inventory Activity checked above (Use Attachment if needed)			
Department/Location	Asset Tag #	Description	Serial Number
County Extension 5048	3143	Dell Intel Computer	4#B6XFI

Enter Information for Vehicles, Heavy Equipment, Trailers (Use Attachment if needed)			
Vehicle Tag Number	Year, Make Model	Vehicle Identification No.	Odometer Miles

Other Information : **BCC APPROVED**  
 DATE \_\_\_\_\_ D.C. \_\_\_\_\_

<p><b>Department / Location Approval</b>  <i>Forms not properly signed or incomplete forms will be returned to the Department</i></p> <p><u>Roy Lee Carter</u>      <u>8-20-2013</u>        Department Head Signature *      Date</p> <p><small>* As Department Head/Custodian, I understand that I am responsible for keeping track of the property under my custodianship and for locating and showing all property to the county auditor during the annual audit of the Capital Assets.</small></p>	<p><b>Board of County Commissioners Consent Agenda Approval</b></p> <p>_____        Date</p> <p><i>Approval must be obtained before transferring, disposing, or accepting an asset. Submit the completed form to the Clerk's Office for inclusion in the Board's Consent Agenda.</i></p>
--	--

**Office of the Clerk of Circuit Court**

Asset Tag# 3143      Asset Record Updated \_\_\_\_\_      Copy Returned to Department \_\_\_\_\_

9/24/13 JS



### GULF COUNTY ASSET / INVENTORY ACTIVITY FORM

Initiating Department: #50 Gulf County Extension

Check type of Activity below:

- Asset Acquisition
- Asset Purchase

Amount	Invoice#	Invoice Date	Vendor Name
--------	----------	--------------	-------------

Attach a copy of this form to the invoice when submitting to the Clerk's Office for payment

- Asset Donation

Donation From	Asset Description	Value
---------------	-------------------	-------

- Improvement to Existing Asset

Describe the Need For and Description Of the Improvement, Attach a copy if necessary

- Asset Transfer To

- Receiving Department - Name
- Surplus (useable condition but no longer needed by Department)

- Asset Disposal

- |   |                    |  |
|---|--------------------|--|
| <input type="checkbox"/> Retired (check reason)     | Retirement Reason: | <input type="checkbox"/> Obsolete / No longer needed |
| <input type="checkbox"/> Sold                       |                    | <input type="checkbox"/> Non-Repairable              |
| <input checked="" type="checkbox"/> Trade-in        |                    | <input type="checkbox"/> Repair Not Cost Effective   |
| <input type="checkbox"/> Donate                     |                    | <input type="checkbox"/> Cannibalized                |
| <input type="checkbox"/> Return to other Government |                    | <input type="checkbox"/> Other                       |

FILED FOR RECORD  
 REBECCA L. NORRIS  
 CLERK OF CIRCUIT COURT  
 GULF COUNTY, FLORIDA  
 2013 SEP 13 AM 10:40

Enter Information for Asset/Inventory Activity checked above (Use Attachment if needed)			
Department/Location	Asset Tag #	Description	Serial Number
County Extension 50-47	3038	Xerox 425DC Copier	

Enter Information for Vehicles, Heavy Equipment, Trailers (Use Attachment if needed)			
Vehicle Tag Number	Year, Make Model	Vehicle Identification No.	Odometer Miles

Other Information : traded in for Xerox Work Centre 5750 -  
W 5150 PT - leased **BCC APPROVED**

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

<p><b>Department / Location Approval</b></p> <p><i>Forms not properly signed or incomplete forms will be returned to the Department</i></p> <p><u>Kay Lee Carter</u> <u>8-20-2013</u></p> <p>Department Head Signature * Date</p> <p><i>*As Department Head/Custodian, I understand that I am responsible for keeping track of the property under my custodianship and for locating and showing all property to the county auditor during the annual audit of the Capital Assets.</i></p>	<p><b>Board of County Commissioners Consent Agenda Approval</b></p> <p>_____</p> <p>Date</p> <p><i>Approval must be obtained before transferring, disposing, or accepting an asset. Submit the completed form to the Clerk's Office for inclusion in the Board's Consent Agenda.</i></p>
---	--

Office of the Clerk of Circuit Court

Asset Tag# 3038 Asset Record Updated \_\_\_\_\_ Copy Returned to Department \_\_\_\_\_

9/24/13 JS





BOARD OF COUNTY COMMISSIONERS  
GULF COUNTY, FLORIDA  
**COUNTY ATTORNEY'S OFFICE**

1000 CECIL G. COSTIN SR. BLVD., ROOM 302, PORT ST. JOE, FLORIDA 32456  
PHONE (850)229-4700 • FAX (850) 229-1148 • EMAIL: JTNovak@novaklaw.us  
*DATE AND TIME OF MEETINGS • SECOND AND FOURTH TUESDAY AT 9:00 A.M., E.T.*

September 5, 2013

Gulf County Board of County Commissioners  
Chief Administrator's Office  
Donald Butler, Chief Administrator  
1000 Cecil G. Costin, Sr. Blvd.  
Port St. Joe, Florida 32456

**Re: Professional Services Rendered  
NLG File No.: 2200-004**

Dear Mr. Butler:

Enclosed for your review and file, please find our firm's invoice for professional services rendered.

Additionally, please note an invoice summary statement of the deepwater horizon oil spill litigation and related matters for the period of April, May and June 2013 has been included for your reference, review and approval.

Should you have any questions, please contact our office immediately.

Very truly yours,  
**Novak Law Group, PLLC**

Encl.

cc: Kari Summers, Gulf County Clerk's Office

**BCC APPROVED**

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

ACCT. # 21314-31100

CARMEN L. McLEMORE  
District 1

WARD McDANIEL  
District 2

JOANNA BRYAN  
District 3

TAN SMILEY  
District 4

WARREN YEAGER  
District 5

BOARD OF COUNTY COMMISSIONERS  
GULF COUNTY, FLORIDA  
**COUNTY ATTORNEY'S OFFICE**

1000 CECIL G. COSTIN SR. BLVD., ROOM 302 , PORT ST. JOE, FLORIDA 32456  
PHONE (850)229-4700 • FAX (850) 229-1148 • EMAIL: JTNovak@novaklaw.us  
DATE AND TIME OF MEETINGS • SECOND AND FOURTH TUESDAY AT 9:00 A.M., E.T.

September 5, 2013

Gulf County Board of County Commissioners  
Chief Administrator's Office  
**Attn: Donald Butler**  
1000 Cecil G. Costin, Sr. Blvd.  
Port St. Joe, Florida 32456

**Re: Summary of Professional Services Rendered and Enclosed Invoices  
Deepwater Horizon Matters – Professional Legal Services  
NLG File No.: 2200-004  
April, May and June 2013 - (4/1/13 - 6/30/13)**

Summary of Invoices for Professional Services  
Gulf County Deepwater Horizon Matters

2200-004		
-	Gulf County Deepwater Horizon Matters (28.85 hrs. x \$140)	= \$4,039.00
	<b>Total Professional services</b>	<hr/> \$4,039.00

CARMEN L. McLEMORE  
District 1

WARD McDANIEL  
District 2

JOANNA BRYAN  
District 3

TAN SMILEY  
District 4

WARREN YEAGER  
District 5

INVOICE NUMBER 271 0053507 REMIT TO: UniFirst Corporation  
 INVOICE DATE 9/10/13 17740 ASHLEY DR. STE 107  
 CUSTOMER# (BILL TO) 864498 PANAMA CITY BEACH FL 32413  
 AIR NUMBER RTE# 83210  
 CUSTOMER GULF COUNTY DUST ACCOU



PAYMENT AMOUNT \$ \_\_\_\_\_

- Please Detach and Return With Payment -



UniFirst Corporation PAGE 001  
 17740 ASHLEY DR. STE 107 PANAMA CITY BEACH FL 32413

INVOICE DATE PAYMENT TERMS PURCHASE ORDER CONTRACT  
 271 0053507 9/10/13 CHARGE # 533734

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 GULF COUNTY DUST ACCOUNT  
 1000 CECIL G COSTIN BLVD  
 LYNN STEPHENS  
 PORT SAINT JOE FL 32456

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 864498  
 GULF COUNTY DUST ACCOUNT  
 1000 CECIL G COSTIN BLVD  
 LYNN STEPHENS  
 PORT SAINT JOE FL 32456

