

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

CONSENT AGENDA

SECOND PAGE

AUGUST 6, 2009

- (23) External Budget Amendment - Industrial Development Authority - BA #08-32 - Reserve - Promotion & Advertising - \$76,500.00**
- (24) Indigent Burial - Combs Funeral Home - Henry Lou Ross, Jr., Deceased - \$500.00**
- (25) Public Works Department - Speed Humps - SW Ray Terrace**
- (26) Human Resource - Proposed Group Health Insurance Renewal Rates Blue Cross/Blue Shield - 3.6% Increase over Current Rates**
- (27) Karen Trusdale - Requesting Refund of Original Building Permit Fee (Permit #000027227) - \$1,312.44**
- (28) Public Works - Hiring Freeze Waiver - Vacant Equipment Operator III - Approval to Recruit In-House**
- (29) Public Works - Hiring Freeze Waiver - Vacant Customer Service Representative I- Approval to Recruit**
- (30) Division of Emergency Management - Base Grant Agreement Award Letter # 09-BG-03-03-22-01-108 - \$34,767.00**
- (31) Florida Department of Environmental Protection - FY09-10 Consolidated Small County Grant Agreement - \$78,787.00**
- (32) Florida Medical Training Institute Clinical Agreement - Fire/Rescue**

AGENDA

SECOND PAGE

STAFF MATTERS:

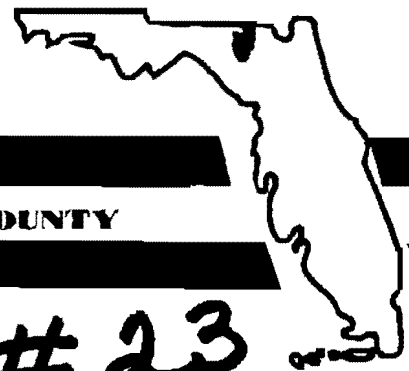
HONORABLE STEPHEN E. BAILEY, CHAIRMAN

DISCUSSION AND ACTION ITEM:

Dale Williams, County Manager

- (1) Qualified Target Industry Tax Refund Program -
Resolution No. 2009R-33 - Project Green Vision

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



BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

23

**BUDGET AMENDMENT
2008-2009**

NUMBER: BA 08-32

FUND: IDA

<u>FROM</u>	<u>TO</u>	<u>AMOUNT</u>
Reserve 109 8400 584 9099	Promotion & Advertising 109 2040 552 3042	76,500

DESCRIPTION: Professional Marketing Strategy

REFERENCE:

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



Combs Funeral Home
"The Caring Professionals"

24

292 NE Washington Street
Lake City, FL 32055
Phone: (386) 752-4366
Fax: (386) 752-4367

August 4, 2009

INDIGENT BURIAL INVOICE: \$500.00
FOR: Henry Lou Ross, Jr.

Columbia County Board of County Commissioners
Post Office Drawer 1529
Lake City, Florida 32056-1529

Dear Commissioners:

Tammie Ross, the wife of Henry Lou Ross, Jr. has requested that the indigent burial fund of \$500.00 be paid to Combs Funeral Home for the burial services of her husband.

Thank you,

Marquis Turner, L.F.D.

RECEIVED
AUG 04 2009

Board of County Commissioners
Columbia County

August 4, 2009

Board of County Commissioners
Post Office Box 1529
Lake City, Florida 32056

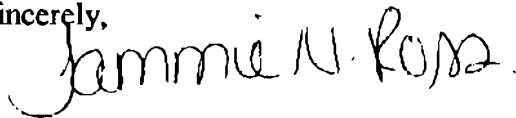
RE: Indigent Burial Request
Henry Lou Ross, Jr.
129 NW Genell Loop
Lake City, Florida 32055
Expired: August 4, 2009

Dear Commissioners:

I would like to request assistance from the County for burial of my husband who died on August 4, 2009. I do not have any life insurance or any funds for burial.

Your consideration of this request would be greatly appreciated.

Sincerely,



Tammie N. Ross
129 NW Genell Loop
Lake City, Florida 32055
(386) 965-1345

RECEIVED
AUG 04 2009

Board of County Commissioners
Columbia County

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

MEMORANDUM

#25

TO: Dale Williams, County Manager
FROM: Kevin Kirby, Public Works Director *KK*
DATE: August 4, 2009
SUBJECT: SW Ray Terrace
Speed Humps

I am recommending the Board approve the installation of speed humps on SW Ray Terrace. I have attached a map indicating the proposed locations of the speed humps on SW Ray Terrace for your review.

The Public Works Department has conducted the necessary transportation studies in accordance with Columbia County Ordinance No. 2000-1 for the installation of speed humps on SW Ray Terrace, including receiving 75% of the effective property owners' support of the installation of speed hump.

Should you have any questions and/or comments, please contact me at (386) 758-1019. I appreciate your continued cooperation and assistance to this Department.

