

Levy County Board of County Commissioners

Agenda Item Summary

This completed form is required to be turned in at the Board of County Commission Office by noon on Wednesday before the Tuesday Regular Meeting

1. NAME/ORGANIZATION/TELEPHONE: RUTH A RUPPERT⁽³⁹²⁾ (447-0236)
 on behalf of INGLIS RECREATION COMMITTEE

2. MEETING DATE: 5 APR 2016

3. REQUESTED MOTION/ACTION: TO PROVIDE TRAFFIC CONTROL / SUPPORT FOR MEMORIAL DAY PARADE TO BE HELD ON MONDAY, 30 MAY 2016, IN INGLIS. (SEE ATTACHED MAP)
 START TIME 11:00AM; FINISH APPROX 11:30AM

4. Agenda Presentation
Time Requested: 5 min
 (Request will be granted if possible)
ALLOTTED TIME NOT MORE THAN 15 MINUTES

5. IS THIS ITEM BUDGETED (IF APPLICABLE)?: YES ___ NO ___ IF NO, STATE ACTION REQUIRED

BUDGET ACTION:
 FINANCIAL IMPACT SUMMARY STATEMENT:

DETAILED ANALYSIS ATTACHED?: YES ___ NO ___ BUDGET OFFICER APPROVAL ___ DATE

6. BACKGROUND: (WHY IS THE ACTION NECESSARY, AND WHAT ACTION WILL BE ACCOMPLISHED)
 PARADE FOR MEMORIAL DAY CELEBRATION; END OF ROUTE WILL HAVE PARK DEDICATION FOR "BUZZ" TERHUNE & other speeches to honor those fallen.

7. RECOMMENDED APPROVAL AND DATE (YES & NO BLOCK INDICATE IF APPROVAL IS/IS NOT REQUIRED)

DEPARTMENT DIRECTOR	OTHER	OTHER	OTHER	COUNTY ATTORNEY	COUNTY COORDINATOR
YES ___ NO	YES ___ NO	YES ___ NO	YES ___ NO	YES ___ NO	YES ___ NO