IF YOU HAVE A QUESTION REGARDING THIS INVOICE, CALL: 850/233-8586 RTE# 83210

LKR/DEPT.	PER NUM.	DESCRIPTION OF SERVICE	SVC RED.	BILLED		TAX AMOUNT	ADJ. AMOUNT	ADD DATE	DEL. QTY.	PICK UP
				QTY.	AMOUNT					
		LOGO MAT 3X5 GULF CO		6	28 50			2/11	6	
		LOGO MAT 4X6 GULF CO		5	35 00			2/11	5	
		DISPENSER 2000M SOAP		2				3/10		
		SUPROMX HVDUTY HND		2	5 00			3/10		
INVOICE SUB-TOTAL					68 50					

TOTAL SERVICE CHANGES

AMOUNT DUE

68 50

THIS IS YOUR ONLY INVCE- NET 30 DAYS. PLEASE SIGN

*J.K. Collinsworth*

SOIL PICK UP COUNT SH \_\_\_\_\_ PT \_\_\_\_\_ QT \_\_\_\_\_ NO \_\_\_\_\_

*Sten m...*

ALL OUR SERVICES ARE PROVIDED BY THE GULF COUNTY FLORIDA  
 2013 SEP 12 PM 4:29

WE HAVE MOVED  
 OUR NEW REMIT TO ADDRESS AND PHONE NUMBER ARE:  
 17740 ASHLEY DRIVE SUITE 107  
 PANAMA CITY, FLORIDA 32413  
 PHONE NUMBER IS: 850-233-8586  
 FAX NUMBER IS . 850-235-2516

*Thanks!*  
*Zack*

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

Courthouse Maintenance  
 281712-52

9/24/13 *ps* **96**

INVOICE NUMBER  
INVOICE DATE  
CUSTOMER# (BILL TO)  
AIR NUMBER  
CUSTOMER

271 0053016  
9/03/13  
864498

REMIT TO:

UniFirst Corporation  
17740 ASHLEY DR. STE 107  
PANAMA CITY BEACH FL 32413

97

RTE# B3210

GULF COUNTY DUST ACCOU



2710053016P

PAYMENT AMOUNT \$ \_\_\_\_\_

- Please Detach and Return With Payment -



UniFirst Corporation  
17740 ASHLEY DR. STE 107 PANAMA CITY BEACH FL 32413

PAGE 001

INVOICE 271 0053016 DATE 9/03/13 PAYMENT TERMS CHARGE PURCHASE ORDER CONTRACT # 633734

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864498  
GULF COUNTY DUST ACCOUNT  
1000 CECIL G COSTIN BLVD  
LYNN STEPHENS  
PORT SAINT JOE FL 32456

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GULF COUNTY DUST ACCOUNT  
1000 CECIL G COSTIN BLVD  
LYNN STEPHENS  
PORT SAINT JOE FL 32456

IF YOU HAVE A QUESTION REGARDING THIS INVOICE, CALL:

850/233-8586

RTE# B3210

LKR/DEPT.	PER NUM.	DESCRIPTION OF SERVICE	SVC RED.	BILLED		TAX AMOUNT	ADJ. AMOUNT	ADD DATE	DEL. QTY.	PICK UP	
				QTY.	AMOUNT						
		LOGO MAT 3X5 GULF CD		6	28.50			2/11	6		
		LOGO MAT 4X6 GULF CD		5	35.00			2/11	5		
		DISPENSER 2000M SOAP		2				3/10			
		SUPROMX HVYDUTY HND		2	5.00			3/10			
INVOICE SUB-TOTAL						68.50					

TOTAL SERVICE CHANGES

AMOUNT DUE

68.50

THIS IS YOUR ONLY INVCE- NET 30 DAYS PLEASE SIGN

*K. Collinsworth*

SOIL PICK UP COUNT SH \_\_\_\_\_ PT \_\_\_\_\_ OT \_\_\_\_\_ NO \_\_\_\_\_

*Steve Mark*

WE HAVE MOVED  
OUR NEW REMIT TO ADDRESS AND PHONE NUMBER ARE:  
17740 ASHLEY DRIVE SUITE 107  
PANAMA CITY, FLORIDA 32413  
PHONE NUMBER IS: 850-233-8586  
FAX NUMBER IS : 850-235-2516

FILED FOR RECORD  
REBECCA L. NORRIS  
CLERK OF CIRCUIT COURT  
GULF COUNTY, FLORIDA

2013 SEP -9 PM 1:42

**BCC APPROVED**

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

Courthouse Maintenance  
281712-52

*Thanks!  
Zack*

COMPLIANT  
DATE 9/24/13 97

INVOICE NUMBER 271 0053012 REMIT TO UniFirst Corporation  
 INVOICE DATE 9/03/13 17740 ASHLEY DR. STE 107  
 CUSTOMER# (BILL TO) 864483 PANAMA CITY BEACH FL 32413 **98**  
 A/R NUMBER  
 CUSTOMER GULF CO ROAD -WIPER/PA RTE# 83260



PAYMENT AMOUNT \$ \_\_\_\_\_  
 2710053012L  
 - Please Detach and Return With Payment -



UniFirst Corporation PAGE 001  
 17740 ASHLEY DR. STE 107 PANAMA CITY BEACH FL 32413

INVOICE DATE PAYMENT TERMS PURCHASE ORDER CONTRACT  
 271 0053012 9/03/13 CHARGE DC # 633734

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 864483  
 GULF CO ROAD -WIPER/PAPER  
 1000 FL 71  
 BOBBY KNEE  
 PORT SAINT JOE FL 32456

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 864483  
 GULF CO ROAD -WIPER/PAPER  
 1000 FL 71  
 BOBBY KNEE  
 PORT SAINT JOE FL 32456

IF YOU HAVE A QUESTION REGARDING THIS INVOICE, CALL: 850/233-8586 RTE# 83260

LKR/DEPT.	PER NUM.	DESCRIPTION OF SERVICE	SVC RED.	BILLED		TAX AMOUNT	ADJ. AMOUNT	ADD DATE	DEL. QTY.	PICK UP
				QTY.	AMOUNT					
		BAGGED 18X18 WIPERS			10.00			3/10		
		INVOICE SUB-TOTAL			10.00					

TOTAL SERVICE CHANGES \_\_\_\_\_  
 AMOUNT DUE 10.00

THIS IS YOUR ONLY INVCE- NET 30 DAYS PLEASE SIGN

*J.K. Collinsworth*

SOIL PICK UP COUNT SH \_\_\_\_\_ PT \_\_\_\_\_ OT \_\_\_\_\_ NO \_\_\_\_\_

FILED FOR RECORD  
 REBECCA L. NORRIS  
 CLERK OF CIRCUIT COURT  
 GULF COUNTY, FLORIDA  
 2013 SEP -9 PM 1:40

WE HAVE MOVED  
 OUR NEW REMIT TO ADDRESS AND PHONE NUMBER ARE:  
 17740 ASHLEY DRIVE SUITE 107  
 PANAMA CITY, FLORIDA 32413  
 PHONE NUMBER IS: 850-233-8586  
 FAX NUMBER IS : 850-235-2516

*Jake Lewis*  
 Fleet Maintenance  
 28151912-52

*Thanks!  
 Zack*

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

CONSENT  
 DATE: 9/24/13 *JS*  
**98**

INVOICE NUMBER 271 0053503 REMIT TO: UniFirst Corporation  
 INVOICE DATE 9/10/13 17740 ASHLEY DR. STE 107  
 CUSTOMER# (BILL TO) 864483 PANAMA CITY BEACH FL 32499  
 A/R NUMBER RTE# 83260  
 CUSTOMER GULF CO ROAD -WIPER/PA



PAYMENT AMOUNT \$ \_\_\_\_\_ 2710053503

- Please Detach and Return With Payment -

**UniFirst U1st** UniFirst Corporation PAGE 001  
 17740 ASHLEY DR STE 107 PANAMA CITY BEACH FL 32413

INVOICE DATE PAYMENT TERMS PURCHASE ORDER CONTRACT  
 271 0053503 9/10/13 CHARGE # 533734

**S H I P T O**  
 864483  
 GULF CO ROAD -WIPER/PAPER  
 1000 FL 71  
 BOBBY KNEE  
 PORT SAINT JOE FL 32456

**B I L L T O**  
 864483  
 GULF CO ROAD -WIPER/PAPER  
 1000 FL 71  
 BOBBY KNEE  
 PORT SAINT JOE FL 32456

IF YOU HAVE A QUESTION REGARDING THIS INVOICE, CALL: 850/233-8586 RTE# 83260

LKR/DEPT.	PER NUM.	DESCRIPTION OF SERVICE	SVC RED.	BILLED		TAX AMOUNT	ADJ. AMOUNT	ADD DATE	DEL. QTY.	PICK UP
				QTY.	AMOUNT					
		BAGGED 18X18 WIPERS			10.00			3/10		
		INVOICE SUB-TOTAL			10.00					