/lsg

Attachment

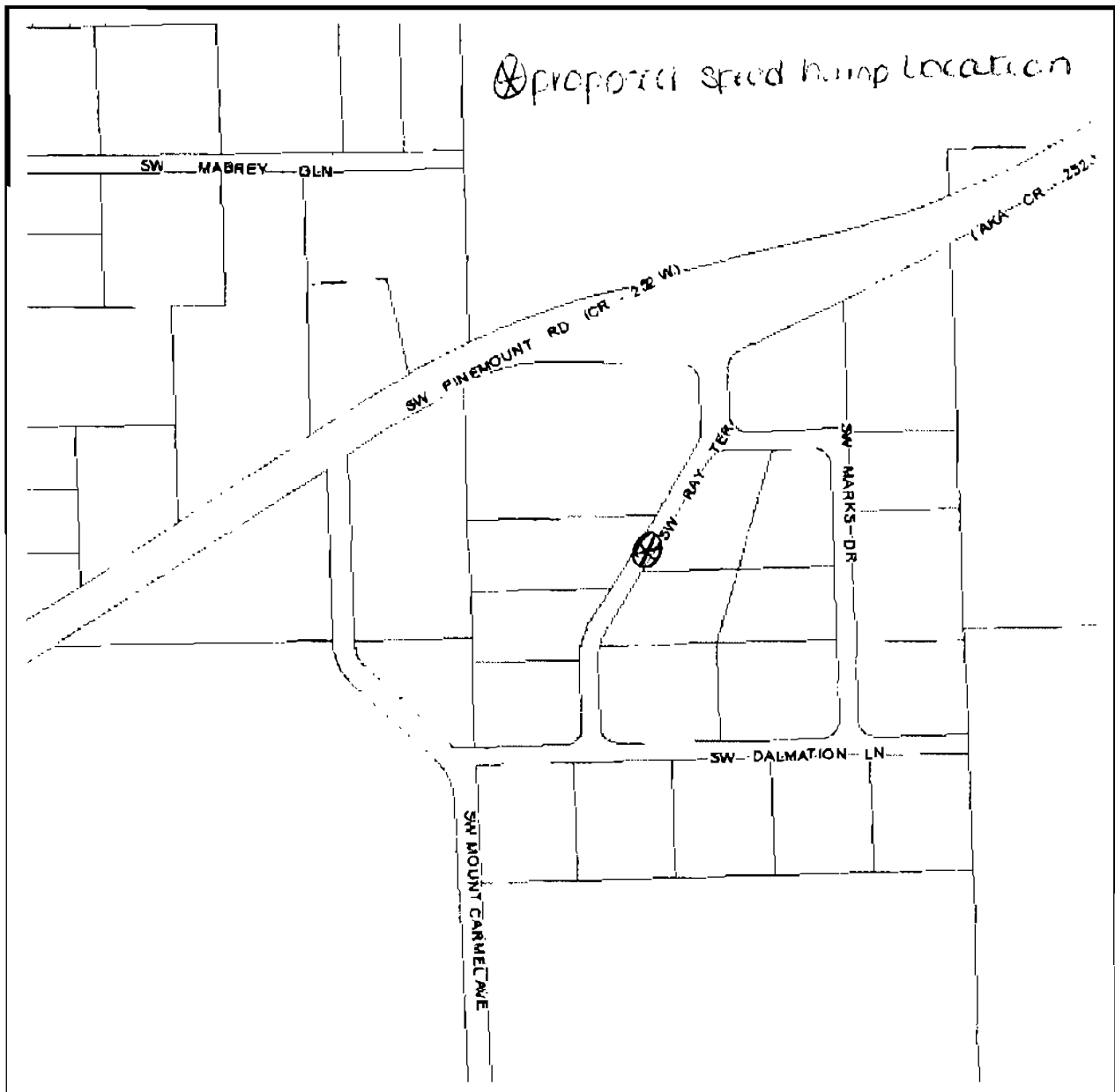
XC: Commissioner DuPree
SW Ray Terrace Hump File

RECEIVED
AUG 04 2009

Board of County Commissioners
Columbia County

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





Columbia County Property Appraiser J. Doyle Crews CFA - Lake City Florida 386-758-1083		0 190 380 570 ft	
PARCEL: -			
Name: Site: Mail: Sales Info	LandVal BldgVal ApprVal JustVal Assd Exmpt Taxable		

This information, GIS Map Updated: 4/27/2009, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, it's use, or it's interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office. The assessed values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Memo

#26



To: Carolyn Baker
From: Michele Crummitt
CC:
Date: 8/3/2009
Re: Proposed Health Insurance Renewal Rates

The attached information sheet entitled BCBS Current Plans includes the proposed health insurance premiums for the upcoming plan year (beginning October 1, 2009). The premiums have increased by 3.6% over current rates. These rates include health insurance only, but the rates for group term life and short term disability insurance have not increased.

Please place on the August 6th agenda for the Board's consideration. The Board's approval will be contingent upon the approval of the County's Insurance Committee.

RECEIVED

AUG 03 2009

Board of County Commissioners
Columbia County

BCBS Current Plans

BlueChoice 324

BlueOptions 1154

	Family Physician	\$20			
Office Visit Co-pays PPO or In-Network	All Others	Subject to CY Deductible and Coinsurance	Subject to CY Deductible and Coinsurance		
Office Visit Co-pays Non-PPO or	Family Physician	Subject to CY Deductible and Coinsurance	Subject to CY Deductible and Coinsurance		
	All Others				
Deductibles	Individual	\$1,000	\$900		
	Family Aggregate	\$2,000	\$1,500		
Coinsurance	PPO or In-Network	80%	80%		
	Non-PPO or Out-of-Network	80%	80%		
Member Out-of-Pocket Maximum Per Year	Individual	\$2,000 Includes Coinsurance Only	\$2,500 In-Network \$5,000 Out-of-Network Includes CY Deductible, Coinsurance and Copayments. Excludes Prescriptions.		
	Family	\$8,000 Includes Coinsurance Only	\$5,000 In-Network \$10,000 Out-of-Network Includes CY Deductible, Coinsurance and Copayments. Excludes Prescriptions.		
Hospital Inpatient Facility Services	In-Network	Subject to CY Deductible and Coinsurance plus \$150/Admission	Option 1 - \$600 Copayment Option 2 - \$900 Copayment		
	Out-of-Network	Subject to CY Deductible and Coinsurance plus \$300/Admission Deductible	Subject to CY Deductible and Coinsurance		
Hospital Outpatient Facility Services	In-Network	Subject to CY Deductible and Coinsurance	Option 1 - \$150 Copayment Option 2 - \$250 Copayment		
	Out-of-Network		Subject to CY Deductible and Coinsurance		
Emergency Room Facility Services		Subject to CY Deductible and Coinsurance plus \$60/Visit Deductible	\$100 Copayment - In-Network \$200 Copayment - Out-of-Network Waived if admitted.		
Physician Services at Hospital, Emergency Room	In-Network	Subject to CY Deductible and Coinsurance	Subject to CY Deductible and Coinsurance		
	Out-of-Network	Subject to CY Deductible and Coinsurance	Subject to CY Deductible and Coinsurance		
Prescriptions		Subject to CY Deductible then covered at 80% Mail Order \$20/\$50	\$100 Prescription Deductible, then 20% Generic, 30% Brand, and 40% Non-Preferred Brand. Mail Order \$20/\$50/\$80		
Independent Clinical Laboratory	In-Network	Coinsurance	100%		
	Out-of-Network	Subject to CY Deductible and Coinsurance	Subject to CY Deductible and Coinsurance		
Mamograms		100%	100%		
Ambulatory Surgical Facilities and Independent Diagnostic Testing Facilities	In-Network	Subject to CY Deductible and Coinsurance	\$100 Copayment		
	Out-of-Network	Subject to CY Deductible and Coinsurance	Subject to CY Deductible and Coinsurance		
Mental Health Services Maximums	Inpatient	30	30		
	Outpatient	20	20		
Home Health Care Benefit Maximum		\$2,500	\$2,500		
Skilled Nursing Facility Maximum Days		60	60		
Adult Wellness Benefit		Waive deductible, pay co-payment or applicable coinsurance. Maximum benefit \$150.	Waive deductible, pay applicable coinsurance. Maximum benefit \$250.		
Lifetime Maximums	Substance Dependency Care & Treatment	\$2,500	\$2,500		
	Hospice Benefit Maximum	\$7,500	\$7,500		
	Total Lifetime maximum Benefit	\$5,000,000	\$5,000,000		
		Total Monthly Premium	Proposed Payroll Deductions	Total Monthly Premium	Proposed Payroll Deductions
Employee Only		\$428.15	\$0.00	\$528.90	\$49.38
Employee/Family		\$774.96	\$173.41	\$901.04	\$238.45

These figures are based on a 3.8% increase over current rates.

