REGULAR MEETING APRIL 11, 2011 9:00 A.M.

The Lafayette County Commission met on the above date and hour for a regular scheduled meeting. The meeting was held in the County Commissioner's Meeting Room in Mayo, Florida. The following members were present: Commissioner Lance Lamb, Dist. 1; Commissioner Gail Garrard, Dist. 2; Commissioner Donnie Hamlin, Dist. 3; Commissioner T. Jack Byrd, Dist. 4; Commissioner Earnest Jones, Dist. 5; and Lafayette County Attorney Leenette McMillan-Fredriksson.

OPEN BOARD OF ADJUSTMENTS MEETING

RESOLUTION SE 11-001 BY DEAN REVELS

On a motion by Mr. Hamlin and a second by Mr. Lamb, the Board voted unanimously to have Mrs. McMillan-Fredriksson read Resolution SE 11-001 by title only. Discussion took place. The petition by Mr. Dean Revels was withdrawn because the proposed use of alcohol was withdrawn by the owner of the establishment.

ADJOURN THE BOARD OF ADJUSTMENTS MEETING

On a motion by Mrs. Garrard and a second by Mr. Byrd, the Board voted unanimously to adjourn the Board of Adjustments meeting.

OPEN BOARD OF COUNTY COMMISSIONER'S MEETING

APPROVE THE MINUTES

On a motion by Mr. Byrd and a second by Mr. Hamlin, the Board voted unanimously to approve the minutes.

REQUEST BY TERRY FOLSOM TO RE-OPEN A CLOSED ROAD IN SECTION 27;28, TOWNSHIP 4 SOUTH, RANGE 10 EAST

Mr. Terry Folsom requested permission from the Board to re-open a road that was previously closed by the Board. On a motion by Mr. Lamb and a second by Mr. Hamlin, with Mrs. Garrard abstaining, the Board voted unanimously to grant his request to re-open the road.

FLORIDA DEPARTMENT OF TRANSPORTATION FIVE YEAR WORK PLAN

Mr. Jordan Green, with the Florida Department of Transportation, discussed the D.O.T.'s Five Year Work Plan. Mr. Green requested that the Commissioners compile him a list of roads that they want considered in this Work Plan and have Mr. Ricky Lyons send him a letter with the list of road names.

PRESENTATION FROM FLORIDA FISH & WILDLIFE COMMISSION

Capt. Roy Brown, with Florida Fish & Wildlife Commission, did a presentation before the Board concerning "No Wake" signs that need to be put up on various parts of the Suwannee River. He requested that the Board designate a Commissioner to sit on a Committee with FWC and other Commissioners from other counties to discuss further issues. On a motion by Mrs. Garrard and a second by Mr. Hamlin, the Board voted unanimously to appoint Mr. Jack Byrd to the Committee.

DON CUTCHINS WITH MIDWAY MACHINERY & AUCTIONS, LLC

Mr. Don Cutchins, with Midway Machinery & Auctions, LLC, discussed surplus county property to be sold at auction and how he could help with this process for the county. No action was taken on this issue.

PUBLIC HEARING - SHIP LOCAL HOUSING ASSISTANCE PLAN

A public hearing was held to discuss the SHIP Local Housing Assistance Plan. On a motion by Mr. Hamlin and a second by Mr. Byrd, the Board voted unanimously to approve the plan. (See attached.)

MAYO COLD STORAGE LOT

The Board discussed the Mayo Cold Storage lot that Sherrie Land is donating to the county. On a motion by Mrs. Garrard and a second by Mr. Lamb, the Board voted unanimously to have Mrs. Land sign the deed with an \$18,000 amount (appraised value) on it as a donation to the county and to have the deed executed. On a motion by Mr. Hamlin and a second by Mr. Byrd, the Board voted unanimously to have the lot surveyed.

TRANSFER SWITCH AT COUNTY JAIL

Mr. Donnie Land discussed replacing the transfer switch at the County Jail. He had quotes to purchase the equipment to replace the switch and the low bidder was Interstate Supply in the amount of \$3,791.00. On a motion by Mrs. Garrard and a second by Mr. Hamlin, the Board voted unanimously to approve the low bid and go ahead with replacing the transfer switch.

EMS DEBT COLLECTION FOR PAST DUE MEDICAID/MEDICARE BILLS

On a motion by Mr. Hamlin and a second by Mrs. Garrard, the Board voted unanimously to resume with collecting the past due Medicaid/Medicare bills. Mr. Trevor Hicks discussed hiring someone part time to assist in collecting on old accounts. On a motion by Mr. Hamlin and a second by Mrs. Garrard, the Board voted unanimously to hire Sherry Yates on a contractual basis to handle the collection process on old accounts.

RED FLAG RULES POLICY

On a motion by Mrs. Garrard and a second by Mr. Lamb, the Board voted unanimously to approve the Red Flag Rules Policy for EMS.

LIFE SUPPORT LICENSE AND POLICIES

On a motion by Mr. Lamb and a second by Mr. Hamlin, the Board voted unanimously to approve the Advanced Basic Life Support License and Policies.

OPEN BIDS FOR ANNUAL MAINTENANCE OF FIRE TRUCKS

The Board opened bids for annual maintenance of the fire trucks. The following bids were received: First In Services - \$6,805.26 and 10-8 Fire Equipment - \$9,284.00. Discussion was held. On a motion by Mr. Byrd and a second by Mr. Hamlin, the Board voted unanimously to table this issue.

JOB DESCRIPTION FOR MAINTENANCE OF COUNTY VEHICLES

The Board reviewed and discussed the job description for Maintenance of the county vehicles that would come under the Public Works Superintendent. On a motion by Mr. Lamb and a second by Mr. Hamlin, the Board voted unanimously to adopt the job description as presented and advertise the position.

EMS BILLING AND PROCEDURES

On a motion by Mr. Byrd and a second by Mr. Hamlin, the Board voted unanimously to approve the EMS billing and procedures.

HARDENBERGH BOAT RAMP PROJECT

Mr. Phil Bishop discussed the Hardenbergh Boat Ramp project with the Board. He recommended that the Board pay the invoice to Stephenson Septic once the port-a-potty has been installed on April 15, 2011. On a motion by Mr. Hamlin and a second by Mr.

Byrd, the Board voted unanimously to approve the paying the invoice pending installation.

APPROVE A BOND FOR CATHY MUSGRAVE

On a motion by Mr. Hamlin and a second by Mr. Byrd, the Board voted unanimously to approve paying a bond for Cathy Musgrave.

D.O.T. SURPLUS BORROW PITS RESOLUTIONS

On a motion by Mr. Byrd and a second by Mr. Hamlin, the Board voted unanimously to approve the three D.O.T. surplus borrow pits Resolutions. (See attached.)

ADVERTISE FOR PUBLIC HEARING – FORT ATKINSON SUBDIVISION

On a motion by Mr. Lamb and a second by Mr. Byrd, the Board voted unanimously to approve advertising a public hearing to amend Ordinance 2006-04 for Fort Atkinson Subdivision.

APPROVE THE BILLS

On a motion by Mr. Byrd and a second by Mrs. Garrard, with the exception of the Byrd's Power Equipment bill and the Paul Lamb bill, the Board voted unanimously to approve the following bills:

General Fund - \$327,369.50 Special Law Enforcement Trust Fund - \$2,200.49 E911 Fund - \$1,084.75 Capital Projects Fund - \$1,094.61

On a motion by Mr. Hamlin and a second by Mr. Lamb, with Mr. Byrd abstaining, the Board voted unanimously to approve the Byrd's Power Equipment bill in the amount of \$487.15. On a motion by Mrs. Garrard and a second by Mr. Byrd, the Board voted unanimously to approve the Paul Lamb bill in the amount of \$692.00.

RENEW INMATE HEALTH INSURANCE POLICY

On a motion by Mr. Hamlin and a second by Mrs. Garrard, the Board voted unanimously to renew the Inmate Health Insurance policy for the County Jail.

ADVERTISE ROAD CLOSING PETITION

On a motion by Mr. Byrd and a second by Mr. Lamb, the Board voted unanimously to advertise a Road Closing Petition by John Andrews.

ADVERTISE SALE OF LOTS BY SEALED BIDS

On a motion by Mr. Lamb and a second by Mr. Hamlin, the Board voted unanimously to advertise lots to be sold by sealed bid from the house torn down across the street from the Courthouse.

ADJOURN

On a motion by Mr. Lamb and a second by Mr. Byrd, the Board voted unanimously to adjourn.

Chairman

Attest: <u>Attest:</u> <u>Ricky Eyons</u>, Clerk Approved this 25th day of April 2011.

Lafayette County Rescue

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Trauma Transport Protocols

Lafayette County Rescue is an Advanced Life Support Service, with Basic Life Support transport and emergency response.

The following trauma transport protocols are submitted to the Florida Department of Health, Emergency Medical Service Division in accordance with FS Chapter 401 and FAC Section 64J-2.002 by Lafayette County Rescue.

Each EMS provider shall have department or agency approved Trauma Transport Protocols (TTP's) which include at a minimum;

I. GENERAL PROCEDURES

1. DISPATCH PROCEDURES:

- a. A resident of Lafayette County contacts this EMS agency through the county's 911 Emergency Dispatch Center. The caller is asked, "What is your emergency?"
- b. After receiving a description of the emergency, the communications officer confirms the location of the incident. The caller call back number is recorded and confirmed. The communications officer then confirms the number of victims and the extent and severity of their injuries. At this time, the Rescue unit(s) will be dispatched to the incident.
- 2. The method used to ensure the most appropriate available rescue unit is identified and dispatched to the location of the incident is as follows:
 - a. Lafayette County Rescue operates with one primary ALS unit. If the primary unit is unavailable, a call in crew is summoned to staff a back up unit and respond to the call. If a call in crew is not available to respond in a timely manner, First Responders will respond until additional help can arrive.
- 3. The method used to request assistance from other Emergency Response Agencies:
 - a. The Emergency Medical Technician/Paramedic in charge of the scene determines whether additional assistance from emergency response agencies will be requested. The Emergency Medical Technician/Paramedic will contact the 911 communications officer with the request for assistance, who, in turn contacts the appropriate agencies as follows;

- 1. Northwest section of the county Doctor's Memorial Hospital
- 2. Southwest section of the county Doctor's Memorial Hospital
- 3. Central section of the county Suwannee County EMS
- 4. East section of the county Suwannee County EMS
- 5. East section of the county Dixie County EMS if Suwannee County EMS is not available.
- b. Standing dispatch protocols require notification of law enforcement on all motor vehicle crashes, gunshot wounds, sexual abuse, domestic violence, child abuse, animal bites and violent scenes. The Federal Aviation Administration will be contacted for all emergencies involving aviation.

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4. TRAUMA DISPATCH PROCEDURES

All motor vehicle collisions (MVC) shall be dispatched in the following manner.

Known injuries and/or patient entrapment:

1. Alert on duty EMS personnel via 911 ring down line, radio or pager.

2. IMMEDIATELY page out SQUAD 8 for emergency response. (Squad 8 responds county wide to all MVC'S with known or unknown injuries and is housed in the Lafayette County Rescue Station).

3. Place an air transport unit (ATU) on standby.

Unknown injuries and/or entrapment:

Follow the same procedures listed above until further information concerning the incident may be obtained.

Minor injuries with no entrapment:

Alert on duty EMS personnel via 911 ring down line, radio or pager.

Upon arrival at the scene of an incident, Lafayette County Rescue may cancel or request to activate other responding agencies as well as any ATU that has been placed in a "standby mode".

ATU landing zones will be determined by the primary responding rescue unit, Squad 8, EMS Director or LEO on the scene. Changes in the landing zones may be made by the transporting rescue unit at any time deemed necessary for patient or aircraft safety reasons. All response times will be documented by the 911 communications officer at the time of the incident. These will be the official recorded times for the entire incident.

At any time an ATU has been requested to transport a sick and/or injured person by Lafayette County Rescue, the following guidelines have been established to provide the optimal amount of safety for all responding agencies.

Activating Air Transport:

1. Call 1-800-BAD-HURT (1-800-223-4878)

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- 2. Request ATU transport or standby request. (if request is for standby only advise ATU agency of the initial landing zone, all other information will be unknown at that time and will be provided if transport is required)
- 3. IMMEDIATELY page Squad 8 for landing zone setup if not previously paged for MVC. (the only exception is Hatchbend Fire Station LZ) Squad 8 crew will monitor activity via radio and will only respond should the request for transport be activated.

Launch Procedures:

- 1. Advise the transport agency of the number of patients needing to be transported.
- 2. Advise the ATU agency of the actual landing zone location.(if changes were made since the initial request)
- 3. Patient weight will be requested by the ATU agency.
- 4. Transport destination will be designated by Lafayette County Rescue.
- 5. Advise the requesting unit of the estimated time enroute (ETE). (information will be provided by the ATU agency)
- 6. Upon aircraft landing confirmation, notify the ATU agency that the aircraft is safely on the ground.

II. PRE-HOSPITAL PROCEDURES:

- A. For Adult Trauma Triage Criteria & Methodology see attachment A.
- B. For Pediatric Trauma Triage Criteria & Methodology see attachment B.
- C. The criteria used to determine when transporting assistance will be requested and the process used for obtaining such assistance for Ground Transport Units (GTU) and Air Transport Units (ATU) is as follows:
- 1. A minimum of one Basic Life Support ground transport unit will be dispatched to all 911 emergency response requests. The Emergency Medical Technician/Paramedic in charge of the scene shall request additional ground or air transport assistance when in his or her opinion the care required at the scene exceeds the capabilities of the unit(s) at the

scene. The Emergency Medical Technician/Paramedic in charge of the scene will then contact the 911 communications officer and request the appropriate assistance.

The following guidelines will be used in determining whether additional GTU are required:

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- a. Transport capacity exceeded (greater than two supine transport patients)
- b. Prolonged extrication of one or more patients (greater than 20 minutes)
- c. Insufficient EMS personnel
- d. Insufficient equipment or supplies
- e. Injuries requiring Advanced Life Support (BLS first response situations)
- f. Mass casualty incident (five or more patients)

The following guidelines will be used in determining whether ATU are required:

- a. Transport capacity exceeded (greater than two supine transport patients)
- b. Prolonged extrication of one or more patients. (greater than 20 minutes)
- c. Adult Trauma Score of less 12
- d. Pediatric Trauma Score of less than 8
- e. Falls from more than 10 feet in height
- f. Insufficient equipment or supplies
- g. Insufficient EMS personnel
- h. Injuries requiring Advanced Life Support (BLS first response situations)
- i. Mass casualty incident (five or more)
- j. Motor vehicle crash ejection of one or more patients, of a closed cab vehicle (excluding any motorcycle, moped, all terrain vehicle, bicycle or open body of a pick up truck) or the driver of the motor vehicle has impacted the steering wheel causing steering wheel deformity.
- D. Procedures for issuing a pre-hospital Trauma Alert to a Trauma Center or hospital are as follows:
 - 1. If a patient meets criteria for a Trauma Alert the unit transporting the trauma patient will issue the trauma alert to the receiving facility using the words "Trauma Alert". The trauma alert will include the nature of the trauma and the estimated time of arrival of the transporting unit.

- E. The EMS provider issuing the Trauma Alert shall provide the trauma center or hospital with information required under subsection 64J-1.014(5), F.A.C. listed below:
 - a. Time of injury; if different from the time of the call
 - b. Date of injury; if different from the date of the call
 - c. County of injury
 - d. County of residence of patient

Book 31 Page 357 e. Cause of injury

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- f. Injury site / type
- g. Trauma Alert criteria if met as defined in Rule 64J-2.004 pr 64J-2.005, F.A.C.
- h. Protective devices used if motor vehicle crash, bicycle or marine crash

The information above shall be documented on the patient care record of the transporting unit that delivered the patient in accordance with the requirement of Rule 64J-1.014, F.A.C.

- F. Inter-Hospital Transfers:
 - 1. Lafayette County Rescue does not perform trauma alert interhospital transfers.

