COLUMBIA COUNTY BOARD OF COUNTY COMMISSIONERS POST OFFICE BOX 1529 LAKE CITY, FLORIDA 32056-1529

CONSENT AGENDA

JUNE 18, 2009

- Solid Waste Consolidated Waste Management Grant Application -(Small County Grant FY 09-10) - \$78,787.00 (reduction of \$198,529.00)
- (2) 9-1-1 Addressing Naming of Unnamed Roads NW Tyre Glen
- (3) Sheriff's Office Florida Department of Law Enforcement -American Recovery Act - JAG Countywide Application for Funding Assistance - \$326,937.00
- (4) Columbia County Emergency Medical Services Refund Request -Blue Cross and Blue Shield - \$239.49
- (5) Request for Roadside Memorial Marker Manuel Joseph Parker, Jr., Deceased - SW Koonville Avenue (8 miles from US Highway 90 West)
- (6) Utility Permit Comcast Cable County Road 252B
- (7) Richardson Recreation Center Refund Request Summer Camp Program - Peyton MacDonald, Enrollee - \$225.00 Payable to Mrs. Stephanee MacDonald
- (8) Suwannee River Economic Council, Inc. (S.H.I.P.) Subordination Agreement - Fidencio and Rochelle Garcia - \$15,000.00

- (9) Public Library Youth 2 Work Program Participation through the Florida Crown Career Centers & Arbor Education & Training Program - Six Weeks Course for the summer - No Cost to Public Library
- (10) Ellisville Wastewater Treatment Plant & Collection System Legal Opinion/Resolution & Site Certification
- (11) External Budget Amendment Public Works BA #08-15 -Transportation Fund - Purchase a Hot Mix Transporter with Tack Tank and Propane Tank - \$3,500.00

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(12) External Budget Amendment - Public Library - BA #08-24 -Computers Purchased at Richardson \$10,603.00 District No. 1 - Ronald Williams District No. 2 - Dewey Weaver District No. 3 - Jody DuPree District No. 4 - Stephen E. Bailey District No. 5 - Scarlet P. Frisina

BOARD OF COUNTY COMMISSIONERS . COLUMBIA COUNTY

June 5, 2009

ΜΕΜΟ

- TO: Lisa K.B. Roberts, Assistant County Manager
- FR: Bill Lycan, Solid Waste Director
- RE: Consolidated Waste Management Grant Application (Small County Grant FY09-10)

Please find attached the Consolidated Waste Management Grant Application, also known as the Small County Grant for FY09-10. The amount of the grant is estimated to be \$78,787.00 a reduction of \$198,529.00 from last year's award of \$277,316.00.

To be placed on the June 18, 2009 agenda for approval by the Board of County Commissioners. Upon approval by the board, please have the chairman to sign and return it to my office for forwarding to the Department of Environmental Protection prior to the application due date of July 1, 2009.

If you have any questions regarding this information, please let me know.

XC: FDEP-Small County Grant FY09-10

BOARD MEETS FIRST THURSDAY AT 7:00 P M AND THIRD THURSDAY AT 7:00 P M.

Florida Department of	Charlie Orist Governor
FLORIDA FLORID	leff Kottkamp Tt. Governor
FLORIDA 2600 Blair Stone Road Tallahassee, Florida 32399-2400	Michael W. Sole Secretary
CONSOLIDATED SMALL COUNTY SOLID WASTE MANAGEME GRANT APPLICATION 1. Name of County: Columbia	
2. Address of County: 1347 NW_Oosterhoudt_Lane	
Lake City, FL 32055 3. Federal Employer Identification Number:59-6000564	
4. Name and Title of Contact Person (person handling program on a daily basis):	
Name: William W. Lycan Title: Solid Waste Director	
5. Address of Contact Person: <u>1347 NW Oosterhoudt Lane</u> Lake City, FL 32055	
6. Telephone Number of Contact Person: (_386_752-6050	
7. Population of County:	
8. Purpose for which grant money is requested. (Indicate by checkmarks): Rule 62-716.510 (1)	
a. Purchasing or repairing solid waste scales e. Maintenance of solid waste facilities	
<u>X</u> b. Annual solid waste management program operating costs (may include waste tire and litter eventual and eventual include waste tire and	
litter control and prevention)c. Planningg. Recycling demonstration projects	
d. Construction of solid waste facilities 9. Name and Title of Authorized Representative:	
Name: Stephen E. Bailey	
10. This application is due by July 1, of each year.	
11.E-Mail Address: bill_lycan@columbiacountyfla.com	
12. Is your County <u>Self-Insured</u> for Liability Insurance, appropriate and allowable under Florida Law? If your county <u>is self-insured</u> , we must have a written statement from your Chief Financial Officer	

I CERTIFY that I am familiar with the information contained in this application, and that to the best of my knowledge and belief such information is true, complete and accurate. I further certify that I possess the authority to apply for this grant on behalf of this county.

Signature of Authorized Representative		Date
	Please return form to:	
Dep	partment of Environmental Protection	ction
Solid Waste Sec	tion * Mail Station # 4555 * 2600	Blair Stone Road
	Tallahassee, Florida 32399-2400	1
	Tallahassee, Florida 32399-2400 Page 1 of 1	5/09- FY09/10
	· · · · · · · · · · · · · · · · · · ·	

Query1



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1D #	DIS	OLD NAME	OLD SUFFIX	OLD DRIVING DIRECTIONS	PREFIX	NEW ROAD NAME	NEW SUFFIX	NEW DRIVING DIRECTIONS	LOCATION	S-T-R
3342	1	TYRE		41N, (PAST I-10), R 131, L HARRIS RD, L TYRE GLN	ł	TYRE (PRIVATE RD) (PENDING BCCA)		FALLING CREEK RD, L		36-2S- 16



Florida Department of Law Enforcement American Recovery Act - JAG Countywide

Subgrant Recipient

Organization Name: Columbia County Board of Commissioners

County: Columbia

Chief Official

Name:	Stephen Bailey				
Title:	Chairman				
Address:	Post Office Drawer 1529				
City:	Lake City				
State:	FL	Zip:	32056-1529		
Phone:	386-758-1006	Ext:			
Fax:	386-758-2182				
Email:	stephen_bailey@columbiacountyfla.com				

Chief Financial Officer

Name:	Dewitt Cason			
Title:	Cierk of Court			
Address:	Post Office Box 1529			
City:	Lake City			
State:	FL	Zip:	32056	
Phone:	386-758-1005	Ext:		
Fax:	386-758-1094			
Email:	pdcason@columbiaclerk.com			

Florida Department of Law Enforcement American Recovery Act - JAG Countywide

Implementing Agency

Organization Name:Columbia County Sheriff's OfficeCounty:Columbia

Chief Official

Name:	Mark Hunter				
Title:	Sheriff				
Address:	4917 US 90 East				
City:	Lake City				
State:	FL	Zip:	32055-6288		
Phone:	386-758-1104	Ext:			
Fax:	386-754-7001				
Email:	sheriffhunter@columbiasheriff.com				

Project Director

Name:	Paige Milligan			
Title:	Administrative Assistant			
Address:	4917 US Highway 90 East			
City:	Lake City			
State:	FL	Zip:	32055	
Phone:	386-758-1155	Ext:		
Fax:	386-758-1094			
Email:	pmilligan@columbiasheriff.com			