July 28, 2009

27

Karen Truesdale
210 SE Press Ruth Drive,
Lake City, FL 32025

Dear Columbia County Board of County Commissioners,

I purchased a permit for a 4,744 square foot home on July 31, 2008 that I had every intention on having built. Since that time financial problems due to the economy and financing have caused me to reduce the size of my new home. It has taken me almost a year to arrange for the construction of a smaller home.

I am requesting the refund of the original permit fee of \$1312.44 for permit number 000027227. New plans for a 3,901 square foot home have been turned into the Building Department. Since this home is smaller in size the permit fee will not cost as much.

Your help in this matter is greatly appreciated.

Sincerely,



Karen Trusdale

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

MEMORANDUM

#28

TO: Dale Williams, County Manager
FROM: Kevin Kirby, Public Works Director *AK*
DATE: July 23, 2009
SUBJECT: Recruitment - Equipment Operator III Position

I am requesting Board approval to recruit in-house for our vacant Equipment Operator III position, replacing Merrill Raper who retired this month.

Thank you for your consideration of this request. Should you have any questions and/or comments, please do not hesitate to contact me.

/s/g

XC: Michele Crummitt, Human Resources Director

*M-
I assume this was not
one of the vacant positions
we counted for the pur-
pose of budget. If not,
OK to proceed.*

Date

BOARD MEETS FIRST THURSDAY AT 7 00 P.M.
AND THIRDO 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

Michels

MEMORANDUM

#29

TO: Dale Williams, County Manager
FROM: Kevin Kirby, Public Works Director *KK*
DATE: July 27, 2009
SUBJECT: Recruitment – Customer Service Representative I

I am requesting Board approval to recruit for our vacant Customer Service Representative I. This will be replacing Angelia Williams.

OK Dale Williams

Thank you for your consideration of this request. Should you have any questions and/or comments, please do not hesitate to contact me.

/s/g

XC: Michele Crummitt, Human Resources Director

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



STATE OF FLORIDA

DIVISION OF EMERGENCY MANAGEMENT

CHARLIE CRIST
Governor

RUBEN D. ALMAGUER
Interim Director

June 22, 2009

**CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

#30

Columbia County Emergency Management
263 NW Lake City Ave
Lake City, Florida 32056
Attn: Ronnie McCardle

Re: AWARD Letter
Agreement # 09-BG-03-03-22-01-108

Dear Mr. McCardle,

In accordance with Paragraph 17(d) of the above reference Agreement, this award Letter serves as a legal modification to your Base Grant Agreement. This Award Letter provides Federal funds to your County in the amount of \$34,767.

These funds continue to require a dollar for dollar non-federal match. Please ensure that your County can provide the required additional match before accepting these funds.

This Award letter increases your County's total amount of funding under this Agreement to \$133,493. You must return the attached budget form (Attachment A-1) showing the anticipated expenditure of the Federal funds. All other terms and conditions of the Agreement shall remain in full force and effect. **Please make this a part of your Agreement File.**

Should the County not wish to accept these additional funds, then the County must provide notice to the Division within thirty (30) days of receipt of this Award Letter. **Otherwise the County shall provide to the Division its written notice of acceptance within forty-five (45) days of receipt of the Award Letter.** In accordance with Paragraph 17(d) of the above referenced Agreement, the terms of this Agreement shall be considered to have been modified to include the additional funds upon receipt by the Division of the written notice of acceptance.

County EM Director
Page Two

It is important to note that in previous years' agreements, both the state Emergency Management Preparedness and Assistance (EMPA) and federal Emergency Management Performance Grant (EMPG) portions of the Agreement would have ended on September 30 of that year.

Under this year's modification, the EMPG portion of this Agreement in the amount of \$34,767 will have until June 30, 2010 to be expended. The remaining EMPA portion of this Agreement must be expended on or before September 30, 2009.

You may indicate your acceptance of these funds by signing and returning this Award Letter with the attached budget page to Donald Kunish, Florida Division of Emergency Management, 2555 Shumard Oak Boulevard, Tallahassee, Florida 32399-2100.

Respectfully,



Ruben D. Almaguer, Interim Director
Division of Emergency Management

RDA/

Attachment

.....
I accept the additional funds and agree to all terms and conditions as set forth in the EMPA Base Grant Agreement.

County: _____

Authorized Official: _____

Title: _____

Date: _____

Attachment A-1

Budget

The anticipated expenditures for the Categories listed below are for the Emergency Management Performance (EMPG) **Federal** portion of this subgrant only (Paragraph (17)(d), FUNDING/CONSIDERATION).

<u>Category</u>	<u>Anticipated Expenditures Amount</u>
Salaries/Fringe Benefits	\$ _____
Other Personal Services	\$ _____
Expenses	\$ _____
Operating Capital Outlay	\$ _____
Fixed Capital Outlay	\$ _____
Management & Admin. Costs (not to exceed 3%)	\$ _____
Total Federal Funds	\$ _____

District No. 1 - Ronald Williams
District No. 2 - Dewey Weaver
District No. 3 - Jody DuPree
District No. 4 - Stephen E. Bailey
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BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

July 31, 2009

M E M O

TO: Lisa K.B. Roberts,
Assistant County Manager

FR: Bill Lycan, 
Solid Waste Director

RE: FY09-10 Consolidated Small County Grant Agreement

Please find attached two (2) copies of the Consolidated Small County Grant Agreements awarded by the Department of Environmental Protection to be placed on the August 6, 2009 agenda for approval by the Board of County Commissioners. The **grant award is for \$78,787.00** this is a **reduction** from last year's award of \$277,316.00

Upon approval by the Board, please have the chairman to sign both copies of the agreements, retain the one with attachments for your records, forward one original without attachments to FDEP and forward a copy of the signature page only to our office for our records.

Also forward a copy to Judy Lewis, Internal Auditor and to Richard Powell, External Auditor with attachments A,B,C,D,E , F and Exhibit I for special audit requirements, the reimbursement request forms and instructions; note some changes to the grant conditions, copies of invoices and checks are no longer required. There are **new unallowable costs** that were allowed in the past.

