

### The Crossroads of South Florida, We envision a sustainable economy, Let Us Grow Together

## CITY OF SOUTH BAY

CITY COMMISSION MEETING AGENDA COMMISSION CHAMBER 335 SW 2<sup>ND</sup> AVENUE, SOUTH BAY FL 33493

## TUESDAY, JULY 17 2018 7:00 P.M.

<u>www.southbaycity.com</u> Phone: 561-996-6751 Fax: 561-996-7950

Mayor:

Joe Kyles Sr.

Vice Mayor:

John Wilson

Commissioner:

Esther Berry

Commissioner:

Taranza McKelvin

Commissioner:

Betty Barnard

City Manager:

Leondrae D. Camel

City Attorney:

Burnadette Norris-Weeks

City Clerk:

Jessica Figueroa

#### RULES OF PROCEDURE

#### WHO MAY SPEAK

Meetings of the City Commission are open to the public. They are not; however, public forums. Any resident who wishes to address the commission on any subject within the scope of the Commission's authority may do so, providing it is accomplished in an orderly manner and in accordance with the procedures outlined below.

#### SPEAKING ON AGENDA ITEM

- Consent Agenda Item These are items, which the Commission does not need to discuss individually, and which are voted on as a group. Any Commissioner who wishes to discuss any individual item on the consent agenda may request the Mayor to pull such item from the consent agenda. Those items pulled will be discussed and voted upon individually.
- Regular Agenda Items These are items, which the Commission will discuss individually in the order listed on the agenda. By majority vote, the City Commission may permit any person to be heard on an item at a non-public hearing.
- Public Hearing Items This portion of the agenda is to obtain input from the public on some ordinances, resolutions and zoning applications. The chair will permit any person to be heard on the item during formal public hearings.

#### SPEAKING ON SUBJECTS NOT ON THE AGENDA

Any resident may address the Commission on any items pertaining to City business during the Opportunity For The Public To Address the Commission portion of the agenda. Persons wishing to speak must sign in with the City Clerk before the start of the meeting.

#### ADDRESSING THE COMMISSION, MANNER AND TIME

By majority vote the City Commission may invite citizen discussion on any agenda item. In every case where a citizen is recognized by the Mayor to discuss an agenda item, the citizen shall step to the podium/microphone, state his or her name and address for the benefit of the city clerk, identify any group or organization he or she represents and shall then succinctly state his or her position regarding the item before the city commission. Any question, shall be related to the business of the City and deemed appropriate by the Mayor, shall be directed to the Mayor and the Mayor shall then re-direct the question to the appropriate Commissioner or City Staff to answer the citizen question which shall be related to the business of the City.

All comments or questions of the public are to be directed to the Mayor as presiding officer only. There shall be no cross conversations or questions of any other persons. The length of time each individual may speak should be limited in the interest or order and conduct of the business at hand. Comments to the Commission by individual citizens shall be limited to three (3) minutes during the citizens request period. The City clerk shall be charged with the responsibility of notifying each citizen thirty (30) seconds before said time shall elapse and when said time limit has expired.

#### **APPEALS**

If a person decides to appeal any decision made by the board, agency, or commission with respect to any matter considered at such hearing, he or she will need a record of the proceedings, and that, for such purpose, he or she may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based.

#### DECORUM

If a member of the audience becomes unruly, the Mayor has the right to require the person to leave the room. If a crowd becomes unruly, the Mayor may recess or adjourn the meeting. Please silence all cell phones and pagers.

#### CONTACT INFORMATION

If anyone has questions or comments about anything on the meeting agenda, please contact the City Manager at 561-996-6751.

#### AMERICANS WITH DISABILITY ACT

In accordance with the Americans with Disability Act and Florida Statute 286.26, persons with disabilities needing special accommodations to participate in this proceeding should contact the city clerk no later than three (3) days prior to the meeting at 561-996-6751 for assistance.

# AGENDA CITY OF SOUTH BAY CITY WORKSHOP CITY COMMISSION CHAMBERS JULY 17, 2018 @ 6:30 P.M.

South Bay, the Crossroads of South Florida, We envision a sustainable economy, Let Us Grow Together

NOTICE: If any person decides to appeal any decision of the City Commission at this meeting, he/she will need a record of the proceedings and for that purpose, he/she may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based, pursuant to F.S. 286.01055. The City of South Bay does not prepare or provide such records.