8. COMMISSION ACTION:

APPROVED

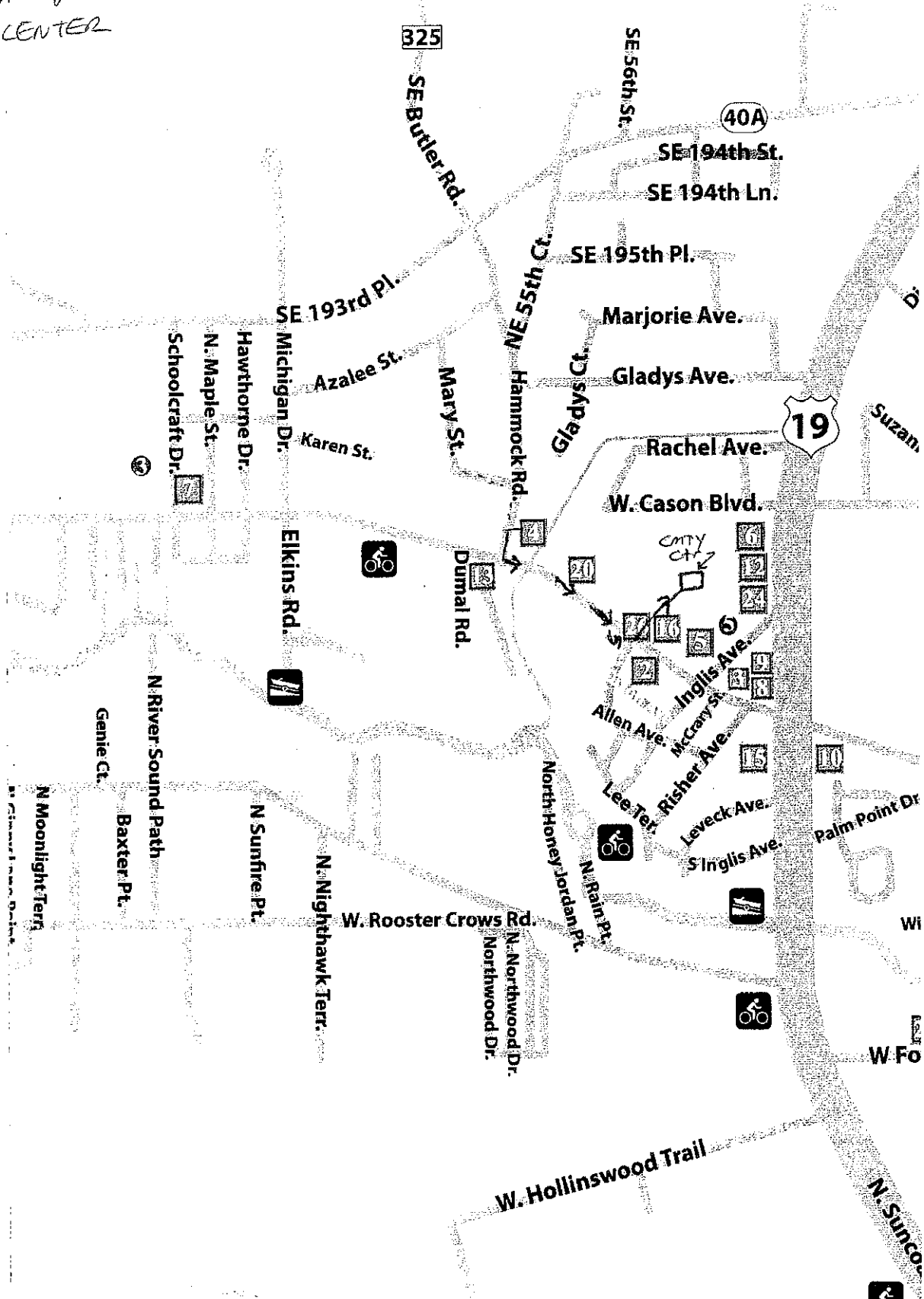
DENIED

DEFERRED DATE TO BRING BACK:

OTHER SPECIFY:

4 is Drummond Cnty BANK (start)

parade entries will LINE up at DRUMMOND BANK, ALONG HAMMOCK ROAD
(AND MARY ST if necessary); START 11 AM, proceed EAST on Hwy 40, then
NORTH between Inglis Town Hall & Inglis FIRE STATION to INGLIS
COMMUNITY CENTER



*Levy County Board of County Commissioners
Agenda Item Summary*

1. **DEPARTMENT MAKING REQUEST/NAME/EXTENSION:**
JACQUELINE MARTIN, HUMAN RESOURCE MANAGER

2. **MEETING DATE:**
April 5, 2016

3. **REQUESTED MOTION/ACTION:**

Present proposed Amendment to the Worxtime Service Agreement for reporting requirements of the Affordable Care Act.

4. **IS THIS ITEM BUDGETED (IF APPLICABLE) ?:** Yes X No ___ IF NO, STATE ACTION REQUIRED

BUDGET ACTION:

FINANCIAL IMPACT SUMMARY STATEMENT:

FEEES AS PRESENTED ARE WITHIN CURRENT FY BUDGET FOR FINANCE DEPARTMENT.

DETAILED ANALYSIS ATTACHED?: Yes ___ No ___ BUDGET OFFICER APPROVAL ___ DATE

5. **BACKGROUND: (WHY IS THE ACTION NECESSARY, AND WHAT ACTION WILL BE ACCOMPLISHED)**

THE WORXTIME SERVICE AGREEMENT FULFILLS REPORTING REQUIREMENTS OF THE AFFORDABLE CARE ACT, TO INCLUDE IRS REPORTING AND MEASUREMENT PERIOD REVIEW. ELECTED OFFICIALS COVERED BY THE BOARD'S CONTRACT WITH PRM FOR EMPLOYEE GROUP HEALTH INSURANCE WERE INCLUDED IN THIS CONTRACT.

THIS AMENDMENT RELEASES THE PROPERTY APPRAISER'S OFFICE, THE TAX COLLECTOR'S OFFICE, THE CLERK'S OFFICE, AND THE ELECTION'S OFFICE FROM THIS AGREEMENT. THESE OFFICES WILL ASSUME AFFORDABLE CARE ACT REPORTING REQUIREMENTS.

WORXTIME IS A PREFERRED VENDOR OF GALLAGHER BENEFITS SERVICES, ADMINISTRATORS OF GROUP HEALTH INSURANCE FOR PUBLIC RISK MANAGEMENT OF FLORIDA.

6. **RECOMMENDED APPROVAL AND DATE (YES & NO BLOCK INDICATE IF APPROVAL IS/IS NOT REQUIRED)**

DEPARTMENT DIRECTOR	OTHER	OTHER	OTHER	COUNTY ATTORNEY	COUNTY COORDINATOR
YES ___ NO	YES ___ NO	YES ___ NO	YES ___ NO	<input checked="" type="checkbox"/> YES ___ NO	YES ___ NO

7. **COMMISSION ACTION:**

APPROVED

DENIED

DEFERRED DATE TO BRING BACK:

OTHER SPECIFY:

**AMENDMENT TO
SERVICE AGREEMENT**

THIS AMENDMENT TO THE SERVICE AGREEMENT ("Amendment") is entered into as of this ____ day of February, 2016, by and between WORXTIME LLC, a Georgia limited liability company ("Worxtime") and Levy County ("You," "Your" or "Customer"). Any defined terms used herein that are not specifically defined herein shall have the same meaning as set forth in the Agreement.