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

/pdl

XC: FY09-10 Consolidated Small County Grant File

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



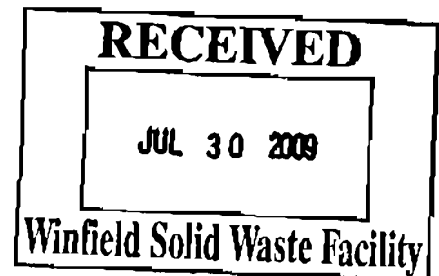
Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary



TO: Recipients of Consolidated Small County Solid Waste Grants
FROM: Bobby Adams, Waste Reduction Section
DATE: July 27, 2009
SUBJECT: FY09-10 Consolidated Small County Grant Agreements

We are pleased to award Consolidated Small County Solid Waste Grants to those counties with populations less than 100,000. All 33 eligible counties applied. The grant award to each county is \$78,787.

There are several changes to the grant conditions this year so please read them carefully, especially Section 4 of the special conditions. **UNALLOWABLE COSTS** for the upcoming year include cell phones, and some promotional items that were allowed in the past. Purchasing vehicles will require more stringent documentation than previously required. There is also a progress report that is new and we must be notified in writing if you will be requesting reimbursement monthly or quarterly. Since it will be several months before these changes take effect, I will not go into detail now. We will give you direction and reminders once the grant period begins to help with the transition. The good news is that we will no longer require copies of checks and invoices. Once everyone is familiar with the changes things should proceed smoothly.

TWO SIGNED COPIES of the grant agreement are included for your acceptance. Please have both copies signed by your authorized representative. **Keep the agreement with the attachments** and return the copy without the attachments to us. We will have the same attachments in our file here. Allowable costs may be charged to the agreement beginning October 1, 2009 or the date the agreement is executed, whichever is later. The date the grant agreement is signed by the county's authorized representative is the date of execution.

Mail the signed original copy to:

Department of Environmental Protection
Waste Reduction Section, MS 4555
2600 Blair Stone Road
Tallahassee, FL 32399-2400
Attn: Bobby Adams

If you have any questions please contact Bobby Adams 850-245-8736 (Bobby.Adams@Dep.State.FL.US) or Tony Partin 850-245-8737 (Tony.Partin@Dep.State.FL.US)



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jill Kottkamp
FL Governor

Michael W. Sole
Secretary

2009-2010 SMALL COUNTY CONSOLIDATED GRANT AGREEMENT FOR STATE ASSISTANCE UNDER SECTION 403.7095(3), FLORIDA STATUTES PART I - GRANT NOTIFICATION INFORMATION

1. Grant Agreement Number: 004SC
2. Date of Award: August 1, 2009
3. Grant Title: **SMALL COUNTY CONSOLIDATED GRANT**
4. Grant Period: **October 1, 2009 or Execution (whichever is later) - September 30, 2010**
5. Grant Amount: \$ 78,787
6. CSFA # and Project Name: 37.012/Small County Consolidated Grants
7. Grantee(s): COLUMBIA COUNTY
Address: 1347 NW Oosterhoudt Lane
Lake City, FL 32055
8. Grantee Fiscal Year End: September 30, 2009
9. Federal Employer Identification Number: 596000564
10. Grantee's Authorized Representative:
Name: Stephen E. Bailey
Title: Chairman, Board of County Commissioners
Phone: 386-752-6050
11. Grantee's Contact:
Name: William W. Lycam
Title: Solid Waste Director
Address: 1347 NW Oosterhoudt Lane, Lake City, FL 32055
Phone: 386-752-6050

Any changes to the contact information shown above must be reduced to writing in the form of a Change Order to this Agreement.
12. Total county population from official April 1, 2008 population estimates: 66,121
13. Issuing Office:
Mr. Bobby Adams, Grant Manager
Florida Department of Environmental Protection
Bureau of Solid and Hazardous Waste
2600 Blair Stone Road
Tallahassee, FL 32399-2400

PART II – GRANT CONDITIONS

GENERAL CONDITIONS:

1. As consideration for the services rendered by the Grantee under the terms of this Agreement, the Department shall pay the Grantee on a cost reimbursement basis in an amount not to exceed \$78,787 toward the project described in **Attachment A, Grant Application**, for direct costs only. The Grantee shall not be eligible for reimbursement for work performed prior to the date of execution or October 1, 2009 (whichever is later) or after September 30, 2010.
2.
 - A. The Grantee, using **Attachment B, Reimbursement Request Form**, shall elect to submit reimbursement requests on either a monthly or quarterly basis. The Grantee shall notify the Department's Grant Manager in writing of their choice no later than November 1, 2009. The Grantee shall submit a final invoice to the Department no later than October 31, 2010, to assure the availability of funds for final payment. The method chosen shall be followed for the entire grant period. An original of the Reimbursement Request Form, with summaries and appropriate contracts attached, shall be due on the last day of the month following the end of the reporting period (monthly or quarterly). Reimbursement Request Forms must be signed by the designated authorized representative. This should be the same person who signed the Grant Agreement. If there is a change in the authorized representative during the Grant period, the Department must be notified of the new representative by resolution or minutes of a commission meeting.
 - B. As an attachment to the Reimbursement Request Form, the Grantee must provide from its accounting system a listing of expenditures made under this Agreement. The listing shall include, at a minimum, a description of the goods or services purchased, date of the transaction (check date), voucher number (if available), check number, amount paid, and vendor name. The Grantee shall comply with the minimum requirements set forth in **Attachment C, Contract Payment Requirements**. Authorized travel expenses are included in the amount of this Grant and no additional travel expenses above those included in the allowable items described in paragraph 4 will be authorized. Any requests for reimbursement of authorized travel expenses must be submitted in accordance with Section 112.061, Florida Statutes.
 - C. The Grantee shall submit Attachment B, Reimbursement Request Form, in conjunction with progress reports. The Grantee shall utilize **Attachment D, Progress Report Form**, to clearly describe what the expenditures were used for and how such expenditures relate to one of the allowable items described in paragraph 4 below. To the extent that the expenditures are used for a specific project, the progress report should also include a description of problems encountered, problem resolutions, a financial summary of the project, and any schedule updates.
3. In addition to the requirements in the paragraph above, the Department will periodically request proof of a transaction (invoice, payroll register, etc.) to evaluate the appropriateness of costs to the Grant Agreement pursuant to State and Federal guidelines (including cost allocation guidelines), as appropriate. This information, when requested, must be provided within thirty (30) calendar days of such request. The Grantee may also be required to submit a cost allocation plan to the Department in support of its multipliers for fringe benefits. All bills for amounts due under this Grant Agreement shall be submitted in detail sufficient for a proper pre-audit and post-audit thereof. State guidelines for allowable costs can be found in the Department of Financial Services' Reference Guide for State Expenditures at <http://www.fldfs.com/aadir/reference%5Fguide>.