III. TRANSPORTATION DESTINATION CRITERIA

- 1. This agency is located in Trauma Service Area 4. The nearest trauma center is Shands of Gainesville, Gainesville, Florida. This facility is located approximately 65 ground miles from our base station. Due to extended ground travel time required, Trauma Alert patients will be transported as follows:
 - a. To Shands of Gainesville via ATU as first priority, due to distance and status of Trauma Center – Adult and Pediatric receiving center.
 - b. To Tallahassee Memorial Hospital as second priority due to distance and status of Level II Trauma Center Adult and Pediatric receiving center.
 - c. Shands of Jacksonville as third priority due to distance and status of Level I Trauma Center-Adult and Pediatric receiving center.
- 2. All trauma alert patients must be transported to a State Approved Trauma Center (SATC) or State Approved Pediatric Trauma Center (SAPTC) nearest the location of the incident if the incident is within 30 minutes by ground or air transport or within 50 miles by air transport.

Situations where the EMS providers and medical director has determined it would be in the best interest of the trauma alert patient to be transported to a hospital other than those specified as trauma centers include the following:

- a. A mass casualty incident in which trauma centers are overwhelmed.
- b. Critical condition of the patient requiring immediate intervention of a physician such as airway control, tension pneumothorax or cardiac arrest in which the patient would benefit from

stabilization at a closer receiving hospital.

- c. Distance to the nearest trauma center is so great that the extended time in the field is detrimental to the patient's outcome.
- d. Weather

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e. ATU not available.

IV. HOSPITALS TO WHICH TRAUMA ALERT PATIENTS ARE TRANSPORTED

- 1. TRAUMA CENTERS
 - a. Shands of Gainesville (approximately 65 ground miles)
 - b. Tallahassee Memorial Hospital (approximately 80 ground miles)
 - c. Shands of Jacksonville (approximately 106 ground miles)

2. HOSPITALS WHICH MEET THE (5) CRITERIA IN FAC 64J-2.002(3)(a)

- a. Shands of Live Oak (approximately 25 ground miles)
- b. Shands of Lakeshore (approximately 42 ground miles)
- c. Lake City Medical Center (approximately 42 ground miles)
- d. Doctor's Memorial Hospital (approximately 30 ground miles)

Hospital selection will be based on geographical location to the incident. (Closest appropriate facility)

Any deviations from these protocols will be documented in an incident report and reported to the medical director.

REVISED 04/2011

AIR TRANSPORT UNIT / LANDING ZONE PROTOCOL

At any time that an ATU has been requested to transport a sick and/or injured person by Lafayette County Rescue, the following guidelines have been established to provide the optimal amount of safety for all responding agencies.

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Activating Air Transport:

- Call 1-800-BAD-HURT (1-800-223-4878)
- Request ATU transport or stand by request. (if request is for standby only advise ATU agency of the initial landing zone, all other information will be unknown at that time and will be provided if transport is required)
- IMMEDIATELY page Squad 8 for landing zone setup if not previously paged for MVC. (the only exception is Hatchbend Fire Station LZ) Squad 8 crew will monitor activity via radio and will only respond should the request for transport be activated.

Launch Procedures:

- Advise the transport agency of the number of patients needing to be transported.
- Advise the ATU agency of the actual landing zone location. (if changes were made since the initial request)
- Patient weight will be requested by the ATU agency.
- Transport destination will be designated by Lafayette County Rescue.
- Advise the requesting unit of the estimated time enroute (ETE). (information will be provided by the ATU agency)
- Upon aircraft landing confirmation, notify the ATU agency that the aircraft is safely on the ground.

Should you have nay questions or concerns, please feel free to contact me.

Respectfully,

Trevor D. Hicks, PMD, BSBA, RN, FP-C Director - Lafayette County Rescue Board Certified Critical Care Transport Specialist P.O. Box 236 Mayo, Florida 32066 Phone: (386) 294-1633 Fax: (386) 294-4242

In an increased effort to maintain compliance with the ever changing F.A.C. 64-J in relation to Trauma Treatment and Transport, Lafayette County Rescue will be revising our Trauma Transport Protocol's (referred to as TTP's). TTP's are required to be updated every two (2) years, and must undergo an approval process by the Florida Bureau of Emergency Medical Services Office of Trauma.

Until further notice and receipt of the new (TTP's), please adopt and follow the guidelines listed below for the VDR (Vehicle Dispatch and Response), LMC (Local Medical Coordination), and MRC (Medical Resource Coordination).

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All VDR, LMC, and MRC will be conducted on the primary dispatch radio channel or by voice pager system.

Due to the complexity of our rural location, LMC and MRC may also be conducted via telephone from the responding EMS unit.

All response times will be documented by the "911 Emergency Dispatcher" at the time of the incident, these are the official recorded times for the entire incident.

TRAUMA DISPATCH PROCEDURES:

All motor vehicle collisions (MVC) shall be dispatched in the following manner:

Known injuries and/or patient entrapment.

- Alert on duty EMS personnel via 911 ring down line, radio or pager.
- IMMEDIATELY page out SQUAD 8 for emergency response. (Squad 8 responds county wide to all MVC's and is housed in the Lafayette County Rescue Station).
- Place an air transport unit (ATU) on standby.

Unknown injuries and/or entrapment.

• Follow the same procedures listed above until further information may be obtained.

Minor injuries with no entrapment.

• Alert on duty EMS personnel via 911 ring down line, radio or pager.

While it is understood that it is sometimes impossible to obtain the desired information from a 911 caller, we should always base our judgment to the best benefit of the patients involved. Upon arrival at the scene of an incident, Lafayette County Rescue may cancel or request to activate other responding resources as well as any ATU that has been placed in a "stand by mode".

ATU landing zones will be determined by the primary responding rescue unit, Squad 8, EMS Director or LEO on scene. Changes in landing zones may be made by the transporting rescue unit at any time deemed necessary for patient or aircraft safety reasons.

Patient Name:

_ Transport Date: _

I request that payment of authorized Medicare, Medicaid, or any other insurance benefits be made on my behalf to [Lafayette County Rescue. ("LCR")] for any services provided to me by [LCR] now, in the past, or in the future. I understand that I am financially responsible for the services and supplies provided to me by [LCR], regardless of my insurance coverage, and in some cases, may be responsible for an amount in addition to that which was paid by my insurance. I agree to immediately remit to [LCR] any payments that I receive directly from insurance or any source whatsoever for the services provided to me and I assign all rights to such payments to [LCR]. I authorize [LCR] to appeal payment denials or other adverse decisions on my behalf without further authorization. I authorize and direct any holder of medical information or other relevant documentation about me to release such information to [LCR] and its billing agents, the Centers for Medicare and Medicaid Services, and/or any other payers or insurers, and their respective agents or contractors, as may be necessary to determine these or other benefits payable for any services provided to me by ABC, now, in the past, or in the future. A copy of this form is as valid as an original.

Privacy Practices Acknowledgment: by signing below, I acknowledge that I have received [LCR's] Notice of Privacy Practices.

SIGNATURE SECTION: ONE of the following three sections MUST be completed.

SECTION I – PATIENT SIGNATURE	SECTION II – AUTHORIZED REPRESENTATIVE SIGNATURE
The patient must sign here unless the pati physically or mentally incapable of sign	ng. physically or mentally incapable of signing.
x	Reason the patient is physically or mentally incapable of signing:
Patient Signature or Mark Da	
If the patient signs with an "X" or other mark, someone should sign below as a witness. This can be an ambulance crew member. X	Authorized representatives include <u>only</u> the following individuals (check one): Patient's Legal Guardian Patient's Health Care Power of Attorney Relative or other person who receives government benefits on behalf of patient Relative or other person who arranges treatment or handles the patient's affairs Representative of an agency or institution that furnished care, services or assistance to the patient.
Witness Signature Da	I am signing on behalf of the patient. I recognize that signing on behalf of the patient is not an acceptance of financial responsibility for the services rendered.
Witness Printed Name	X
NOTE: if the patient is a minor, the paren legal guardian should sign in this section	
- ; · ;	Representative's Address

SECTION III - AMBULANCE CREW AND RECEIVING FACILITY SIGNATURES

Complete this section **only** if: (1) the patient was physically or mentally incapable of signing, **and** (2) no authorized representative (Section II) was available or willing to sign on behalf of the patient at the time of service.

A. Ambulance Crew Member Statement (must be completed by crew member at time of transport)

My signature below indicates that, at the time of service, the patient named above was physically or mentally incapable of signing, and that none of the authorized representatives listed in Section II of this form were available or willing to sign on the patient's behalf. My signature is not an acceptance of financial responsibility for the services rendered.

Name	e and Location of Receiving Facility:		Time at Receiving Facility:			
<u>x</u>						
Signa	Signature of Crewmember		Printed Name of Crewmember			
The p	Receiving Facility Representative Signature The patient named on this form was received by this facility at the date and time indicated above. My signature is not an acceptanc financial responsibility for the services rendered to this patient.					

Lafayette County Board of County Commissioners 04/2011

SECTION I -	GENERAL INFORMATION LCEMS CCR #
Pationt's Name	Date of Birth: Medicare #:
	(PCS is valid for round trips on this date and for all repetitive trips in the 60-day range as noted below.)
Origin:	
•	edicare Part & (PPS/DRG?) UYES UNO
	YES D NO If no, why is transport to more distant facility required? Book 31 Page 36
lf hosp-hosp transfer, describe s	ervices needed at 2 nd facility not available at 1 st facility:
If hospice pt, is this transport rel	ated to pt's terminal illness? YES INO Describe:
	SECTION II - MEDICAL NECESSITY QUESTIONNAIRE
the patient. To meet this require	dically necessary only if other means of transport are contraindicated or would be potentially harmful to ment, the patient must be either "bed confined" <u>or</u> suffer from a condition such that transport by means dicated by the patient's condition The following questions must be answered <u>by the medical</u> this form to be valid:
	NDITION (physical and/or mental) of this patient AT THE TIME OF AMBULANCE TRANSPORT that requires d in an ambulance and why transport by other means is contraindicated by the patient's condition:
	a" as defined below? Yes No ' the patient must satisfy all three of the following conditions: (1) <i>unable</i> to get up from bed without <i>unable</i> to ambulate; AND (3) <i>unable</i> to sit in a chair or wheelchair – bed confined for 18 hours per day
3) Can this patient safely be tr	ansported by car or wheelchair van (i.e., seated during transport, without a medical attendant or monitoring?)
	uestions 1-3 above, please check any of the following conditions that apply*: ation for any boxes checked must be maintained in the patient's medical records
□ Contractures □ Non-h	ealed fractures 🗇 Patient is confused 🛛 Patient is comatose 🗇 Moderate/severe pain on movement
] Danger to self/other 🏾 IV me	ds/fluids required 🗆 Patient is combative 🛛 🗆 Need or possible need for restraints
□ DVT requires elevation of a lo	wer extremity 🛛 Medical attendant required 🛛 Requires oxygen – unable to self administer
Special handling/isolation/inf	ection control precautions required 🛛 Unable to tolerate seated position for time needed to transport
🗆 Hemodynamic monitoring rec	uired enroute 🛛 Unable to sit in a chair or wheelchair due to decubitus ulcers or other wounds
Cardiac monitoring required	enroute D Morbid obesity requires additional personnel/equipment to safely handle patient
Orthopedic device (backboar	d, halo, pins, traction, brace, wedge, etc.) requiring special handling during transport
Other (specify)	
SECTION I	II – SIGNATURE OF PHYSICIAN OR HEALTHCARE PROFESSIONAL
I certify that the above information transport by ambulance and that Centers for Medicare and Medic	on is true and correct based on my evaluation of this patient, and represent that the patient requires other forms of transport are contraindicated. I understand that this information will be used by the aid Services (CMS) to support the determination of medical necessity for ambulance services, and I nowledge of the patient's condition at the time of transport.
the institution with which I am af	certify that the patient is physically or mentally incapable of signing the ambulance service's claim and that illiated has furnished care, services or assistance to the patient. My signature below is made on behalf of 124.36(b)(4). In accordance with 42 CFR §424.37, <i>the specific reason(s) that the patient is physically or</i> he claim form is as follows:

Signature of Physician* or Healthcare Professional

Date Signed (For scheduled repetitive transport, this form is not valid for transports performed more than 60 days after this date).

Printed Name and Credentials of Physician or Healthcare Professional (MD, DO, RN, etc.)

*Form must be signed only by patient's attending physician for scheduled, repetitive transports. For non-repetitive, unscheduled ambulance transports, if unable to obtain the signature of the attending physician, any of the following may sign (please check appropriate box below):

Physician Assistant
 Nurse Practitioner

□ Clinical Nurse Specialist □ Discharge Planner Registered Nurse
 This document CAN NOT be signed by an LPN/LVN

LAFAYETTE COUNTY, FLORIDA BOARD OF COUNTY COMMISSIONERS

RED FLAGS RULES POLICY TO HELP PREVENT IDENTITY THEFT OF PATIENTS

Book 31 Page 363

I. RECITALS

WHEREAS, the Lafayette County Board of County Commissioners /DBA/ Lafayette County Rescue (hereinafter referred to as the Service) places the protection of the dignity, financial safety and privacy of its patient's as one of the Service's highest priorities, and

WHEREAS, the United States Congress has found that identity theft is a serious national problem that can have tragic consequences for those adversely thereby affected as victims, and...

WHEREAS, in response to duly enacted legislation the Federal Trade Commission has adopted regulations (commonly known as the "Red Flag Regulations") to assist entities to better prevent, detect and ameliorate identity theft;

WHEREFORE, the Service through its Board of County Commissioners by Formal Board Resolution on the 11th Day of April in the year of 2011, adopted the following Policies to prevent, detect, and ameliorate the problem of potential identity theft of its patients.

II. POLICY

A. ADMINISTRATION AND IMPLEMENTATION

1. Administration of the Policy/Program: The Board hereby appoints the Service's Director and billing personnel the responsibility of implementing the Program. The Director shall make at least one annual report to the Board on the status, any problems and the progress on implementation of the Service's identity theft prevention program.

2. Updates and Revision to the Policy and Program: The Service shall update and modify the Policy and the implantation of the Program as circumstances change and methods of identity theft vary or become more sophisticated in nature.

3. Access Control: Only personnel with applicable access codes and login passwords shall be authorized and able to access patient billing information and account information. These access codes and passwords shall be changed from time to time and as needed.

Gave to Trevor H112/11 Hco

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B. PROMPT AND APPROPRIATE RESPONSE TO MITIGATE OR PREVENT IDENTITY THEFT

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If a "Red Flag" arises that would alert the Director and or the authorized billing personnel of the service that a possible identity theft may have taken place the following options but not exclusively nor necessarily in the alternative so shall be evaluated for appropriate and prompt response thereto: (1) increasing the monitoring of the account; (2) contacting the patient or responsible party; (3) changing access and log in security codes; (4) reopening an existing account with a new account number; (5) not opening a new covered account; (6) closing an existing account; (7) not attempting to collect on a covered account or not selling the account to a debt collector; (8) notifying law enforcement; (9) determining that no response is needed.

C. THE "RED FLAGS" -WARNINGS OF POSSIBLE IDENTITY THEFT

The Service through its Director and authorized billing personnel shall be alert to and act promptly and appropriately on the following "Red Flags" warnings of possible patient or responsible party identity theft.

1. Alerts, Notifications or Warnings from a Consumer Reporting Agency: If a Consumer Reporting Agency should happen to report the following type of activity to the Service in regard to a patient or a responsible paying party, the Service may wish to consider appropriate mitigation responses as described in "B. Prompt and Appropriate Response to Mitigate or Prevent Identity Theft" described supra: (a) a fraud or active duty alert on the patient or responsible party; (b) notice of credit freeze on the patient or responsible party; (c) notice of address discrepancy for the patient or responsible party; (d) a recent and significant increase in the volume of inquires about the patient or the responsible party; (e) an unusual increase in the number of credit relationships for the patient or responsible party; (f) material change in the use of credit particularly in regard to newly created credit relationships for the patient or responsible party; (g) an account of the patient or responsible party was closed for cause or identified for abuse of account privileges by a financial institution.

2. Suspicious Documents: If the Service through its Director or authorized billing personnel should happen to receive suspicious documents of the types herein identified in regard to a patient or a responsible paying party, the Service may wish to consider appropriate mitigation responses as described in "B. Prompt and Appropriate Response to Mitigate or Prevent Identity Theft" described supra: (a) apparently forged or altered documents; (b) the photograph or physical description on the document is not consistent with that of the patient or as applicable the responsible party; (c) other information on the identification is inconsistent with other information provided; (d) other information on the identification documents is inconsistent with other information on the patient or responsible party that already exists in the Service's files; (e) other documentation appears to be altered, forged , or destroyed and then reassembled.