Florida Department of Law Enforcement American Recovery Act - JAG Countywide

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General Project Information

Project Title:	INFORMATION TECHNOLOGY UPGRADE PROJECT			
Subgrant Recipient:	Columbia County Board of Commissioners			
Implementing Agency:	Columbia County Sheriff's Office			
Project Start Date:	10/1/2009	End Date: 9/30/2010		

Problem Identification

The Columbia County Sheriff's Office is currently operating on obselete network equipment and mismatched software. As a result of this the network cannot be maintained and sheriff's office personnel cannot share files. Current network equipment is beyond it's life cycle and cannot handle the growing needs of the agency. The detective division currently does not have the capability to record dual interviews which are vital to bring cases to prosecution. The lack of ability to interview two suspects at the same time does not allow the detectives to make real time comparisons to statement being taken. The correctional facility computers cannot currently process necessary information to provide accurate and timely reports and warrant processing. The patrol and corrections divisions do not have the necessary number of tasers to adequately perform their daily duties.

Project Summary

Our plan is to upgrade and replace the existing network infrastructure and install the same software package on all agency computers to enable all users the capability to share information. The purchase and installation of iRecord will allow the detectives division to properly record interviews for the process of prosecution. The iRecord system allows for one touch independant recording of two interview rooms at the same time which will allow detectives real time ability to make comparisons. We plan on replacing the computers within the patrol division and corrections to enhance their report taking capability and the ability to provide accurate and timely information. The purchase of tasers will allow the agency to provide all law enforcement personnel the necessary equipment to perform their daily duties.

Florida Department of Law Enforcement

American Recovery Act - JAG Countywide

Section Q	uestions:	
Question:	Does the Subgrantee receive a single grant in th the U.S. Department of Justice?	e amount of \$500,000 or more from
Answer:	No	
Question:	Does the Implementing Agency receive a single more from the U.S. Department of Justice?	grant in the amount of \$500,000 or
Answer:	No	

Florida Department of Law Enforcement American Recovery Act - JAG Countywide

General P	erformance Info:			
Performan	ce Reporting Frequency: Quarterly			
Federal Pu	rpose Area: 006 - Planning, Evaluation, and Technology Improvement Programs			
State Purp	ose Area: E - Equipment Supplies - Purchase Equipment/Supplies			
	Activity Description			
Activity:	Equipment and Supplies			
Target Gr	• • • • • • • • • • • • • • • • • • • •			
	iic Area: Countywide Type: Sheriff?s Office			
Location	rype: Sherin /s Onice			
	Objectives and Measures			
Objective	: 25.E.SI - Amount of funds expended on equipment and/or supplies			
Measure:	Part 1			
	Amount of funds to be expended to purchase equipment and/or supplies			
Goal:	\$326,937.00			
Objective	26.E.SI - Types of equipment and/or supplies purchased with JAG funds			
Measure:	Part 1			
	Purchase court supplies			
Goal:	No			
Measure:	Part 2			
	Purchase computer software			
Goal:	Yes			
Measure:	Part 3			
	Purchase firearms			
Goal:	Νο			
Measure:	Part 4			
	Purchase equipment and/or supplies other than court supplies, computer software, or			
	firearms			
Goal:	Yes			

Florida Department of Law Enforcement American Recovery Act - JAG Countywide

Florida Department of Law Enforcement

American Recovery Act - JAG Countywide

Section Q	Section Questions:						
Question:	If "other" was selected for the geographic area, please describe.						
Answer:	n/a						
Question:	If "other" was selected for location type, please describe.						
Answer:	n/a						
Question:	What is the physical address of your primary performance location? This is a physical location, not a mailing address. If your physical location is confidential, enter the address of the next highest level of your organization. Enter only one address.						
Answer:	4917 US 90 East Lake City, Florida 32055-6288						

Florida Department of Law Enforcement American Recovery Act - JAG Countywide

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[State of the second	· · · ·	

General Financial Info:

Note: All financial remittances will be sent to the Chief Financial Officer of the Subgrantee Organization.

Financial Reporting Frequency for this Subgrant: Monthly

Is the subgrantee a state agency?: No

FLAIR / Vendor Number: 596000564

Budget:

Federal	Match	Total
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$326,937.00	\$0.00	\$326,937.00
\$0.00	\$0.00	\$0.00
\$326,937.00	\$0.00	\$326,937.00
100.0	0.0	100.0
	0.0	
	\$0.00 \$0.00 \$0.00 \$326,937.00 \$0.00 \$326,937.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$326,937.00 \$0.00 \$0.00 \$0.00 \$326,937.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

Will the project earn project generated income (PGI) ? No

Florida Department of Law Enforcement American Recovery Act - JAG Countywide

Budget Narrative:

Item Description	Approx. Cost Each Total
 Firewall Microsoft Windows Set Client Access Licenset Antivirus Server Symantic Endpoint Pr Backup Server Backup Exec (data ret DNS Server Print Server Application Server Websense Appliance MS Office Suite 2007 Network Attach Stora Terminal Server WINS Server Adobe Acrobat 9 Star 	
IT Subtotal:	\$279,970
1 iRecord Interview Equip 2 Desktop Computers 3 Laptops 4 Tasers	oment 20827 x 1 = 20827 1420 x 5 = 7100 1375 x 8 = 11000 804 x 10 = 8040
Total Budget:	\$326,937

Florida Department of Law Enforcement

American Recovery Act - JAG Countywide

Section Q	uestions:
Question:	If salaries and benefits are included in the budget as actual costs for staff in the implementing agency, is there a net personnel increase, or a continued net personnel increase from the previous Byrne program?
Answer:	None
Question:	If benefits are to be included, are they reflected in the budget narrative?
Answer:	n/a
Question:	If indirect cost is included in the budget, indicate the basis for the plan (e.g. percent of salaries and benefits), and provide documentation of the appropriate approval of this plan.
Answer:	n/a
Question:	If the budget includes services based on unit costs, provide a definition and cost for each service as part of the budget narrative for contractual services. Include the basis for the unit costs and how recently the basis was established or updated.
Answer:	n/a
Question:	Indicate the Operating Capital Outlay threshold established by the subgrantee or implementing agency, if it is the sheriff's office.
Answer:	\$1000

Florida Department of Law Enforcement American Recovery Act - JAG Countywide

Section 5t Standard Conditions

Insert Standard Conditions Page here.