4. Expenditures shall be limited to the following items, as specified in Rule 62-716.510, Florida Administrative Code, in accordance with Section 403.7095(3), Florida Statutes:

Allowable costs for reimbursement under this Agreement, include:

- A. Annual solid waste management program operating costs (may include waste tire and litter control and prevention);
- B. Purchasing or repairing solid waste scales;
- C. Planning;
- D. Construction and maintenance of solid waste facilities; and
- E. Recycling and education programs, which may include solid waste management education for employees or the public and recycling demonstration projects.

Unallowable costs for reimbursement under this Agreement include:

- A. Cell phone expenditures;
- B. Indirect, overhead or administrative costs; and
- C. Promotional items such as T-shirts and other items promoting the program as authorized in 403.705(2)(g) and 403.706(c)2; and
- D. Vehicles, unless authorized by this Agreement or an executed amendment to this Agreement.

5. The Grantee shall maintain books, records and documents directly pertinent to performance under this Agreement in accordance with generally accepted accounting principles consistently applied. The Department, the State, or their authorized representatives shall have access to such records for audit purposes during the term of this Agreement and for five (5) years following Agreement completion. The Grantee agrees that it will expeditiously initiate and complete the program work for which assistance has been awarded under this Grant Agreement in accordance with all applicable provisions of Florida Statutes and the Florida Administrative Code. In the event any work is subcontracted, the Grantee shall similarly require each subcontractor to maintain and allow access to such records for audit purposes.

6. A. In addition to the requirements of the preceding paragraph, the Grantee shall comply with the applicable provisions contained in **Attachment E (Special Audit Requirements)**, attached hereto and made a part hereof. **Exhibit 1 to Attachment E** summarizes the funding sources supporting the Agreement for purposes of assisting the Grantee in complying with the requirements of **Attachment E**. A revised copy of **Exhibit 1** must be provided to the Grantee for each amendment which authorizes a funding increase or decrease. If the Grantee fails to receive a revised copy of **Exhibit 1**, the Grantee shall notify the Department's Grants Manager to request a copy of the updated information.

- B. The Grantee is hereby advised that the Federal and/or Florida Single Audit Act Requirements may further apply to lower tier transactions that may be a result of this Agreement. The Grantee shall consider the type of financial assistance (federal and/or state) identified in **Attachment E, Exhibit 1** when making its determination. For federal financial assistance, the Grantee shall utilize the guidance provided under OMB Circular A-133, Subpart B, Section.210 for determining whether the relationship represents that of a subrecipient or vendor. For state financial assistance, the Grantee shall utilize the form entitled "Checklist for Nonstate Organizations Recipient/Subrecipient vs Vendor Determination" (form number DFS-A2-NS) that can be found under the "Links/Forms" section appearing at the following website:

<https://apps.fdfs.com/fsaa>

The Grantee should confer with its chief financial officer, audit director or contact the Department for assistance with questions pertaining to the applicability of these requirements.

- C. In addition, the Grantee agrees to complete and submit the **Certification of Applicability to Single Audit Act Reporting, Attachment F**, attached hereto and made a part hereof, within four (4) months following the end of the Grantee's fiscal year. Attachment F should be submitted to the Department's Grants Development and Review Manager at 3900 Commonwealth Boulevard, Mail Station 93, Tallahassee, Florida 32399-3000. The Grants Development and Review Manager is available to answer any questions at (850) 245-2361.
7. A. The Department has the right to terminate a Grant award and demand refund of Grant funds for non-compliance with the terms of the award, Section 403.7095, Florida Statutes, or the Solid Waste Grants Program Rule, Chapter 62-716, Florida Administrative Code. Such action may also result in the Department declaring the local government ineligible for further participation in the program until the local government complies with the terms of the Grant award. Prior to termination, the Department shall provide thirty (30) calendar days written notice of its intent to terminate and shall provide the Grantee an opportunity to consult with the Department regarding the reason(s) for termination.
- B. The Department may terminate this Agreement for convenience by providing the Grantee with thirty (30) calendar days written notice.
8. The Grantee shall obtain all necessary construction-related permits before initiating construction.
9. The State of Florida's performance and obligation to pay under this Grant Agreement is contingent upon an annual appropriation by the Legislature.
10. This Agreement may be unilaterally canceled by the Department for refusal by the Grantee to allow public access to all documents, papers, letters, or other material made or received by the Grantee in conjunction with this Agreement, unless the records are exempt from Section 24(a) of Article I of the State Constitution and Section 119.07(1)(a), Florida Statutes.
11. Pursuant to Section 216.347, Florida Statutes, the Grantee is prohibited from using Grant funds for the purpose of lobbying the Legislature, the judicial branch, or a State Agency.
12. To the extent required by law, the Grantee will be self-insured against, or will secure and maintain during the life of this Grant Agreement, Workers' Compensation Insurance for all of its employees connected with the work of this project and, in case any work is subcontracted, the Grantee shall require the subcontractor similarly to provide Workers' Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Grantee.

Such self-insurance program or insurance coverage shall comply fully with the Florida Workers' Compensation law. In case any class of employees engaged in hazardous work under this Grant Agreement is not protected under Workers' Compensation statutes, the Grantee shall provide, and cause each subcontractor to provide, adequate insurance satisfactory to the Department, for the protection of his employees not otherwise protected.

13. **For Agreements with State of Florida governmental entities that are not self-insured, the following provision may be used.**

The Grantee, as an independent contractor and not an agent, representative, or employee of the Department, agrees to carry adequate liability and other appropriate forms of insurance. The Department shall have no liability except as specifically provided in this Agreement.

OR

The following language may replace the language above for contracts with Florida governmental entities that are self-insured: (make sure you have something in writing from the Chief Financial Officer confirming they are self-insured)

The Grantee warrants and represents that it is self-funded for liability insurance, appropriate and allowable under Florida law, and that such self-insurance offers protection applicable to the Grantee's officers, employees, servants and agents while acting within the scope of their employment with the Grantee.

14. Each party hereto agrees that it shall be solely responsible for the negligent or wrongful acts of its employees and agents. However, nothing contained herein shall constitute a waiver by either party of its sovereign immunity or the provisions of Section 768.28, Florida Statutes.
15. The Grantee covenants that it presently has no interest and shall not acquire any interest, which would conflict in any manner or degree with the performance of services required.
16. **IF THE GRANTEE IS PURCHASING EQUIPMENT, THE FOLLOWING LANGUAGE IS TO BE USED:**

Upon satisfactory completion of this Grant Agreement, the Grantee may retain ownership of the equipment purchased under this Grant Agreement. However, the Grantee shall complete and sign a Property Reporting Form, provided as **Attachment G**, and forward it along with the appropriate invoice to the Department's Grant Manager. The following terms shall apply:

- A. The Grantee shall have use of the equipment for the authorized purposes of the contractual arrangement as long as the required work is being performed.
- B. The Grantee is responsible for the implementation of adequate maintenance procedures to keep the equipment in good operating condition.
- C. The Grantee is responsible for any loss, damage, or theft of, and any loss, damage or injury caused by the use of, non-expendable personal property or equipment purchased with state funds and held in his possession for use in a contractual arrangement with the Department.