3. Suspicious Personal Identifying Information : If the Service through its Director or authorized billing personnel should happen to receive suspicious identifying information that does not match external sources for the same information of the types herein identified in regard to a patient or a responsible paying party, the Service may wish to consider appropriate mitigation responses as described in "B. Prompt and Appropriate Response to Mitigate or Prevent Identity Theft" described supra: (a) the address does not match the address in other reports such as consumer credit reports; (b) the Social Security Number has not actually been issued or appears on the Social Security Administration's Master Death File; (c) date of birth range for the patient or responsible party do not match the appropriate range for the issuance for the Social Security Number; (d) the address given is fictitious, a mail drop, or prison; (e) the telephone number given is invalid or associated with a pager or answering service; (f) the SSN matches up with another patient or responsible party; (g) the address or telephone number matches up with another patient or responsible party; (h) not all of the necessary information to bill the patient or responsible party is provided; (i) personal identifying information does not match information already on file with the service; (i) when challenged to provide additional information beyond the most basic information the patient or responsible party cannot do so.

4. Unusual Use or Suspicious Activity Related to the Covered Account: If the Service through its Director or authorized billing personnel should happen to notice unusual activity related to an account in regard to a patient or a responsible paying party, the Service may wish to consider appropriate mitigation responses as described in "B. Prompt and Appropriate Response to Mitigate or Prevent Identity Theft" described supra: (a) a Consumer Reporting or Credit Reporting Agency reports an unusual increase in the volume of credit activity in regard to the patient or responsible party; (b) suddenly a patient or responsible party who has been paying regularly on account stops paying; (c) mail sent to the patient or responsible party is repeatedly returned as undeliverable; (d) the Service is notified that the patient or responsible party is getting a lot of unauthorized charges on credit cards or other similar accounts; (f) the Service is notified by a patient, responsible party , or law enforcement that the patient or responsible party currently has been deemed to be a victim of identity theft.

III. ADOPTION/ ACKNOWLEDGEMENT

The Chair of the Board herby acknowledges that this Policy was adopted on the date heretofore mentioned by a roll call vote of the Board.

Earnest L. Jones, Chairman Ricky N. Lyons, Clerk of Court Date_____

RESOLUTION NO. 2011-04-02-

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF LAFAYETTE COUNTY, FLORIDA, AUTHORIZING THE COUNTY TO ACCEPT A DONATION OF PROPERTY FROM THE STATE OF FLORIDA (DOT EXCESS PARCEL #276), DEPARTMENT OF TRANSPORTATION; CERTIFYING THAT THE PROPERTY WILL BE USED FOR PUBLIC PURPOSES; PROVIDING AN IMMEDIATE EFFECTIVE DATE.

WHEREAS, the State of Florida, Department of Transportation, has offered to donate a parcel of property adjacent to recreational facilities open to public use by the citizens of Lafayette County, and

WHEREAS, the parcel of property to be donated would be a valuable addition to the recreational facilities and would be a public benefit to the citizens of Lafayette County.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF LAFAYETTE COUNTY, FLORIDA:

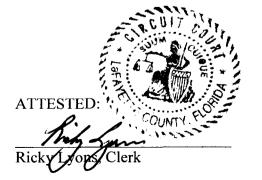
1. The Lafayette County Board of County Commissioners is authorized to accept from the Florida Department of Transportation a donation of approximately .5 acres of property located on County Road 270, Parcel No. 26-03-10-0000-0000-01300 (DOT Excess Parcel #276).

2. It is hereby certified that the use of the property will be for public purposes and that such use will be for the benefit of the citizens of Lafayette County.

3. The Chairman of the Board of County Commissioners is authorized to execute, on behalf of the Board of County Commissioners, any documents necessary for effectuation of the donation by the Department of Transportation to the County.

4. This Resolution shall be effective immediately upon adoption.

RESOLVED in regular session this 11th day of April, 2011.



BOARD OF COUNTY COMMISSIONERS LAFAYETTE COUNTY FLORIDA

Earnest L. Jones, C

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF LAFAYETTE COUNTY, FLORIDA, AUTHORIZING THE COUNTY TO ACCEPT A DONATION OF PROPERTY FROM THE STATE OF FLORIDA (DOT EXCESS PARCEL #277), DEPARTMENT OF TRANSPORTATION; CERTIFYING THAT THE PROPERTY WILL BE USED FOR PUBLIC PURPOSES; PROVIDING AN IMMEDIATE EFFECTIVE DATE.

WHEREAS, the State of Florida, Department of Transportation, has offered to donate a parcel of property adjacent to recreational facilities open to public use by the citizens of Lafayette County, and

WHEREAS, the parcel of property to be donated would be a valuable addition to the recreational facilities and would be a public benefit to the citizens of Lafayette County.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF LAFAYETTE COUNTY, FLORIDA:

1. The Lafayette County Board of County Commissioners is authorized to accept from the Florida Department of Transportation a donation of approximately 1.3 acres of property located on County Road 475, just south of SR 20/US 27, Parcel No. 13-06-13-0000-00500 (DOT Excess Parcel #277).

2. It is hereby certified that the use of the property will be for public purposes and that such use will be for the benefit of the citizens of Lafayette County.

3. The Chairman of the Board of County Commissioners is authorized to execute, on behalf of the Board of County Commissioners, any documents necessary for effectuation of the donation by the Department of Transportation to the County.

4. This Resolution shall be effective immediately upon adoption.

RESOLVED in regular session this 11th day of April, 2011.

BOARD OF COUNTY COMMISSIONERS LAF AYETTE COUNTY, FLORIDA

Earnest L. Jones, Chair

ATTESTED:

Ricky Kons, Clerk

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF LAFAYETTE COUNTY, FLORIDA, AUTHORIZING THE COUNTY TO ACCEPT A DONATION OF PROPERTY FROM THE STATE OF FLORIDA (DOT EXCESS PARCEL #280), DEPARTMENT OF TRANSPORTATION; CERTIFYING THAT THE PROPERTY WILL BE USED FOR PUBLIC PURPOSES: PROVIDING AN **IMMEDIATE EFFECTIVE DATE.**

WHEREAS, the State of Florida, Department of Transportation, has offered to donate a parcel of property adjacent to recreational facilities open to public use by the citizens of Lafayette County, and

WHEREAS, the parcel of property to be donated would be a valuable addition to the recreational facilities and would be a public benefit to the citizens of Lafayette County.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY **COMMISSIONERS OF LAFAYETTE COUNTY, FLORIDA:**

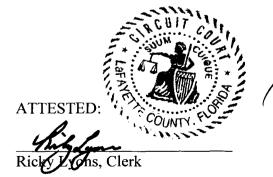
The Lafayette County Board of County Commissioners is authorized to accept 1. from the Florida Department of Transportation a donation of approximately 4.6 acres of property located north of SR 20/US 27 and just east of County Road 411, Parcel No. 20-05-13-0000-0000-00101 (DOT Excess Parcel #280).

2. It is hereby certified that the use of the property will be for public purposes and that such use will be for the benefit of the citizens of Lafayette County.

3. The Chairman of the Board of County Commissioners is authorized to execute, on behalf of the Board of County Commissioners, any documents necessary for effectuation of the donation by the Department of Transportation to the County.

4. This Resolution shall be effective immediately upon adoption.

RESOLVED in regular session this 11th day of April, 2011.



BOARD OF COUNTY COMMISSIONERS LAFAYETTE COUNTY, FLORIDA

Earnest L. Jones, Chairperso

Candace N. Cooks DBA. HOT PINK Recreational Facility

My intentions with property: 351 sr51 Mayo Florida 32066, formally known as "The Silver Dollar" is to operate as an adult Game Room/ Dance Hall, **NOT TO BE MISTAKEN FOR ANY FORM OF EXOTIC ACTIVITY!** The term "ADULT" is simply used due to, upon your approval, alcoholic beverages will be sold/consumed on the premises and because it will be extremely hard/impossible to control under aged alcohol consumption, (which is grounds for my being: fined, shut down, or possibly arrested) my establishment will cater strictly to (21 and up) legal drinking aged adults only! *Music will be played via DJ, clientele will play games (e.g. pool, air hockey, table soccer etc.) and/or engage in dance! Alcoholic beverages 6.243% or less will be available until 11:45pm!

According to LDR Article #4 page 4-104

<u>Commercial Recreational Facilities</u> - In completely enclosed building, such as indoor motion picture theater, community or little theater, billiard parlor, bowing alley, and other similar uses. (In my case Game Room/ Dance Hall music/dance studio)

clearly describes the type business I intend to operate. Which falls (#3 & #10) under **Permitted Principle Uses and Structures**/allowable uses in that particular zoning.

I intend to operate on a weekly basis; the following:

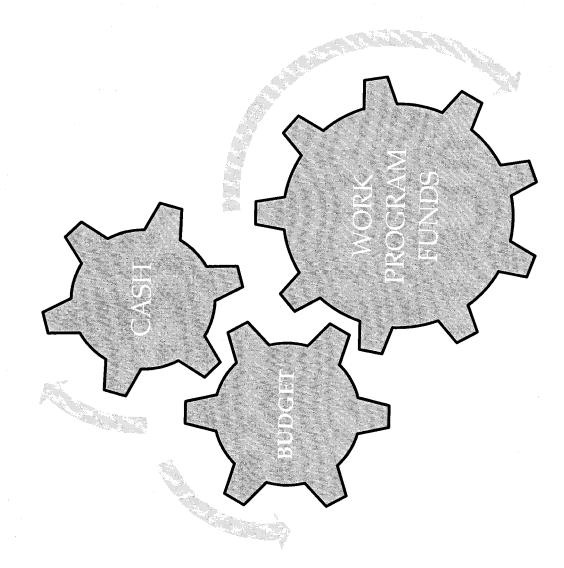
Weds.	From 5pm - 2am
Thurs.	From 5pm - 2am
Fri.	From 5pm - 3am
Sat.	From 5pm - 3am

*Which may be subject to change!

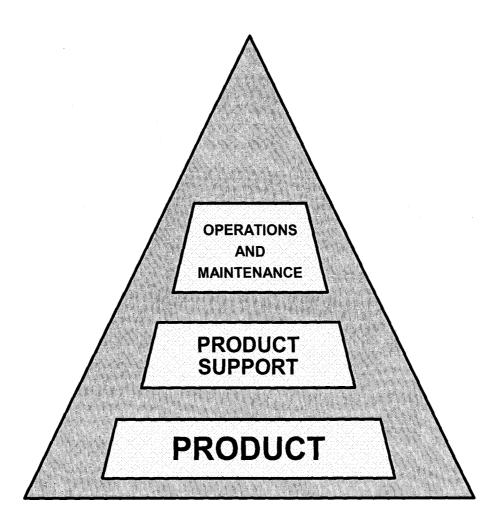
Thank you kindly for your time, and this great opportunity to promote a civilized form of entertainment and possible growth to the town of Mayo Florida, your support/ approval will be greatly appreciated!

Candace N. Cooks

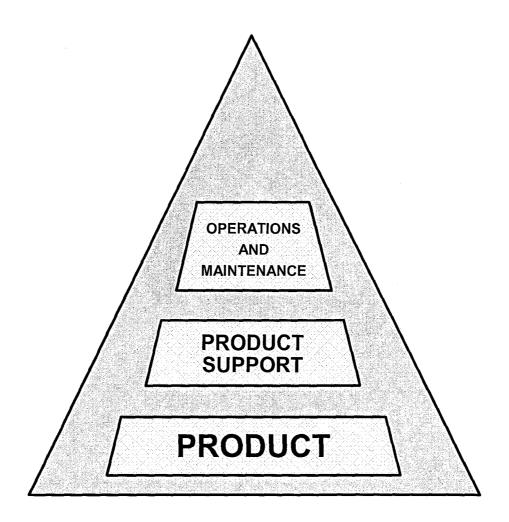




FDOT Work Program



FDOT Work Program



Book 31 Page 371

FDOT Work Program

PRODUCT

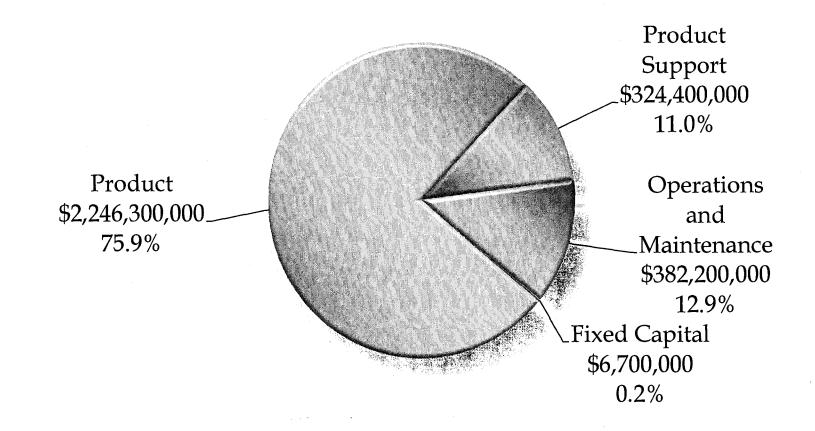
- Construction
- * Right-of-Way
- * Public Transportation (PTO)
- Other Local Government Transportation Programs
 - SCRAP, SCOP, CIGP, LAP, TRIP etc.

D PRODUCT SUPPORT

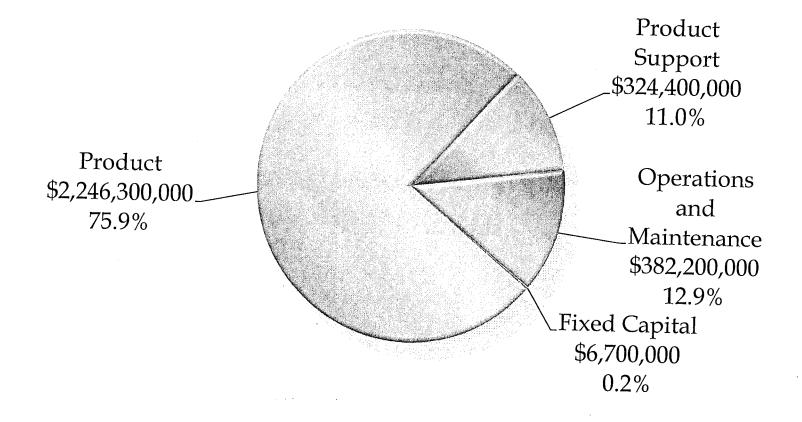
- Construction Engineering Inspection (CEI)
- * Preliminary Engineering (Design)
- Right-of-Way Support
- Other Planning, PD&E, Materials Research, Environmental Mitigation

OPERATIONS AND MAINTENANCE

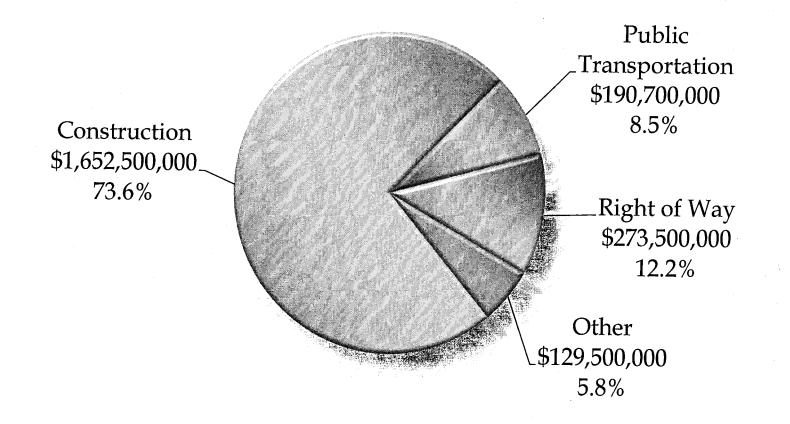
Total Work Program - District 2 Fiscal Years 2011/12 – 2015/16