- 1. CALL TO ORDER
- 2. ROLL CALL
- 3. DISCUSSION
  - **3a.** Agenda July 17, 2018
- 4. ADJOURNMENT

## AGENDA CITY OF SOUTH BAY, FLORIDA REGULAR CITY MEETING CITY COMMISSION CHAMBERS JULY 17, 2018 @ 7:00 P.M.

South Bay, the Crossroads of South Florida, We envision a sustainable economy, Let Us Grow Together

NOTICE: If any person decides to appeal any decision of the City Commission at this meeting, he/she will need a record of the proceedings and for that purpose, he/she may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based, pursuant to F.S. 286.01055. The City of South Bay does not prepare or provide such records.

In accordance with the Americans with Disabilities Act and Section 286,26, Florida Statutes, persons with disabilities needing special accommodations in order to participate in this proceeding are entitled to the provision of certain assistance at no cost. Please call the City Clerk's Office at 561-996-6751 no later than 2 days prior to the hearing if this assistance is required. For hearing impaired assistance, please call the Florida Relay Service Numbers: 800-955-8771 (TDD) or 800-955-8770 (VOICE).

Any citizen of the audience wishing to appear before the City Commission to speak with reference to any agenda item must complete their "Request for Appearance and Comment" card and present completed form to the City Clerk.

- 1. CALL TO ORDER, ROLL CALL; PRAYER, PLEDGE OF ALLEGIANCE
- 2. DISCLOSURE OF VOTING CONFLICTS
- 3. PRESENTATIONS/PROCLAMATIONS
  - 3a. Presentation Clive Walford Day 2018
- 4. OPPORTUNITY FOR THE PUBLIC TO ADDRESS THE COMMISSION
- 5. CONSENT AGENDA

All matters listed under this item are considered routine and action will be taken by one motion. There will be no separate discussion of these items unless a Commissioner or person so requests, in which the item will be removed from the general order of business and considered in its normal sequence on the Agenda.

- **5a.** Approval of City Meeting Minutes June 05, 2018 (City Workshop)
  June 05, 2018 (Regular City Meeting)
- 6. RESOLUTIONS (Non- Consent) and Quasi-Judicial Hearing, if applicable)
  - 6a. RESOLUTION 29-2018

A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF SOUTH BAY, FLORIDA, ACCEPTING THE TWELFTH ADDENDUM TO THE LAW ENFORCEMENT SERVICE AGREEMENT BETWEEN THE CITY OF SOUTH BAY AND RIC L. BRADSHAW, SHERIFF OF PALM BEACH COUNTY, FLORIDA; PROVIDING FOR AN EFFECTIVE DATE.

#### 6b. **RESOLUTION 30-2018**

A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF SOUTH BAY, FLORIDA, APPROVING THE DONATION AND TRANSFER OF OWNERSHIP OF A VEHICLE FROM UNITED STATES SUGAR CORPORATION TO THE CITY OF SOUTH BAY FOR USE IN THE CITY'S PARKS AND RECREATION DEPARTMENT; AUTHORIZING THE CITY MANAGER TO TAKE ALL NECESSARY AND EXPEDIENT ACTION TO EFFECTUATE THE INTENT OF THIS RESOLUTION; PROVIDING FOR AN EFFECTIVE DATE.

#### 6c. RESOLUTION 31-2018

A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF SOUTH BAY, FLORIDA, AUTHORIZING THE CITY MANAGER TO EXECUTE THE ATTACHED NEIGHBORHOOD ENGAGEMENT AND TRANSFORMATION GRANT PROGRAM AGREEMENT BETWEEN PALM BEACH COUNTY AND THE CITY OF SOUTH BAY; PROVIDING FOR AN EFFECTIVE DATE

#### **6d.** RESOLUTION 32-2018

A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF SOUTH BAY, FLORIDA RELATING TO FINANCES, PROVIDING FOR AMENDMENTS TO THE FISCAL YEAR BUDGET BEGINNING OCTOBER 1, 2017 AND ENDING SEPTEMBER 30, 2018; APPROVING ASSOCIATED BUDGET AMENDMENTS; PROVIDING AN EFFECTIVE DATE.