IF THE GRANTEE IS PURCHASING A VEHICLE, THE FOLLOWING LANGUAGE SHOULD BE USED: (IF NOT KNOWN UNTIL AFTER EXECUTION OF AGREEMENT THIS LANGUAGE SHOULD BE BROUGHT IN WITH AN AMENDMENT TO THE AGREEMENT.)

- A. The Grantee is authorized to purchase a vehicle necessary to complete the work under this Agreement, the cost of which shall not exceed a total of \$_____, for use in performing the services described in **Attachment A**. The Grantee must obtain written approval, in advance, of the purchase, identifying the vehicle type proposed for purchase and shall produce at least two (2) written quotes for comparable vehicles

prior to the vehicle purchases being authorized by the Department or shall purchase the vehicles utilizing the Grantee's procurement procedures.

- B. Upon satisfactory completion of this Agreement, the Grantee may retain ownership of the non-expendable personal property or equipment purchased under this Agreement. However, the Grantee shall complete and sign a Property Reporting Form, DEP 55-212, provided as Attachment G, and forward it along with the appropriate Payment Request Form, to the Department's Grant Manager. The following terms shall apply:
 - C. The Grantee shall have use of the non-expendable personal property or equipment for the authorized purposes of this Agreement as long as the required work is being performed.
 - D. The Grantee is responsible for the implementation of adequate maintenance procedures to keep the non-expendable personal property or equipment in good operating condition.
 - E. The Grantee shall have title to and use of the vehicle, by its authorized employees only, for the authorized purposes of this Agreement as long as the required work is being satisfactorily performed. In the event that this Agreement is terminated for any reason, or the use of the vehicle is no longer needed, title of the vehicle shall be transferred to the Department.
 - F. The Grantee is responsible for the implementation of manufacturer required maintenance procedures to keep the vehicle in good operating condition.
 - G. The Grantee shall secure and maintain comprehensive collision and general automobile liability coverage for the vehicle during the term of this Agreement. The Grantee is responsible for any applicable deductibles.
 - H. The Grantee is responsible for any loss, damage, or theft of, and any loss, damage, or injury caused by the use of, non-expendable personal property or equipment purchased with state funds and held in his possession for use in this Agreement with the Department.
 - I. The Grantee is responsible for the purchase of, and shall maintain a current State of Florida tag and registration for all vehicles purchased under this Agreement.
17. A. The Grantee may subcontract work under this Agreement with the prior written consent of the Department's Grant Manager. The Grantee agrees to be responsible for the fulfillment of all work elements included in any subcontract and agrees to be responsible for the payment of all monies due under any subcontract. It is understood and agreed by the Grantee that the Department shall not be liable to any subcontractor for any expenses or liabilities incurred under the subcontract and that the Grantee shall be solely liable to the subcontractor for all expenses and liabilities incurred under the subcontract.
- B. The Department of Environmental Protection supports diversity in its procurement program and requests that all subcontracting opportunities afforded by this Agreement embrace diversity enthusiastically. The award of subcontracts should reflect the full diversity of the citizens of the State of Florida. A list of minority owned firms that could be offered subcontracting opportunities may be obtained by contacting the Office of Supplier Diversity at (850) 487-0915.
18. A. No person, on the grounds of race, creed, color, national origin, age, sex, or disability, shall be excluded from participation in; be denied the proceeds or benefits of; or be otherwise subjected to discrimination in performance of this Agreement.

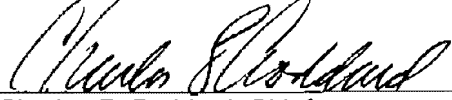
- B. An entity or affiliate who has been placed on the discriminatory vendor list may not submit a bid on a contract to provide goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not award or perform work as a contractor, supplier, subcontractor, or consultant under contract with any public entity, and may not transact business with any public entity. The Florida Department of Management Services is responsible for maintaining the discriminatory vendor list and intends to post the list on its website. Questions regarding the discriminatory vendor list may be directed to the Florida Department of Management Services, Office of Supplier Diversity, at (850) 487-0915.
19. A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not perform work as a Grantee, contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017, Florida Statutes, for Category Two, for a period of 36 months from the date of being placed on the convicted vendor list.
20. The Grantee shall comply with all applicable federal, state and local rules and regulations in conducting the project funded under this Agreement. The Grantee acknowledges that this requirement includes compliance with all applicable federal, state and local health and safety rules and regulations. The Grantee further agrees to include this provision in all subcontracts issued as a result of this Grant Agreement.
21. The Department may at any time, by written order designated to be a change order, make any change in the contact information identified in Section I of this Agreement. All change orders are subject to the mutual agreement of both parties as evidenced in writing. Any change, which causes an increase or decrease in the Grantee's cost or time, shall require formal amendment to this Agreement.
22. Land acquisition is not allowed under the terms of this Agreement.
23. This Agreement represents the entire Agreement of the parties. Any alterations, variations, changes, modifications or waivers of provisions of this Agreement shall only be valid when they have been reduced to writing, duly signed by each of the parties hereto, and attached to the original of this Agreement, unless otherwise provided herein.

THE REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

PART III - OFFER AND ACCEPTANCE

The State of Florida, acting by and through the Department of Environmental Protection, hereby offers assistance to the county of COLUMBIA for all allowable costs incurred up to and not exceeding \$78,787.

THE STATE OF FLORIDA BY THE DEPARTMENT OF ENVIRONMENTAL PROTECTION:



Charles F. Goddard, Chief
Bureau of Solid and Hazardous Waste

7/23/09

Date

Approved as to form and legality:

This form has been pre-approved as to Form and legality by Chris McGuire, Senior Assistant General Counsel, on July 6, 2009 for use for one year.

In accepting this award and any payments made pursuant thereto, (1) the undersigned represents that they are duly authorized to act on behalf of the recipient county, and (2) the Grantee does hereby agree to perform in accordance with the terms and conditions set forth in this Agreement, **Attachment A, Grant Application**, and all attachments and exhibits named herein which are attached hereto and incorporated by reference. For purposes of this Agreement, the terms "Contract" and "Agreement" and the terms "Grantee", "Recipient" and "Contractor", are used interchangeably.