Florida Department of Law Enforcement American Recovery Act - JAG Countywide

In witness whereof, the parties affirm they each have read and agree to the conditions set forth in this agreement, have read and understand the agreement in its entirety and have executed this agreement by their duty authorized officers on the date, month and year set out below.
Corrections on this page, including Strikeovers, whiteout, etc. are not acceptable.
State of Florida Department of Law Enforcement Office of Criminal Justice Grants
Signature:
Typed Name and Title:
Date:
Authorizing Official of Governmental Unit Commission Chairman, Mayor or Designated Representative)
Typed Name of Subgrant Recipient:
Signature:
Typed Name and Title:
Date:
Implementing Agency Official Administrator or Designated Representative
Typed Name of Implementing Agency:
Signature:
Typed Name and Title:
Date:

Florida Department of Law Enforcement American Recovery Act - JAG Countywide

forth in this agreement,	e parties affirm they each have read and agree to th , have read and understand the agreement in its en nt by their duty authorized officers on the date, mor	tirety and have
Cor	rrections on this page, including Strikeovers, whiteout, etc. are not acceptable.	
	State of Florida Department of Law Enforcement Office of Criminal Justice Grants	
Signature:		
Typed Name and Title:		
Date:		
	Subgrant Recipient Authorizing Official of Governmental Unit on Chairman, Mayor, or Designated Representa	itive);
Typed Name of Subgra	nt Recipient:	
Signature:		
Typed Name and Title:		
Date:		
Offici	Implementing Agency al, Administrator or Designated Representative	
Typed Name of Impleme		
Signature:		
Typed Name and Title:		
Date:		

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Florida Department of Law Enforcement American Recovery Act - JAG Countywide

Insert Certifications and Authorizations here.

CERTIFICATION FORM

Recipient Name and Address: Columbia County Board of County Commissiners PO Drawer 1529, Lake City

Grant Title: Information Tech. Upgrade ProjectGrant Number: Award Amount: 467,053.00

Recipient is a medical institution,

FL 32056

Contact Person Name and Title: <u>Michelle Crummitt</u>, <u>Director</u> Phone Number: $\beta 86$) 758-2123

Federal regulations require recipients of financial assistance from the Office of Justice Programs (OJP), its component agencies, and the Office of Community Oriented Policing Services (COPS) to prepare, maintain on file, submit to OJP for review, and implement an Equal Employment Opportunity Plan (EEOP) in accordance with 28 C.F.R §§ 42.301-.308. The regulations exempt some recipients from all of the EEOP requirements. Other recipients, according to the regulations, must prepare, maintain on file and implement an EEOP, but they do not need to submit the EEOP to OJP for review. Recipients that claim a complete exemption from the EEOP requirement must complete Section A below. Recipients that claim the limited exemption from the submission requirement, must complete Section B below. A recipient should complete either Section A or Section B, not both. If a recipient receives multiple OJP or COPS grants, please complete a form for each grant, ensuring that any EEOP recipient certifies as completed and on file (if applicable) has been prepared within two years of the latest grant. Please send the completed form(s) to the Office for Civil Rights, Office of Justice Programs, U.S. Department of Justice, 810 7th Street, N.W., Washington, D.C. 20531. For assistance in completing this form, please call (202)307-0690 or TTY (202) 307-2027.

Section A- Declaration Claiming Complete Exemption from the EEOP Requirement. Please check all the boxes that apply.

Recipient has less than 50 employees,	Recipient is an Indian tribe,	
Recipient is a non-profit organization,	Recipient is an educational institution, or	

Recipient is receiving an award less than \$25,000

I,		sible official], certify that
	[re	cipient] is not required to
prepare an EEOP for the reason(s) checked al	pove, pursuant to 28 C.F.R §42.302. I further	certify that
	[recipient] will comply v	with applicable Federal civil rights
laws that prohibit discrimination in employment	ent and in the delivery of services.	-
Print or type Name and Title	Signature	Date

Section B- Declaration Claiming Exemption from the EEOP Submission Requirement and Certifying That an EEOP Is on File for Review.

If a recipient agency has 50 or more employees and is receiving a single award or subaward for \$25,000 or more, but less than \$500,000, then the recipient agency does not have to submit an EEOP to OJP for review as long as it certifies the following (42 C.F.R. § 42.305):

I, ____ [responsible official], certify that [recipient], which has 50 or more the employees and is receiving a single award or subaward for \$25,000 or more, but less than \$500,000, has formulated an EEOP in accordance with 28 CFR §42.301, et seq., subpart E. I further certify that the EEOP has been formulated and signed into effect within the past two years by the proper authority and that it is available for review. The EEOP is on file in the office of: [organization], at [address], for review by the public and

employees or for review or audit by officials of the relevant state planning agency or the Office for Civil Rights, Office of Justice Programs, U. S. Department of Justice, as required by relevant laws and regulations.

Print or type Name and Title

Date

Signature

Date

#4

COLUMBIA COUNTY EMERGENCY MEDICAL SERVICES P.O. BOX 2949 LAKE CITY FL, 32056 (386) 752-8787* FAX (386) 719-7498

To: Board of County Commissioners

Fr: Vicky Simmons

Dt: June 10, 2009

Re: Refund Request-092053

Due to BCBS processing charges that were payable under Worker's Compensation, an overpayment has occurred on the account below. Please submit a check in the amount \$239.49 made payable to:

BCBS P.O. Box 61147 Jacksonville, FL 32231

Patient Wilson, Mary HPZH10523484 **Date of Service** 03/22/2009

Amount \$239.49

Thank you in advance for your cooperation.

#5

REQUEST FOR ROADSIDE MEMORIAL MARKERS

Date: 6 - 7 - 09

LOCATION:

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COUNTY ROAD NAME <u>5 W KOONYII</u>	E AVENUE	
AT INTERSECTION (IF APPLICABLE) 131'S of SW MEAdow Wood 6/EN		
MILES FROM CLOSEST INTERSECTION 8 miles from Highway 90		
NEAREST LANDMARK County Line	BAR	
DIRECTION (N,S,E,W) い		
REQUESTOR:	DECEASED:	
NAMEMichele De Buc	MANUEL Joseph PARKER JR.	
ADDRESS 1421 Wild wood LHNE	IF REQUESTED, NAME WANTED	
CITY/Lutz, F1 33558	WANTED ON MARKER: Jos y PARKER JR(SkidRow)	
DATE OF ACCIDENT <u>6-5-08</u>	,	
PHONE (813)746-1937		
RELATIONSHIP TO DECEASED Sister		
MARKER CURRENTLY EXISTS $N_{\mathcal{O}}$		
DISPOSITION: STORE AT M.	AINTENANCE YARD	
DISPOSE OF A	AT FAMILY'S REQUEST	



COLUMBIA COUNTY BOARD OF COUNTY COMISSIONERS UTILITY PERMIT

Date: 05/28/09	Permit No	County Road SW	CR 252B Section No	
Permittee Comcas	t Cable_			
Address 5934 Ricl	nard Rd, Jacksonville, FL	322161	elephone Number 904-3	380-6420
Maintain Proposed		nty, Florida, hereinafter call han Ave (1144), 2520' aeria		
FROM:		TO:		
	Utility Owner by: -Billie 1	Lentes/Agent for Comcast	Blutente	05/281/09
	Typed N	Name & Title	Signature	Date
and underground a Proposed work is v () FORT WHITE (nd the accurate locations within corporate limits of (). A letter of notification	application it has determined are shown on the plans attac Municipality: YES (X) NO was mailed on 05/21/09	hed hereto and made a p (). If YES: LAKE CITY	art of this application.
again immediately located at 607	upon completion of work	ctor shall be notified twenty. The Public Works Director 1. hole C. T. Fl or Maintenance of Traffic is 0	is Kevin Kir Telephone Numbe	1281 719-754
Tel	ephone Number 904-380-	-6420		
at the time of the 2	4 hour notice to starting v	vork.)		
2 This DEDMITTI	FE shall commence actua	l construction in good faith v	vithin 30 dave after iso	suance of permit

3. This PERMITTEE shall commence actual construction in good faith within _30_ days after issuance of permit, and shall be completed within 90__ days after permitted work has begun. If the beginning date is more than 60 days from date of permit approval, then PERMITTEE must review the permit with the Columbia County Public Works Director to make sure no changes have occurred in the transportation facility that would affect the permitted construction.