#### **6e. RESOLUTION 33-2018**

A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF SOUTH BAY, FLORIDA, ESTABLISHING A TENTATIVE MILLAGE RATE FOR THE FISCAL YEAR COMMENCING OCTOBER 1, 2018, THROUGH SEPTEMBER 30, 2019, PURSUANT TO SECTION 200.065, FLORIDA STATUTES; PROVIDING FOR AN EFFECTIVE DATE

#### 7. ORDINANCE

#### 8. ROSENWALD ELEMENTARY SCHOOL

#### 9. FINANCE REPORT

**9a.** Accounts Payable Report

- 10. CITY CLERK REPORT
  - 10a. Next City Commission Meeting August 7, 2018
- 11. CITY MANAGER REPORT
- 12. CITY ATTORNEY REPORT
- 13. FUTURE AGENDA ITEMS
- 14. COMMISSIONER COMMENTS/FOR THE GOOD OF THE ORDER
- 15. ADJOURNMENT

City of South Bay City Workshop June 05, 2018

A City Workshop of the City Commission of the City of South Bay, Florida was called to order by Mayor Joe Kyles in the Commission Chambers at 335 S.W. 2<sup>nd</sup> Avenue, South Bay, Florida on June 05, 2018 at 6:30 p.m.

#### Present:

Mayor Joe Kyles Vice-Mayor John Wilson Commissioner Esther E. Berry Commissioner Betty Barnard Commissioner Taranza McKelvin

#### Staff:

Burnadette Norris-Weeks, City Attorney Leondrae Camel, City Manager Jessica Figueroa, City Clerk Massih Saadatmand, Finance Director

Mayor Kyles opened the meeting with discussion of the consent agenda, item 3a South Bay Park of Commerce.

Mayor Kyles introduced a letter from Melissa Mckinley, dated May 16, 2018, in regards to the industrial park. He stated the letter referenced concerns with the area 5 year plan and the infrastructure.

The City Manager specifically referenced Resolution 09-2018, section 3 relating to Economic Development's primary concern's: (full discussion/recording available through the City Clerk's Office)

- The creation of an Economic Development Agreement related to the property that will benefit the overall welfare of the city.
- Economic Development for the City of South Bay shall be the primary focus of all negotiations
- Development shall be reasonably similar to the conceptual plans submitted and completed within a 5
  year period
- All development shall comply with the current zoning; uses currently permitted (no farming permitted)
- Negotiations shall require specific considerations and contract provisions for job creation and job training of local South Bay residents.
- A requirement that the property revert back to the City of South Bay if not developed within a five (5) year period, irrespective of market forces.
- That payments shall be made for the property for not less than the fair market value as last appraised by the city.

The City Manager stated that the city was now considered AE flood zone, which impacts the property and some development may not be able to occur. He identified "those" issues addressed by Melissa McKinely's Office, as they related to US Army Corp of Engineers regarding the Dike; FEMA relating to flood insurance rate maps; engineering relating to road development. He stated there were some things the developers would have to consider when developing.

The City Attorney stated, there were conversations with the entity, which were successful and now the city was at a point where issues were being raised; issues that were known prior to the time that the discussions took place. She wasn't sure it was in the best interest of the city to continually push out the deadline when the issues were known prior to bids being placed. (full discussion/recording available through the city clerk's office)

Mayor Kyles allowed discussion from representatives with the County and South Florida Logistical Holdings, LLC in reference to the plans for the Park of Commerce project.

Commissioner Berry requested to hear from South Florida Logistical Holdings LLC. South Florida Logistical Holdings representative Clifford Hertz He wanted to research the county's ethics ordinance as it relates to elected officials code of silence during negotiations; and if there was an exception of the code of silence relating to discussions at a public meeting (full discussion/recording through the City Clerk's Office)

Mayor Kyles requested to hear from the county. Deputy Director Sherri Howard, with Palm Beach County Housing and Economic Sustainability. Ms. Howard stated, the county's goal in this process was the Inland Logistic Center, relating to an important employment center for the Glades. She referenced the county, letter, wanted to provide the city with the best information from each of the organizations (Army Core, FEMA and County's Engineering Department).

Commissioner Berry noted sections of the letter, written May 16, 2018, referred to the restoration of Herbert Hoover Dike. Ms. Howard stated once the restoration of the dike is concluded then FEMA could go in and certify the flood maps, as it relates to higher cost of elevation being achieved in order to move forward with new development. Ms. Howard stated "Nine Feet" was the elevation which should be achieved now Once the dike is completed those elevations could be reduced significantly.

Clifford Hertz, representing South Florida Logistical Holding LLC, stated there is an exception to the code for anything occurring at a public meeting. He stated, Mr. Jackson would speak on behalf of the RFP awardees. Mr. Hertz alluded to the section relating to the county code of silence, for the record, "Section 2-355 of the Palm Beach County Lobbyist Registration Ordinance" and Sub-Section B, relating to oral communication at any public proceedings including pre-bid conference, oral presentations before selection committee, and contract negotiations at any public meeting.