WHEREAS, Worxtime and Customer entered into that certain Service Agreement, dated 8th of December, 2015 ("Agreement"), with respect to the Worxtime program and certain services; and

WHEREAS, Worxtime and Customer agree to amend the Agreement as more particularly set forth herein;

NOW THEREFORE, in consideration of the mutual promises and covenants contained herein and in the Agreement, Worxtime and Customer hereby agree as follows:

1. You have notified Worxtime that the following EIN will participate in the Worxtime Services in accordance with the Service Agreement:
 - i. Levy County Board of County Commissioners
2. You have advised that Levy County Supervisor of Elections and Levy County Clerk of Courts have opted out of using the Worxtime service, these two(2) entities have already been set up in the Worxtime system, therefore no refund can be given on these entities; if in the future either of these entities wish to participate in our services as an entity of Levy County, there will be no set up fee charged as they are already in our system;
3. You were invoiced and you paid for Levy County Board of County Commissioners and three (3) additional entities to be set up in the Worxtime system. Worxtime will issue a credit to Your account within 30 days of this executed amendment, in the amount of \$250;
4. The Parties are hereby released from any and all obligations, duties, liabilities, warranties or indemnifications that arose or may have arisen from the Agreement referencing the following entities:
 - i. Levy County Property Appraiser
 - ii. Levy County Tax Collector
 - iii. Levy County Supervisor of Elections
 - iv. Levy County Clerk of Courts
5. Except as expressly amended hereby, all the remaining provisions of the Service Agreement shall remain in full force and effect.

The parties hereby agree and consent to the terms and conditions of these Amendments to the stated Service Agreement and acknowledge such by executing the Amendments below.

Executed by Customer:	<u>Levy County</u>	Accepted By:	<u>Worxtime LLC</u>
Signature:	_____	Signature:	_____
Printed Name:	<u>John Meeks</u>	Printed Name:	<u>Tearle D. Bagwell</u>
Title:	<u>Chair, Board of Commissioners</u>	Title:	<u>Managing Partner</u>
Date Signed:	_____	Date Signed:	_____
Address:	<u>PO Box 310 Bronson, FL 32621</u>	Address:	<u>7500 S. Memorial Pkwy Suite 211 Huntsville, AL 35802</u>

Approved as to form and legal sufficiency:

Anne Bast Brown
Anne Bast Brown, County Attorney

Approved by: _____

Levy County Board of County Commissioners

1. DEPARTMENT MAKING REQUEST/NAME/EXTENSION:

Benny Jerrels, Director, Solid Waste Department

2. MEETING DATE:

April 5, 2016

3. REQUESTED MOTION/ACTION: Approve Resolution 2016-021, authorizing Chair to sign application for "Consolidated Small County Solid Waste Management Grant" and appointing the Director of Solid Waste as authorized representative under the grant. Requires vote.

4. AGENDA

Presentation
time requested

(Request will be granted if possible)

4. Is this item budgeted (if applicable)?: Yes___ No X If No, state action required

Budget Action: None Required

Financial Impact Summary Statement: This grant will provide \$90,909.00 grant dollars for the operation of our county landfill.

Detailed analysis attached?: Yes___ No___ Budget Officer approval

Date _____

Funding Source: Solid Waste Department Budget Account Number: _____

5. BACKGROUND: (WHY IS THE ACTION NECESSARY, AND WHAT ACTION WILL BE ACCOMPLISHED)

The Grant has been applied for and received in the past. This year's grant will be in the amount of **\$90,909.00**. This amount is the same as last fiscal year.

We would also request that the Board approve Resolution 2016-021, authorizing the Chair to sign the application and appointing the Director of Solid Waste Department, Benny Jerrels, as authorized representative under the grant to apply for and sign quarterly reimbursement documents until further notice from the Board.

We will present the request for the Board to approve a Resolution, authorizing the Chair to sign the application and appointing the Director of Solid Waste Department, Benny Jerrels, as authorized representative under the grant to apply for and sign quarterly reimbursement documents until further notice from the Board.

ALL SUPPORTING DOCUMENTATION MUST BE ATTACHED

6. RECOMMENDED APPROVAL AND DATE (YES & NO BLOCK INDICATE IF APPROVAL IS/IS NOT REQUIRED)

DEPARTMENT DIRECTOR	OTHER	OTHER	OTHER	COUNTY ATTORNEY	COUNTY COORDINATOR
YES <u>X</u> No ___	YES ___ No ___	YES ___ No ___	YES ___ No ___	YES <u>X</u> No ___	YES <u>X</u> No ___

7. COMMISSION ACTION:

___ APPROVED

___ DENIED

___ DEFERRED DATE TO BRING BACK:

___ OTHER SPECIFY:

RESOLUTION

NUMBER 2016-021

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF LEVY COUNTY, FLORIDA, APPROVING THE 2016-2017 SMALL COUNTY SOLID WASTE GRANT APPLICATION WITH THE FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION; APPOINTING THE DIRECTOR OF THE SOLID WASTE DEPARTMENT AS AUTHORIZED REPRESENTATIVE UNDER THE GRANT.

RECITALS

WHEREAS, pursuant to Section 403.7095, Florida Statutes, the State of Florida, through its Department of Environmental Protection ("DEP") administers a grant program for solid waste management programs of local governments and nonprofit organizations (the "Consolidated Small County Solid Waste Management Grant Program" or "the Grant Program"); and

WHEREAS, the Board of County Commissioners of Levy County ("the Board") has the authority to operate its solid waste management program and qualifies for an award of a grant from the 2016-2017 Consolidated Small County Solid Waste Management Grant Program; and

WHEREAS, the County desires to approve its application for the Consolidated Small County Solid Waste Management Grant for the 2016-2017 fiscal year, to enter into an agreement under the Grant Program, and to provide for appointment of an authorized representative under such Grant Program;

NOW THEREFORE, BE IT RESOLVED by the Board of County Commissioners, of Levy County, Florida that:

1. The Board hereby authorizes the submission of the Application for Consolidated Small County Solid Waste Management Grant for 2016-2017 ("the Application"), and designates the Chair as Authorized Representative for purposes of signing the Application and any agreement required as a result of an award under the Grant Program.