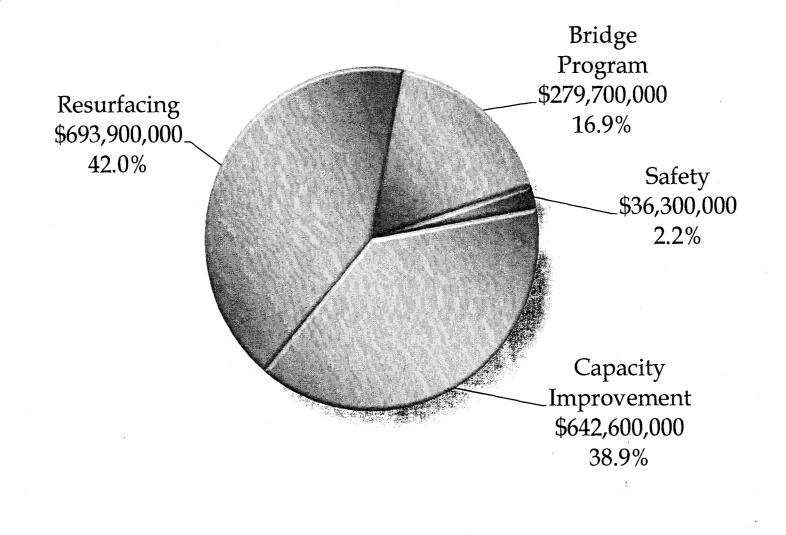
Total Work Program - District 2 Fiscal Years 2011/12 – 2015/16



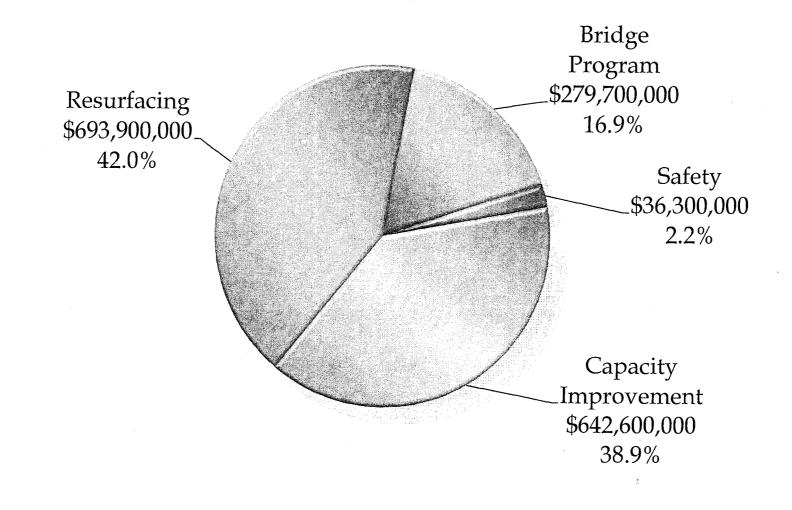
Product - District 2 Fiscal Years 2011/12 – 2015/16



Construction - District 2 Fiscal Years 2011/12 – 2015/16

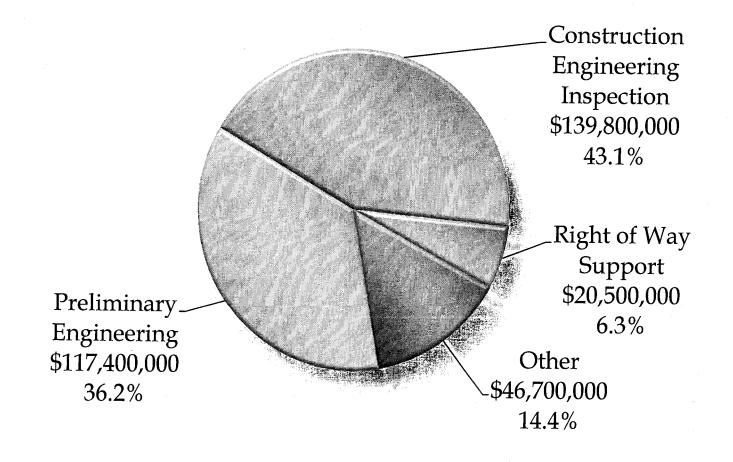


Construction - District 2 Fiscal Years 2011/12 – 2015/16



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Product Support - District 2 Fiscal Years 2011/12 – 2015/16



Work Program Timeline District 2

APRIL 4 th – 21 st	County Commission Meetings
MAY 1 st	SCRAP, SCOP, CIGP Priorities Due (sooner if possible)
MAY 15 th	Work Program Priorities Due
JUNE 10 th	All CANDIDATE Projects Programmed
JUNE 13 th	CANDIDATE projects approved by District Secretary
JULY 1 st	Work Program is Adopted
OCTOBER 6, 11 & 13 th	District Public Hearings
JANUARY 10, 2012	Legislative Session Begins

Work Program Timeline District 2

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JULY 1 st	Work Program is Adopted				
OCTOBER 6, 11 & 13 th	District Public Hearings				
JANUARY 10, 2012	Legislative Session Begins				

FLORIDA DEPARTMENT OF TRANSPORTATION 5 - YEAR TRANSPORTATION PLAN (\$ IN THOUSANDS) TENTATIVE FY 2012 - 2016 (03/31/2011 16.18.39)

LAFAYETTE COUNTY

	н	lighways: State Highways						
Item No	Project Description	Work Description	Length	2012	2013	2014	2015	2016
2100592	SR 349 FROM DIXIE C/L TO US 27	RESURFACING	8.724	5 CST				
2100753	SR 51 @KETTLE CREEK BRIDGE #330013	BRIDGE REPLACEMENT	.011				3,051 CST	71 CST
4135241	D2-LAFAYETTE COUNTY TRAFFIC SIGNAL MAINTENANCE AGREEMENT	TRAFFIC CONTROL DEVICES/SYSTEM	.000	4 OPS	4 OPS	4 OPS	4 OPS	4 OPS
4286961	SR 20(US 27) FROM SW SAN PEDRO AVE TO SUWANNEE C/L	RESURFACING	17.658	305 PE			12,855 CST	438 CST
		Highways: Local Roads				<u>-</u>		
Item No	Project Description	Work Description	Length	2012	2013	2014	2015	2016
4274291	CR 354 FROM US 27 TO HAL ADAMS BR BOAT RAMP	BIKE PATH/TRAIL	6.699	2,733 DSB				

							74
PERMIT	IMPACT FEE	NEW	MOBILE	CAMPER	MISC	SRCHG	TOTAL
		CONSTRUCTION					
5199					75.00	4.00	79.00
5200					81.75	4.00	85.75
5201					75.00	4.00	79.00
5202					231.00	6.93	237.93
5203					150.00	4.50	154.50
5204					150.00		150.00
5205					150.00	4.50	154.50
5206					150.00	4.50	154.50
5207					200.00	6.00	206.00
5208					150.00	4.50	154.50
	VOID				100.00	4.00	104.00
5210 5211			300.00		100.00	4.00	104.00
5112			500.00		150.00	4.50	154.50
5213	· · · · · · · · · · · · · · · · · · ·				60.00	4.00	64.00
5213					97.50	4.00	101.50
5215			300.00		150.00	4.50	754.50
5216					60.00	4.00	64.00
5217		· · · · · · · · · · · · · · · · · · ·	300.00				600.00
5128					82.62	4.00	86.62
5219					75.00	4.00	79.00
5220					102.00	4.00	106.00
5221					75.00	4.00	79.00
5222					117.08		121.08
5223					299.23	8.98	308.21
5224	300.00				200.00	6.00	506.00
TOTALS	1200.00		900.00		2981.18	102.91	5184.09

Book 31 Page 380 _____

LAFAYETTE COUNTY SOLID WASTE MARCH 2011 REPORT							
COMMERCIAL ACCOUNTS							
INVOICES	9,500.00						
CREDITS	12,145.00						
LANDFILL TICKETS							
INVOICES	2033.83						
CREDITS	2939.60						
TOTAL INVOICES	11,533.83						
TOTAL CREDITS	15,084.60						

Title: LHAP Template 2009 No. 001 67-37.005(1), F.A.C. Effective Date: 11/09

Sample Exhibit E RESOLUTION NO. 2011-4-SH.P.

A RESOLUTION OF THE <u>COUNTY</u> COMMISSION OF THE <u>LAFAYETTE</u> <u>COUNTY</u> (Local Government) FLORIDA APPROVING THE LOCAL HOUSING ASSISTANCE PLAN AS REQUIRED BY THE STATE HOUSING INITIATIVES PARTNERSHIP PROGRAM ACT, SUBSECTIONS 420.907-420.9079, FLORIDA STATUTES; AND RULE CHAPTER 67-37, FLORIDA ADMINISTRATIVE CODE; AUTHORIZING AND DIRECTING THE MAYOR TO EXECUTE ANY NECESSARY DOCUMENTS AND CERTIFICATIONS NEEDED BY THE STATE; AUTHORIZING THE SUBMISSION OF THE LOCAL HOUSING ASSISTANCE PLAN FOR REVIEW AND APPROVAL BY THE FLORIDA HOUSING FINANCE CORPORATION; AND PROVIDING AN EFFECTIVE DATE.

* * * * * * * * * *

WHEREAS, the State of Florida enacted the William E. Sadowski Affordable Housing Act, Chapter 92-317 of Florida Sessions Laws, allocating a portion of documentary stamp taxes on deeds to local governments for the development and maintenance of affordable housing; and

WHEREAS, the State Housing Initiatives Partnership (SHIP) Act, ss. 420.907-420.9079, Florida Statutes (1992), and Rule Chapter 67-37, Florida Administrative Code, requires local governments to develop a one- to three-year Local Housing Assistance Plan outlining how funds will be used; and

WHEREAS, the SHIP Act requires local governments to establish the the maximum SHIP funds allowable for each strategy; and

WHEREAS, the SHIP Act further requires local governments to establish an average area purchase price for new and existing housing housing benefiting from awards made pursuant to the Act; The methodology and purchase prices used are defined in the attached Local Housing Assistance Plan; and

WHEREAS, as required by section 420.9075, F.S. It is found that 5 percent of the local housing distribution plus 5 percent of program income is insufficient to adequately pay the necessary costs of administering the local housing assistance plan. The cost of administering the program may not exceed 10 percent of the local housing distribution plus 5% of program income deposited into the trust fund, except that small counties, as defined in s. 120.52(17), and eligible municipalities receiving a local housing distribution

Title: LHAP Template 2009 No. 001 67-37.005(1), F.A.C. Effective Date: 11/09

Sample Exhibit E

of up to \$350,000 may use up to 10 percent of program income for administrative costs.

WHEREAS, the Economic and Community Development Department has prepared a three-year Local Housing Assistance Plan for submission to the Florida Housing Finance Corporation; and

WHEREAS, the City Commission finds that it is in the best interest of the public for the <u>LAFAYETTE COUNTY</u> (local government) to submit the Local Housing Assistance Plan for review and approval so as to qualify for said documentary stamp tax funds; and

NOW THEREFORE, BE IT RESOLVED BY THE COUNTY COMMISSION OF THE LAFAYETTE COUNTY ______, FLORIDA that:

- <u>Section 1</u>: The <u>COMMISSION</u> (commission or council) of the <u>LAFAYETTE COUNTY</u> (local government) hereby approves the Local Housing Assistance Plan, as attached and incorporated hereto for submission to the Florida Housing Finance Corporation as required by ss. 420.907-420-9079, Florida Statutes, for fiscal years <u>2011/2012</u>, 2012/2013, 2013,2014.
- <u>Section 2</u>: The <u>CHAIRMAN</u> (Chairman or Mayor or designee), is hereby designated and authorized to execute any documents and certifications required by the Florida Housing Finance Corporation as related to the Local Housing Assistance Plan, and to do all things necessary and proper to carry out the term and conditions of said program.

Title: LHAP Template 2009 No. 001 67-37.005(1), F.A.C. Effective Date: 11/09

Exhibit D

CERTIFICATION TO FLORIDA HOUSING FINANCE CORPORATION

Name of Local Government: LAFAYETTE COUNTY, FLORIDA

- (1) The local government will advertise the availability of SHIP funds pursuant to Florida Statutes.
- (2) All SHIP funds will be expended in a manner which will insure that there will be no discrimination on the basis of race, creed, religion, color, age, sex, familial or marital status, handicap, or national origin.
- (3) A process for selection of recipients for funds has been developed.
- (4) The eligible municipality or county has developed a qualification system for applications for awards.
- (5) Recipients of funds will be required to contractually commit to program guidelines.
- (6) The Florida Housing Finance Corporation will be notified promptly if the local government (or interlocal entity) will be unable to comply with the provisions the plan.
- (7) The Local Housing Assistance Plan shall provide for the expenditure of SHIP funds within 24 months following the end of the State fiscal year in which they are received.
- (8) The plan conforms to the Local Government Comprehensive Plan, or that an amendment to the Local Government Comprehensive Plan will be initiated at the next available opportunity to insure conformance with the Local Housing Assistance Plan.
- (9) Amendments to the approved Local Housing Assistance Plan shall be provided to the Corporation with in 21 days after adoption.
- (10) The trust fund shall be established with a qualified depository for all SHIP funds as well as moneys generated from activities such as interest earned on loans.
- (11) Amounts on deposit in the local housing assistance trust fund shall be invested as permitted by law.
- (12) The local housing assistance trust fund shall be separately stated as a special revenue fund in the local governments audited financial statements, copies of the audits will be forwarded to the Corporation as soon as available.

Title: LHAP Template 2009 No. 001 67-37.005(1), F.A.C. Effective Date: 11/09

Exhibit D

Page 2

Certification

- 13)An interlocal entity shall have its local housing assistance trust fund separately audited for each state fiscal year, and the audit forwarded to the Corporation as soon as possible.
- (14)SHIP funds will not be pledged for debt service on bonds or as rent subsidies.
- Developers receiving assistance from both SHIP and the Low Income Housing Tax (15)Credit (LIHTC) Program shall comply with the income, affordability and other LIHTC requirements, Similarly, any units receiving assistance from other federal programs shall comply with all Federal and SHIP program requirements.
- Loans shall be provided for periods not exceeding 30 years, except for deferred payment (16)loans or loans that extend beyond 30 years which continue to service eligible persons.
- Rental Units constructed or rehabilitated with SHIP funds shall be monitored at least (17)annually for 15 years for compliance with tenant income requirements and affordability requirements or as required in Section 420.9075 (3)(e)
- (18)The Plan meets the requirements of Section 420-907-9079 FS, and Rule Chapter 67-37 FAC, and how each of those requirements shall be met.
- (19)The provisions of Chapter 83-220, Laws of Florida has or X has not been implemented. (note: Miami Dade County will check "has")

Witness

Witness

Chief Elected Official or designee

Chur

Type Name and Title

Date OR

I. PROGRAM DESCRIPTION:

e

A. Name of the participating local government and Interlocal if Applicable:

Lafayette County P. O. Box 88 Mayo, Florida 32066 Administered by: Suwannee River Economic Council, Inc. P. O. Box 70 Live Oak, Florida 32064

Interlocal : Yes _____ No $\sqrt{}$ Name of participating local government(s) in the Interlocal Agreement;

B. Purpose of the program:

Creation of the Plan is for the purpose of meeting the housing needs of the very low, low and moderate income households, to expand production of and preserve affordable housing, to further the housing element of the local government comprehensive plan specific to affordable housing.

C. Fiscal years covered by the Plan: 2011/2012 2012/2013 2013/2014

D. Governance:

The SHIP Program is established in accordance with Section 420.907-9079, Florida Statutes and Chapter 67-37.007 Florida Administrative Code. The SHIP Program does further the housing element of the local government Comprehensive Plan.

Cities and Counties must be in compliance with these applicable statutes and rules.

E. Local Housing Partnership

SHIP Program encourages building active partnerships between government, lenders, builders and developers, real estate professionals, advocates for low-income persons and community groups.

F. Leveraging:

The Plans are intended to increase the availability of affordable residential units by combining local resources and cost saving measures into a local housing partnership and using public and private funds to reduce the cost of housing. SHIP funds may be leveraged with or used to supplement other Florida Housing Finance

Corporation programs and to provide local match to obtain federal housing grants or programs.

G. Public Input:

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Public input was solicited through face to face meetings with housing providers, social service providers and local lenders and neighborhood associations. Public input was solicited through the local newspaper in the advertising of the Local Housing Assistance Plan and the Notice of Funding Availability.

H. Advertising and Outreach:

The county or eligible municipality or its administrative representative shall advertise the notice of funding availability in a newspaper of general circulation and periodicals serving ethnic and diverse neighborhoods, at least 30 days before the beginning of the application period. If no funding is available due to a waiting list, no notice of funding availability is required.