Mr. Jackson commented the desire to purchase the land. He stated, no commitment or verbiage during the bid process. However the specified the time came after the process. He said, in order to respond to a document that was not inclusive, as it relates to time, was like agreeing to a process which wasn't clearly defined. He stated, "if all of the information was clear and known, the conversations could have been", relate to the process being proposed at that Point. He said, the commitment was still there

and the willingness to do a lot of the preliminary work in advance of the 5 year period, once the contract was entered into. (Full discussion/recording available through the City Clerk's Office)

Mayor Kyles asserted the industrial park had been sitting in the City of South Bay since 1997; South Florida Logistical Center LLC was committed to build an industrial park and move forward with the purchase of the property. He asked the commission for their feedback on the matter, with expectations the city would be able to move forward on the particular resolution, relating to the sale of the property.

Vice-Mayor Wilson stated due to the size of the property it was nearly impossible for a project to be completed within 5 years. However, it should not take 10 years.

Commissioner McKelvin asked if the building had to completed in 5 years or the conceptual planning within the 5 year period.

The City Attorney referenced the letter from the county, stating the estimated date for the FEMA completion update would be in 2022. She said the city was looking at 4 years before the company would say they would be doing anything. She said, if the estimated date is 2022, relating to FEMA, the city may have company willing to put the right elevation in, if FEMA did nothing. She expressed (1) if the commission approved with bringing back something, relating to the industrial park, she would not know what to bring back because it would be at least 4 years for them to be in a position to draft up plans; (2) the city would probably want to think of what would tie up the land; (3) have something in place which would not obligate the city; (4) at some point notice if nothing had been done; (5) no plans submitted then the city would have the ability to back out.

Mayor Kyles announced the commission would continue discussion at the regular meeting.

Mayor Kyles adjourned the city workshop at 7:02 p.m.

|                  | Joe Kyles, Mayor |  |
|------------------|------------------|--|
| ATTESTED BY:     |                  |  |
|                  |                  |  |
| Jessica Figueroa |                  |  |

#### City of South Bay Regular City Meeting June 05, 2018

A Regular City Meeting of the City Commission of the City of South Bay, Florida was called to order by Mayor Joe Kyles in the Commission Chambers at 335 S.W. 2<sup>nd</sup> Avenue, South Bay, Florida on June 05, 2018 at 7:02 p.m.

#### Present:

Mayor Joe Kyles Vice-Mayor John Wilson Commissioner Esther E. Berry Commissioner Taranza McKelvin Commissioner Betty Barnard

#### Staff:

Burnadette Norris-Weeks, City Attorney Leondrae Camel, City Manager Jessica Figueroa, City Clerk Massih Saadatmand, Finance Director

Mayor Kyles called for any voting conflicts; Commissioner McKelvin stated that he had a conflict relating to Resolution 25-2018 due to his affiliation of the organization "Preparing Tomorrow's Leader Today, Inc." He completed the conflict of interest form 1B for the record.

#### **Presentations/Proclamations**

A presentation relating to an update on Lakeside Medical was given by Health Care District CEO, Darcy Davis. The following slides were presented to the commission: (full recording/discussion available through the City Clerk's Office)

- Expanding Access to quality Health Care in the Glades
- Your Presenters... (names)
- Committed to keeping the Glades Healthy
- Board of Commissioners
- Lakeside Medical Advisory Board
- About Lakeside Medical Center
- By the Numbers...
- Accomplishments, Investments and Improvements
- Initiatives
- Strategic Plans to enhance services
- Here to Stay
- Strengthening the Health Safety net for Palm Beach County
- Community Input
- Questions

Mayor Kyles approved the proclamation proclaiming "A Day of Compilation of Baptist Churches throughout South Florida", especially in the Glades Area. The City Clerk read the proclamation for the record.

Mayor Kyles continued discussion relating to Resolution 09-2018 Industrial Park. He requested to hear from Mayor Melissa McKinley.

Mayor McKinley stated, the issue relating to the Industrial Park was a major component in the Glades Regional Master Plan, which actually won a national award. She stated there were three issues relating to the way the contract was written, (1) issue related to the project being open and operational within 5 years; which was surrounded by the reconstruction of the Herbert Hoover Dike, without the completion of the dike the city would still be sitting on new FEMA flood zone. (2) Issues with the alignment of the road which would take some time on the County's part. (3) The FEMA issue and the Army Corp of Engineers issue on the Herbert Hoover Dike. She said the city looking at the completion date for the Herbert Hoover Dike in 2022, after which FEMA would have to come in and re-do the flood maps taking it out of the flood zone. If it was not taken out of the flood zone, then the city would have to look into increasing property to 18 feet that was 6-9 of fill on the property. She stated "to be operational in 5 years was impossible. She support the city should have something that holds the firm to the timeline. She supports the commission decision for their revisions of the contract. (Full discussion/recording available through the City Clerk's Office)

Commissioner Berry made a motion to direct staff to continue discussion with South Florida Logistical Holdings LLC. The motion was seconded by Vice-Mayor Wilson. The vote was unanimously approved.