2. The Board hereby appoints the Director of the County Solid Waste Management Department, or his/her designee, as Grant Manager for the Application, who shall be authorized to sign or submit reimbursement requests, reports, assurances, warranties, certifications and any other documents that may be required in connection with the Grant Program.

PASSED AND DULY ADOPTED this 5th day of April, 2016.

**BOARD OF COUNTY COMMISSIONERS
OF LEVY COUNTY, FLORIDA**

John Meeks, Chairman

ATTEST:
Danny J. Shipp, Clerk of the Circuit
Court and Ex Officio Clerk to the
Board of County Commissioners

Danny J. Shipp, Clerk

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY:



Anne Bast Brown, County Attorney

z:\res\small county.authorize.solidwaste.16-17.grant
LR2014-035



Florida Department of Environmental Protection

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

DEP Form #: 62-716.900(2) F.A.C.
Form Title: Small County Consolidated
Solid Waste Management
Grant Application
Effective Date: December 17, 2013
Incorporated in Rule: 62-716.500(2), F.A.C.

Small County Consolidated Solid Waste Management Grant Application

1. Name of County Levy County Board of County Commissioners
C/O Levy County Solid Waste Department
2. Address of County P. O. Box 1734
Bronson, FL 32621
3. Federal Employer Identification Number 59-6000717
4. Name and Title of Contact Person (person handling program on a daily basis)
Name Tina Horne Title Administrative Assistant II
5. Address of Contact Person Same as above
6. Telephone Number of Contact Person (352) 486-3300
7. Population of County 40,448
8. Purpose for which grant money is requested (indicate by checkmarks) per Rule 62-716.510(1)
 a. Purchasing or repairing solid waste scales e. Maintenance of solid waste facilities
 b. Annual solid waste management program f. Education for employees or public
operating costs (may include waste tire and
litter control and prevention)
 c. Planning g. Recycling demonstration projects
 d. Construction of solid waste facilities
9. Purpose for which grant money is requested detail. Please complete the two attached forms: (1) DEP - Attachment "A" Grant Work Plan; and (2) DEP Budget-Cost Analysis.
10. Name and Title of Authorized Representative
Name John Meeks Title Chairman
11. This application is due by July 1, of each year.
12. E-Mail Address of Contact person solidwaste@levycounty.org
13. My Florida Market Place Registered Vendor Address (this address should be registered with My Florida Market Place and is the address your County wants the Reimbursement Request amount, e.g. State Warrant, sent to)
13A. Name of County (as it appears in M.F.M.P.) Levy County
13B. Address of County (as it appears in M.F.M.P.) P. O. BOX 1734 Bronson, FL 32621

14. Is your County Self-Insured for Liability Insurance, appropriate and allowable under Florida Law? YES X NO__
If your county is self-insured, we must have a written statement from your Chief Financial Officer stating this. (Please Attach).

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

Signature of Authorized Representative

Date

APPROVED AS TO FORM AND LEGAL
SUFFICIENCY Anne Bast Brown
Anne Bast Brown, County Attorney

NOTE: This form may be submitted electronically to waste.grants@dep.state.fl.us or by mail to Financial Management and Procurement, MS 4500, Division of Waste Management, Department of Environmental Protection, 2600 Blair Stone Road, Tallahassee, Florida 32399-2400.

ATTACHMENT A GRANT WORK PLAN

PROJECT TITLE: Levy County Small County Consolidated Solid Waste Management Grant

PROJECT AUTHORITY: Levy County (Grantee) received funding from the Florida Legislature in the amount of \$90,909.00, through Specific Appropriation Line Item No. 1693, Solid Waste Management Trust Fund, Fiscal Year (FY) 2015 - 2016, General Appropriations Act. The Grantee meets the threshold for a small county (population under 100,000) and received this funding under the Small County Consolidated Grants program for the purpose of subsidizing its solid waste management program costs. Authority for this Project is specified in Section 403.7095 Florida Statutes, and Chapter 62-716, Florida Administrative Code. Monitoring and auditing guidelines, as related to the Florida Single Audit Act, are specified in the Florida Catalog of State Financial Assistance (CSFA), No. 37.012.

PROJECT LOCATION: Levy County Solid Waste Landfill. The location address is 12051 NE 69th Lane Williston, FL 32696. The household solid waste will be collected from the Levy County Landfill and then transported and disposed of in the New River Solid Waste Association in Union County.