I. Discrimination:

In accordance with the provisions of ss.760.20-760.37, it is unlawful to discriminate on the basis of race, creed, religion, color, age, sex, marital status, familial status, national origin, or handicap in the award application process for eligible housing.

J. Support Services and Counseling:

Support services are available from various sources. Available support services may include but are not limited to:

Homeownership Counseling (Pre and Post), Credit Counseling, Tenant Counseling and Transportation

K. Purchase Price Limits:

Purchase Price Limits: The purchase price or value of new or existing homes may not exceed \$180,000.00 (one hundred-eighty thousand dollars). The sales price or value of new or existing eligible housing may not exceed 90% of the average area purchase price in the statistical area in which the eligible housing is located. Such average area purchase price may be that calculated for any 12-month period beginning not earlier than the fourth calendar year prior to the year in which the award occurs. The sales price of new and existing units, which can be lower but may not 90% of the median area purchase price established by the U.S. Treasury Department or as described above.

The methodology used is:

- ____ Independent Study (copy attached)
- $\sqrt{}$ U.S. Treasury Department
- Local HFA Numbers

The purchase price limit for new and existing homes is shown on the Housing Delivery Goals Charts.

L. Income Limits, Rent Limits and Affordability:

The Income and Rent Limits used in the SHIP Program are updated annually from the Department of Housing and Urban Development and distributed by Florida Housing Finance Corporation. Affordable means that monthly rents or mortgage payments including taxes and insurance do not exceed 30 percent of that amount which represents the percentage of the median annual gross income for the households as indicated in Sections 420.9071 (19), (20) and (28), F.S. However it is not the intent to limit an individual household's ability to devote more than 30% of its income for housing, and housing for which a household devotes more than 30% of its income shall be deemed Affordable if the first institutional mortgage lender is satisfied that the household can afford mortgage payments in excess of the 30% benchmark and in the case of rental housing does not exceed those rental limits adjusted for bedroom size.

M. Welfare Transition Program:

Should a eligible sponsor be used, the city/county has developed a qualification system and selection criteria for applications for Awards to eligible sponsors, which includes a description that demonstrates how eligible sponsors that employed personnel from the Welfare Transition Program will be given preference in the selection process.

N. Monitoring and First Right of Refusal:

In the case of rental housing, the staff or entity that has administrative authority for implementing the local housing assistance plan assisting rental developments shall annually monitor and determine tenant eligibility or, to the extent another governmental entity provides the same monitoring and determination, a municipality, county or local housing financing authority may rely on such monitoring and determination of tenant eligibility. However, any loan or grant in the original amount of \$3,000 or less shall not be subject to these annual monitoring and determination of tenant eligibility requirements. Tenant eligibility will be monitored for at least annually for 15 years or the term of assistance which ever is longer unless as specified above.

Eligible sponsors that offer rental housing for sale before 15 years or that have remaining mortgages funded under this program must give a first right of refusal to eligible nonprofit organizations for purchase at the current market value for continued occupancy by eligible persons.

O. Administrative Budget:

A detailed listing including line-item budget of proposed Administrative Expenditures is attached as <u>Exhibit A</u>. These are presented on an annual basis for each State fiscal year submitted.

Lafayette County finds that the moneys deposited in the local housing assistance trust fund shall be used to administer and implement the local housing assistance plan. In accordance with Section 420.9075 Florida Statute and Chapter 67-37, Florida Administrative Code, a county or an eligible municipality may not exceed the 5 percent limitation on administrative costs, unless its governing body finds, by resolution, that 5 percent of the local housing distribution plus 5 percent of program income is insufficient to adequately pay the necessary costs of administering the local housing assistance plan. The cost of administering the program may not exceed 10 percent of the local housing distribution plus 5% of program income deposited into the trust fund, except that small counties, as defined in s. 120.52(17), and eligible municipalities receiving a local housing distribution of up to \$350,000 may use up to 10 percent of program income for administrative costs.

Lafayette County has adopted the above findings in the attached resolution, <u>Exhibit</u> <u>E.</u>

P. PROGRAM ADMINISTRATION:

Administration of the local housing assistance plan is the responsibility of Lafayette County. Suwannee River Economic Council, Inc is responsible for administering all phases of the daily operations for the program.

Q. Essential Service Personnel

Define in accordance with Rule Chapter 67-37.002(8) F.A.C. and Chapter 67-37.005(8), F.A.C. and Section 420.9075(3)(a) FS. Essential Service Personnel consist of Teachers, Law Enforcement and Firefighters/EMT.

LHAP HOUSING STRATEGIES:

NOTE: Include a separate strategy for Disaster Mitigation

NOTE: In the event preference is given to Essential Service Personnel, plan text must so state pursuant to Chapter 67-37.005(8), F.A.C.

<u>NOTE:</u> Strategy titles shall be consistent throughout local government plans. Acceptable strategy titles include but not limited to: Housing Rehabilitation, Impact Fee Assistance, Purchase Assistance Existing with or without Rehabilitation,

Purchase Assistance New Construction, Sweat Equity, Replacement Housing, and Disaster Relief.

Provide Description:

1. <u>STRATEGY 1</u>: Purchase Assistance for Newly Constructed Homes.

a. Summary of the Strategy: SHIP funds will be made available for down payment/closing cost assistance for the purchase of newly constructed affordable housing units.

- b. Fiscal Years Covered: This Housing Assistance Strategy covers state fiscal years 2011/2012; 2012/2013; and 2013/2014.
- c. Income Categories to be served: Strategies with down payment/closing cost assistance for affordable housing are available to very low, low and moderate income eligible households. The combined household annual gross income of an applicant shall not exceed SHIP Program limits. The purchase price or value of new homes may not exceed \$180,000.00 (one hundred-eighty thousand dollars).
- d. Maximum award is noted on the Housing Delivery Goals Charts: The average and maximum amount of the award is \$25,000.00 (twenty five thousand dollars) for low and very low income clients and \$20,000.00 (twenty thousand_dollars) for moderate income clients.
- e. Terms, Recapture and Default. Funds are secured with a Deferred Payment Loan secured by mortgage that is forgivable at the end of 10 years. The loan is provided at zero percent (0%) interest and there are no monthly payments. The SHIP recipient must repay the prorated loan amount if they sell, transfer title, otherwise disposed of, if the owner shall die or fail to meet the ten year occupancy requirement. In the event the owner should die, this strategy allows assumption by income eligible heirs.

In the event of a refinancing request, the Committee will review the terms of the new loan and based on the following criteria, will recommend subordination to the County Commission, who make the ultimate decision:

- a) The new loan must not be greater than the original loan obtained to acquire the home;
- b) The interest must be the same or less than the original interest rate;
- c) Payments must still meet the Home Ownership Affordability criteria; and
- d) Payment may be no higher than the original payments, unless the term is being reduced (Home Ownership Affordability criteria must still be met).
- f. Recipient Selection Criteria: Selection criteria for Housing Assistance Strategy 1 will be on a first come/first ready basis, contingent upon first mortgage commitment. Additional prerequisites include income verification and certification. However, due to previous years activity, a waiting list exists in which new applicants are placed upon and served in succession.

- g. Sponsor Selection Criteria, if applicable:
 Include qualification system and selection criteria for applications for Awards to eligible sponsors.
- h. Additional Information: Leveraging Resources: USDA Rural Development and HOME may be utilized if funding is secured.

STRATEGY 2: Purchase Assistance for Existing Homes with Rehabilitation.

2.

- a. Summary of the Strategy: SHIP funds will be made available for down payment/closing cost assistance for the purchase of existing homes which will or have received some rehabilitation to correct code deficiencies, health and safety issues and/or to increase energy efficiency. Rehabilitation shall be completed either within one year immediately preceding the date of conveyance of title (i.e., closing) or within 24 months of the close of the applicable State fiscal year.
- b. Fiscal Years Covered: This Housing Assistance Strategy covers state fiscal years 2011/2012; 2012/2013; and 2013/2014.
- c. Income Categories to be served: Strategies with down payment/closing cost assistance for affordable housing are available to very low, low and moderate income eligible households. The combined household annual gross income of an applicant shall not exceed SHIP Program limits. The purchase price or value of existing homes may not exceed \$180,000.00 (one hundred-eighty thousand dollars).
- d. Maximum award is noted on the Housing Delivery Goals Charts: The amount of the award is not to exceed \$25,000.00 (twenty five thousand dollars) for low and very low income clients and \$20,000.00 (twenty thousand dollars) for moderate income clients.
- e. Terms, Recapture and Default. A lien will be placed on the property containing recapture provisions. The recapture provisions for the Down/Payment Closing Cost Programs are ten-year, deferred, non-interest loans which are forgiven proportionately. The loan may be automatically forgiven at a reduction rate of 10% increments of the original loan each year for a period of ten years. At which time, the loan is totally forgiven. The SHIP recipient must repay the prorated amount of the loan if they sell, transfer title, otherwise disposed of, if the owner shall die or fail to meet the ten year occupancy requirement. In the event the owner should die, this strategy allows assumption by income eligible heirs.

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In the event of a refinancing request, the Committee will review the terms of the new loan and based on the following criteria, will recommend subordination to the County Commission, who make the ultimate decision:

- a) The new loan must not be greater than the original loan obtained to acquire the home;
- b) The interest must be the same or less than the original interest rate;
- c) Payments must still meet the Home Ownership Affordability criteria; and
- d) Payment may be no higher than the original payments, unless the term is being reduced (Home Ownership Affordability criteria must still be met).
- f. Recipient Selection Criteria: Selection criteria for Housing Assistance Strategy 2 will be on a first come/first ready basis, contingent upon first mortgage commitment. Additional prerequisites include income verification and certification. However, due to previous years activity, a waiting list exists in which new applicants are placed upon and served in succession.
- g. Sponsor Selection Criteria, if applicable:
 Include qualification system and selection criteria for applications for Awards to eligible sponsors.
- h. Additional Information: Leveraging Resources: Weatherization, LIHEAP Weatherization, USDA Rural Development, and CDBG. Home may be utilized if funding is secured.

3. <u>STRATEGY 3</u>: Major Rehabilitation Of Owner/Occupied Housing.

- a. Summary of the Strategy: SHIP funds will be made available for major rehabilitation of owner/occupied homes to correct code deficiencies, health and safety issues and/or to increase energy efficiency. Rehabilitation will be provided to very low and low income eligible owner occupied applicants.
- b. Fiscal Years Covered: This Housing Assistance Strategy covers state fiscal years 2011/2012; 2012/2013; and 2013/2014.
- c. Income Categories to be served: Strategies with major rehabilitation for owner/occupied homes are available to very low and low income eligible households. The combined household annual gross income of an applicant shall not exceed SHIP Program limits.
- d. Maximum award is noted on the Housing Delivery Goals Charts: The amount

of the award is not to exceed \$30,000.00 (thirty-thousand dollars).

- e. Terms, Recapture and Default. A lien will be placed on the property containing recapture provisions. The recapture provisions for major rehabilitation of owner/occupied homes are five-year, deferred, non-interest loans which are forgiven proportionately. The loan may be automatically forgiven at a reduction rate of 20% increments of the original loan each year for a period of five years. At which time, the loan is totally forgiven. The SHIP recipient must repay the prorated amount of the loan if they sell, transfer title, otherwise disposed of, if the owner shall die or fail to meet the five year occupancy requirement. In the event the owner should die, this strategy allows assumption by income eligible heirs.
- f. Recipient Selection Criteria: Selection criteria for Housing Assistance Strategy 3 will be on a first come/first serve basis, contingent upon proof of ownership. However, due to previous years activity, a waiting list exists in which new applicants are placed upon and served in succession.
- g. Sponsor Selection Criteria, if applicable:
 Include qualification system and selection criteria for applications for Awards to eligible sponsors
- h. Additional Information: Leveraging Resources: Weatherization, LIHEAP Weatherization, USDA Rural Development, and CDBG. Home may be utilized if funding is secured.

4. <u>STRATEGY 4</u>: Emergency Repairs of Owner Occupied Homes.

a. Summary of the Strategy: SHIP funds will be made available for emergency repairs to correct code deficiencies and/or health and safety issues, that pose an immediate threat to the safety of the resident, through the Weatherization Program as administered by the local weatherization provider, pursuant to s. 409.509-409.5093, F.S. Emergency repairs will be provided to very low income eligible owner occupied applicants only. Applications for emergency repairs will be ranked according to the following point criteria:

Age of Applicant Over 60 Children under 12

Family Income AFDC or SSI Recipient

Below Poverty Level

Previously served

nt 6 points 6 points -3 points per year*

Health of Applicant

Handicapped 6 points

*Previously served client loses -3 points for every year served in the last 5 years.

6 points

6 points

Condition of the home will be as reported by the homeowner and confirmed by the estimator. Health of the applicant will be documented by a health professional.

It should be noted that only very low income owner occupied homes will be considered after ranking the applicants. The repairs will be done until the funds are exhausted. The normal weatherization procedure will be followed in accomplishing this task.

- b. Fiscal Years Covered: The Housing Assistance Strategy covers state fiscal years 2011/2012; 2012/2013; and 2013/2014.
- c. Income Categories to be served: This emergency repairs strategy is available to very low income eligible owner occupied applicants only. The combined household annual gross income of an applicant shall not exceed SHIP Program limits.
- d. Maximum award is noted on the Housing Delivery Goals Charts: The amount of this award is not to exceed \$7,500.00 (seven-thousand five hundred dollars) for very low income levels. Funds available for this strategy are utilized to correct code deficiencies and/or health and safety issues that pose an immediate threat to the safety of the resident.
- e. Terms, Recapture and Default. Include terms of recapture in the event of default (failure to make required payments on a loan secured by a first mortgage which leads to foreclosure and/or loss of property ownership) Emergency repairs will be provided in the form of a grant to the eligible applicant.
- f. Recipient Selection Criteria: Please see Section A for selection criteria.

- g. Sponsor Selection Criteria, if applicable:
 Include qualification system and selection criteria for applications for Awards to eligible sponsors.
- h. Additional Information: Leveraging Resources: Weatherization, LIHEAP Weatherization, USDA Rural Development, and CDBG. Home may be utilized if funding is secured.

4) <u>STRATEGY 4</u>: Disaster Mitigation/Recovery

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a. Summary of the Strategy: The Disaster Strategy provides assistance to households following a natural disaster as declared by the Executive Order of the President of the United States or Governor of the State of Florida. This strategy will only be implemented in the event of a natural disaster using any funds that have not yet been encumbered or additional disaster funds issued by Florida Housing Finance Corporation. SHIP disaster funds may be used for items such as, but not limited to:

(a) purchase of emergency supplies for eligible households to weatherproof damaged homes;

(b) interim repairs to avoid further damage; tree and debris removal required to make the individual housing unit habitable;

(c) construction of wells or repair of existing wells where public water is not available;

(d) payment of insurance deductibles for rehabilitation of homes covered under homeowners insurance policies;

(e) security deposit for eligible recipients that have been displaced from their homes due to disaster;

(f) rental assistance for the duration of Florida Office of the Governor Executive Order, for eligible recipients that have been displaced from their homes due to disaster;

(g) other activities as proposed by the counties and eligible municipalities and approved by Florida Housing.

b. Fiscal Years Covered: 2011/2012, 2012/2013, and 2013/2014.

c. Income Categories to be served: Very Low, Low and Moderate as defined in Section 420.9071(19), (20), (28), F.S.

d. Terms, Recapture and Default:

(a) All SHIP funds provided to eligible households with repair cost less than \$10,000.00 will be in the form of a grant and not subject to recapture;

OR

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(b) All SHIP funds provided to eligible households with repair cost exceeding \$10,000.00 will be in the form of a five-year, deferred, non-interest loans, which are forgiven proportionately. The loan may be automatically forgiven at a reduction rate of 20% increments of the original loan each year for a period of five years. At which time, the loan is totally forgiven. The SHIP recipient must repay the prorated amount of the loan if they sell, transfer title, otherwise disposed of, if the owner shall die or fail to meet the five year occupancy requirement. In the event the owner should die, this strategy allows assumption by income eligible heirs.

- f. Recipient Selection Criteria: First come, first serve (1) Priority shall be given to persons who have special housing needs and individuals or household that qualify as Elderly as defined in 420.503, F.S.
- g. Sponsor Selection Criteria: Not applicable.
- h. Additional Information: SHIP funds at all times must be used for eligible applicants and eligible housing. SHIP disaster funds may not be used for the purchase or rehabilitation of mobile homes.