BY AND ON BEHALF OF THE DESIGNATED RECIPIENT COUNTY:

Signature of Authorized Representative
Stephen E. Bailey
Chairman, Board of County Commissioners

Date

Please return to:

Department of Environmental Protection
Bureau of Solid and Hazardous Waste
Solid Waste Section - M.S. # 4555
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

List of attachments/exhibits included as part of this Agreement:

Specify Type	Letter/ Number	Description (include number of pages)
Attachment	A	Grant Application (1 Page)
Attachment	B	Reimbursement Request Form and Instructions (2 Pages)
Attachment	C	Contract Payment Requirements (1 Page)
Attachment	D	Progress Report Form (2 Pages)
Attachment	E	Special Audit Requirements (5 Pages)
Attachment	F	Certification of Applicability to Single Audit Act Reporting (1 Page)
Attachment	G	Property Reporting Form (1 Page)



COLUMBIA COUNTY FIRE / RESCUE

P.O. Box 2949
Lake City, FL 32056
Phone (386) 758-2120
Fax (386) 758-2121

Rusty Noah
Assistant Chief

#32

Memo

Date: August 3, 2009

To: Board of County Commissioners

RE: Florida Medical Training Institute – Clinical Agreement

Please find attached for your approval a copy of the Clinical Agreement for Florida Medical Training Institute. Your approval of this agreement will allow Paramedic students from this program that opportunity to complete some of their clinical requirements on our ambulances. We are not changing any of our other agreements with any other institution(s).

This agreement has been reviewed and revised by County Attorney Marlin Feagle. As always your consideration of this matter is greatly appreciated.

RECEIVED
AUG 03 2009

Board of County Commissioners
Columbia County

**FLORIDA MEDICAL TRAINING INSTITUTE
CLINICAL AGREEMENT: FIRE RESCUE**

I. PARTICIPATING AGENCIES.

THIS AGREEMENT between **FLORIDA MEDICAL TRAINING INSTITUTE, INC.**, a Florida corporation, whose mailing address is 478 North Babcock Street, Melbourne, Florida 32935, hereinafter referred to as the "Agency," and **COLUMBIA COUNTY FIRE DEPARTMENT**, whose mailing address is Post Office Box 1529, Lake City, Florida 32056-1529, hereinafter referred to as the "Fire Rescue Service" shall be effective from May 1, 2009 to May 1, 2010.

II. PURPOSE OF AGREEMENT.

It is mutually agreed that the purpose of this Agreement is to provide a learning experience for participants from the Agency, within a clinical setting, in accordance with provisions of the guidelines set forth in this agreement.

III. GENERAL PROVISIONS OF AGREEMENT.

- A. Both parties agree that there will be no distinction in employment or placement because of race, sex, color, creed, age, national origin, religion, martial status, disability or handicap and adhere to the provisions of Federal and State laws regarding discrimination.
- B. The Fire Rescue Service will provide emergency care for injuries or acute illness while participating in the experience at the Fire Rescue Service in accordance with the provisions of this Agreement.
- C. This Agreement shall automatically renew annually. Either party shall have the right to terminate this Agreement upon 30 days written notice.

IV. SPECIFIC RESPONSIBILITIES OF THE AGENCY.

- A. Agency shall designate a person or persons to coordinate and act as liaison with the appropriate Fire Rescue Service personnel.
- B. Agency shall provide the Fire Rescue Service with a list of participants in the learning experience at least ten (10) days before each program is to start.

- C. Agency shall insure that participants have the necessary didactic prerequisites to maximize the learning experience at the Fire Rescue Service.
- D. Agency shall insure that the participants comply with the provisions of Section VI.
- E. Agency does undertake and agree that it will indemnify and hold harmless the Fire Rescue Service and its officers, directors, employees, and agents, and reasonable attorney's fees on account thereof, that may be sustained or incurred by reason of any and all claims, demands, suits, actions, judgments, and executions for damages of any and every kind and by whomever and whenever made or obtained, allegedly caused by, arising out of, or relating in any manner to the activity of any participant or participants supplied by the Agency pursuant to this Agreement. The undertakings set forth herein are supported by separate and distinct, adequate consideration.
- F. Agency shall procure and maintain, during the term of this Agreement and any renewal, liability insurance to cover any and all liability (including professional liability) for claims, damages, or injuries to persons or property of whatsoever kind of nature arising out of the activities of the participants carried out under this Agreement. Such insurance shall be on an occurrence basis in amounts no less than \$1,000,000/\$3,000,000 for personal injuries and \$50,000 for property damage; and the Fire Rescue Service shall be an additional named insured under such general and professional liability policy or policies. Agency shall submit certificates of insurance to the Fire Rescue Service evidencing such insurance at the time of the execution of this Agreement, and as requested by the Fire Rescue Service. Agency agrees that the Fire Rescue Service will receive no less than thirty (30) days written notice prior to cancellation, modification, or non-renewal of any of the insurance coverage's described herein.

V. SPECIFIC RESPONSIBILITIES OF THE FIRE RESCUE SERVICE.

It shall be the responsibility of the Fire Rescue Service to:

- A. Provide an appropriate orientation of participants in connection with its facilities and its policies and procedures.
- B. Provide opportunities for a learning experience with appropriate supervision.
- C. Retain ultimate responsibility for patient care even if that care is given by a student.
- D. Designate a preceptor (or coordinator) from its staff to act as the liaison with the Agency in this Agreement, as appropriate to the learning objectives.

VI. SPECIFIC RESPONSIBILITIES OF THE PARTICIPANT

It shall be the responsibility of the participant(s) assigned through this Agreement to:

- A. Comply with the policies and procedures of the Fire Rescue Service.
- B. Provide the necessary and appropriate uniform while on duty in the Fire Rescue Service.
- C. Obtain prior written approval of both parties to this Agreement before publishing any material related to the learning experience provided under the terms of the Agreement.
- D. Sign a "Hold Harmless Agreement" with the Fire Rescue Service prior to commencing his/her experience within the Fire Rescue Service, a copy of which is attached to this agreement.
- E. At all times wear the appropriate badge on every clinical (hospital or ride rotation) and comply in all respects with the student requirements set forth in the requirements sheets (student handbook).
- F. Each Participant shall sign a confidentiality statement prior to commencing his/her experience with the Fire Rescue Service, a copy of which is attached to this Agreement.

VII. REQUEST FOR WITHDRAWAL OF PARTICIPANT.

The Fire Rescue Service shall reserve the right to request the Agency to withdraw any participant from its facilities whose conduct or work with patients or personnel is not in accordance with the policies and procedures of the Fire Rescue Service or is detrimental to patients or others.

VIII. MODIFICATION OF AGREEMENT.

Modification of this Agreement may be made by mutual consent of both parties, in writing, and attached to this Agreement and shall include the date and the signatures of parties agreeing to the modification.