TOTAL SERVICE CHANGES \_\_\_\_\_  
 AMOUNT DUE 10.00

THIS IS YOUR ONLY INVCE- NET 30 DAYS. PLEASE SIGN

*K. Collinsworth*

SOIL PICK UP COUNT SH \_\_\_\_\_ PT \_\_\_\_\_ OT \_\_\_\_\_ NO \_\_\_\_\_

WE HAVE MOVED  
 OUR NEW REMIT TO ADDRESS AND PHONE NUMBER ARE:  
 17740 ASHLEY DRIVE SUITE 107  
 PANAMA CITY, FLORIDA 32413  
 PHONE NUMBER IS: 850-233-8586  
 FAX NUMBER IS : 850-235-2516

FILED FOR RECORD  
 CLERK OF CIRCUIT COURT  
 GULF COUNTY, FLORIDA

2013 SEP 12 PM 4:27

Fleet Maintenance  
 28151912-*52*

*Joe Sanford*

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

*Thanks!  
 Zack*

DATE 9/24/13 **99**

INVOICE NUMBER 271 0053504  
 INVOICE DATE 9/10/13  
 CUSTOMER# (BILL TO) 864488  
 AR NUMBER  
 CUSTOMER GULF COUNTY

REMIT TO: UniFirst Corporation  
 17740 ASHLEY DR STE 107  
 PANAMA CITY BEACH FL 32413

32 **100**



PAYMENT AMOUNT \$ \_\_\_\_\_

- Please Detach and Return With Payment -



UniFirst Corporation PAGE 001  
 17740 ASHLEY DR STE 107 PANAMA CITY BEACH FL 32413

INVOICE DATE PAYMENT TERMS PURCHASE ORDER CONTRACT  
 271 0053504 9/10/13 CHARGE # 633734

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 864488  
 GULF COUNTY  
 1000 CECIL G. COSTIN BLVD  
 BOBBY KNEE  
 PORT ST JOE FL 32465

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 864488  
 GULF COUNTY  
 1000 CECIL G. COSTIN BLVD  
 BOBBY KNEE  
 PORT ST JOE FL 32465

IF YOU HAVE A QUESTION REGARDING THIS INVOICE, CALL:

850/233-3586

RTE# 83240

LKR/DEPT.	PER NUM.	DESCRIPTION OF SERVICE	SVC RED.	BILLED		TAX AMOUNT	ADJ. AMOUNT	ADD DATE	DEL. QTY.	PICK UP
				QTY.	AMOUNT					
0007	3	PATTY JONES S.S. SHIRT-65/35 PANTS-65/35			3.46			3/10		
0008	4	RICKY DAVIS S.S. SHIRT-65/35 PANTS-65/35			3.46			3/10		
0014	7	LARRY BAKER LS SHIRT-65/35 PANTS-65/35 SHORTS PANTS-DENIM-JEAN			6.26			3/10		
0015	8	SCOTT GORTMAN S.S. SHIRT-65/35 PANTS-65/35 SHORTS PANTS-DENIM-JEAN			5.76			3/10		
0018	9	RAYMOND ATCHISON S.S. SHIRT-65/35 PANTS-DENIM-JEAN			4.26			3/10		
0019	10	DAVID GREEN S.S. SHIRT-65/35 PANTS-65/35 SHORTS PANTS-DENIM-JEAN			5.76			3/10		
0020	11	CHRIS WOOD S.S. SHIRT-65/35 PANTS-DENIM-JEAN			4.26			3/10		
0021	12	JAMES HYSMITH S.S. SHIRT-65/35 PANTS-DENIM-JEAN			4.26			3/10		
0022	13	PHILLIP NUNNERY S.S. SHIRT-65/35 PANTS-65/35 SHORTS PANTS-DENIM-JEAN			5.76			3/10		
0024	15	WOODY CHERRY LS SHIRT-65/35 S.S. SHIRT-65/35 PANTS-65/35 PANTS-DENIM-JEAN			8.22			6/13		

**100**

INVOICE NUMBER 271 0053504  
 INVOICE DATE 9/10/13  
 CUSTOMER# (BILL TO) 864488  
 A/R NUMBER  
 CUSTOMER GULF COUNTY

REMIT TO: UniFirst Corporation  
 17740 ASHLEY DR STE 107  
 PANAMA CITY BEACH FL 32413

101



PAYMENT AMOUNT \$ \_\_\_\_\_

2710053504R

- Please Detach and Return With Payment -



UniFirst Corporation PAGE 002  
 17740 ASHLEY DR STE 107 PANAMA CITY BEACH FL 32413

INVOICE DATE PAYMENT TERMS PURCHASE ORDER CONTRACT  
 271 0053504 9/10/13 CHARGE # 633734

**S H I P T O**  
 864488  
 GULF COUNTY  
 1000 CECIL G. COSTIN BLVD  
 BOBBY KNEE  
 PORT ST. JOE FL 32465

**B I L L T O**  
 864488  
 GULF COUNTY  
 1000 CECIL G. COSTIN BLVD  
 BOBBY KNEE  
 PORT ST. JOE FL 32465

IF YOU HAVE A QUESTION REGARDING THIS INVOICE, CALL:

850/233-8586

RTE# 83240

LKR/DEPT.	PER NUM.	DESCRIPTION OF SERVICE	SVC RED.	BILLED		TAX AMOUNT	ADJ. AMOUNT	ADD DATE	DEL. QTY.	PICK UP
				QTY.	AMOUNT					

INVOICE SUB-TOTAL 51 46

TOTAL SERVICE CHANGES

AMOUNT DUE

51 46

THIS IS YOUR ONLY INVCE- NET 30 DAYS. PLEASE SIGN

*K. Collinsworth*

SOIL PICK UP COUNT SH \_\_\_\_\_ PT \_\_\_\_\_ QT \_\_\_\_\_ NO \_\_\_\_\_

WE HAVE MOVED  
 OUR NEW REMIT TO ADDRESS AND PHONE NUMBER ARE:  
 17740 ASHLEY DRIVE SUITE 107  
 PANAMA CITY, FLORIDA 32413  
 PHONE NUMBER IS: 850-233-8586  
 FAX NUMBER IS : 850-235-2516

*Thanks!*

**BCC APPROVED**

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

FILED FOR RECORD  
 REBECCA L. NORRIS  
 CLERK OF CIRCUIT COURT  
 GULF COUNTY, FLORIDA  
 2013 SEP 18 AM 12:00

DATE 9/24/13 *RL*

101

INVOICE NUMBER 271 0053505  
 INVOICE DATE 9/10/13  
 CUSTOMER# (BILL TO) 864492  
 A/R NUMBER  
 CUSTOMER GULF COUNTY

REMIT TO: UniFirst Corporation  
 17740 ASHLEY DR. STE 107  
 PANAMA CITY BEACH FL 32413

102



27100535055

PAYMENT AMOUNT \$ \_\_\_\_\_

- Please Detach and Return With Payment -



UniFirst Corporation  
 17740 ASHLEY DR. STE 107 PANAMA CITY BEACH FL 32413

PAGE 001

INVOICE 271 0053505      DATE 9/10/13      PAYMENT TERMS CHARGE      PURCHASE ORDER      CONTRACT # 633734

**S H I P T O**  
 864492  
 GULF COUNTY  
 1001 CECIL G. COSTIN BLVD  
 DPW GERALD SHEARER  
 PORT SAINT JOE FL 32456

**B I L L T O**  
 864492  
 GULF COUNTY  
 1001 CECIL G. COSTIN BLVD  
 DPW GERALD SHEARER  
 PORT SAINT JOE FL 32456

IF YOU HAVE A QUESTION REGARDING THIS INVOICE, CALL:

950/233-8586

RTE# 83230

LKR/DEPT.	PER NUM.	DESCRIPTION OF SERVICE	SVC RED.	BILLED		TAX AMOUNT	ADJ. AMOUNT	ADD DATE	DEL. QTY.	PICK UP
				QTY.	AMOUNT					
0002	1	KEN BLAND S S. SHIRT-65/35 PANTS-DENIM-JEAN			4.26			3/10		
0006	3	ROBERT THOMAS S S. SHIRT-65/35 PANTS-DENIM-JEAN			4.26			3/10		
0007	4	HARLAN HADDOCK S S. SHIRT-65/35 PANTS-DENIM-JEAN			4.26			3/10		
0009	5	JAKE LEWIS S S. SHIRT-65/35 PANTS-DENIM-JEAN			4.26			3/10		
0010	6	RICK SUMMERS S S. SHIRT-65/35 PANTS-65/35			3.46			3/10		
0011	7	JIMMY PORTER S S. SHIRT-65/35 PANTS-WESTERN-JEANS			3.96			3/10		
0013	8	ZEBEDE ADDISON S S SHIRT-65/35 PANTS-65/35			3.46			3/10		
0014	9	DOUG KELLY S S. SHIRT-65/35 PANTS-65/35 SHORTS PANTS-DENIM-JEAN PANT-PLEATED-SHORTS			7.26			3/10		
0015	10	LARRY YOUNG LS SHIRT-65/35 PANTS-65/35			3.96			3/10		
0016	16	JAMES VICKERS S S. SHIRT-65/35 PANTS-65/35			3.46			8/13		
0020	11	BRYAN HOBBS S S. SHIRT-65/35 PANTS-DENIM-JEAN			4.26			3/10		
0022	13	TITUS WILLIAMS S S. SHIRT-65/35			3.46			3/10		