**Public Comments** (full discussion/recording available through the City Clerk's Office)

Kina Phillips made a public comment relating to hurricane preparation for the residents within the City.

#### **Consent Agenda**

Mayor Kyles called for approval of the consent agenda, inclusive of May 15, 2018 city workshop and regular city meeting minutes, with corrections made by Commissioner Berry. The motion to approve the consent agenda was made by Commissioner Berry and seconded by Vice-Mayor Wilson. The vote was unanimously approved.

#### Resolution

Commissioner Barnard made a motion to approve Resolution 24-2018, a resolution of the City Commission of the City of South Bay, Florida, approving an employee time clock policy for inclusion in the city's employee handbook; providing for an effective date. The motion was seconded by Commissioner McKelvin. The vote was unanimously approved.

Commissioner Barnard made a motion to approve Resolution 25-2018, a resolution of the City of South Bay, Florida, authorizing the City Manager to execute the attached agreement between the City of South Bay and preparing tomorrow's leaders today Inc. for usage of city park and restroom facilities; providing for an effective date. The motion was seconded by Commissioner Berry. The vote was unanimously approved.

Vice-Mayor Wilson made a motion to approve Resolution 26-2018, a resolution of the City of South Bay, Florida, authorizing the City Manager to execute the attached agreement between the City of South Bay and Kings Tutoring & Mentoring Foundation, Inc. for usage of city park and restroom facilities; providing for an effective date. The motion was seconded by Commissioner Barnard. The vote was Commissioner McKelvin, no; Commissioner Barnard, yes; Commissioner Berry, yes; Vice-Mayor Wilson, yes; and Mayor Kyles, yes.

Commissioner McKelvin made a motion to approve Resolution 27-2018, a resolution of the City Commission of the City of South Bay, Florida, authorizing the City Manager to execute the attached agreement between the City of South Bay and Gulf Stream Council of Boy Scouts of America, Inc. for usage of city park and restroom facilities; providing for an effective date. The motion was seconded by Commissioner Barnard. The vote was unanimously approved.

Vice-Mayor Wilson made a motion to approve Resolution 28, 2018, a resolution of the City Commission of the City of South Bay, Florida, authorizing the City Manager to execute the attached statewide mutual aid agreement for the reimbursement of Hurricane Irma related expenses; providing for an effective date. The motion was seconded by Commissioner Barnard. The vote was unanimously approved.

#### **City Clerk Report**

The City Clerk stated, the staff was currently working on ways to get more participation with our youth council within the City of South Bay grades (7th through 12th grade). She added possibly working with Christ Fellowship to paint houses in the city. She asked if you know of anyone interested in helping, notify her.

The City Clerk announced the next meeting would be on July 17, 2018, due to the approved cancellation dates June 19th and July 3rd.

#### **City Manager**

The City Manager presented the following updates:

- City Parks Modernization County was trying to find additional funding to assist the city
- State of Financial Emergency State receiving the final draft of the audit report to close out 2017
- US Sugar delivering a van for the City of South Bay "tomorrow" June 06, 2018 at 10:00 a.m.

#### **Future Agenda Items**

Commissioner Barnard made a motion to bring back a resolution that the City Clerk report to the City Manager. The motion seconded by Commissioner Berry. The vote was unanimously approved.

Commissioner Berry made a motion for the Finance Department to prepare a budget schedule for fiscal year 2018-2019. The motion was seconded by Vice-Mayor Wilson. The vote was unanimously approved.

Commissioner Berry made a motion, for the Finance Department to prepare the budget amendments for 2017-2018. The motion was seconded by Vice-Mayor Wilson. The vote was unanimously approved.

#### **Commissioners Comments**

Commissioner McKelvin thanked all who attended the meeting.

Commissioner Barnard thanked all who attended the meeting; asked all to tell someone to attend the city meetings.

Commissioner Berry thanked all who attended the meeting.