PROJECT BACKGROUND: : The Levy County Landfill is an integrated solid waste management system located in Levy County, Florida, and operates disposal facilities for Class I solid wastes, as well as recycling sites through the county region. Funds provided through this Agreement allow the Grantee to pay the tipping fees associated with solid waste disposal at the Landfill. The Grantee needs this funding to purchase a new Travis Trailer to be used for hauling garbage from the Transfer Station out of county to replace one of two aged current trailers, purchasing two new lawn mowers to be used for mowing the Transfer Station /Recycling facility to replace two aged current mowers, in addition to the remaining funding being utilized for fuel cost for vehicles and equipment. The Grantee needs this funding to help offset the cost for disposal because of its small population and limited funding resources.

PROJECT DESCRIPTION: Household solid waste will be transported by Grantee employees using Grantee equipment and taken to the New River Landfill for appropriate disposal. **Project 1:** Purchase Trailer utilized for hauling garbage from Transfer Station out of County. The cost for the new trailer will be approximately \$75,465.00, however, the County will be trading in three of our old trailers at a cost of \$37,500.00 so our end cost will be approximately \$37,965.00. This trailer will be to replace one of two aging trailers currently used by Levy County Solid Waste to haul garbage out of county to another site. We plan to purchase the trailer as soon as grant is approved. **Project 2:** Two lawn mowers to be purchased utilizing the "FLORIDA SHERIFFS ASSOCIATION, FLORIDA ASSOCIATION OF COUNTIES & FLORIDA FIRE CHIEF'S ASSOCIATION" current state contract. The cost for both new mowers combined will be approximately \$22,078.40. The new mowers will be to replace two aging mowers currently used by Levy County Solid Waste for mowing the Transfer Station / Recycling facility compound. **Project 3:** Fuel utilized for Landfill vehicles and equipment.

TASKS and DELIVERABLES:

Task #1: Purchase 2016 Travis Transfer Trailer

Task Description: Purchase trailer for hauling the garbage from Transfer Station out of county.

Deliverables: Ability to move garbage from Transfer Station out of county. Provide invoice and copy of county check for proof of payment.

Performance Standard: The Department's Grant Manager will review the deliverable to verify that it meets the specifications in the Grant Work Plan and this task description. Upon review and written acceptance by the Department's Grant Manager of all deliverables under this task, the Grantee may proceed with payment request submittal.

Budget: Allowable costs for this task are not to exceed \$37,965.00 for the purchase of 2016 Travis Trailer (Equipment).

Project Timeline: The tasks must be completed by the end of each task timeline and all deliverables must be received by the designated due date.

Task #2: Purchase two lawn mowers

Task Description: Purchase two PRO TURN 472 35 HP KAWASAKI mowers

Deliverables: Ability to maintain Transfer Station and Recycling facility grounds. Provide Invoice and copy of county check for proof of payment.

Performance Standard: The Department's Grant Manager will review the deliverable to verify that it meets the specifications in the Grant Work Plan and this task description. Upon review and written acceptance by the Department's Grant Manager of all deliverables under this task the Grantee may proceed with payment request submittal.

Budget: Allowable costs for this task are not to exceed \$22,078.40 for the purchase of two PRO TURN 472 35 HP KAWASAKI mowers (Equipment).

Project Timeline: The tasks must be completed by the end of each task timeline and all deliverables must be received by the designated due date.

Task #3: Purchase Fuel

Task Description: Fuel utilized for Landfill vehicles and equipment.

Deliverable: Ability to operate equipment and vehicles in the operation of solid waste activities in Levy County. Provide Invoice and copy of county check for proof of payment.

Performance Standard: The Department's Grant Manager will review each deliverable to verify that it meets the specifications in the Grant Work Plan and this task description. Upon review and written acceptance by the Department's Grant Manager of all deliverables under this task the Grantee may proceed with payment request submittal.

Budget: Allowable costs for this task are not to exceed \$30,865.60 for fuel costs (Supplies/Other Expenses).

Project Timeline: The tasks must be completed by the end of each task timeline and all deliverables must be received by the designated due date.

Task No.	Task Title	Task Start Date	Task End Date	Deliverable Due Date/ Frequency
1	2016 Travis Trailer	10/1/2015	9/30/2016	Upon Delivery
2	Two Pro Turn mowers	10/1/2015	9/30/2016	Upon Delivery
3	Fuel Costs	10/1/2015	9/30/2016	Upon Delivery

BUDGET DETAIL BY TASK:

Task No.	Budget Category	Budget Amount
1	Contractual Services	\$
	Supplies/Other Expenses	\$
	Equipment	\$37,965.00
	Land	\$

**COUNTY COMMISSIONERS
LEVY COUNTY, FLORIDA**



GOVERNMENT
SERVING
CITIZENS

John Meeks
District 1

Rock Meeks
District 2

Mike Joyner
District 3

Lilly Rooks
District 4

Danny Stevens
District 5

November 5, 2015

Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399

To Whom It May Concern:

According to Public Risk Management of Florida we are self insured for liability insurance, and such self insurance offers protection applicable to officers, employees and agents while acting within the scope of their employment.

Sincerely,

A handwritten signature in cursive script that reads "Fred Moody".