102

INVOICE NUMBER 271 0053505  
 INVOICE DATE 9/10/13  
 CUSTOMER# (BILL TO) 864492  
 A/R NUMBER  
 CUSTOMER GULF COUNTY

REMIT TO: UniFirst Corporation  
 17740 ASHLEY DR. STE 107  
 PANAMA CITY BEACH FL 32413

103



PAYMENT AMOUNT \$ \_\_\_\_\_

27100535055

- Please Detach and Return With Payment -



UniFirst Corporation  
 17740 ASHLEY DR. STE 107 PANAMA CITY BEACH FL 32413

PAGE 002

INVOICE 271 0053505 DATE 9/10/13 PAYMENT TERMS CHARGE PURCHASE ORDER CONTRACT # 632734

**SHIP TO**  
 864492  
 GULF COUNTY  
 1001 CECIL G. COSTIN BLVD  
 DPW GERALD SHEARER  
 PORT SAINT JOE FL 32454

**BILL TO**  
 864492  
 GULF COUNTY  
 1001 CECIL G. COSTIN BLVD  
 DPW GERALD SHEARER  
 PORT SAINT JOE FL 32454

IF YOU HAVE A QUESTION REGARDING THIS INVOICE, CALL:

850/233-9586 RTE# B3230

LKR/DEPT.	PER NUM.	DESCRIPTION OF SERVICE	SVC RED.	BILLED		TAX AMOUNT	ADJ. AMOUNT	ADD DATE	DEL. QTY.	PICK UP	
				QTY.	AMOUNT						
0024	14	PANTS-65/35 TONY LARRY		9	4.26			3/10			
		S.S. SHIRT-65/35		9							
		PANTS-DENIM-JEAN		9							
INVOICE SUB-TOTAL						54.58					

TOTAL SERVICE CHANGES

AMOUNT DUE

54.58

THIS IS YOUR ONLY INVCE- NET 30 DAYS. PLEASE SIGN

*K. Collinsworth*

SOIL PICK UP COUNT SH \_\_\_\_\_ PT \_\_\_\_\_ QT \_\_\_\_\_ NO \_\_\_\_\_

WE HAVE MOVED  
 OUR NEW REMIT TO ADDRESS AND PHONE NUMBER ARE:  
 17740 ASHLEY DRIVE SUITE 107  
 PANAMA CITY, FLORIDA 32413  
 PHONE NUMBER IS: 850-233-9586  
 FAX NUMBER IS : 850-235-2916

FILED FOR RECORD  
 REBECCA L. NORRIS  
 CLERK OF CIRCUIT COURT  
 GULF COUNTY, FLORIDA  
 2013 SEP 18 AM 12:00

*Thanks Jack*

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

DATE 9/24/13 LL

103

INVOICE NUMBER 271 0053506  
 INVOICE DATE 9/10/13  
 CUSTOMER# (BILL TO) 864495  
 A/R NUMBER  
 CUSTOMER GULF COUNTY

REMIT TO UniFirst Corporation  
 17740 ASHLEY DR. STE 107  
 PANAMA CITY BEACH FL 32410

104

RTE# 83220



PAYMENT AMOUNT \$ \_\_\_\_\_

2710053506T

- Please Detach and Return With Payment -



UniFirst Corporation PAGE 001  
 17740 ASHLEY DR. STE 107 PANAMA CITY BEACH FL 32410

INVOICE DATE PAYMENT TERMS PURCHASE ORDER CONTRACT  
 271 0053506 9/10/13 CHARGE # 533734

**S**  
**H**  
**I**  
**P**  
**T**  
**O**  
864495  
GULF COUNTY  
100 FL 71  
STEVE MORK  
PORT SAINT JOE FL 32454

**B**  
**I**  
**L**  
**L**  
**T**  
**O**  
864495  
GULF COUNTY  
100 FL 71  
STEVE MORK  
PORT SAINT JOE FL 32454

IF YOU HAVE A QUESTION REGARDING THIS INVOICE, CALL:

850/233-8586

RTE# 83220

LKR/DEPT.	PER NUM.	DESCRIPTION OF SERVICE	SVC RED.	BILLED		TAX AMOUNT	ADJ. AMOUNT	ADD DATE	DEL. QTY.	PICK UP
				QTY.	AMOUNT					
0001	1	STEVE MORK S.S. SHIRT-65/35 PANTS-DENIM-JEAN			4.26			3/10		
0002	2	LUTHUS HAND S.S. SHIRT-65/35 PANTS-DENIM-JEAN			4.56			3/10		
0004	3	STACY HANLON S.S. SHIRT-65/35 PANTS-DENIM-JEAN			4.26			3/10		
0005	4	BILL HAUN S.S. SHIRT-65/35 PANTS-DENIM-JEAN			4.26			3/10		
0006	5	RAYMOND HART S.S. SHIRT-65/35 PANTS-DENIM-JEAN			4.26			3/10		
0007	6	PATRICK CARPENTER S.S. SHIRT-65/35 JEAN RELAX FIT-100%CO			4.74			3/10		
0009	7	SAM BROWN S.S. SHIRT-65/35 PANTS-DENIM-JEAN			4.26			3/10		
0010	8	TEDDY KEMP S.S. SHIRT-65/35 PANTS-DENIM-JEAN			4.26			3/10		
0012	9	TONY PRICE S.S. SHIRT-65/35 PANTS-DENIM-JEAN			4.26			3/10		

104

INVOICE NUMBER 271 0053506  
 INVOICE DATE 9/10/13  
 CUSTOMER# (BILL TO) 864495  
 A/R NUMBER  
 CUSTOMER GULF COUNTY

REMIT TO: UniFirst Corporation  
 17740 ASHLEY DR. STE 107  
 PANAMA CITY BEACH FL 32413

**105**

RTE# 83220



PAYMENT AMOUNT \$ \_\_\_\_\_

2710053506T

- Please Detach and Return With Payment -



UniFirst Corporation PAGE 002  
 17740 ASHLEY DR. STE 107 PANAMA CITY BEACH FL 32413

INVOICE DATE PAYMENT TERMS PURCHASE ORDER CONTRACT  
 271 0053506 9/10/13 CHARGE # 633734

**S**  
**H**  
**I**  
**P**  
**T**  
**O**  
 864495  
 GULF COUNTY  
 100 FL 71  
 STEVE MORK  
 PORT SAINT JOE FL 32456

**B**  
**I**  
**L**  
**L**  
**T**  
**O**  
 864495  
 GULF COUNTY  
 100 FL 71  
 STEVE MORK  
 PORT SAINT JOE FL 32456

IF YOU HAVE A QUESTION REGARDING THIS INVOICE, CALL:

850/233-8386

RTE# 83220

LKR/DEPT.	PER NUM.	DESCRIPTION OF SERVICE	SVC RED.	BILLED		TAX AMOUNT	ADJ. AMOUNT	ADD DATE	DEL. QTY.	PICK UP
				QTY.	AMOUNT					

INVOICE SUB-TOTAL 39.12

TOTAL SERVICE CHANGES

AMOUNT DUE

39.12

THIS IS YOUR ONLY INVCE - NET 30 DAYS. PLEASE SIGN

*J.K. Collinsworth*

SOIL PICK UP COUNT SH \_\_\_\_\_ PT \_\_\_\_\_ DT \_\_\_\_\_ NG \_\_\_\_\_

WE HAVE MOVED  
 OUR NEW REMIT TO ADDRESS AND PHONE NUMBER ARE:  
 17740 ASHLEY DRIVE SUITE 107  
 PANAMA CITY, FLORIDA 32413  
 PHONE NUMBER IS: 850-233-8586  
 FAX NUMBER IS : 850-235-2516

FILED FOR RECORD  
 REBECCA L. MORRIS  
 CLERK OF CIRCUIT COURT  
 GULF COUNTY, FLORIDA  
 2013 SEP 18 AM 12:00  
*Thanks*

**BCC APPROVED**

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

CONSENT  
 DATE: 9/24/13 LL

**105**

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) 229-6106/639-6700 • FAX: (850) 229-9252 • EMAIL: dbutler@gulfcountry-fl.gov

DATE AND TIME OF MEETINGS: SECOND AND FOURTH TUESDAYS AT 9:00 A.M., E.T.