Vice-Mayor Wilson mentioned, Palm Beach County's Ordinance 2015-025 relating to prohibiting anyone to collect money on the side of the road. He stated, the commission supports any organizations that come before the city. He said, the negative comments relating to the commission needs to stop; according to the ordinance the sheriff office has the right to remove anyone soliciting money on the side of the road.

Vice-Mayor Wilson asked everyone to pray for his son, who was currently on life support. He also thanked everyone who attended the meeting.

Mayor Kyles thanked everyone who attended the meeting. He asked everyone to continue to support our city.

Mayor Kyles adjourned the city meeting at 8:55 p.m.

| ATTESTED BY:         | Joe Kyles, Mayor |  |
|----------------------|------------------|--|
| <br>Jessica Figueroa | <del></del>      |  |

#### **RESOLUTION 29-2018**

A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF SOUTH BAY, FLORIDA, ACCEPTING THE TWELFTH ADDENDUM TO THE LAW ENFORCEMENT SERVICE AGREEMENT BETWEEN THE CITY OF SOUTH BAY AND RIC L. BRADSHAW, SHERIFF OF PALM BEACH COUNTY, FLORIDA; PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, the City of South Bay and Ric L. Bradshaw, Sheriff of Palm Beach County, Florida (hereinafter "Sheriff") executed a Law Enforcement Service Agreement effective December 01, 2005; and

WHEREAS, a First Addendum between the parties was effective October 01, 2007; a Second Addendum was effective on October 01, 2008; a Third Addendum was effective on October 01, 2009; a Fourth Addendum was effective on October 01, 2010; a Fifth Addendum was effective October 01, 2010; a Sixth Addendum was effective on October 01, 2011; a Seventh Addendum was effective on October 01, 2012; an Eighth Addendum was effective on October 01, 2013; a Ninth Addendum was effective on October 01, 2014; a Tenth Addendum was effective on October 01, 2016; an Eleventh Addendum was effective on October 01, 2017 for the provision of law enforcement services; and

WHEREAS, the Sheriff is requesting a two (2) percent increase in law enforcement services, which will result in a total increase in the law enforcement budget of Two Hundred Twenty Thousand Eight Hundred Ninety-Five Dollars (\$220,895.00); and

WHEREAS, City Manager is recommending the Sheriff's requested law enforcement increase.

NOW THEREFORE, BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF SOUTH BAY, FLORIDA AS FOLLOWS:

<u>Section 1.</u> Adoption of Representations. The foregoing "Whereas" clauses are hereby ratified and confirmed as being true and the same are hereby made a specific part of this Resolution.

Section 2. Acceptance of Twelfth Addendum; Authorization of City Manager. The City Commission of the City of South Bay ("City Commission") hereby accepts the Twelfth Addendum to the Law Enforcement Service Agreement and authorizes the City Manager to execute the same, hereby attached as Exhibit "A".

Section 3. Effective Date. This Resolution shall be effective immediately upon its passage and adoption.

PASSED and ADOPTED this <u>17th</u> day of July, 2018.

|                                                                       | Joe Kyles, Mayor     |
|-----------------------------------------------------------------------|----------------------|
| Attested                                                              |                      |
|                                                                       |                      |
| By:                                                                   |                      |
| Jessica Figueroa, City Clerk                                          |                      |
| APPROVED AS TO FORM AND LEGAL SUFFICIENCY:                            |                      |
| Burnadette Norris-Week, Esquire                                       |                      |
| City Attorney                                                         | 3.6 11               |
|                                                                       | Moved by:            |
|                                                                       | Seconded by:         |
|                                                                       |                      |
| VOTE: Commissioner Barnard (Yes) Commissioner Berry (Yes)             | (No)<br>(No)         |
| Commissioner McKelvin (Yes) Vice-Mayor Wilson (Yes) Mayor Kyles (Yes) | (No)<br>(No)<br>(No) |

## TWELFTH ADDENDUM TO THE LAW ENFORCEMENT SERVICE AGREEMENT SHERIFF RIC L. BRADSHAW AND THE CITY OF SOUTH BAY

This Twelfth Addendum to the Law Enforcement Service Agreement is made by and between The City of South Bay (hereinafter referred to as "City"), and Ric L. Bradshaw, Sheriff of Palm Beach County, Florida (hereinafter referred to as "Sheriff"). The City and the Sheriff shall hereinafter be referred to as the "Parties."