4. The construction and maintenance of such utility shall not interfere with the property and rights of a prior PERMITTEE.

5. It is expressly stipulated that this permit is a license for permissive use only and that the placing of utilities upon public property pursuant to this permit shall not operate to create or vest any property right in said holder.

6. Pursuant to Section 337-403(1), Florida Statutes, whenever necessary for the construction, repair, improvement, maintenance, safe and efficient operation, alteration or relocation of all, or any portion of said transportation facility as determined by the Columbia County Public Works Director and/or County Engineer, any or all utilities and appurtenances authorized hereunder, shall be immediately removed from said transportation facility or reset or

*Notification to Ken Sweet, 386-623-6414, must be made prior to starting work.

Utilities Permit Page Two Revised: 8/17/00

relocated thereon as required by the Columbia County Public Works Director and/or County Engineer and at the expense of the PERMITTEE.

7. In case of non-compliance with the County's requirements in effect as of the approval date of this permit, this permit void and the facility will have to be brought into compliance or removed from the right of way at no cost to the County.

8. It is understood and agreed that the rights and privileges herein set out are granted only to the extent of the County's right, title and interest in the land to b entered upon and used by the PERMITTEE, and the PERMITTEE will, at all times, and to the extent permitted by law, assume all risk of and indemnify, defend, and save harmless Columbia County, Florida from any and all loss, damage, cost or expense arising in any manner on account of the exercise or attempted exercise by said PERMITTEE ofthe aforesaid right and privileges.

9. During construction, all safety regulations of the County shall be observed and the PERMITTEE must take measures, including pacing and the display of safety devices that may be necessary in order to safely conduct the public through the project area in accordance with the Federal Manual on Uniform Traffic Control Devices, as amended for highways.

10. Should the PERMITTEE be desirous of keeping its utilities in place and out of service, the PERMITTEE, by execution of this permit acknowledges its present and continuing ownership of its utilities located between ______ and ______ within the County's right of way as set forth above. PERMITTEE, as its sole expense, shall promptly remove said out of service

County's right of way as set forth above. PERMITTEE, as its sole expense, shall promptly remove said out of service utilities whenever Columbia County Public Works Director and/or County Engineer determines said removal is in the public interest.

11. Special instructions: Minimum cover ofthirty inches (30") will be required at all locations. Columbia County will not be financially responsible for any damage to facilities with less than thirty inches (30") cover. Cables shall not be located within driveway ditches.

It is understand and agreed that commencement by the PERMITTEE is acknowledgment and acceptance of the binding nature of these specialist instructions.

Submitted By: Billie Lentes/Agent for Comcast _______ Permittee Place Corporate Seal

Signature and Title

Attested

Utilities Permit Page three Revised: 8/17/00

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Recommended for Approval:

_____ Signature: Title: DIRECTOR of PUBLIC WORKS Date: 06-08-09

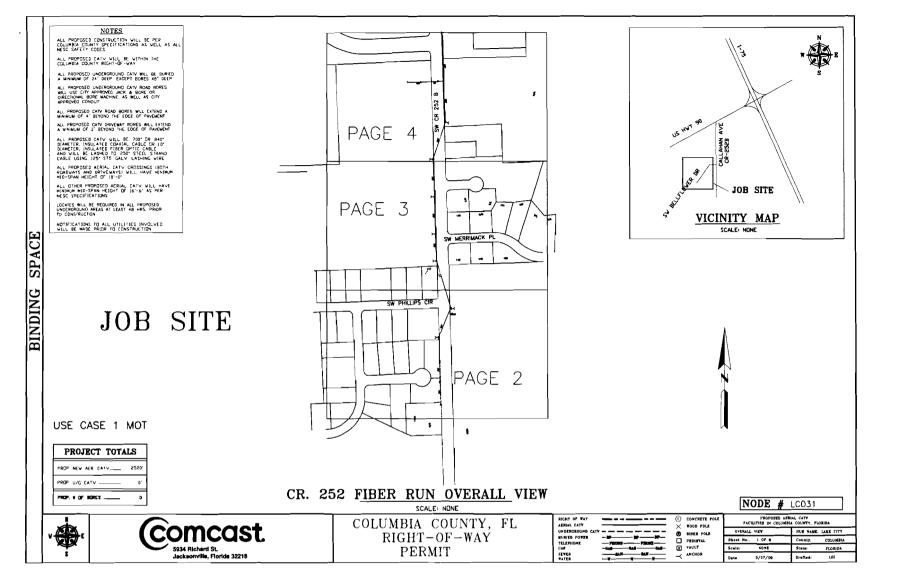
Approval by Board of County Commissioners, Columbia County, Florida:

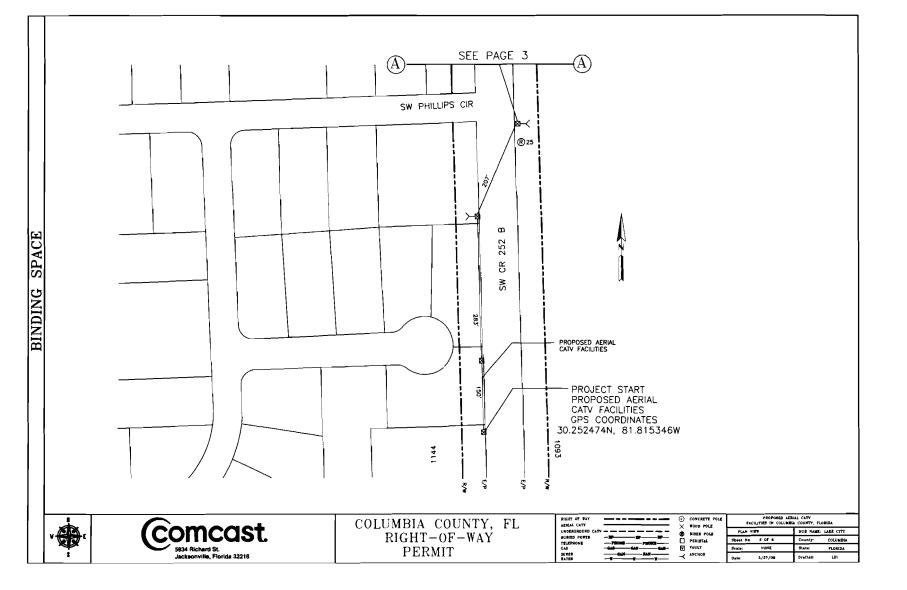
YES() NO()