MEMORANDUM

To: BOARD OF COUNTY COMMISSIONERS  
From: DON BUTLER  
Subject: ENTERPRISE ZONE  
Date: SEPTEMBER 18, 2013

I am requesting permission to change the public hearing from December 10, 2013 at 9:00am, E.T., to December 17, 2013 at 9:00 am, E.T. This hearing will amend the current Enterprise Zone and expand by an area not to exceed 3-square miles, per the 2013 Florida Legislature enacted by House Bill 7007, Chapter 2013-039, Laws of Florida. The requirements state that there is a 90 day notice period for this public hearing and advertisement required this change.

The EZDA committee will hold several meetings prior to this public hearing for the completion of the expansion area. Input from businesses and the public will be sought during this process. The deadline for application of this expansion is December 31, 2013.

If you have any further questions, please contact me.

Thanks.

CC: EZDA Board: Mike Harrison, Don Butler, Sandra Chafin, Pauline Pendarvis, Sue Marley, Barry Sellers, Alan McNair, Danny Raffield

FILED FOR RECORD  
REBECCA L. NORRIS  
CLERK OF CIRCUIT COURT  
GULF COUNTY, FLORIDA  
2013 SEP 18 AM 11:00

BCC APPROVED

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

9/24/13 [Signature]



# GULF COUNTY TAX COLLECTOR

107

SHIRLEY J. JENKINS  
TAX COLLECTOR

Telephone: (850) 229-6116  
Fax: (850) 229-9224

September 13, 2013

TO: Taxing Authorities

RE: Parcel # 03798-800R

The Department of Revenue has approved a request for refund on the above referenced parcel number. The reason for the refund is due to the Property Appraiser issuing an E & I for 2010, 2011 and 2012 taxes due to the property being assessed with a building when in fact it was vacant land. Please see attached sheet for amount due. If you have any questions you may call this office at 850-229-5353.

Thank you,

Christina Strader  
Property Tax Administrator

FILED FOR RECORD  
REBECCA L. MORRIS  
CLERK OF CIRCUIT COURT  
GULF COUNTY, FLORIDA  
2013 SEP 13 AM 11:52

**BCC APPROVED**

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

9/24/13 *RS*

107

Shirley J Jenkins, CFC  
Refund from Taxing Authorities

<b>Taxing Authority</b>	<b>Tax Year</b>	<b>Amount</b>
<b>*Gulf County BOCC</b>	<b>2010</b>	<b>578.93</b>
	<b>2011</b>	<b>569.77</b>
	<b>2012</b>	<b>463.71</b>
<b>*includes Fire Zone</b>		
<b>Total</b>		<b>1,612.41</b>



# GULF COUNTY TAX COLLECTOR

109

SHIRLEY J. JENKINS  
TAX COLLECTOR

Telephone: (850) 229-6116

Fax: (850) 229-9224

September 13, 2013

TO: Taxing Authorities

RE: Parcel # 06311-045R

The above referenced parcel should have been paid in March however the payment was applied to the wrong parcel and a tax certificate was issued on said parcel. The Tax Collector's Office has cancelled the tax certificate and therefore has approved a refund to the Certificate Holder. Please see attached sheet for amount due. If you have any questions you may call this office at 850-229-5353.

Sincerely,

Christina Strader  
Gulf County Tax Collector's Office

FILED FOR RECORD  
REBECCA L. NORRIS  
CLERK OF CIRCUIT COURT  
GULF COUNTY, FLORIDA  
2013 SEP 13 AM 11:52

**BCC APPROVED**

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

9/24/13 PR

109

Shirley J Jenkins, CFC  
Refund from Taxing Authorities

**110**

<u>Taxing Authority</u>	<u>Tax Year</u>	<u>Amount</u>
*Gulf County BOCC	2012	284.68
*includes Fire Zone		

**110**



# GULF COUNTY TAX COLLECTOR

111

SHIRLEY J. JENKINS  
TAX COLLECTOR

Telephone: (850) 229-6116

Fax: (850) 229-9224

September 19, 2013

TO: Taxing Authorities

RE: Parcel # 06311-045R

The Tax Collector's Office has approved a refund on the above referenced parcel. The Property Appraisers Office has issued an E & I on said parcel due to it being double assessed. Please see attached sheet for amount due. If you have any questions you may call this office at 850-229-5353.

Sincerely,

Christina Strader  
Gulf County Tax Collector's Office

FILED FOR RECORD  
REBECCA L. MORRIS  
CLERK OF CIRCUIT COURT  
GULF COUNTY, FLORIDA  
2013 SEP 18 PM 11:21

111

Shirley J Jenkins, CFC  
Refund from Taxing Authorities

<u>Taxing Authority</u>	<u>Tax Year</u>	<u>Amount</u>
Gulf County BOCC	2011	803.87
Fire Zone		<u>56.00</u>
Total Due		859.87

RESOLUTION NO. 2013-

A RESOLUTION OF THE GULF COUNTY BOARD OF COUNTY COMMISSIONERS AMENDING THE GULF COUNTY COMPREHENSIVE PLAN CAPITAL IMPROVEMENTS SCHEDULE RECREATION AND OPEN SPACE ELEMENT TO INCLUDE VARIOUS COUNTY PARKS AND BOATING FACILITIES.

WHEREAS, the Gulf County Board of County Commissioners desires to further the development of various parks and boat landings within the County; and

WHEREAS, it is in the best interest of the residents and visitors of Gulf County for the Board of County Commissioners to expand development of and renovate various parks and boat launch facilities within the County;

NOW, THEREFORE, BE IT RESOLVED by the Gulf County Board of County Commissioners that the existing Capital Improvements Schedule of the Gulf County Comprehensive Plan be amended to include development and/or renovation of the following parks and boat ramp facilities.

- |                        |                          |                         |
|------------------------|--------------------------|-------------------------|
| Dead Lakes Park        | Dead Lakes Boat Ramp     | Gaskin Park             |
| Gaskin Park Boat Ramp  | Land's Landing Boat Ramp | Honeyville Park         |
| Willis Landing Park    | Max Fleming Park         | Saul's Creek Park       |
| Saul's Creek Boat Ramp | White City Park          | White City Boat Ramp    |
| Cape Palms Park        | Salinas Park             | Troy Deal Park          |
| Indian Pass Boat Ramp  | Highland View Park       | Highland View Boat Ramp |
| Beacon Hill Park       | Overstreet Park          | Overstreet Boat Ramp    |
| Windmark Park North    | Windmark Park South      | Stonemill Creek Park    |
| Odena Boat Ramp        | Dalkeith Park            | Dune Drive Park         |

ADOPTED this 24th day of September, 2013.

BOARD OF COUNTY COMMISSIONERS  
GULF COUNTY, FLORIDA

BY: \_\_\_\_\_  
TYNALIN SMILEY, CHAIRMAN

ATTEST:

\_\_\_\_\_  
CLERK/DEPUTY CLERK

next

John C. Gainous Post #10069 of the Veterans of Foreign Wars  
 The Ladies Auxiliary of Post #10069  
 The Mens Auxiliary of Post #10069  
 Willis V. Rowan Post #116 of the American Legion

Draft Resolution Presented by the above-named organizations

Considering that these Veteran and Veteran-related organizations, and all other Veterans who are not represented herein, represent a significant segment of Gulf County citizens, both the quick and the dead, who have donned the uniform of the United States of America to defend the liberties and freedoms of all Americans, are united in purpose in making this request to their elected representatives on the Gulf County Commission;

WHEREAS various other counties within Florida's sixty-seven countries have taken active measures to insure that the memory of all of their Veterans, both past and present, are preserved for all time;

WHEREAS no thoroughfare presently within Gulf County has been named to honor the Veterans of Gulf County;

WHEREAS the cemeteries in Gulf County hold the remains of Veterans who have served the United States of America in conflicts since the county was first conceived;

Therefore, be it hereby RESOLVED that the members of the John C. Gainous Post #10069 of the Veterans of Foreign Wars and the members of the Willis V. Rowan Post #116 of the American Legion do request of the Board of Gulf County Commissioners that the Board act expeditiously to name Highway 71 "Gulf County Veterans Memorial Highway," from the North end of Cecil Costin Boulevard, near the present location of the Gulf County Courthouse, to the Calhoun-Gulf County line, and that the Board accept responsibility for erecting and maintaining signage to the same in perpetuity;

Furthermore, be it hereby finally RESOLVED that the Board take a vote on this date to have its attorney draft a resolution to this effect before its next regular meeting, and that the Board vote at said meeting to put its own resolution into action effective immediately.