WHEREAS, the Parties executed a Law Enforcement Service Agreement effective December 01, 2005, a First Addendum effective October 01, 2007, a Second Addendum effective October 01, 2008, a Third Addendum effective October 01, 2009, a Fourth Addendum effective October 01, 2010, a Fifth Addendum effective October 01, 2010, a Sixth Addendum effective October 01, 2011, a Seventh Addendum effective October 01, 2012, an Eighth Addendum effective October 01, 2013, a Ninth Addendum effective October 01, 2014, a Tenth Addendum effective October 01, 2016, and an Eleventh Addendum effective October 01, 2017, (the "Agreement") by which the Sheriff agreed to perform law enforcement services; and

WHEREAS, the Parties wish to set forth the consideration for the fourth year of the current renewed contract term.

NOW, THEREFORE, in consideration of the mutual covenants herein contained the receipt and sufficiency of which are hereby acknowledged, it is agreed upon as follows:

- 1. In accordance with Article 6, Section 6.2, of the Law Enforcement Service Agreement, Section 6.1 is amended as to the total amount due for services for the period beginning October 01, 2018 through September 30, 2019, as follows: The total cost of personnel and equipment shall be \$184,555.00. Monthly payments shall be \$15,379.58. The last monthly payment shall be \$15,379.62.
- In all other respects and unless otherwise stated, the terms and conditions of the Agreement, which includes prior Addendums, shall continue unchanged and in full force and effect.

IN WITNESS WHEREOF, the Parties hereto have executed this Addendum to the Agreement as of the last date all signatures below are affixed.

| PALM BEACH COUNTY SHERIFF'S OFFICE | CITY OF SOUTH BAY |
|------------------------------------|-------------------|
| BY: Ric L. Bradshaw, Sheriff       | BY:               |
| Title: Sheriff                     | Print Name:       |
|                                    | Title:            |
| Witness: Eric Coleman, Major       | Witness:          |
| DATE:                              | DATE:             |

#### **RESOLUTION NO. 30-2018**

A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF SOUTH BAY, FLORIDA, APPROVING THE DONATION AND TRANSFER OF OWNERSHIP OF A VEHICLE FROM UNITED STATES SUGAR CORPORATION TO THE CITY OF SOUTH BAY FOR USE IN THE CITY'S PARKS AND RECREATION DEPARTMENT; AUTHORIZING THE CITY MANAGER TO TAKE ALL NECESSARY AND EXPEDIENT ACTION TO EFFECTUATE THE INTENT OF THIS RESOLUTION; PROVIDING FOR AN EFFECTIVE DATE

WHEREAS, United States Sugar Corporation desires to donate a 2012 Chevrolet Van, Model E25P, Vehicle Identification Number 1GAWGPFA6C1179280 to the City of South Bay ("City") for use in the City's Parks and Recreation Department; and

WHEREAS, Enterprise Fleet Management, Inc. has been assigned by United States Sugar Corporation to assist with the transfer of title to said vehicle; and

WHEREAS, City Commission of the City of South Bay desires to accept the donation of the 2012 specified van as in the best interests of the City and its residents.

NOW THEREFORE, BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF SOUTH BAY, FLORIDA, AS FOLLOWS:

<u>Section 1.</u> <u>Adoption of Representations</u>. The foregoing "Whereas" clauses are hereby ratified and confirmed as being true and the same are hereby made a specific part of this Resolution.

Section 2. Approval of Donation and Authorization of City Manager. The City Commission of the City of South Bay hereby approves the transfer of ownership of a 2012 Chevrolet Van, Model E25P, Vehicle Identification Number 1GAWGPFA6C1179280, to the City as a donation to be used for the City's Parks and Recreation Department as set forth in attached Exhibit "A". The City Manager is authorized to take all necessary and expedient action to effectuate the intent of this Resolution.

<u>Section 3.</u> <u>Effective Date.</u> This Resolution shall be effective immediately upon its passage and adoption.

PASSED and ADOPTED this 17th day of July 2018.

|                                                                                                                                      | Joe Kyles, Mayor     |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Attested                                                                                                                             |                      |
| By:<br>Jessica Figueroa, City Clerk                                                                                                  | _                    |
| Jessica Figueroa, City Clerk                                                                                                         |                      |
| APPROVED AS TO FORM AND LEGAL SUFFICIENCY:                                                                                           |                      |
| Burnadette Norris-Week, Esquire<br>City Attorney                                                                                     |                      |
|                                                                                                                                      | Moved by:            |
|                                                                                                                                      | Seconded by:         |
| VOTE:  Commissioner Barnard (Yes)  Commissioner Berry (Yes)  Commissioner McKelvin (Yes)  Vice-Mayor Wilson (Yes)  Mayor Kyles (Yes) | (No)<br>(No)<br>(No) |



May 25, 2018

5105 Johnson Road Coconut Creek, FL 33073 TEL (954) 354-5400 FAX (877) 377-5119

Thank you for buying your vehicle through Enterprise Fleet Management. Attached are all of the documents needed for you to sign and MAIL back to my attention.