Fred Moody
County Coordinator

P.O. Box 310 Bronson Florida 32621
Telephone (352) 486-5218 Fax (352) 486-5167
e-mail: levybocc@levycounty.org Website: Levycounty.org

*Levy County Board of County Commissioners
Agenda Item Summary*

1. NAME/ORGANIZATION/TELEPHONE: Levy County Tourist Development Council and Visitors Bureau-Carol McQueen 486-3396	2. MEETING DATE: April 5, 2016
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3. REQUESTED MOTION/ACTION:
 Levy County Tourist Development Council's recommendations for Tourist Development Council vacant seats:
 Two Accommodation Seats and Two Tourism Industry Seats are vacant.

4. AGENDA PRESENTATION TIME REQUESTED: (REQUEST WILL BE GRANTED IF POSSIBLE)	5. Is This Item Budgeted (If Applicable)?: YES ___ NO <input checked="" type="checkbox"/> (If No, State Action Required) BUDGET ACTION: FINANCIAL IMPACT SUMMARY STATEMENT: DETAILED ANALYSIS ATTACHED? YES ___ NO <input checked="" type="checkbox"/> FUNDING SOURCE:	BUDGET OFFICER APPROVAL <input checked="" type="checkbox"/> DATE: <u>N/A</u> ACCOUNT NUMBER:
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6. BACKGROUND: (WHY IS THE ACTION NECESSARY, AND WHAT ACTION WILL BE ACCOMPLISHED)

On February 10 and February 18, 2016 newspaper advertisements were run seeking applications for the vacant seats on the Tourist Development Council. Ads ran in all newspapers: Levy County Journal, Williston Pioneer, Cedar Key Beacon, Chiefland Citizen, and The Newscaster.

On March 3, 2016 the Levy County Tourist Development Council met at their regular meeting and voted to make the following recommendations to the Levy County Board of Commissioners:

1) Requesting approval of the Levy County Tourist Development Council's recommendation to appoint the following people to the Levy County Tourist Development Council:
All terms would run from April 16, 2016 until April 15, 2020 for the following appointees:
ACCOMMODATION SEAT: Kathy Carver, owner of Mermaids Landing
ACCOMMODATION SEAT: Open _____ No applications received, still seeking someone.
TOURISM INDUSTRY SEAT: Daryl Kirby, owner of Kirby Family Farm
TOURISM INDUSTRY SEAT: Tracey Ann Allen, co-owner Tiger Island Hog Hunts
GOVERNMENT SEATS are dependant upon their individual boards and councils selecting a representative for the open vacant seats representing their division:
 Please reappoint the following:
GOVERNMENT SEAT -LEVY COUNTY BOCC: Chairman John Meeks
GOVERNMENT SEAT -WILLISTON CITY COUNCIL: Councilman Danny Etheridge

ALL SUPPORTING DOCUMENTATION MUST BE ATTACHED

7. RECOMMENDED APPROVAL AND DATE (YES & NO BLOCK INDICATE IF APPROVAL IS/IS NOT REQUIRED)

Department Director	Other	Other	Other	County Attorney	County Coordinator
Yes <input checked="" type="checkbox"/> No ___	Yes <input checked="" type="checkbox"/> No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
Director	TDC				

8. COMMISSION ACTION:
 ___ APPROVED
 ___ DENIED
 ___ DEFERRED DATE TO BRING BACK:
 ___ OTHER SPECIFY:

REQUESTING THE LEVY COUNTY BOARD OF COUNTY COMMISSIONERS APPROVE THE FOLLOWING (5) FIVE PEOPLE FOR APPOINTMENT TO THE LEVY COUNTY TOURIST DEVELOPMENT COUNCIL:

All seats for a term from 4/16/2016 to 4/15/2020

Government Seats:

Chairman John Meeks-Levy County Board of County Commissioners

Danny Etheridge-Williston City Council

Accommodation Seats:

Kathy Carver-Mermaids Landing

Tourism Industry Seats:

Daryl Kirby-Kirby Family Farm

Tracey Ann Allen-Tiger Island Hog Hunts

Current Levy County Tourist Development Council Members

Government Seat: Teresa Barron-City of Chiefland Term expires-4/15/2018

Accommodation Seat: Helen Ciallella-B's Marina & Campground-4/15/2018

Tourism Industry Seat: Capt. Rick LeFiles-Osprey Guides Services-4/15/2018

**Levy County Board of County Commissioners
Agenda Item Summary**

1. DEPARTMENT MAKING REQUEST/NAME/EXTENSION:

DEPARTMENT OF PUBLIC SAFETY

2. MEETING DATE:

April 5, 2016

3. REQUESTED MOTION/ACTION:

The Department of Public Safety is presenting our First Quarter Report for FY2016.

4. IS THIS ITEM BUDGETED (IF APPLICABLE)?: YES NO IF NO, STATE ACTION REQUIRED

N/A

DETAILED ANALYSIS ATTACHED?: YES NO BUDGET OFFICER APPROVAL _____ DATE: _____

5. BACKGROUND: (WHY IS THE ACTION NECESSARY, AND WHAT ACTION WILL BE ACCOMPLISHED)

The Department of Public Safety is presenting our quarterly report to disseminate information on the operational and administrative accomplishments and changes the Department has undergone in the quarter (October - December 2015).