SIGNED:

\_\_\_\_\_  
 Rodney L. Herring, Cdr. Post #10069 VFW

\_\_\_\_\_  
 Teresa Lowry, President, Ladies Auxiliary Post #10069 VFW

\_\_\_\_\_  
 David Bradley, President, Mens Auxiliary Post #10069 VFW

\_\_\_\_\_  
 Doug Calendine, Cdr. Post #116 American Legion

9/24/13 DM

BOARD OF COUNTY COMMISSIONERS  
GULF COUNTY, FLORIDA  
**COUNTY ADMINISTRATOR'S OFFICE**

**115**

Brett Lowry, Ship Administrator  
1000 CECIL G. COSTIN SR. BLVD., ROOM 301, PORT ST. JOE, FLORIDA 32456  
PHONE (850)229-5335 • FAX (850) 229-5334 • EMAIL: blowry@gulfcounty-fl.gov

**MEMORANDUM**

**TO: Tan Smiley, Chairman Gulf County BOCC**

**FROM: Brett Lowry, Ship Administrator**

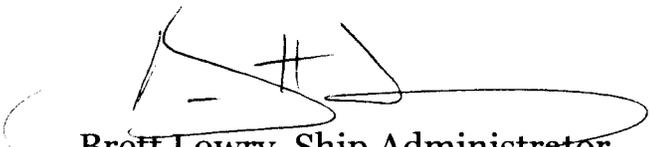
**SUBJECT: Ship/CDBG Recipient Approvals**

**DATE: September 18, 2013**

Please accept this recommendation for approval of Ship Rehabilitation Assistance of up to \$40,000.00 in conjunction with funding from the Community Development Block Grant Program, to the following 3 applicants.

- Artie Mae Gay
- Dolores Koven
- Oletha Bowers

Thanks,

  
Brett Lowry, Ship Administrator

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

cc: Towan Kopinsky

FILED FOR RECORD  
REBECCA L. MORRIS  
CLERK OF CIRCUIT COURT  
GULF COUNTY, FLORIDA  
2013 SEP 18 AM 12:01

CARMEN L. McLEMORE  
District 1

WARD MCDANIEL  
District 2

JOANNA BRYAN  
District 3

TAN SMILEY  
District 4

WARREN J. YEAGER JR.  
District 5

**115**

9/24/13 LL



Invoice	
Agent	PRIA - Daytona P. O. Box 2416 Daytona Beach FL, 32115
Acct ID	POL DEDUCTIBLE \$10000
Date	08/31/2013
Program Year	2012-2013

**Package Deductibles**

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

Payment Information	
Invoice Summary	\$ 10,000.00
Due Date	09/30/2013
Amount Enclosed	
Invoice Number	PUBAO226264

Thank You

Please detach and return with payment

Client: Gulf County Board of County Commissioners

Invoice	Invoice Date	Transaction Description	Amount
PUBAO226264	08/31/2013	PACKAGE DEDUCTIBLE BILLED James Garth - 226264	\$ 10,000.00

FILED FOR RECORD  
 REBECCA L. NORRIS  
 CLERK OF CIRCUIT COURT  
 GULF COUNTY, FLORIDA  
 2013 SEP 18 AM 11:59

Invoice Notes:	<b>Total</b>
	\$ 10,000.00

**Make Check Payable to: Preferred Governmental Insurance Trust**  
 P.O. Box 958455, Lake Mary, FL 32795-8455  
 Phone (321) 832-1456 Fax (321) 832-1489  
 Administered by Public Risk Underwriters

PREFERRED GOVERNMENTAL INSURANCE TRUST - CLAIMS DEDUCTIBLE BILLING AS OF 08/31/2013

133 Gulf County Board Of County Commissioners POLICY PK FL1 0231023 12-03 Fund Yr Ending: 09/30/2013

LOSS DATE: 04/25/2013 REPORT DATE: 04/25/2013 Complaint.

POL Carrier File Num if applicable: Summit GO-09 Legal/Exp PTD DEDPTD LOSSPTD TOTPTD RESERVES TOTCTD TOT INCURRED  
 EVENT# EV2013218424

CLAIMANT Garth, James \$15,125.58 \$0.00 \$0.00 \$15,125.58 \$39,874.42 \$0.00 \$55,000.00  
 CLAIM# 226264 PUBAO

CLOSE DATE:

SUMMARY OF CLAIM: \$15,125.58 \$0.00 \$0.00 \$15,125.58 \$39,874.42 \$0.00 \$55,000.00

DEDUCTIBLE \$10,000 DEDUCTIBLE COLLECTED TO DATE: \$0.00 ~~Bill~~ DEDUCTIBLE BALANCE DUE: \$10,000.00

SUMMARY OF DEDUCTIBLE DUE by POLICY YEAR FOR GULF BOCC \$10,000.00

NOTES: The deductible balance due from the insured is the lesser of the Deductible or (the Deductible Paid to Date (DEDPTD) plus the Loss Paid to date (TOTPTD) less any Deductible collected to date (DEDCTD). Total Paid to date (TOTPTD) includes Expenses, which are generally not chargeable to the Insured.

**PUBLIC NOTICE**

**NOTICE IS HEREBY GIVEN** that the Gulf County Board of County Commissioners will hold a public hearing to consider adoption of the following Ordinances with the following titles:

1)

**AN ORDINANCE OF THE BOARD OF COUNTY COMMISSIONERS OF GULF COUNTY, FLORIDA, ESTABLISHING PROBATION SERVICES ADMINISTRATIVE FEES AND ENTITLED "PROBATION SERVICES FEE" FOR GULF COUNTY; PROVIDING FOR REPEALER; CONFLICTS; MODIFICATIONS THAT MAY ARISE FROM CONSIDERATION AT PUBLIC HEARING; SEVERABILITY; AND PROVIDING FOR AN EFFECTIVE DATE.**

2)

**AN ORDINANCE OF THE BOARD OF COUNTY COMMISSIONERS OF GULF COUNTY, FLORIDA, ESTABLISHING PRETRIAL RELEASE ADMINISTRATIVE FEES AND ENTITLED "PRE-TRIAL RELEASE ADMINISTRATIVE SERVICE FEE" FOR GULF COUNTY; PROVIDING FOR REPEALER; CONFLICTS; MODIFICATIONS THAT MAY ARISE FROM CONSIDERATION AT PUBLIC HEARING; SEVERABILITY; AND PROVIDING FOR AN EFFECTIVE DATE.**

\*Complete Ordinances on file in the Clerk's Office\*

A public reading, introductions and public hearing will be held during the Gulf County Board of County Commissioner's Regular Meeting on Tuesday, September 24<sup>th</sup> at 9:00 a.m. est. in the County Commissioner's meeting room in the Robert M. Moore Administration Building, Gulf County Courthouse Complex, Port St. Joe, Florida.

All interested persons may appear and be heard with respect to the proposed Ordinance and referenced amendments. If a person decides to appeal any decisions made by the Gulf County Commission with respect to any matter considered at this hearing, he/she will need a record of the proceedings and that for such purpose he/she may need to ensure a verbatim record of the proceedings made and which would include any evidence upon which the appeal is to be based.

A copy of the proposed Ordinances are available for inspection on weekdays between the hours of 9:00 a.m. est., and 5:00 p.m. est. at the Office of the Clerk of Court, Gulf County Courthouse, 1000 C.G. Costin, Sr., Blvd., Port St. Joe, Florida, 32456.