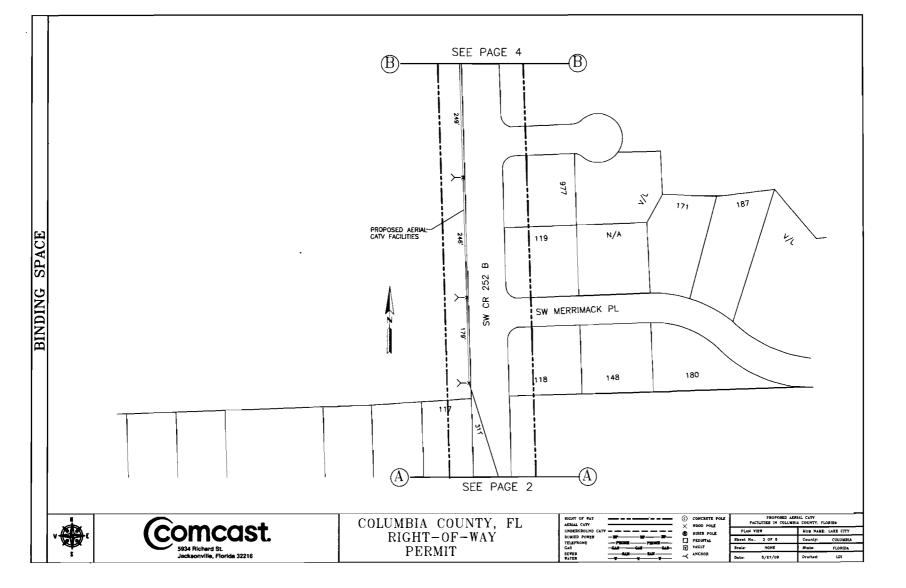
Date Approved: _____

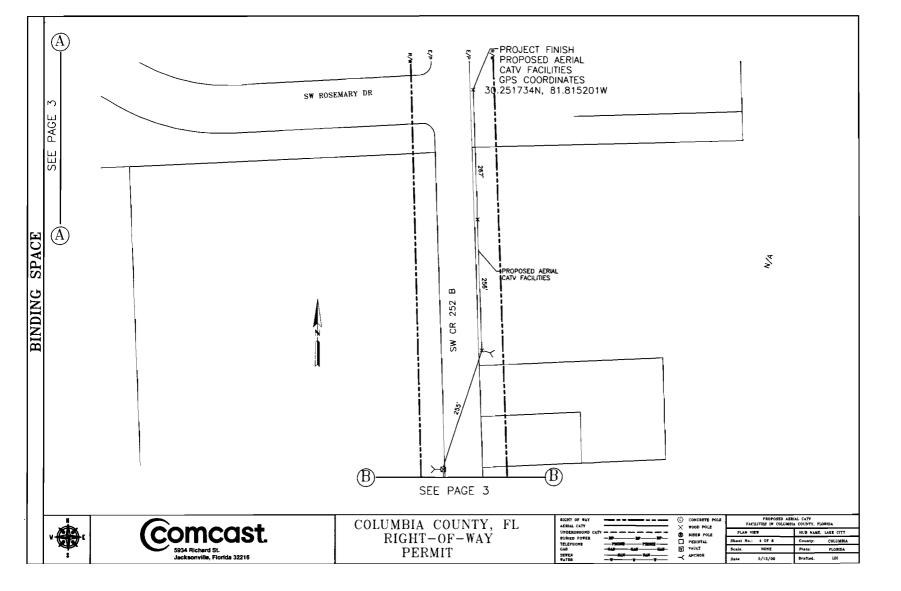
Chairman's Signature: _____

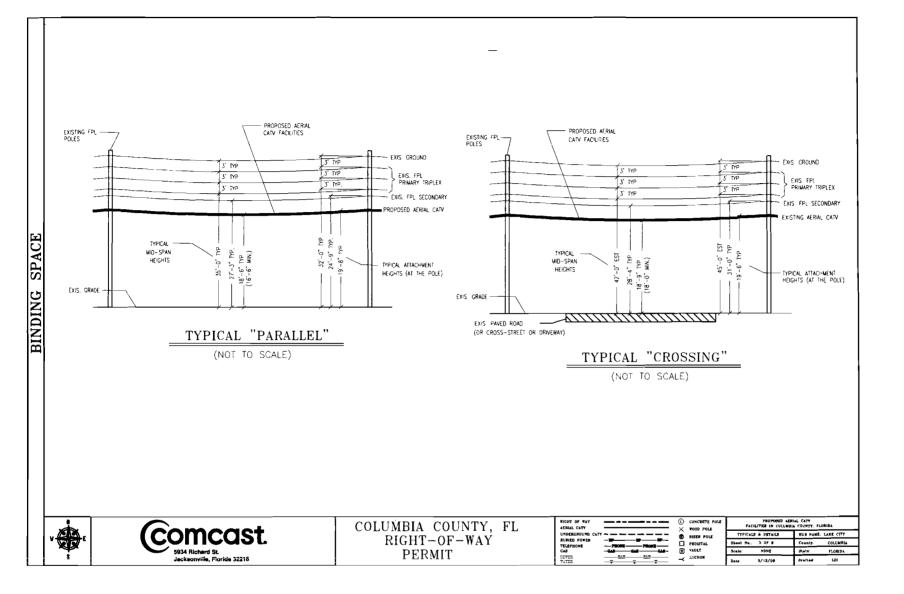


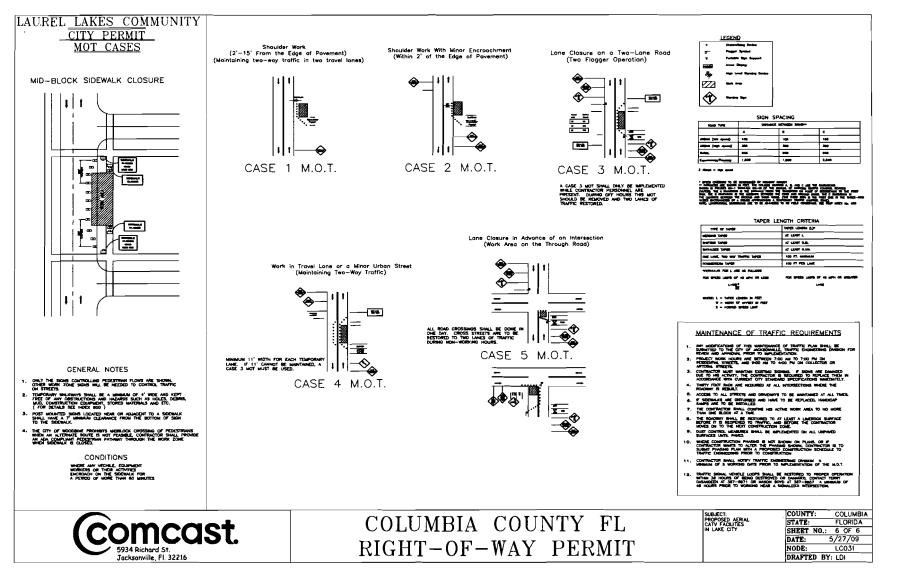


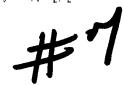












6/11/09

Mr. Coppock,

I am writing you as per your request in phone conversations with my husband Lance MacDonald on 6/10/09 & 6/11/09. We signed Peyton up on May 27th for the summer program at Richardson Community Center after finding out that his Grandparent would not be able to keep him as usual on May 25th. I had told Nicole Smith when signing him up what was going on and thanked her for letting us sign him up so late.