DEPARTMENT DIRECTOR	BOCC CHAIR	OTHER	OTHER	COUNTY ATTORNEY	COUNTY COORDINATOR
YES__ NO	YES__ NO	YES__ NO	YES__ NO	YES__ NO	YES__ NO

7. COMMISSION ACTION:

APPROVED

DENIED

DEFERRED DATE TO BRING BACK:

OTHER SPECIFY:

**Levy County Board of County Commissioners
Agenda Item Summary**

1. DEPARTMENT MAKING REQUEST/NAME/EXTENSION:

DEPARTMENT OF PUBLIC SAFETY

2. MEETING DATE:

April 5, 2016

3. REQUESTED MOTION/ACTION:

Department of Public Safety is presenting the FY2015-2016 first quarter write-offs to the Board for approval.

4. IS THIS ITEM BUDGETED (IF APPLICABLE)?: YES ___ NO ___ IF NO, STATE ACTION REQUIRED

N/A

DETAILED ANALYSIS ATTACHED?: YES ___ NO ___ BUDGET OFFICER APPROVAL _____ DATE: _____

5. BACKGROUND: (WHY IS THE ACTION NECESSARY, AND WHAT ACTION WILL BE ACCOMPLISHED)

Department of Public Safety is presenting the FY2015-2016 first quarter write-offs to the Board for approval per Resolution 2012-27.

DEPARTMENT DIRECTOR	BOCC CHAIR	OTHER	OTHER	COUNTY ATTORNEY	COUNTY COORDINATOR
YES ___ NO	YES ___ NO	YES ___ NO	YES ___ NO	YES ___ NO	YES ___ NO

7. COMMISSION ACTION:

APPROVED

DENIED

DEFERRED DATE TO BRING BACK:

OTHER SPECIFY:

LCDPS
Quarterly Write-Offs

	LCDPS	EMS MC		LCDPS	EMS MC
Oct-14	\$ 370.67	\$ 111,908.55	Oct-15	\$ -	\$ 41,214.53
Nov-14	\$ 2,474.66	\$ 91,056.88	Nov-15	\$ -	\$ (17,875.60)
Dec-14	\$ (201.48)	\$ 99,576.17	Dec-15	\$ -	\$ (8,121.91)
Total	\$ 2,643.85	\$ 302,541.60	Total	\$ -	\$ 15,217.02

FY14/15 1st Quarter Total: \$ 305,185.45 **FY15/16 1st Quarter Total: \$ 15,217.02**

	LCDPS	EMS MC
Jan-15	\$ -	\$ 72,461.16
Feb-15	\$ -	\$ 14,670.02
Mar-15	\$ 70.02	\$ 125,148.16
Total	\$ 70.02	\$ 212,279.34

FY14/15 2nd Quarter Total: \$ 212,349.36

	LCDPS	EMS MC
Apr-15	\$ -	\$ 17,999.73
May-15	\$ -	\$ 71,233.69
Jun-15	\$ -	\$ 6,088.10
Total	\$ -	\$ 95,321.52

FY14/15 3rd Quarter Total: \$ 95,321.52

	LCDPS	EMS MC
Jul-15	\$ -	\$ 129,605.98
Aug-15	\$ 1,579.07	\$ 98,730.62
Sep-15	\$ -	\$ 86,194.77
Total	\$ 1,579.07	\$ 314,531.37

FY14/15 4th Quarter Total: \$ 316,110.44

Account Analysis by Month and Payor Type (Date of Service Based)

Levy County EMS

Trip Date IS BETWEEN 03/01/2015 AND 02/29/2016; AND Status IS Billed OR Closed OR Complete OR Verified; AND Primary Payor IS NOT <None>; AND Schedule IS NOT <None> OR Prebiling

Month	# of Trips	Gross Charges	Contractual Allowances	Net Charges	Rev Adjs	Payments	Writeoffs	Refunds	Balance	Gross Chg / Trip	Net Chg / Trip	Cash Coll / Trip	Net Coll %
2015-03	152	130,046.66	29,430.39	100,616.27	164.83	94,309.65	3,664.57	180.48	2,657.70	855.57	661.95	619.27	93.6%
2015-04	160	137,478.11	28,649.08	108,829.03	-0.91	101,632.13	3,282.26	197.26	4,112.91	859.24	680.18	633.97	93.2%
2015-05	170	145,540.04	32,841.43	112,698.61	-1.84	107,357.68	2,231.03	1,099.03	4,210.77	856.12	662.93	625.05	94.3%
2015-06	156	133,184.82	28,622.52	104,562.30	-0.05	97,023.91	784.43	202.22	6,956.23	853.75	670.27	620.65	92.6%
2015-07	151	129,987.80	28,990.71	100,997.09	-2.92	95,577.81	0.00	0.01	5,422.21	860.85	668.85	632.97	94.6%
2015-08	135	115,491.88	23,492.63	91,999.25	-0.93	86,623.81	0.00	1,040.58	6,416.95	855.50	681.48	633.95	93.0%
2015-09	169	144,648.64	29,879.94	114,768.70	0.00	98,435.73	0.00	0.00	16,332.97	855.91	679.10	582.46	85.8%
2015-10	173	150,328.88	31,196.37	119,132.51	-0.28	104,351.43	0.00	0.02	14,781.38	868.95	688.63	603.19	87.6%
2015-11	167	142,217.27	29,797.72	112,479.55	0.00	96,140.43	0.00	184.43	16,523.55	851.60	673.53	574.59	86.3%
2015-12	160	135,873.59	25,581.06	110,292.53	-0.62	84,067.80	0.00	0.00	26,225.35	849.21	688.33	525.42	76.2%
2016-01	187	160,728.36	16,902.82	143,825.54	0.00	50,291.06	0.00	0.00	93,534.48	859.51	769.12	268.94	36.0%
2016-02	196	169,141.01	0.00	169,141.01	0.00	0.00	0.00	0.00	169,141.01	862.96	862.96	0.00	0.0%
Ttl Medicare	1,976	1,694,667.06	305,324.67	1,389,342.39	157.28	1,015,811.44	9,962.29	2,904.03	360,507.35	857.63	703.11	512.60	72.9%