BOARD OF COUNTY COMMISSIONERS  
GULF COUNTY, FLORIDA

BY: TYNALIN SMILEY, CHAIRMAN

Ad Date: September 12, 2013

Ad #2013-97

Publish in Legals

Invoice: Gulf County Board of County Commissioners

## ORDINANCE NO.

**AN ORDINANCE OF THE BOARD OF COUNTY COMMISSIONERS OF GULF COUNTY, FLORIDA, ESTABLISHING PROBATION SERVICES ADMINISTRATIVE FEES AND ENTITLED "PROBATION SERVICES FEE" FOR GULF COUNTY; PROVIDING FOR REPEALER; CONFLICTS; MODIFICATIONS THAT MAY ARISE FROM CONSIDERATION AT PUBLIC HEARING; SEVERABILITY; AND PROVIDING FOR AN EFFECTIVE DATE.**

**WHEREAS**, the Board of County Commissioners of Gulf County, Florida (hereinafter "Commissioners"), found and determined at its regular meeting of June 11, 2013 that Gulf County (hereinafter "County") shall serve as the permissible and appropriate entity to supervise and perform the daily oversight and administration of its own misdemeanor probation services; and

**WHEREAS**, the Commissioners duly authorized, motioned and properly voted to assume the administration of the misdemeanor probation services effective June 27, 2013; and

**WHEREAS**, pursuant to Florida Statute 948.15, the County as a statutorily defined public entity reserves the right and ability to administer the misdemeanor probation services under the supervision of the Board of County Commissioners for those offenders sentenced by the county court; and

**WHEREAS**, pursuant to Florida Statute 125.01 the County shall have the power to carry on county government inclusive of the power to adopt its own rules that which are not inconsistent with general or special law; and

**WHEREAS**, pursuant to Florida Statute 125.01 the County shall reserve the powers to adopt ordinances necessary for the exercise of its powers and perform acts which are in the common interest of the people of Gulf County and exercise all powers and privileges not specifically prohibited by law; and

**WHEREAS**, pursuant to Florida Constitution Article VIII Section 1(f) the County shall have such power of self-government as is provided by general or special law and this Commission may enact, in a manner prescribed by general law, county ordinances not inconsistent with general or special law; and

**WHEREAS**, the County upon assuming the administration of the misdemeanor probation services program must set the administrative service fees for the offenders sentenced by the county court to probation; and

**NOW THEREFORE, BE IT ORDAINED** by the Board of County Commissioners of Gulf County, Florida, that:

**Section 1. Probation Administrative Service Fees**

1. Offenders sentenced by the County Court in Gulf County shall pay an initial one-time (\$10.00) ten dollar administrative fee upon sentencing and formally entering the county probation program.
2. Offenders sentenced by the County Court in Gulf County shall pay a monthly probation administrative services fee of (\$50.00) per month in the county probation program. The fee is due upon the first date of entering the probation program and the one month anniversary of that date each month thereafter.
3. All fees are due to and shall be paid to the Gulf County Clerk of Court office located at the Gulf County Courthouse at 1000 Cecil G. Costin, Sr. Blvd, Port St. Joe, Florida.

**Section 2. Repealer.**

Any and all ordinances in conflict herewith are hereby repealed to the extent of any conflict.

**Section 3. Conflicts.**

All ordinances or parts of ordinances in conflict with the provisions of this ordinance are hereby repealed to the extent of such conflict, except to the extent of any conflicts with any conflicting state general or special law controlling the Gulf County Misdemeanor Probation Services program, which provisions shall prevail over any parts of this ordinance which are inconsistent, either in whole or in part.

**Section 4. Modification.**

It is the intent of the Board of County Commissioners that the provisions of this Ordinance may be modified as a result of considerations that may arise during public hearings. Such modifications shall be incorporated into the final version of the Ordinance adopted by the Board and filed by the Clerk to the Board pursuant to Section 6.

**Section 5. Severability.**

If any provisions or portion of this Ordinance is declared by any court of competent jurisdiction to be void, unconstitutional, or unenforceable, then all

remaining provisions and portions of this Ordinance shall remain in full force and effect.

**Section 6. Effective Date.**

This ordinance shall have an effective date retroactive to August 1, 2013.

Following a properly noticed and conducted public hearing; the foregoing Ordinance was offered by Commissioner \_\_\_\_\_, who moved its adoption. The motion was seconded by Commissioner \_\_\_\_\_ and, being put to vote, the vote as follows:

Commissioner Yeager	_____
Commissioner McLemore	_____
Commissioner Smiley	_____
Commissioner McDaniel	_____
Commissioner Bryan	_____

DULY PASSED AND ADOPTED THIS \_\_\_\_\_ day of September, 2013

ATTEST: REBECCA NORRIS  
CLERK OF COURTS

BOARD OF COUNTY COMMISSIONERS  
OF GULF COUNTY

BY: \_\_\_\_\_  
DEPUTY CLERK

BY: \_\_\_\_\_  
CHAIRMAN TYNALIN SMILEY

APPROVED AS TO FORM:

By \_\_\_\_\_  
Jeremy T.M. Novak, Gulf County Attorney

**PUBLIC NOTICE**

**NOTICE IS HEREBY GIVEN** that the Gulf County Board of County Commissioners will hold a public hearing to consider adoption of the following Ordinances with the following titles:

1)

**AN ORDINANCE OF THE BOARD OF COUNTY COMMISSIONERS OF GULF COUNTY, FLORIDA, ESTABLISHING PROBATION SERVICES ADMINISTRATIVE FEES AND ENTITLED "PROBATION SERVICES FEE" FOR GULF COUNTY; PROVIDING FOR REPEALER; CONFLICTS; MODIFICATIONS THAT MAY ARISE FROM CONSIDERATION AT PUBLIC HEARING; SEVERABILITY; AND PROVIDING FOR AN EFFECTIVE DATE.**

2)

**AN ORDINANCE OF THE BOARD OF COUNTY COMMISSIONERS OF GULF COUNTY, FLORIDA, ESTABLISHING PRETRIAL RELEASE ADMINISTRATIVE FEES AND ENTITLED "PRE-TRIAL RELEASE ADMINISTRATIVE SERVICE FEE" FOR GULF COUNTY; PROVIDING FOR REPEALER; CONFLICTS; MODIFICATIONS THAT MAY ARISE FROM CONSIDERATION AT PUBLIC HEARING; SEVERABILITY; AND PROVIDING FOR AN EFFECTIVE DATE.**

\*Complete Ordinances on file in the Clerk's Office\*

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All interested persons may appear and be heard with respect to the proposed Ordinance and referenced amendments. If a person decides to appeal any decisions made by the Gulf County Commission with respect to any matter considered at this hearing, he/she will need a record of the proceedings and that for such purpose he/she may need to ensure a verbatim record of the proceedings made and which would include any evidence upon which the appeal is to be based.

A copy of the proposed Ordinances are available for inspection on weekdays between the hours of 9:00 a.m. est., and 5:00 p.m. est. at the Office of the Clerk of Court, Gulf County Courthouse, 1000 C.G. Costin, Sr., Blvd., Port St. Joe, Florida, 32456.

BOARD OF COUNTY COMMISSIONERS  
GULF COUNTY, FLORIDA

BY: TYNALIN SMILEY, CHAIRMAN

Ad Date: September 12, 2013

Ad #2013-97

Publish in Legals

Invoice: Gulf County Board of County Commissioners

**ORDINANCE NO.**

**AN ORDINANCE OF THE BOARD OF COUNTY COMMISSIONERS OF GULF COUNTY, FLORIDA, ESTABLISHING PRETRIAL RELEASE ADMINISTRATIVE FEES AND ENTITLED "PRE-TRIAL RELEASE ADMINISTRATIVE SERVICE FEE" FOR GULF COUNTY; PROVIDING FOR REPEALER; CONFLICTS; MODIFICATIONS THAT MAY ARISE FROM CONSIDERATION AT PUBLIC HEARING; SEVERABILITY; AND PROVIDING FOR AN EFFECTIVE DATE.**

**WHEREAS**, the Board of County Commissioners of Gulf County, Florida (hereinafter "Commissioners"), found and determined at its regular meeting of June 11, 2013 that Gulf County (hereinafter "County") shall serve as the permissible and appropriate entity to supervise and perform the daily oversight and administration of its own misdemeanor probation services; and

**WHEREAS**, the Commissioners duly authorized, motioned and properly voted to assume the administration of the misdemeanor probation services effective June 27, 2013; and

**WHEREAS**, pursuant to Florida Statute 948.15, the County as a statutorily defined public entity reserves the right and ability to administer the misdemeanor probation services under the supervision of the Board of County Commissioners for those offenders sentenced by the county court; and

**WHEREAS**, pursuant to Florida Statute 125.01 the County shall have the power to carry on county government inclusive of the power to adopt its own rules that which are not inconsistent with general or special law; and

**WHEREAS**, pursuant to Florida Statute 125.01 the County shall reserve the powers to adopt ordinances necessary for the exercise of its powers and perform acts which are in the common interest of the people of Gulf County and exercise all powers and privileges not specifically prohibited by law; and

**WHEREAS**, pursuant to Florida Constitution Article VIII Section 1(f) the County shall have such power of self-government as is provided by general or special law and this Commission may enact, in a manner prescribed by general law, county ordinances not inconsistent with general or special law; and

**WHEREAS**, the County upon assuming the administration of the misdemeanor probation services program must set the administrative service fees for the offenders sentenced by the county court to probation; and

**NOW THEREFORE, BE IT ORDAINED** by the Board of County Commissioners of Gulf County, Florida, that:

**Section 1. Pre-Trial Release Administrative Service Fees**

1. Offenders sentenced by the County Court in Gulf County shall pay an initial one-time (\$10.00) ten dollar administrative fee upon sentencing and formally entering the county pre-trial release program.
2. Offenders sentenced by the County Court in Gulf County shall pay a monthly pre-trial release administrative service fee of (\$50.00) per month while in the county pre-trial release program. The fee is due upon the first date of entering the pre-trial release program and the one month anniversary of that date each month thereafter.
3. All fees are due to and shall be paid to the Gulf County Clerk of Court office located at the Gulf County Courthouse at 1000 Cecil G. Costin, Sr. Blvd, Port St. Joe, Florida.