On 6/8/09 my Grandparent informed us that they would be able to keep him after all and would like us to start bring him to them on a daily basis. My husband called Mr. Smith on 6/10/09 and informed her of the situation and asked if we could get the S225.00 refunded back to us since he would not be attending the summer program after all. She informed my husband that he would need to speak with you. He left a voice mail on 6/10/09 for you and was able to speak to you this morning in reference to this request. Per your request we are respectfully requesting a refund of the \$225.00 enrollment fee in writing so that you can present it to the Board of County Commissioners.

As per you hand out that was handed to me on May 27^{th} the only place that the fee was talked about being non-refundable was if the child was expelled after the 5^{th} policy infraction. There is not anything in there about the fee not being non-refundable if the child could not attend.

Any assistance that you could provide to us would be greatly appreciated. Please let me or my husband know if you have any questions.

Sincerely, Hephaner Mach

Stephanee MacDonald 569 NW Carr Ct Lake City, FL 32055 (386) 365-2946 cell

Lance MacDonald (386) 397-5192 cell

THAT ML COODS ORDERED HAVE BEEN RE CEIVED AND ARE IN COOD CONDITION



Prepared By & Return to: Matthew D. Rocco Sierra Title LLC 619 SW Baya Dr., Ste 102 Lake City, FL 32025 #09-0413

SUBORDINATION AGREEMENT

<u>WHEREAS</u> the undersigned is the owner and holder of that certain Mortgage/Lien executed by Fidencio Garcia and Rochelle L. Garcia, his wife to Columbia County, Florida, a political subdivision to secure an original indebtedness of \$15,000.00 dated January 22, 2007, and recorded in Official Records Book 1109, Page 473, of the Public Records of Columbia County, Florida, encumbering the following:

Lot 7, Haight-Ashbury, according to the plat thereof, as recorded in Plat Book 7, Page 185 of the Public Records of Columbia County, Florida.

<u>WHEREAS</u> a portion or all of the lands aforesaid have been mortgaged by Fidencio Garcia and Rochelle L. Garcia, his wife to Suntrust Mortgage Inc., hereinafter called the Lender to secure a Mortgage in the amount of \$78,100.00; said Mortgage to the Lender being dated _______, 2009, and recorded ______, 2009, in Official Records Book ______, Page ______ of the Public Records of Columbia County, Florida.

<u>WHEREAS</u> Lender would not close its mortgage loan and disburse the proceeds unless its mortgage were a first lien, superior in right and dignity to the lien of the mortgage held by the undersigned.

<u>NOW THEREFORE</u>, for and in consideration of Ten Dollars (\$10.00) in hand paid by Lender, receipt whereof is hereby acknowledged, and to induce Lender to disburse the proceeds of its mortgage loan aforedescribed, the undersigned do hereby represent, warrant, covenant and agree as follows:

1. The mortgage held by the undersigned and described in the first paragraph of the preamble of this Agreement together with the indebtedness secured thereby, is owned by the undersigned and neither said mortgage nor said indebtedness has been assigned, transferred, or pledged to any person whomsoever, so that the undersigned have full right and authority to execute this SUBORDINATION AGREEMENT.

2. The mortgage held by the undersigned aforedescribed in the first paragraph of the preamble of this Agreement by, and the same hereby is, declared to be of all times inferior and subordinate in lien, right and dignity to the mortgage held by Lender hereinabove described, just as though said mortgage held by Lender hereinabove described, just as though said mortgage held by Lender hereinabove described, just as though said mortgage held by the undersigned and herein subordinated.

SUBORDINATION AGREEMENT PAGE 2

IN WITNESS WHEREOF, the undersigned has caused these presents to be duly executed this _____ day of ______, 2009.

Signed, sealed and delivered in the presence of:

Witness #1	÷	
Name Printed	 	

COLUMBIA COUNTY, FLORIDA, a Political Subdivison existing under the laws of the State of Florida

By:_____

Witness #2	Name Printed
Name Printed	By:
	As its

STATE OF Florida COUNTY OF _____

The foregoing instrument was acknowledg	ed before me this day of	, 2009 by
, the	of COL	UMBIA COUNTY,
FLORIDA, Political Subdivision existing u	under the laws of the State of Florid	a. He/She is personally
known to me or has produced a	as identificatio	n.

		 	(Seal)
Notary Public			

Notary Printed Name: ______

My Commission Expires:

6/18/09 Agenda

Columbia County Public Library

#9

Memo

To:DaleFrom:DebbieDate:June 4, 2009Re:Youth 2 Work Program Participation

Attached is information about and an agreement for the Florida Crown Career Centers & Arbor Education & Training program called Youth 2 Work. It is a summer work program for youth ages 17-24. There is no cost to the Library and we would have someone placed for six weeks this summer. I am particularly interested in participating this summer because the person who would work in the Library is someone who worked for us last summer part-time through Wal-Staff and was an excellent employee. She would need just a brief refresher, but could be back up to speed within a very short time.

If you agree this would be a worthwhile venture, I would appreciate it very much if you would please put the information and agreement on the next BCC meeting agenda. There is a place for the BCC Chair and a witness to sign and date the agreement.

Thank you and please let me know if you need further information.



AGREEMENT

This AGREEMENT is entered into between

hereinafter referred to as employment experience/internship site "WORKSITE" and Arbor Education & Training, a for-profit corporation organized under the laws of the State of Florida hereafter referred to as "Arbor Youth Services."

WITNESSETH:

It is the intent of this AGREEMENT to provide **Arbor Youth Services** and the **WORKSITE** an overview of the administrative and operational structure for the 2009 youth employment component of The Youth Services Program. Working with the disadvantaged youth population in the Region 7 area, Youth Services has received under contract federal funds to support an area work experience / internship program for said youth using non-profit, public and private employer worksites.

WHEREAS, The Congress of the United States has enacted the Workforce Investment Act of 1998, Public Law 105-220, hereinafter referred to as **ACT**; and,

WHEREAS, Arbor Youth has entered into a financial agreement with (WFB) Florida Crown Workforce Board							
1389 Hwy 90 W	to provide for the delivery of services in						
Lake City (city), Florida (State), Region 007	(including Columbia, Dixie, Gilchrest, and						
Union	counties), for the operation of a temporary						
Summer Youth to Work Project (Y2W) for 2009 with a work experience/internship component; and,							

WHEREAS, the Regional area's plan identifies a need for a youth employment program offering Work Experience/Limited Internship for Youth Services identified youth Trainees ages 17 years or older; and,

WHEREAS, **Arbor Youth Services** agrees to provide payroll services and workers' compensation coverage for this experience for those Trainees working at **WORKSITE** locations,

NOW, THEREFORE, in consideration of the mutual covenants and obligations contained in this AGREEMENT, and subject to the terms, conditions and assurances as herein set forth, the parties do hereby agree as follows:

A. <u>General Terms</u>

Agreement Period:

The term of this employment shall be for the time period noted as AGREEMENT Period.

Provisions:

If any provisions of this AGREEMENT are found to be in violation of local, state, or federal rule, law or regulation, the AGREEMENT shall be changed to comply with such law, rule or regulation.