Medicaid

2015-03	46	28,761.94	16,182.40	12,579.54	232.83	10,396.17	0.00	0.00	1,950.54	625.26	273.47	226.00	82.6%
2015-04	45	29,600.24	16,722.79	12,877.45	0.00	10,859.77	0.00	0.00	2,017.68	657.78	286.17	241.33	84.3%
2015-05	51	32,892.42	19,517.77	13,374.65	0.00	13,374.65	0.00	0.00	0.00	644.95	262.25	262.25	100.0%
2015-06	54	35,326.71	18,082.41	17,244.30	-30.30	12,117.49	0.00	0.00	5,157.11	654.20	319.34	224.40	70.3%
2015-07	46	30,479.30	16,705.98	13,773.32	-0.82	12,109.15	0.00	0.00	1,664.99	662.59	299.42	263.24	87.9%
2015-08	43	28,539.54	15,298.44	13,241.10	0.00	11,222.00	0.00	0.00	2,019.10	663.71	307.93	260.98	84.8%
2015-09	38	25,326.67	14,393.66	10,933.01	0.00	10,630.14	0.00	0.00	302.87	666.49	287.71	279.74	97.2%
2015-10	28	18,626.06	9,536.67	9,089.39	0.00	7,037.07	0.00	0.00	2,052.32	665.22	324.62	251.32	77.4%
2015-11	28	18,921.65	7,956.21	10,965.44	0.00	5,788.60	0.00	0.00	5,176.84	675.77	391.62	206.74	52.8%
2015-12	36	22,727.23	9,854.98	12,872.25	0.00	6,821.00	0.00	0.00	6,051.25	631.31	357.56	189.47	53.0%
2016-01	29	19,364.87	6,451.60	12,913.27	0.00	4,568.00	0.00	0.00	8,345.27	667.75	445.29	157.52	35.4%
2016-02	28	19,058.72	1,646.10	17,412.62	0.00	1,093.00	0.00	0.00	16,319.62	680.67	621.88	39.04	6.3%
Ttl Medicaid	472	309,625.35	152,349.01	157,276.34	201.71	106,017.04	0.00	0.00	51,057.59	655.99	333.21	224.61	67.4%

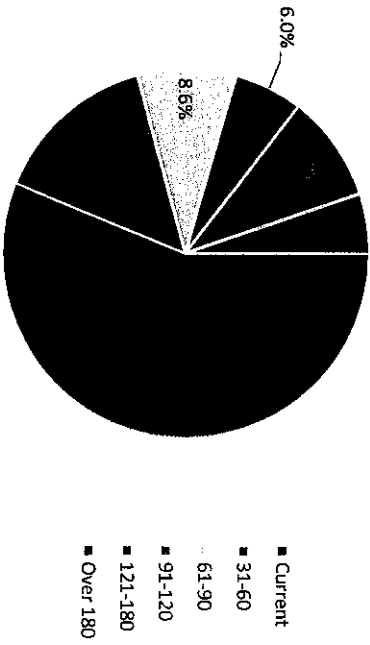
Account Receivables Aging by Current Payor Report (Aging DateBased)

Levy County EMS

For Accounting Period Ended: February 29, 2016

Current Payor	Current	31-60	61-90	91-120	121-180	Over 180	Total
Other	-	-	-	-	740.00	-	740.00
Bill Patient	268,349.65	116,440.55	94,085.26	81,095.53	142,232.80	79,282.08	781,485.87
Insurance	315,453.04	65,200.38	30,987.04	7,062.89	1,489.31	6,127.38	426,320.04
Medicaid	58,096.21	24,013.59	8,139.75	6,728.24	866.07	(3,325.95)	94,517.91
Medicare	251,056.47	26,548.29	3,157.52	1,289.61	4,152.70	1,658.57	287,863.16
Total	892,955.37	232,202.81	136,369.57	96,176.27	149,480.88	83,742.08	1,590,926.98

AR Aging Percent



AR by Current Payor Category