5) <u>STRATEGY 5</u>: Housing Replacement

- a. Brief Description: SHIP funds will be made available on a one-time basis for low and very low income eligible families, to demolish and replace existing housing units with affordable new construction houses when dwelling is beyond rehabilitation and repair.
- b. Applicable State Fiscal Years: 2007/2008
- c. Beneficiaries: Families must have homes that are classified as un-repairable and not be eligible for any other SHIP strategy. The family's income cannot exceed 80% of the median income, very low, and low income levels. The maximum SHIP cost per unit is \$50,000. Families must be CDBG qualified for remainder of funding if cost exceeds \$50,000.
- d. Applicant Selection Criteria: Selection criteria for Housing Replacement

Strategy will be on a first come/first serve basis with local loan committee approval. Assistance will be provided to those eligible for SHIP and local CDBG.

- e. Form of SHIP Assistance and Recapture: Deferred Payment Loan secured by first (1st) mortgage (and note (typical)) that is forgivable at the end of ten (10) years. The loan is at zero (0%) interest and requires no monthly payments. The family must repay the loan if they sell, transfer title or fail to meet the 10 year client occupancy requirement. Required repayment rate is prorated at 5% increments for each year remaining left in the agreement. If the property is sold, the loan becomes due and payable in full. If the title is transferred, the loan becomes due and payable in full with the following exceptions:
 - 1. An Income eligible heir who is going to make the house their primary residence, the loan can be extended to them.
- f. SHIP Leveraging Resources: CDBG

6) <u>STRATEGY 6:</u> Florida Homebuyer Opportunity Program

a. Summary of the Strategy: This strategy is designed in response to the legislative proviso requiring SHIP local governments to expend 2009-2010 funds to ensure that residents of the state derive the maximum possible economic benefit from the federal first time homebuyer tax credit created through The American Recovery and Reinvestment Act of 2009 by providing subordinate down payment assistance loans to first time homebuyers for owner occupied primary residences that can be repaid by the income tax refund the homebuyer is entitled to under the First Time Homebuyer Credit. The state program shall be called the "Florida Homebuyer Opportunity Program."

b. Fiscal Years Covered: 2009/2010 until expiration of the Florida Homebuyer Opportunity Program Tax Credit.

c. Income Categories to be served: Up to \$75,000 for single taxpayers or \$150,000 for joint filers. There is no requirement to reserve 30 percent of the funds for awards to very-low-income persons or 30 percent of the funds for awards to low-income persons; and there is no requirement to expend 75% of funds for construction, rehabilitation or emergency repair.

d. Maximum award is the principal balance of the loans provided shall not exceed 10% of the purchase price or \$8,000 whichever is less.

e. Terms, Recapture and Default: If the Lafayette County SHIP Program receives repayment from the homebuyer within 18 months after the closing date of the loan the Lafayette County Revised February 2011 shall waive all interest charges. A homebuyer who fails to fully repay the loan within 18 months shall be subject to and annual percentage rate of 12 percent of the outstanding balance until such a time as the loan is repaid in full. All funds repaid to a county or eligible municipality shall be considered "program income" as defined in s. 420.9071 (24).

f. Recipient Selection Criteria: Recipients must meet the requirements of the following: The maximum income limit shall be Adjusted Gross Income of \$75,000 for single taxpayer households or \$150,000 for joint-filing taxpayer households which is equal to that permitted by the American Recovery and Reinvestment Act of 2009

III. LHAP INCENTIVE STRATEGIES

A.

5. J

In addition to Strategy A and Strategy B listed below, list all incentives as provided in 420.9076(4) FS.

Name of the Strategy: Expedited Permitting Permits as defined in s. 163.3164(7) and (8) for affordable housing projects are expedited to a greater degree than other projects.

a. Established policy and procedures: The current permitting process for Lafayette County should be retained until the case load increases to such a degree that a backlog is experienced. The County believes that a backlog would be experienced when more than 200 permits are issued per year. In accordance with the Policy of the Housing Element of the County's Comprehensive Plan, this includes the continued refining and streamlining of the existing development approval process, plus expedited plan reviews and inspections, explanatory brochures and computer programs to further refine the existing one-stop permitting and development review process and reduce the financing cost for developers.

The County takes all steps necessary not to delay the review of affordable housing developments, and should review delays begin to occur, the County institutes the practice of reviewing the affordable housing development first. This will occur when more than 200 permits are received per year.

- b. On March 27, 1995, Lafayette County adopted Resolution No. 95-R-1 amending Resolution No. 94-S-1 creating an expedited permitting process.
- c. No delays have been experienced in Lafayette County's permitting procedures.
- B. Name of the Strategy: Ongoing Review Process
 An ongoing process for review of local policies, ordinances, regulations and plan provisions that increase the cost of housing prior to their

adoption.

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- a. Established policy and procedures: The current ongoing process of review allows the county to review any policy, procedure, ordinance, regulation, or plan revision that may increase the cost of housing prior to its adoption.
- b. On March 27, 1995, Lafayette County adopted Resolution No. 95-R-1 amending Resolution No. 94-S-1, providing a ongoing process of review of any policy, ordinance, comprehensive plan, building regulation or procedure which may significantly impact the cost of housing.
- c. The County Building Department has the responsibility of performing the review procedure. The staff review the action and prepare a written report with recommendations prior to the adoption of the plan. The staff's review will consider the following:
 - a) Will the action increase the cost of development? If so, approximate cost. Explain how increased cost is worth negative impact on housing cost.
 - b) Will the action increase the time of approval? If so, how does benefit of this increase in approval time compare with the impact on housing costs?
 - c) Does the action increase the long term development cost? If so, how do the increased cost compare with the benefits of the action?
- D. According to the Building Department Director, there are no new ordinances or policy changes which might effect the cost of housing.
- IV. EXHIBITS:
- A. Administrative Budget for each fiscal year covered in the Plan. <u>Exhibit A</u>.
- B. Timeline for Encumbrance and Expenditure: *Chapter 67-37.005(6)(d) and (f) F.A.C.* A separate timeline for each fiscal year covered in this plan is attached as <u>Exhibit B.</u> Program funds will be encumbered by June 30 one year following the end of the applicable state fiscal year. Program funds will be fully expended within 24 months of the end of the applicable State fiscal year.
- C. Housing Delivery Goals Chart (HDGC) For Each Fiscal Year
 Covered in the Plan:
 Completed HDGC for each fiscal year is attached as <u>Exhibit C.</u>

		F	LORIDA I	HOUS	ING FIN	ANCE	E CORPC	RATION			Please check applicable	box, & if Amendment, e	nter number
			HOUS	SING D	ELIVERY C	OALS	CHART#20	02			New Plan:		
STRATE	GIES	FOR TH	E LOCAL HOU	JSING A	SSISTANCE	PLAN F	OR STATE F	ISCAL YEAR:		2011/2012	Amendment:		
											Fiscal Yr. Closeout:		
Name of Local Government:		Lafayett	e County					Available Funds:	\$350,000.00			67-37.005 F	.A.C.
-													
HOME OWNERSHIP								A New Construction	B Rehab/Repair	C	D Total	E Total	F Total
STRATEGIES		VLI Units	Max. SHIP Award	Ll Units	Max. SHIP Award	M! Units	Max. SHIP Award	SHIP Dollars	SHIP Dollars	Without Construction SHIP Dollars	SHIP Dollars	Percentage	Units
Purchase Assistance-New		0	\$25,000	2	\$25,000	2	\$20,000	\$90,000.00	\$0.00	\$0.00	\$90,000.00	25.71%	
Purchase Assistance-Existing		0	\$25,000	1	\$25,000	3	\$20,000	\$0.00	\$85,000.00	\$0.00	\$85,000.00	24.29%	
Owner Occupied Major Rehab.		2	\$30,000	0	\$0	0	\$0	\$0.00	\$60,000.00	\$0.00	\$60,000.00	17.14%	
Emergency Repairs	3	11	\$7.500	0	\$0	0	\$0	\$0.00	\$80,000.00	\$0.00	\$80,000.00	22.86%	1
Disaster Mitigation/ Recovery	ö	0	\$45,600	0	\$45,600	0	\$45,600	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	
Housing Replacement	4	0	\$50,000	0	\$50,000	0	\$0	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	
	ge	0	\$0	0	\$0	0	\$0	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	•
	ğ	0	\$0	0	\$0	0	\$0	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	
Subtotal 1 (Home Ownership)	Δ	13		3		5	<u>`</u>	\$90,000.00	\$225,000.00	\$0.00	\$315,000.00	90.00%	2
	Σ												
RENTAL	3		Max. SHIP		Max. SHIP	MI	Max. SHIP	New Construction	Rehab/Repair	Without Construction	Total	Total	Total
STRATEGIES	ð	Units	Award	Units	Award	Units	Award	SHIP Dollars	SHIP Dollars	SHIP Dollars	SHIP Dollars	Percentage	Units
	ŏ										\$0.00	0.00%	
	Ш							· · · · · · · · · · · · · · · · · · ·			\$0.00	0.00%	
									· · · · · · · · · · · · · · · · · · ·		\$0.00	0.00%	
											\$0.00	0.00%	
											\$0.00	0.00%	
Subtotal 2 (Non-Home Ownersh	ip)	0		0		0		\$0.00	\$0.00	\$0.00	\$0.00	0.00%	
Administration Fees											\$35,000.00	10.00%	
Admin. From Program Income												0.00%	
Home Ownership Counseling												0.00%	
GRAND TOTAL													
Add Subtotals 1 & 2, plus all Admin. & HO Counseling		13		3		5		\$90,000.00	\$225,000.00	\$0.00	\$350,000.00	100.00%	2
Percentage Construction	ı/Reh			alculate Con	str./Rehab Percen	t. by adding	Grand Total Colu	nns A&B, then divide by An	nual Allocation Amt		90%		
Maximum Allowable											90%		
Purchase Price:								New	\$180,000	Existing	\$180,000		<u> </u>
Allocation Breakdown				Max Amount Program	Income For Admin:	\$0.00							
Very-Low Income	me \$110,000.00 31.4% Projected Recaptured Funds:												
Low Income			\$125,000.00		35.7%		Distribution:		\$350,000.00				
Moderate Income			\$80,000.00		22.9%	% Total Available Funds:			\$350,000.00				
TOTAL \$315.		\$315,000.00		90.0%							14-Mar-11		

		FI	LORIDA H	OUSI	NG FIN	ANCE	CORPO	DRATION			Please check applicable	box, & if Amendment, e	nter number
			HOUS	ING DE	LIVERY G	OALS	CHART#2	002			New Plan:		
STRATEG	SIES I	FOR THE	E LOCAL HOU	SING AS	SISTANCE	PLAN F	OR STATE	FISCAL YEAR:		2012/2013	Amendment:		
											Fiscal Yr. Closeout:		
Name of Local Government:		Lafayet	te County					Available Funds:	\$350,000.00			67-37.005 F	.A.C.
HOME OWNERSHIP		VLI	Max. SHIP	u	Max. SHIP	мі	M	A New Construction	B Rehab/Repair	C Without Construction	D Total	E Total	F Total
STRATEGIES		Units	Award	Units	Award	Units	Max. SHIP Award	SHIP Dollars	SHIP Dollars	SHIP Dollars	SHIP Dollars	Percentage	Units
Purchase Assistance-New		0	\$25,000	2	\$25,000	2	\$20,000	\$90,000.00	\$0.00	\$0.00	\$90,000.00	25.71%	
Purchase Assistance-Existing		0	\$25,000	1	\$25,000	3	\$20,000	\$0.00	\$85,000.00	\$0.00	\$85,000.00	24.29%	
Owner Occupied Major Rehab.		2	\$30,000	0	\$0	0	\$0	\$0.00	\$60,000.00	\$0.00	\$60,000.00	17.14%	2
Emergency Repairs	4	11	\$7,500	0	\$0	0	\$0	\$0.00	\$80,000.00	\$0.00	\$80,000.00	22.86%	1.
Disaster Mitigation/ Recovery	40	0	\$45,600	0	\$45,600	0	\$45,600	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	
Housing Replacement	Ð	0	\$50,000	0	\$50,000	0	\$0	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	
	Ō	0	\$0	0	\$0	0	\$0	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	C
	Б	0	\$0	0	\$0	0	\$0	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	(
Subtotal 1 (Home Ownership)	_	13		3		5		\$90,000.00	\$225,000.00	\$0.00	\$315,000.00	90.00%	24
	က်												
RENTAL	¥	VLI	Max. SHIP	u	Max, SHIP	MI	Max, SHIP	New Construction	Rehab/Repair	Without Construction	Total	Total	Total
STRATEGIES	8	Units	Award	Units	Award	Units	Award	SHIP Dollars	SHIP Dollars	SHIP Dollars	SHIP Dollars	Percentage	Units
	ğ										\$0.00	0.00%	C
											\$0.00	0.00%	(
							· · · · · · · · · · · · · · · · · · ·				\$0.00	0.00%	(
							·····				\$0.00	0.00%	(
											\$0.00	0.00%	(
Subtotal 2 (Non-Home Ownersh	nip)	0		0		0		\$0.00	\$0.00	\$0.00	\$0.00	0.00%	
Administration Fees											\$35,000.00	10.00%	
Admin. From Program Income												0.00%	
Home Ownership Counseling												0.00%	
GRAND TOTAL											· · · · · · · · · · · · · · · · · · ·		
Add Subtotals 1 & 2, plus all Admin. & HO Counseling		13		3		5		\$90,000.00	\$225,000.00	\$0.00	\$350,000.00	<u>100.00%</u>	2
Percentage Construction	ı/Reh		Ca	Iculate Cons	tr./Rehab Percen	t. by adding	Grand Total Colu	Imns A&B, then divide by A	Annual Allocation Amt.	·	90%		
Maximum Allowable												1	
Purchase Price:								New	\$180,000	Existing	\$180,000		
					0/								
Allocation Breakdown			Amount		%		Projected Prop Projected Prop			Max Amount Program	I Income For Admin:	\$0.00	
Very-Low Income Low Income				\$350,000.00		· · · · · · · · · · · · · · · · · · ·							
			Fundor	\$350,000.00									
Moderate Income													

		Fl		IOUS	NG FIN	ANCE	CORPO	DRATION			Please check applicable	box, & if Amendment, e	nter number
			HOUS	ING DE	ELIVERY G	OALS	CHART#2	002			New Plan:		
STRATEG	SIES	FOR THE	LOCAL HOU	SING AS	SSISTANCE	PLAN F	OR STATE	FISCAL YEAR:		2013/2014	Amendment:		
											Fiscal Yr. Closeout:		
Name of Local Government:		Lafayet	e County					Available Funds:	\$350,000.00			67-37.005 F	.A.C.
								A	В	c	D	E	F
HOME OWNERSHIP		VLI	Max. SHIP	u	Max. SHIP	MI	Max. SHIP	New Construction	Rehab/Repair	Without Construction	Total	Total	Total
STRATEGIES		Units	Award	Units	Award	Units	Award	SHIP Dollars	SHIP Dollars	SHIP Dollars	SHIP Dollars	Percentage	Units
Purchase Assistance-New		0	\$25,000	2	\$25,000	2	\$20,000	\$90,000.00	\$0.00	\$0.00	\$90,000.00	25.71%	4
Purchase Assistance-Existing		0	\$25,000	1	\$25,000	3	\$20,000	\$0.00	\$85,000.00	\$0.00	\$85,000.00	24.29%	4
Owner Occupied Major Rehab.		2	\$30,000	0	\$0	0	\$0	\$0.00	\$60,000.00	\$0.00	\$60,000.00	17.14%	2
Emergency Repairs		11	\$7,500	0	\$0	0	\$0	\$0.00	\$80,000.00	\$0.00	\$80,000.00	22.86%	11
Disaster Mitigation/ Recovery	05	0	\$45,600	0	\$45,600	0	\$45,600	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	0
Housing Replacement	4	0	\$50,000	0	\$50,000	0	\$0	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	0
	Ð	0	\$0	0	\$0	0	\$0	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	
	ag	0	\$0	0	\$0	0	\$0	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	0
Subtotal 1 (Home Ownership)	à	13		3		5		\$90,000.00	\$225,000.00	\$0.00	\$315,000.00	90.00%	. 21
	~												
RENTAL	3	VLI	Max. SHIP	u	Max. SHIP	MI	Max. SHIP	New Construction	Rehab/Repair	Without Construction	Total	Total	Total
STRATEGIES	R	Units	Award	Units	Award	Units	Award	SHIP Dollars	SHIP Dollars	SHIP Dollars	SHIP Dollars	Percentage	Units
	8										\$0.00	0.00%	0
	ഫ്										\$0.00	0.00%	0
											\$0.00	0.00%	0
											\$0.00	0.00%	0
										· · · · · · · · · · · · · · · · · · ·	\$0.00	0.00%	0
Subtotal 2 (Non-Home Ownersh	iip)	0		0		0		\$0.00	\$0.00	\$0.00	\$0.00	0.00%	0
Administration Fees											\$35,000.00	10.00%	
Admin. From Program Income						_						0.00%	
Home Ownership Counseling												0.00%	
GRAND TOTAL													
Add Subtotals 1 & 2, plus all Admin. & HO Counseling		13		3		5		\$90,000.00	\$225,000.00	\$0.00	\$350,000.00	100.00%	21
Percentage Construction	n/Reh		Ca	culate Cons	tr./Rehab Percen	t. by adding	Grand Total Colu	umns A&B, then divide by A	nnual Allocation Amt.	1	90%		
Maximum Allowable											5078		
Purchase Price:								New	\$180,000	Existing	\$180,000		
Allocation Breakdown			mount		%		Projected Pro			Max Amount Program	Incomo Ect Admis	60.00	-
Very-Low Income					wax Amount Program		\$0.00						
Low Income		<u> </u>	\$125,000.00		31.4%		Distribution:		\$350,000.00				
Moderate Income				Funds:	\$350,000.00		1						
OTAL \$315,000.00 90.0%				·····	,	4		14-Mar-11					