IX. COPIES OF AGREEMENT.

Copies of this signed Agreement shall be placed on file and be available at the corporate office of the Agency and in the offices of the Fire Rescue Service.

X. NOTICES.

Any notices or other communication permitted or required by this Agreement shall be in writing and shall be effected by personal delivery or by certified mail, postage prepaid, to the other party at the address set forth below:

If to Agency: FIRE AGEN: SGT SCHEIN
478 NO. GABOURN ST
MELBOURNE, FL 32935

If to Fire Rescue Service: _____

Any notice mailed in compliance with this Section shall be deemed to have been given upon the earlier of receipt or three (3) days after deposit, except that notice of change of address shall not be deemed effective until actual receipt by the intended recipient.

XI. MISCELLANEOUS.

- A. Nothing in this agreement shall be construed as creating any agency or other relationship between the parties other than as independent contractors. Nothing under this agreement shall be deemed to create any rights in any third parties. This agreement shall be governed, construed and interpreted in accordance with the laws of the State of Florida, and sole and exclusive venue for any legal action regarding this agreement shall be in Columbia County, Florida.**
- B. The invalidity or unenforceability of any provision of this agreement will not affect the validity or enforceability of any other provision. No waiver of a breach of any provision of this agreement will be construed to be a waiver of any other breach of this agreement, whether of a similar or dissimilar nature.**
- C. Any provisions of this agreement creating obligations extending beyond the term of this agreement will survive the expiration or termination of this agreement, regardless of the reason for such termination.**
- D. Neither party may assign its rights or obligations hereunder without the prior written approval of the other party.**
- E. In any action at law or in equity brought to enforce or interpret the provisions of this agreement, the prevailing party will be entitled to reasonable attorney's fees and other costs incurred in that action, in addition to any other relief to which that party may be entitled.**
- F. The parties acknowledge Columbia County Fire Department referred to as Fire Rescue Service is a department of Columbia County, Florida, a political subdivision of the State of Florida. Therefore, the terms and conditions of this agreement are subject to the Public Records Act and all parties must comply with such Act in retaining and/or providing copies of public records upon request in accordance with the Florida Public Records Act. Each party to this agreement will maintain all documents and records created as a result of or in connection with this agreement for a minimum of five years after the termination of this agreement. Agency shall permit Fire Rescue Service or any other party**


having the right to do so to inspect or copy documents or records associated with this agreement in accordance with the Florida Public Records Act.

XII. SIGNATURES TO AGREEMENT.

A. COLUMBIA COUNTY FIRE DEPARTMENT

- 1. Signed by: _____
- 2. Title: _____
- 3. Date: _____

B. FLORIDA MEDICAL TRAINING INSTITUTE, INC.

- 1. Signed by:  _____
- 2. Title: CEO / PRESIDENT
- 3. Date: 7/26/09

**ATTACHMENT TO
FLORIDA MEDICAL TRAINING INSTITUTE
CLINICAL AGREEMENT: FIRE RESCUE**

CONFIDENTIALITY AGREEMENT

By signing and dating this Confidentiality Agreement, the undersigned Participant indicates an understanding of, and agrees to be bound by, the applicable terms and conditions of the Clinical Agreement between **FLORIDA MEDICAL TRAINING INSTITUTE, INC.**, ("Agency"), and **COLUMBIA COUNTY FIRE DEPARTMENT**, ("Fire Rescue Service"). The Participant acknowledges that, as a material part of the consideration provided of Agency in exchange for Agency allowing the Participant's clinical education at Fire Rescue Service, Participant agrees that any patient information acquired during the clinical education is confidential, and that the Participant shall maintain the confidentiality of and not disclose this information at all times, both during the clinical education and after it has ended. Participant further agrees to abide by the applicable rules and policies of Agency and program while at Fire Rescue Service. Participant understands that, in addition to other available remedies, Fire Rescue Service may immediately remove the Participant and terminate the Participant's clinical education if, in the opinion of Fire Rescue Service, the Participant endangers a patient, breaches patient confidentiality, disrupts the operation of Fire Rescue Service, or refuses to comply with the requests of Fire Rescue Service or its supervisory staff.

By signing this Agreement, all parties agree to comply with all provisions and policies of Fire Rescue Service.

I have read and understanding the Clinical Agreement and this Confidentiality Agreement, and I agree to abide by their terms.

Participant's Signature

Date

Participant's Name (Print)

Agency Witness Signature

Agency Witness (Print)

QUALIFIED TARGET INDUSTRY TAX REFUND PROGRAM

RESOLUTION NO. 2009R-33

A RESOLUTION BY THE BOARD OF COUNTY COMMISSIONERS OF COLUMBIA COUNTY, FLORIDA FINDING THAT PROJECT GREEN VISION, BE APPROVED AS A QUALIFIED APPLICANT PURSUANT TO §288.106, FLORIDA STATUTES, REQUESTING A WAIVER OF LOCAL FINANCIAL SUPPORT AND A WAIVER OF AVERAGE WAGE REQUIREMENT WITHIN THE QUALIFIED TARGET INDUSTRY TAX REFUND PROGRAM, AND PROVIDING FOR AN EFFECTIVE DATE.

BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF Columbia County, FLORIDA as follows:

WHEREAS, the business under consideration is a materials recovery facility specifically, **Project Green Vision**; and

WHEREAS, **Project Green Vision** is located at U.S. Hwy 41 North, approximately 1 mile north of I-10; and

WHEREAS, **Project Green Vision** will employ 165 area residents and will invest \$41 million in capital improvements; and

WHEREAS, Columbia County is designated as a rural county and **Project Green Vision** will be constructed within the rural area; and

WHEREAS, The Board of County Commissioners of Columbia County requests a waiver from the local match because the County is providing local incentives, providing tax abatement on the County portion of local ad valorem taxes;

NOW, THEREFORE, BE IT RESOLVED BY THE GOVERNING BOARD OF COLUMBIA COUNTY, FLORIDA that the Board hereby recommends **Project Green Vision** be approved as a Qualified Target Industry Business pursuant to §288.106, Florida Statutes.

BE IT FURTHER RESOLVED that Columbia County is a rural county and is eligible for the local match exemption option authorized within the Qualified Target Industry Tax Refund Program (§288.106, Florida Statutes) and will exercise that option.

This resolution shall take effect immediately upon its adoption.

**DULY ADOPTED BY THE GOVERNING BOARD OF COLUMBIA
COUNTY, FLORIDA this 6th day of August, 2009.**

ATTEST:

**BOARD OF COUNTY COMMISSIONERS
COLUMBIA COUNTY, FLORIDA**

Chairman, Stephen E. Bailey

Clerk, DeWitt Cason

STAMP AND SIGNATURE OF NOTARY

Lisa K.B. Roberts, Notary