**Section 2. Repealer.**

Any and all ordinances in conflict herewith are hereby repealed to the extent of any conflict.

**Section 3. Conflicts.**

All ordinances or parts of ordinances in conflict with the provisions of this ordinance are hereby repealed to the extent of such conflict, except to the extent of any conflicts with any conflicting state general or special law controlling the Gulf County Pre-Trial Release Services program, which provisions shall prevail over any parts of this ordinance which are inconsistent, either in whole or in part.

**Section 4. Modification.**

It is the intent of the Board of County Commissioners that the provisions of this Ordinance may be modified as a result of considerations that may arise during public hearings. Such modifications shall be incorporated into the final version of the Ordinance adopted by the Board and filed by the Clerk to the Board pursuant to Section 6.

**Section 5. Severability.**

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

**Section 6. Effective Date.**

This ordinance shall have an effective date retroactive to August 1, 2013.

Following a properly noticed and conducted public hearing; the foregoing Ordinance was offered by Commissioner \_\_\_\_\_, who moved its adoption. The motion was seconded by Commissioner \_\_\_\_\_ and, being put to vote, the vote as follows:

Commissioner Yeager \_\_\_\_\_  
Commissioner McLemore \_\_\_\_\_  
Commissioner Smiley \_\_\_\_\_  
Commissioner McDaniel \_\_\_\_\_  
Commissioner Bryan \_\_\_\_\_

DULY PASSED AND ADOPTED THIS \_\_\_\_\_ day of September, 2013

ATTEST: REBECCA NORRIS  
CLERK OF COURTS

BOARD OF COUNTY COMMISSIONERS  
OF GULF COUNTY

BY: \_\_\_\_\_  
DEPUTY CLERK

BY: \_\_\_\_\_  
CHAIRMAN TYNALIN SMILEY

APPROVED AS TO FORM:

By \_\_\_\_\_  
Jeremy T.M. Novak, Gulf County Attorney

BOARD OF COUNTY COMMISSIONERS  
GULF COUNTY, FLORIDA  
PLANNING DEPARTMENT  
DAVID RICHARDSON, PLANNER

126

1000 CECIL G. COSTIN, SR. BLVD., • ROOM 311 PORT ST. JOE, FLORIDA 32456 • PHONE (850) 227-9562 • FAX (850) 227-9563

# Memorandum

FILED FOR RECORD  
REBECCA L. NORRIS  
CLERK OF CIRCUIT COURT  
GULF COUNTY, FLORIDA  
2013 SEP 18 AM 11:59

**To:** Board of County Commissioners  
**From:** Planning Department  
**Date:** September 17, 2013  
**CC:** File, Don Butler, Jeremy Novak  
**Re:** September 16, 2013 PDRB Recommendations

1. Variance - Thomas and Paula Bush - for Parcel ID #03410-000R - Located in Section 31, Township 5 South, Range 11 West, Gulf County, Florida - Road setback encroachment to accommodate building on a substandard lot.

**Voted 4/0 to table the variance request.**

2. Variance - Kay Ingram O'Brien - For Parcel ID #06291-345R - Located in Section 22, Township 9 South, Range 11 West, Gulf County, Florida - Encroachment into side setback on an existing house.

**By a 4/0 vote, the PDRB recommended approval of the variance to allow an elevator to be placed in the setback.**

3. Variance - Linda Gerald - for Parcel ID #06268-302R - Located in Section 20, Township 9 South, Range 11 West, Gulf County, Florida - Existing piling encroachment of 6" into side setback on an ECL property.

**By a 3/0 vote with 1 abstaining, the PDRB recommend approval of an ECL property that had pilings encroaching into the side setback by 6".**

4. Preliminary Plat Approval for a Minor Subdivision - Tyler W. Smith - for Parcel ID #06268-025R and #06268-022R - Located in Section 7, Township 9 South, Range 11 West, Gulf County, Florida - 2.22 Acres - A 6 unit development with no road infrastructure.

**By a 2/2 vote, the PDRB failed to carry a motion for preliminary subdivision approval.**

**By a 4/0 vote, the PDRB recommends the density approval for 6 units contingent upon acceptable vehicle access.**

5. **By a 4/0 vote, the PDRB recommended that Dead Lakes Park and Honeyville Park are in compliance with the Recreational and Open Space Element of the comprehensive Plan as required verification for a FRDAP grant application.**

6. **By a 3/0 vote with 1 abstaining, the PDRB recommends readdressing the variance issued to Cooksey/Parcel ID #03898-002R based on updated survey and permitting data.**

## PUBLIC NOTICE

**A Public Hearing will be held at the Planning and Development Review Board (PDRB) meeting on Monday, September 16, 2013 at 8:45 a.m. EST, and at the Board of County Commissioners (BOCC) meeting on Tuesday, September 24, 2013 at 9:00 a.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. Approval of August 19, 2013 Minutes
2. Variance - Thomas and Paula Bush - for Parcel ID #03410-000R- Located in Section 31, Township 5 South, Range 11 West, Gulf County, Florida - Road setback encroachment to accommodate building on a substandard lot.
3. Variance - Kay Ingram O'Brien - For Parcel ID #06291-345R - Located in Section 22, Township 9 South, Range 11 West, Gulf County, Florida - Encroachment into side setback on an existing house.
4. Variance - Linda Gerald - for Parcel ID #06268-302R - Located in Section 20, Township 9 South, Range 11 West, Gulf County, Florida - Existing piling encroachment of 6" into side setback on an ECL property.
5. Preliminary Plat Approval for a Minor Subdivision - Tyler W. Smith - for Parcel ID #06268-025R and #06268-022R - Located in Section 7, Township 9 South, Range 11 West, Gulf County, Florida - 2.22 Acres - A 6 unit development with no road infrastructure.
3. County Development Regulations and Policies (LDR)
6. Staff, 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 #2013-95

Date: September 5, 2013 and September 12, 2013

Invoice: Gulf County Planning Department

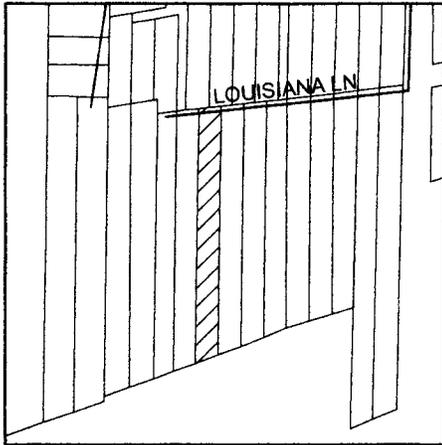
Size: **Headline no smaller than 18 point**

**Must be at least 2 columns wide by 10 inches long**

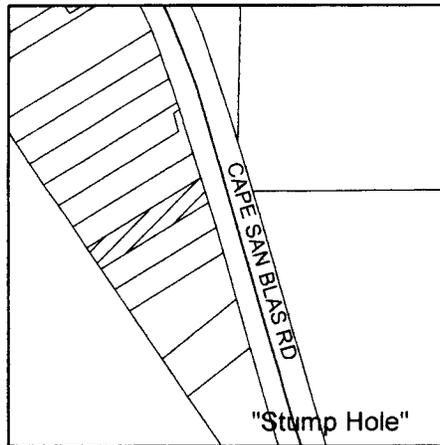
**Must not appear in the newspaper portions where legal notices and classified advertisements appear**

**Map**

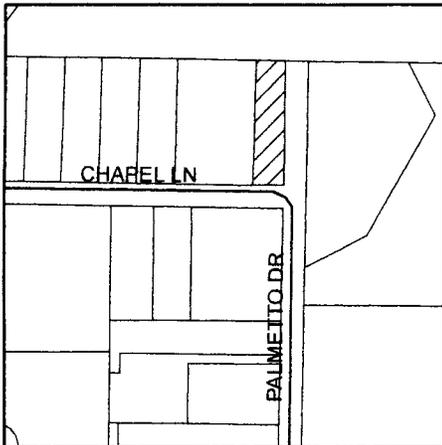
Variance - Kay Ingram O'Brien



Variance - Linda Gerald



Variance - Bush



Preliminary Subdivision - Smith