	Title: LHAP Template 2009
Exhibit A Admin Budget	 No. 001
Fiscal Year 11/12	67-37.005(1), F.A.C.
	Effective Date: 11/09
Salaries and Benefits	\$ 35,000.00
Office Supplies and Equipment	\$
Travel Perdiem Workshops, etc	\$ · · · · · · · · · · · · · · · · · · ·
Advertising	\$
	\$
TOTAL	\$ 35,000.00

Fiscal Year 12/13	
Salaries and Benefits	\$ 35,000.00
Office Supplies and Equipment	\$
Travel Perdiem Workshops, etc	\$
Advertising	\$
	\$
TOTAL	\$ 35,000.00

Fiscal Year 13/14	
Salaries and Benefits	\$ 35,000.00
Office Supplies and Equipment	\$
Travel Perdiem Workshops, etc	\$
Advertising	\$
	\$
TOTAL	\$ 35,000.00

Based on a distribution of

\$350,000.00

No. 001 67-37.005(1), F.A.C. Effective Date: 11/09

TIMETABLE FOR STATE FISCAL YEAR

Exhibit B

Name of Local Government: LAFAYETTE COUNTY

Program	Year							45														÷.																					
	Month	7	8	9	10	11	12	1	2	3	4	5	6	7	. 8	9	10	. 11	12	,	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12
Advertise Availability of Funds		x		 										-	-			-	<u> </u>	-											-												
Application Period(On-Going)			x	×	x	x	x	×	×	x	×	x	x	x	x	x	x	x	x	x	x	x	x	x	x						-												
Start Program Year		x												-	-	+	+	+									_														+		
Start Program rear		^											\vdash																					_									
Annual Report																x												x												×	-		
Mid-Year Review/Adjustments							x							L																													
End-Year Review/Adjustments													x								-				x												x						
				ļ											ļ				_	-																							
Encumbrance Deadline																	1	+							x																		
Expenditure Deadline																		_																			x					-	
Final Program Review																																					x						
															_																												
				L		L		L					1				1	1	1																					<u> </u>			

Directions: Type in the applicable years across the top line.

List Program Activities down left hand side. Type in an "X"

on applicable activity line under month and year the activity will be initiated or completed.

At a minimum the following activities should be included:

1) Advertise availability of funds and application period

2) Encumbrance of funds (12 months following end of State Fiscal Year)

3) Expenditure of funds (24 months following end of State Fiscal Year).

4) Submit Annual Report to FHFC (September 15th)

FORM 8B MEMORANDUM OF VOTING CONFLICT FOR COUNTY, MUNICIPAL, AND OTHER LOCAL PUBLIC OFFICERS

LAST NAME-FIRST NAME-MIDDLE NAME		NAME OF BOARD, COUNCIL, COMMISSION, AUTHORITY, OR COMMITTEE										
LAMB, LANCE F.		Lafayette County Board of County Commission	ner									
MAILING ADDRESS 509 S.W. County Road 350)	THE BOARD, COUNCIL, COMMISSION, AUTHORITY OR COMMITTEE ON WHICH I SERVE IS A UNIT OF:										
CITY	COUNTY											
	Lafayette	NAME OF POLITICAL SUBDIVISION: Lafayette County, Florida										
DATE ON WHICH VOTE OCCURRED 4-11	-11											

WHO MUST FILE FORM 8B

This form is for use by any person serving at the county, city, or other local level of government on an appointed or elected board, council, commission, authority, or committee. It applies equally to members of advisory and non-advisory bodies who are presented with a voting conflict of interest under Section 112.3143, Florida Statutes.

Your responsibilities under the law when faced with voting on a measure in which you have a conflict of interest will vary greatly depending on whether you hold an elective or appointive position. For this reason, please pay close attention to the instructions on this form before completing the reverse side and filing the form.

INSTRUCTIONS FOR COMPLIANCE WITH SECTION 112.3143, FLORIDA STATUTES

A person holding elective or appointive county, municipal, or other local public office MUST ABSTAIN from voting on a measure which inures to his or her special private gain or loss. Each elected or appointed local officer also is prohibited from knowingly voting on a measure which inures to the special gain or loss of a principal (other than a government agency) by whom he or she is retained (including the parent organization or subsidiary of a corporate principal by which he or she is retained); to the special private gain or loss of a business associate. Commissioners of community redevelopment agencies under Sec. 163.356 or 163.357, F.S., and officers of independent special tax districts elected on a one-acre, one-vote basis are not prohibited from voting in that capacity.

For purposes of this law, a "relative" includes only the officer's father, mother, son, daughter, husband, wife, brother, sister, father-in-law, mother-in-law, son-in-law, and daughter-in-law. A "business associate" means any person or entity engaged in or carrying on a business enterprise with the officer as a partner, joint venturer, coowner of property, or corporate shareholder (where the shares of the corporation are not listed on any national or regional stock exchange).

ELECTED OFFICERS:

In addition to abstaining from voting in the situations described above, you must disclose the conflict:

PRIOR TO THE VOTE BEING TAKEN by publicly stating to the assembly the nature of your interest in the measure on which you are abstaining from voting; and

WITHIN 15 DAYS AFTER THE VOTE OCCURS by completing and filing this form with the person responsible for recording the minutes of the meeting, who should incorporate the form in the minutes.

APPOINTED OFFICERS:

Although you must abstain from voting in the situations described above, you otherwise may participate in these matters. However, you must disclose the nature of the conflict before making any attempt to influence the decision, whether orally or in writing and whether made by you or at your direction.

IF YOU INTEND TO MAKE ANY ATTEMPT TO INFLUENCE THE DECISION PRIOR TO THE MEETING AT WHICH THE VOTE WILL BE TAKEN:

• You must complete and file this form (before making any attempt to influence the decision) with the person responsible for recording the minutes of the meeting, who will incorporate the form in the minutes. (Continued on other side)

APPOINTED OFFICERS (continued)	U
 A copy of the form must be provided immediately to the other members of the agency. 	
 The form must be read publicly at the next meeting after the form is filed. 	
IF YOU MAKE NO ATTEMPT TO INFLUENCE THE DECISION EXCEPT BY DISCUSSION AT THE MEETING:	
 You must disclose orally the nature of your conflict in the measure before participating. 	
 You must complete the form and file it within 15 days after the vote occurs with the person responsible for recording the minutes o meeting, who must incorporate the form in the minutes. A copy of the form must be provided immediately to the other members of agency, and the form must be read publicly at the next meeting after the form is filed. 	
DISCLOSURE OF LOCAL OFFICER'S INTEREST	,
I, LANCE F. LAMB , hereby disclose that on 4 - 11	। <u>क</u> ः
 (a) A measure came or will come before my agency which (check one) inured to my special private gain or loss; inured to the special gain or loss of my business associate, inured to the special gain or loss of my relative, inured to the special gain or loss of my relative, inured to the special gain or loss of whom I am retained; or 	i
Date Filed Signature Lance F. Lamb	

NOTICE: UNDER PROVISIONS OF FLORIDA STATUTES §112.317, A FAILURE TO MAKE ANY REQUIRED DISCLOSURE CONSTITUTES GROUNDS FOR AND MAY BE PUNISHED BY ONE OR MORE OF THE FOLLOWING: IMPEACHMENT, REMOVAL OR SUSPENSION FROM OFFICE OR EMPLOYMENT, DEMOTION, REDUCTION IN SALARY, REPRIMAND, OR A CIVIL PENALTY NOT TO EXCEED \$10,000.

CE FORM 8B - EFF. 1/2000

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FORM 8B MEMORANDUM OF VOTING CONFLICT FOR COUNTY, MUNICIPAL, AND OTHER LOCAL PUBLIC OFFICERS

AST NAMEFIRST NAMEMIDDLE NAME	NAME OF BOARD, COUNCIL, COMMISSION, AUTHORITY, OR COMMITTEE
BYRD, T. JACK	Lafayette County Board of County Commissioner
MAILING ADDRESS 10305 S.E. County Road 405 CITYCOUNTY	THE BOARD, COUNCIL, COMMISSION, AUTHORITY OR COMMITTEE ON WHICH I SERVE IS A UNIT OF: DI CITY BCOUNTY DI OTHER LOCAL AGENCY
Branford Lafayette	NAME OF POLITICAL SUBDIMISION: Lafayette County, Florida
DATE ON WHICH VOTE OCCURRED 4 11 11	

WHO MUST FILE FORM 8B

This form is for use by any person serving at the county, city, or other local level of government on an appointed or elected board, council, commission, authority, or committee. It applies equally to members of advisory and non-advisory bodies who are presented with a voting conflict of interest under Section 112.3143, Florida Statutes.

Your responsibilities under the law when faced with voting on a measure in which you have a conflict of interest will vary greatly depending on whether you hold an elective or appointive position. For this reason, please pay close attention to the instructions on this form before completing the reverse side and filing the form.

INSTRUCTIONS FOR COMPLIANCE WITH SECTION 112.3143, FLORIDA STATUTES

A person holding elective or appointive county, municipal, or other local public office MUST ABSTAIN from voting on a measure which inures to his or her special private gain or loss. Each elected or appointed local officer also is prohibited from knowingly voting on a measure which inures to the special gain or loss of a principal (other than a government agency) by whom he or she is retained (including the parent organization or subsidiary of a corporate principal by which he or she is retained); to the special private gain or loss of a relative; or to the special private gain or loss of a business associate. Commissioners of community redevelopment agencies under Sec. 163.356 or 163.357, F.S., and officers of independent special tax districts elected on a one-acre, one-vote basis are not prohibited from voting in that capacity.

For purposes of this law, a "relative" includes only the officer's father, mother, son, daughter, husband, wife, brother, sister, father-in-law, mother-in-law, son-in-law, and daughter-in-law. A "business associate" means any person or entity engaged in or carrying on a business enterprise with the officer as a partner, joint venturer, coowner of property, or corporate shareholder (where the shares of the corporation are not listed on any national or regional stock exchange).

ELECTED OFFICERS:

In addition to abstaining from voting in the situations described above, you must disclose the conflict:

PRIOR TO THE VOTE BEING TAKEN by publicly stating to the assembly the nature of your interest in the measure on which you are abstaining from voting; and

WITHIN 15 DAYS AFTER THE VOTE OCCURS by completing and filing this form with the person responsible for recording the minutes of the meeting, who should incorporate the form in the minutes.

APPOINTED OFFICERS:

Although you must abstain from voting in the situations described above, you otherwise may participate in these matters. However, you must disclose the nature of the conflict before making any attempt to influence the decision, whether orally or in writing and whether made by you or at your direction.

IF YOU INTEND TO MAKE ANY ATTEMPT TO INFLUENCE THE DECISION PRIOR TO THE MEETING AT WHICH THE VOTE WILL BE TAKEN:

You must complete and file this form (before making any attempt to influence the decision) with the person responsible for recording the minutes of the meeting, who will incorporate the form in the minutes. (Continued on other side)

•	A copy of the form must be provided immediately	to the other members of the agency.

• The form must be read publicly at the next meeting after the form is filed.

APPOINTED OFFICERS (continued)

IF YOU MAKE NO ATTEMPT TO INFLUENCE THE DECISION EXCEPT BY DISCUSSION AT THE MEETING:

- You must disclose orally the nature of your conflict in the measure before participating.
- You must complete the form and file it within 15 days after the vote occurs with the person responsible for recording the minutes of the meeting, who must incorporate the form in the minutes. A copy of the form must be provided immediately to the other members of the agency, and the form must be read publicly at the next meeting after the form is filed.

	CLOSURE OF LOCAL OFFICE	R'S INTEREST	•
, T. JACK BYRD	, hereby disclose that on	4/11	, 20 👥
a) A measure came or will come before n	ny agency which (check one)		
<u>X</u> inured to my special private gain or	r loss;		
inured to the special gain or loss of	my business associate,	·	·
	my relative,		
inured to the special gain or loss of			
whom I am retained; or	· ·		
inured to the special gain or loss of			. wi
•	iary of a principal which has retained me.		,,
Invoice payable t	d byras rower equ	upment	
Invoice payable to considered and	o Byrds Power Equ t approved to b	epaid.	•
Invoice payable to considered and	t approved to b	epaid.	
Invoice payable to considered and	t approved to b	epaid.	
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Invoice payable to considered and	t approved to b	epaid.	
Invoice payable to considered and	t approved to b	epaid.	· · ·
Invoice payable to considered and 4/11/11	o byras rower equ copproved to b	epaid.	

NOTICE: UNDER PROVISIONS OF FLORIDA STATUTES §112.317, A FAILURE TO MAKE ANY REQUIRED DISCLOSURE CONSTITUTES GROUNDS FOR AND MAY BE PUNISHED BY ONE OR MORE OF THE FOLLOWING: IMPEACHMENT, REMOVAL OR SUSPENSION FROM OFFICE OR EMPLOYMENT, DEMOTION, REDUCTION IN SALARY, REPRIMAND, OR A CIVIL PENALTY NOT TO EXCEED \$10,000.

CE FORM 8B - EFF. 1/2000

Ben Withers, Inc.