Complaint Procedure:

Youth enrolled in The **Arbor Youth Services Program** shall not be considered employees of the WORKSITE. Should the **WORKSITE** have any dissatisfaction, concern, or complaint about the manner in which Youth Services Trainees are performing responsibilities under this AGREEMENT, those matters shall be communicated to the Job Coach, then to the Project Leader for such appropriate action as deemed necessary.

Termination:

Given the short-term operating period of **The Youth Services** Program, this AGREEMENT may be terminated by either party with written notice to the other party or by mutual agreement of both parties at the time at which the notice is received.

Performance of Conditions:

Arbor Youth Services and the **WORKSITE** certify that all conditions precedent to the valid execution of the AGREEMENT or its parts has been satisfied. **WORKSITE** assures it possesses legal authority to participate in this AGREEMENT.

Laws Applicable:

It is the intent of the parties hereto that the terms and conditions of this AGREEMENT, and the work to be performed hereunder, are subject to the applicable provisions of Federal law, and any rules and regulations lawfully promulgated hereunder, and to all applicable state and local laws, ordinances, rules and regulations.

Compliance with WIA:

WORKSITE agrees it will comply with the requirements of the Workforce Investment Act of 1998 (P.L 105-220), and with regulations and policies promulgated hereunder. Per the terms of this AGREEMENT, the **WORKSITE**, by signing this AGREEMENT, will comply with the following specific requirements required to provide services under the **ACT**.

- <u>Maintenance of Effort</u>: The WORKSITE will only provide services under this AGREEMENT, which in the absence of said AGREEMENT would not have been available to the youth Trainees.
- <u>Displacement of Workers:</u> The WORKSITE certifies that by entering into this AGREEMENT, no permanent full-time employees were displaced from their employment as a result of the terms of this AGREEMENT.
- <u>Prohibition of Political Activities</u>: All employees whose employment directly resulted from AGREEMENT funding shall not be involved in any political activities to include candidate and/or campaign support.
- Lobbying: The WORKSITE shall not use funds and/or human resources to promote or initiate any activity tied to lobbying efforts related to local, state and/or federal politics.
- <u>Sectarian Activities</u>: The WORKSITE shall not provide employment or training in sectarian activities and/or use contract resources to promote such activities.
- <u>Union Activities</u>: The WORKSITE shall not use any funds or resources provided under this AGREEMENT to assist, promote or deter union organizing and/or effect a collective bargaining process.





Rights and Remedies Not Waived:

Payment of wages by **Arbor Youth Services** shall not be construed as a waiver by the **WORKSITE** of their responsibility to provide competent management of youth participating in the program work activity. Although **Arbor Youth Services** shall be recognized as the employer of the Trainees, the **WORKSITE** will maintain responsibility for direct supervision to include the maintenance of a safe and healthy working environment for the youth Trainees.

B. <u>Responsibilities of Arbor Youth Services</u>

- 1. Arbor Youth Services shall identify and refer WIA Youth Trainees to WORKSITE and shall provide subsequent support and assistance to WORKSITE and youth as needed during the operation of this program:
 - Ongoing Trainee guidance and counseling support
 - Weekly visits, during which performance of youth is discussed with WORKSITE Supervisor
 - Assisting with completion and posting of all required job descriptions and emergency information and Child Labor Law poster(s)
 - Responding immediately to crisis contact by WORKSITE employers
- 2. Arbor Youth Services shall provide payroll and check-writing services for work activity Trainees according to a standard payroll schedule. Arbor Youth Services shall retain personnel files on all youth with the following contents:
 - Certificate of I-9
 - Copy of Social Security card
 - WIA Trainee Pay Rate
 - Complaint Procedure
 - Emergency Contact Information
 - Work Experience Training Agreement Form
- 3. Arbor Youth Services will supply weekly time sheets and evaluation forms
- 4. **Arbor Youth Services** shall be considered the employer of the youth Trainees and shall be responsible for all compensation to the youth for work experience activities at a WORKSITE location. In addition, Arbor Education & Training will assume responsibility for workers' compensation liability. (Arbor will provide copies of Certificate of Insurance upon request.)
- 5. **Arbor Youth Services** will conduct a job analysis prior to the placement of a Trainee in work experience and develop a job description and specifications.

C. <u>Responsibilities of WORKSITE</u>

1. **WORKSITE** assures that Youth Services Trainees will receive meaningful work experience in a fully supervised and safe working environment.





- 2. WORKSITE agrees to provide one (1) WORKSITE supervisor for each Trainee and one (1) alternate supervisor. The WORKSITE supervisor, whose qualifications are commensurate with the job specifications, shall be present during Trainee's hours of work. In addition,
 - WORKSITE will comply with the regulations set forth in the Supervisor Handbook.
 - No Trainee shall work for more hours than stipulated under the terms of the AGREEMENT. At no time shall a Trainee be required to work, or be compensated for work in excess of 30 hours of work per week.
 - **WORKSITE** shall have sufficient equipment and materials to perform the assigned job and sufficient meaningful work to occupy Trainee time during working hours.
 - WORKSITE supervisor or alternate supervisor shall sign time and attendance records on a weekly basis, verifying the accuracy of time worked. WORKSITE agrees to accept direct financial responsibility for overpayment of youth resulting from negligence and/or misrepresentation of actual time worked.
 - **WORKSITE** supervisor shall meet one-on-one with Trainee at least once a week to discuss Trainee's progress, and will complete a Performance Evaluation at least every other week.
 - 3. **WORKSITE** agrees to post job description, emergency contact information, and Child Labor Law poster in the work area of each Trainee. An alternate plan in case of inclement weather shall be listed on the job description of any assignment that involves mostly outdoor employment.
 - 4. **WORKSITE** agrees to maintain the confidentiality of any and all information regarding **Arbor Youth Services** Trainees or their immediate families. **WORKSITE** shall not release any information to any other agency, entity, person or business without the specific approval of the Trainee's parent or guardian.
- 5. **Records and Reports:** At such times and in such forms as the Federal Government, State, or Arbor Education & Training may require, the **WORKSITE** shall furnish to the Federal Government or the Comptroller General or the State or Arbor Youth Services, such statements, records, reports, data, and information as the Federal Government, State, or Arbor may request pertaining to matters covered by the AGREEMENT, or related to implementation of the AGREEMENT.
- 6. **Project Monitoring and Project Close-Out:** At any time during the term of this AGREEMENT, **WORKSITE** shall permit the Secretary of Labor, the Comptroller General, **Arbor Youth Services** or their authorized representative to monitor project performance pursuant to the terms of this AGREEMENT.





D. Agreement Execution

This AGREEMENT shall be executed in three counterparts, each of which shall be deemed to be original and such counterparts shall constitute one and the same instrument. The parties hereto have caused the AGREEMENT to be executed effective on the date last signed by the parties.

Executed by the WORKSITE on this		, 200
Attest:		
Signature/Title of Signatory	Printed Name	
Witness/Title		
Executed by Arbor Youth Services on this _	day of	, 200
Attest:		
Arbor Education & Training		
Signature/Title of Signatory	Printed Name	
Witness		

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District No. 1 - Ronald Williams District No. 2 - Dewey Weaver District No. 3 - Jody DuPree District No. 4 - Stephen E. Bailey District No. 5 - Scarlet P. Frisina

BOARD OF COUNTY COMMISSIONERS . COLUMBIA COUNTY

June ___, 2009

Mr. Bob Holmden, PE, Chief Florida Department of Environmental Protection Twin Towers Office Building, MS 3505 2600 Blair Stone Road Tallahassee, Florida 32399

Re: Columbia County, Florida DEP Project Number: WW742020 Columbia County – Wastewater Treatment Plant & Collection System

Mr. Diltz,

I am the duly appointed County Attorney for the Columbia County. The County intends to enter into a loan agreement from the State Revolving Fund for development of a wastewater treatment and collection system to serve commercial and residential users within a 1 mile radius of the I-75 and US 441 interchange, within the outlying community of Ellisville, Florida. The loan will be secured by County Guaranteed Entitlement Florida Revenue Sharing Fund and wastewater connection fees.

There are no prior liens on the pledged revenues

The pledge of revenues is subject to final approval of all loan documents by the undersigned.

Very Truly Yours,

Marlin M. Feagle County Attorney

BOARD MEETS FIRST THURSDAY AT 7:00 P.M AND THIRD THURSDAY AT 7:00 P.M.

RESOLUTION 2009R-19

"A RESOLUTION OF COLUMBIA COUNTY, FLORIDA, RELATING TO THE STATE REVOLVING FUND LOAN PROGRAM; MAKING FINDINGS; AUTHORIZING THE LOAN APPLICATION; AUTHORIZING THE LOAN AGREEMENT; ESTABLISHING PLEDGED REVENUES; DESIGNATING AUTHORIZED REPRESENTATIVES; PROVIDING ASSURANCES; PROVIDING FOR CONFLICTS, SEVERABILITY, AND EFFECTIVE DATE."

WHEREAS, Florida Statues provide for loans to local government agencies to finance the construction of water pollution control facilities; and

WHEREAS, Florida Administrative Code rules require authorization to apply for loans, to establish pledged revenues, to designate an authorized representative; to provide assurances of compliance with loan program requirements; and to enter into a loan agreement; and

WHEREAS, the State Revolving Fund loan priority list designates Project No. WW742020 as eligible for available funding; and

WHEREAS, Columbia County, Florida, intends to enter into a loan agreement with the Department of Environmental Protection under the State Revolving Fund for project financing.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF COLUMBIA COUNTY, FLORIDA, AS FOLLOWS:

SECTION 1. The foregoing findings are incorporated herein by reference and made a part hereof.

SECTION II. Columbia County, Florida is authorized to apply for a loan to finance the Project.

SECTION III. The revenues pledged for the repayment of the loan are County Revenue Guaranteed Entitlement Florida Revenue Sharing Fund and wastewater connection fees.

SECTION IV. The County Manager is hereby designated as the authorized representative to provide the assurances and commitments required by the loan application.

SECTION V. The County Manager is hereby designated as the authorized representative to execute the loan agreement which will become a binding obligation in accordance with its terms when signed by both parties. The County Manager is authorized to represent the County in carrying out the County's responsibilities under the loan agreement. The County Manager is authorized to delegate responsibility to appropriate County staff to carryout technical, financial, and administrative activities associated with the loan agreement.

SECTION VI. The legal authority for borrowing moneys to construct this Project is Florida Statutes.

SECTION VII. <u>Conflicts</u>. All resolutions or part of Resolutions in conflict with any of the provisions of this Resolution are hereby repealed.

SECTION VIII. <u>Severability</u> If any Section or portion of a Section of this Resolution proves to be invalid, unlawful, or unconstitutional, it shall not be held to invalidate or impair the validity, force or effect of any other Section or part of this Resolution.

SECTION IX. <u>Effective Date</u> This Resolution shall become effective immediately upon its passage and adoption.

PASSED and ADOPTED this 18th day of June, A.D. 2009.

ATTEST:

APPROVED AS TO FORM AND LEGALITY

County Clerk

County Attorney

Board of County Commission, Chairman

AUTHORIZED REPRESENTATIVE'S SITE CERTIFICATION (Equivalency Projects)

Project Number WW742020

Project Description: ____Columbia County Wastewater Facilities ______

I do hereby certify as to the following:

- 1. Columbia County has acquired all real property or real property rights that are, or will be, required for the construction (erection, extension, modification, addition), operation and maintenance of the Project described above.
- 2. All real property and real property rights required for the entire Project were acquired in accordance with the State and local requirements and with Title 49 Part 24 of the Code of Federal Regulations.

Dated this ______ day of ______, 2009

Signature of Authorized Representative

Title

BOARD OF COUNTY COMMISSIONERS . COLUMBIA COUNTY

MEMORANDUM

TO: Dale Williams, County Manager

FROM: Kevin Kirby, Public Works Director

DATE: June 5, 2009

SUBJECT: Budget Amendment #08-15

I am requesting Board approval for Budget Amendment #08-15 to transfer funds for the recent purchase of a hot mix transporter with tack tank and propane heat. Requesting \$3,500 be transferred from 101.8400.584.90.97, Equipment Reserve, to 101.4230.541.60.64, Drainage, Equipment Purchase.

Should you need additional information, please let me know. I appreciate your continued cooperation and support to this Public Works Department.

/lsg

Attachment: BA #08-15

XC: Mary Sue George, Accounting

BOARD MEETS FIRST THURSDAY AT 7:00 P.M. AND THIRD THURSDAY AT 7:00 P.M. District No. 1 - Ronald Williams District No. 2 - Dewey Weaver District No. 3 - Jody DuPree District No. 4 - Stephen E. Bailey District No. 5 - Scarlet P. Frisina

BOARD OF COUNTY COMMISSIONERS . COLUMBIA COUNTY

Public Works Department Budget Amendment FY 2008-2009

June 5, 2009

Number: 08-15

Fund: Transportation

From

То

Amount

101.8400.584.90-97 (Equipment Reserve) 101.4230-541.60-64 \$ 3,500 (Drainage - Equipment Purchase)

Description: The Columbia County Public Works Department requests this Budget Amendment for the purchase the hot mix transporter with tack tank and propane tank.

Reference:

BOARD MEETS FIRST THURSDAY AT 7:00 P.M. AND THIRD THURSDAY AT 7:00 P.M.

Columbia County Public Library

井2

Memo

To:Dale Williams, County ManagerFrom:Debbie Paulson, Library DirectorDate:June 12, 2009Re:Budget Amendment BA08-24

Attached is an external budget amendment request to transfer funds from reserves to 104.7150.571.60-66 (Capital Outlay). The budget amendment number was obtained from Bookkeeping.

Please let me know if you need further information. Thank you.

Columbia County Public Library

BUDGET AMENDMENT FY 2008-2009 June 9, 2009

NUMBER <u>BA08-24</u>

FROMTOAMOUNTReserves

104-8400-584-9094 104.7150.571.60-66 \$10,603.00

DESCRIPTION: The Columbia County Public Library requests this budget amendment to transfer funds from reserves to cover funds requested for the Richardson Technology Project which was approved by the Board of County Commissioners.

The budget amendment number was obtained from Bookkeeping.