P.O. Box 908 Panacea, FL 32346 Phone: 850-984-0149 Fax: 850-984-2735

Bill To

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Lafayette County 120 West Main St Mayo, FL 32066 RE: Hardenberg Landing Boat Ramp

		P.O. No.	Terms	Project
Quantity	Description	U	/M Rate	Amount
	GENERAL CONSTRUCTION PROJECTS		15.	030.10
ayment Due Upon R	leceipt		Total	\$15,030.10

Invoice

Date	Invoice #
3/21/2011	2010-1121f

Book 31 Page 412

APPLICATION AND CERTIFICATE FOR PAYMENT AIA DOCUMENT G702 PAGE ONE OF 3 PAGES TO OWNER: LAFAYETTE COUNTY BOCC **PROJECT** ; **APPLICATION NO: 3** DISTRIBUTION TO: X OWNER **120 WEST MAIN STREET** PERIOD TO: 4/13/11 X ARCHITECT CONTRACTOR MAYO, FL 32066 PROJECT NOS.: 2010-1121 LENDER VIA ARCHITECT: NORTH FLORIDA PROFESSIONAL SERVICES, INC. FROM CONTRACTOR: BEN WITHERS, INC. P.O. Box 908 P. O. BOX 3823 LAKE CITY, FL 32318 PANACEA, FL 32346 CONTRACT DATE: DECEMBER 13, 2010 CONTRACT FOR: HARDENBERG BOAT RAMP The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the CONTRACTOR'S APPLICATION FOR PAYMENT Work covered by this Application for Payment has been completed in accordance with the Contract Documents, application is made for payment, as shown below in connection with the Contract that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were Continuation Sheet, AIA Document G703, is attached. issued and payments received from the Owner, and that current payment shown herein is now due. \$ 69.932.72 1. ORIGINAL CONTRACT SUM CONTRACTOR: Ben Withers, Inc. 2. Net change by Change Orders..... \$ 47,989.71 Book 31 Page 413 CONTRACT SUM TO DATE (Line 1 +/- 2)..... \$117,922.43 3. By: Date: April 13, 2011 TOTAL COMPLETED & STORED TO DATE \$117,922.43 4. Ben Withers, President, (Column G on G703) **RETAINAGE:** State of: FLORIDA 5. a. 10% of Completed Work \$ County of : WAKULLA (Columns D+E on G703) Subscribed and sworn to before PEN BARTON b. 10% of Stored Material Notary Public - State of Florida me this 13 th day of April, 2011 (Column F on G703) My Commission Expires Jun 6, 2012

 (Line 6 from prior Constraints) 8. CURRENT PAYME 9. BALANCE TO FINIT 	\$102,892.33 \$15,030.10		
(Line 3 less Line 6)	-		\$ 0.00
CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTI	ONS
Total changes approved in previous months by Owner	\$ 45,890.98		
Total approved this Month	\$ 2,098.73		
TOTALS	\$ 47,989.71		
NET CHANGES by Change Order	\$ 47,989.71		

Total in Column 1 of G703.....

TOTAL EARNED LESS RETAINAGE.....

LESS PREVIOUS CERTIFICATES FOR PAYMENT

\$

\$117,922.43

Total Retainage (Line 5a+5b or

(Line 4 less Line 5 Total)

6.

7.

In accordance with the Contract Documents, based on on-site observations and the data comprising this application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

Commission # DD 756696

Bondeu Through National Notary Assn.

AMOUNT CERTIFIED

ARCHITECT'S CERTIFICATE FOR PAYMENT

Notary Public: Penny Barton

My Commission expires: 6/6/2012

Sonny Bauton

(Attach explanation if amount certified differs from the amount applied for. Initial all figures on this Application and on the Continuation Sheet that are changed to conform to the amount certified.) ARCHITTER ENGINEER

Date: 4/25/2011

By: 75/ 1-1 This Certificate is not negotiable. The AMOUNT CERTIFIED is bayable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

DONTI	NUATION SHEET			AIA DOCUMENT G	703			PAGE 1 OF 1		
AIA Do	cument G702, APPLICATION AND CERTIF	ICATION FOR PAYME	NT, containing			APP	LICATION NO:	2010-1121-3		l
Contrac	tor's signed certification is attached.					APPLIC	ATION DATE:	04/13/11		
n tabul	ations below, amounts are stated to the neu	erest dollar.					PERIOD TO:	04/13/11		
Jse Co	lumn I on Contracts where variable retainag	ge for line items may ap	oly.			ARCHITECT'S	PROJECT NO:	Hardenberg Boat R	lamp	1
A	B	Ċ	D	Ē	F	G		Н	1	l
ITEM	DESCRIPTION OF WORK	SCHEDULED	WORK COM		MATERIALS	TOTAL	%	BALANCE	RETAINAGE	
NO.		VALUE	APPLICATION	THIS PERIOD	PRESENTLY STORED	COMPLETED AND STORED	(G + C)	TO FINISH (C - G)	(IF VARIABLE RATE)	
100 C			(D + E)		(NOT IN	TO DATE	والمراجع والمتعار ومستهم والمتعاد المتابط	10-01	nniej	l l
			Mintheast		DORE)	(D+E+F)		(1.18		
	Mobilizaton	10,352.72	\$10,362.72		CONTRACTOR OF A	\$10,352.72	100%	\$0.00	\$1,035.27	
	Sediment & Erosion Control	2,000.00	\$2,000.00			\$2,000.00	100%	\$0.00	\$200.00	
	Clearing and Demolition	3,500.00	\$3,500.00			\$3,500.00	100%	\$0.00	\$350.00	
	Earthwork	3,800.00	\$3,800.00			\$3,800.00	100%	\$0.00	\$380.00	
	Push Slab 1	\$17,000.00	\$17,000.00		24	\$17,000.00	100%	\$0.00	\$1,700.00	ł
	Push Slab 2	14,500.00	\$14,500.00			\$14,500.00	100%	\$0.00	\$1,450.00	
	Grout pillow	2,800.00	\$2,800.00			\$2,800.00	100%	\$0.00	\$280.00	
	Rip rap	1,500.00		\$1,500.00		\$1,500.00	100%	\$0.00	\$150.00	
	Concrete Handicap parking	\$2,700.00	\$2,700.00		a an	\$2,700.00	100%	\$0.00	\$270.00	
	Gravel Parking	\$7,500.00	\$7,500.00		an a	\$7,800.00	100%	\$0.00	\$750.00	
	Wheel Stops	\$2,880.00	\$2,880.00			\$2,080.00	100%	\$0.00	\$288.00	
	Survey and Testing	\$1,400.00	\$1,400.00			\$1,400.00	100%	\$0.00	\$140.00	
	Change Order No. 1									
	Mobilization	\$3,990.98	\$3,990.98			\$3,990.98	100%	\$0.00	\$399.10	
	header curb	\$23,600.00	\$23,600.00			\$23,600.00	100%	\$0.00	\$2,360.00	
	Additional Gravel parking	\$18,300.00	\$18,300.00			\$18,300.00	100%	\$0.00	\$1,830.00	
	Change Order No. 2	\$2,098.73		\$2,098.73		\$2,098.73	100%	\$0.00	\$209.87	
										Į
			aini							1
vodili atalian										
		\$117,922.43	\$114,323.70	\$3,598.73	\$0.00	\$117,922.43	100%	\$0.00	\$11,792.24	J

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Ben Withers, Inc.

General Contractor FL. R0#0055056 Coastal Highway - Post Office Box 908 Panacea, Florida 32346 Telephone: (850) 984-0149 Fax: (850) 984-2735

RELEASE AND WAIVER OF LIEN

The undersigned lienor, in consideration of value received, hereby released its right to claim of lien to the extent of \$117,922.43 (U.S. Dollars) for labor, services and/or materials furnished through April 25, 2011 (net of listed exceptions below) to the property:

Hardenberg Landing Boat Ramp Lafayette County Board of County Commissioners 120 West Main Street Mayo, FL 32066

Listed Exceptions: N/A

The undersigned certifies that all labor, services and/or materials described herein have been provided prior to the execution and delivery of this document.

DATED ON: April 25, 2011

CONTRACTOR:

Ben Withers, Inc. Post Office Box 908 Panacea, Florida 32346 Ben

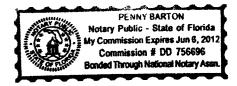
BY:

Ben Withers, President

STATE OF FLORIDA COUNTY OF WAKULLA

The above signed appeared before me this 25th day of April, 2011, being personally known to me he did not take an oath.

Penny Barton, Notary Public



Check History Report Sorted By Check Number Activity From: 4/11/2011 to 4/11/2011

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Check	A General Fund Check Vendor		Check	Check	
Number	Date	Number	Name	Amount	Туре
46058	4/11/2011	A3G	A3 Graphics	468.00	Auto
46059	4/11/2011	AFLAC	AFLAC	671.16	Auto
46060	4/11/2011	APS	Alachua Pest Services, LLC	420.33	Auto
46061	4/11/2011	BMC	Betty Mills Company	102.90	Auto
46062	4/11/2011	BPE	Byrd's Power Equipment	487.15	Auto
46063	4/11/2011	BR	Blue Rok, Inc.	5,495.56	Auto
46064	4/11/2011	BSA	B's Starters & Alternators	100.00	Auto
46065	4/11/2011	BTM	Bound Tree Medical, LLC.	185.34	Auto
46066	4/11/2011	CSL	Cotton State Life	145.28	Auto
46067	4/11/2011	CTY	Cindy Tysall	23.66	Auto
46068	4/11/2011	DBM	Dr. Bogdan Maliszewski	700.00	Auto
46069	4/11/2011	DBPR	State of Florida	136.21	Auto
16070	4/11/2011	FISHER	Fisher Safety	5,018.34	Auto
46071	4/11/2011	FMCB	Florida Medicaid County Billin	19,110.12	Auto
46072	4/11/2011	GFT	Gordon Ford Tractor	155.13	Auto
46073	4/11/2011	GLC	Greatamerica Leasing Corp.	158.35	Auto
46074	4/11/2011	HASI	Hamlin Auto Supply, Inc	2,568.26	Auto
46075	4/11/2011	JJG	J & J Gas	186.23	Auto
46076	4/11/2011	JPB	Nature Coast Services, LLC	800.00	Auto
46076	4/11/2011	L4H	Lafayette 4-H	1,774.16	Auto
46077 46078	4/11/2011	LOT	Live Oak Tractor	156.63	Auto
	4/11/2011	LSL	LightSquared LP	69.67	Auto
46079	4/11/2011	MAP	Mayo Auto Parts	767.53	Auto
16080	4/11/2011	MF	Mayo Fertilizer	136.10	Auto
46081 46080			Mayo Hardware	1,706.75	Auto
16082	4/11/2011	MH	McCrimon's Office Supply	77.23	Auto
46083	4/11/2011	MOS	North Florida Pharmacy of Mayo	113.64	Auto
46084	4/11/2011		Neece Tire & Auto Service Inc	2,032.20	Auto
46085	4/11/2011	NTAS	Putnal's Premium Pine Straw	200.00	Auto
46086	4/11/2011	PPP		319.61	Auto
46087	4/11/2011	QC	Quill Corporation	65.60	Auto
46088	4/11/2011	QM	Quadmed, Inc.	1,748.18	Auto
46089	4/11/2011	QMC	Quick Med Claims	155.00	Auto
46090	4/11/2011	RESEXP	Research Express	82.55	Auto
46091	4/11/2011	RKD	RK Distributing, Inc.	782.89	Auto
46092	4/11/2011	RP	Ring Power		Auto
46093	4/11/2011	SCL	Suwannee County Landfill	13,170.47 322.96	Auto
46094	4/11/2011	SGMG	South Georgia Media Group		
46095	4/11/2011	SSCF	Sage Software Checks & Forms	438.15	Auto
46096	4/11/2011	SWH	S & W Healthcare	112.00	Auto
46097	4/11/2011	том	Town of Mayo	582.80	Auto
46098	4/11/2011	VNG	Valley National Gases	294.42	Auto
46099	4/11/2011	W	Windstream	834.02	Auto
46100	4/11/2011	WBH	W. B. Howland Co.	821.78	Auto
46101	4/11/2011	WCSI	Wright Container Services, Inc	1,050.00	Auto
46102	4/11/2011	WRW	W R Williams Distributors	17,879.97	Auto
46103	4/11/2011	AIG	AIG/American General	599.35	Auto
16104	4/11/2011	BBB	BetterBaseBall	4,800.00	Auto
46105	4/11/2011	BCBS	Blue Cross Blue Shield of FL	43,382.41	Auto
46106	4/11/2011	DDIC	Delta Dental Insurance Company	1,020.85	Auto
46107	4/11/2011	DISH	Dish Network	82.61	Auto
46108	4/11/2011	DROA	Public Defender Occupancy Act.	379.47	Auto
46109	4/11/2011	GAL	Columbia County BCC	1,262.18	Auto
i6110	4/11/2011	GG	Hon. Greg Godwin	2,201.35	Auto
16110 16111	4/11/2011	LCCC	Lafayette County Clerk of Cour	11,017.83	Auto

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Lafayette County (GNF)

ank Code: A heck umber	General Fund Check Date	Vendor Number	Name		Check Amount	Check Type
46112	4/11/2011	LCPA	Lafayette County Property App.		17,772.58	Auto
46113	4/11/2011	LCSC	Lafayette County Sheriff		48,500.00	Auto
46114	4/11/2011	LCSE	Lafayette County Sup of Electi		13,064.59	Auto
46115	4/11/2011	LCSE9	Lafayette County Sheriff		10,500.00	Auto
46116	4/11/2011	LCSLE	Lafayette County Sheriff		52,500.00	Auto
46117	4/11/2011	LCTC	Lafayette County Tax Collector		18,435.25	Auto
46118	4/11/2011	LN	Liberty National Life Insuranc		356.14	Auto
46119	4/11/2011	ME	Mowrey Elevator Co of FL		238.22	Auto
46120	4/11/2011	MP	Mayo Postmaster		264.00	Auto
46121	4/11/2011	OME	Office of the Medical Examiner		11,125.00	Auto
46122	4/11/2011	PDIT	Public Defender I.T.		122.50	Auto
16123	4/11/2011	PL	Paul Lamb		692.00	Auto
6124	4/11/2011	RFC	Reliable Fence Company		4,999.99	Auto
6125	4/11/2011	SA	Robert L. Jarvis, Jr.		1,615.00	Auto
6126	4/11/2011	SAIT	Robert L. Jarvis, Jr.		540.00	Auto
6127	4/11/2011	SON	Sonitrol		160.00	Auto
6128	4/11/2011	SSC	Security Safe Company, Inc.		291.00	Auto
			Ba	ank A Total:	328,548.65	
			R	eport Total:	328,548.65	

THESE INVOICES HAVE BEEN EXAMINED AND APPROVED FOR PAYMENT BY THE LAFAYETTE COUNTY BOARD OF COMMISSIONERS ON THIS 11TH DAY OF APRIL, 2011.

BOARD OF COUNTY COMMISSIONERS, LAFAYETTE COUNTY, FL

LIST OF WARRANTS DRAWN ON THE **EMERGENCY 911** FUND.

FROM THE FIRST FEDERAL BANK, ON APRIL 11, 2011.

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TO WHOM ISSUED	PURPOSE OF EXPENDITURE	ACCOUNT NUMBER	WARRANT NO.	AMOUNT
COMMUNICATIONS ASSOCIATE WINDSTREAM HILL'S COMPUTER SERVICE	MAINTENANCE COMMUNICATIONS MAINTENANCE	526-460 526-410 526-460		\$ 654.76 \$ 234.00 \$ 195.99
TOTAL				\$ 1,084.75

IOTAL

THESE INVOICES HAVE BEEN EXAMINED AND APPROVED FOR PAYMENT BY THE LAFAYETTE COUNTY BOARD OF COUNTY COMMISSIONERS ON THIS 11TH DAY OF APRIL, 2011.

BOARD OF COUNTY COMMISSIONERS, LAFAYETTE COUNTY, FL

LIST OF WARRANTS DRAWN ON THE CAPITAL PROJECTS FUND.

FROM THE LAFAYETTE COUNTY STATE BANK, ON APRIL 11, 2011.

TO WHOM ISSUED	PURPOSE OF EXPENDITURE	ACCOUNT NUMBER	WARRANT NO.	AMOUNT
WB HOWLAND ALACHUA PEST SERVICES MAYO HARDWARE CITY ELECTRIC SUPPLY	CONSTRUCTION CONSTRUCTION CONSTRUCTION CONSTRUCTION	519-620 519-620 519-620 519-620		\$ 37.37 \$ 75.00 \$ 766.94 \$ 215.30
TOTAL				\$ 1,094.61

THESE INVOICES HAVE BEEN EXAMINED AND APPROVED FOR PAYMENT BY THE LAFAYETTE COUNTY BOARD OF COUNTY COMMISSIONERS ON THIS 11TH DAY OF APRIL, 2011.

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BOARD OF COUNTY COMMISSIONERS, LAFAYETTE COUNTY, FL

LIST OF WARRANTS DRAWN ON THE SPECIAL LAW ENFORCEMENT TRUST FUND.

FROM THE LAFAYETTE COUNTY STATE BANK, ON APRIL 11, 2011.

TO WHOM ISSUED	PURPOSE OF EXPENDITURE	ACCOUNT NUMBER	WARRANT NO.	A	MOUNT
LAFAYETTE COUNTY SHERIFF	SUPPLIES	523-520		\$	2,200.49
TOTAL				\$	2,200.49
	•	1	•		

THESE INVOICES HAVE BEEN EXAMINED AND APPROVED FOR PAYMENT BY THE LAFAYETTE COUNTY BOARD OF COUNTY COMMISSIONERS ON THIS 11TH DAY OF APRIL, 2011.