Seller makes no representations or warranties of any kind, express or implied, with respect to the vehicle(s), including, without limitation, any representations or warranties as to merchantability or fitness for any particular purpose, it being agreed that all such risks are to be borne by the purchaser.

The vehicle(s) is (are) being sold to Purchaser "AS IS" with all faults.

All sales, use and other taxes and fees imposed upon or in connection with the sale purchase, licensing, titling and/or registration of the Vehicles (s) shall be the responsibility of Purchaser and Purchaser shall either pay the same directly (if permitted by applicable law) or reimburse Seller upon demand if Seller is required to pay the same.

Notice is hereby given that all of Enterprise Leasing Company (South Florida) (ERAC) rights (but not its obligations) to sell this vehicle have been assigned to Enterprise Fleet Management Exchange, South Florida) pursuant to the Master Exchange Agreement between ERAC and Enterprise Fleet Management Exchange, Inc.(South Florida).

Please send a cashier's check made payable to: ENTERPRISE FM EXCHANGE, INC.

THE ENCLOSED DOCUMENTS ARE REQUIRED AND SHOULD BE SENT WITH THE PAYOFF CHECK BY 5/31/2018 TO AVOID DELAYS IN RELEASE OF THE TITLE.

Please do not hesitate to call me with any questions!

Thank you,

Michele Jones

MICHELE JONES
Fleet Management Coordinator
Enterprise Fleet Management Inc.
954-354-5419
michele.jones@efleets.com





Vendor: 20000 Enterprise FM Exchange Inc.

Check: 3027716

Date: 06/01/2018

Page No 1

| DESCRIPTION                     | INV DATE   | GROSS AMOUNT | DISCOUNT AMT | NET AMOUNT |
|---------------------------------|------------|--------------|--------------|------------|
| 101392564 ENTERPRISE FM EX USSC | 05/30/2018 | 471,07       | 0 00         | 471.07     |
|                                 |            |              |              |            |
|                                 |            |              |              |            |
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|                                 |            |              |              |            |
|                                 | TOTALS     | 471.07       | 0.00         | 471.07     |

ETACH ALCING PERFORATION

United States Sugar Corporation

DETACH ALONG PERFORATION

United States Sugar Corporation

#### THIS CHECK IS VOID IF A GREEN BACKGROUND IS ABSENT

United States Sugar Corporation 111 Ponce de Leon Avenue Clewiston, FL - 33440 WELLS FARGO BANK, N.A. MINNEAPOLIS,MN Check:3027716 Date: 06/01/2018 64-975

Void After 180 Days

**\$\*\*\*\*\*\*\*\*\*471.07\*** 

PAY: FOUR HUNDRED SEVENTY-ONE USD and 07/100 Dollars

TO THE ORDER OF Enterprise FM Exchange Inc. 5105 Johnson Road Coconut Creek FL 33073 Claim Wood

VOID IF OVER \$\*\*\*\*\*\*\*\*\*471.07\*



#### **ENTERPRISE FLEET MANAGEMENT** 5105 JOHNSON ROAD COCONUT CREEK, FL 33073

BILL OF SALE

DATE

5/25/2018

THE CITY OF SOUTH BAY Attn: Legandrae Camel 335 SW 2nd Avenue South Bay FL 33493

Mileage: Phone:

UNIT # US6C48

DESCRIPTION 2012 CHEV E25P

| S  | 1.00    | SERIAL #<br>PRICE | 1GAWGPFA  | C1179280 | )                     |
|----|---------|-------------------|-----------|----------|-----------------------|
| \$ | 1.00    | TAXABLE SUB TO    | TAL       |          |                       |
| S  | 0.07    | SALES TAX         | 7.00% ST/ | ATE:     | FL                    |
| \$ | 470.00  | LICENSE/TITLE     |           |          |                       |
| \$ |         | DOCUMENTARY F     | EE        | Please   | nake check payabe to: |
| \$ | 1471.07 | AMOUNT DUE ON     | DELIVERY  |          | se FM Exchange Inc.   |

SPECIAL PROVISIONS

" LICENSE FEES INCURRED IN EXCESS OF AMOUNTS CHARGED WILL BE BILLED TO PURCHASER.\*\*

CAR SOLD IS AS IS, NO WARRANTY APPLIES

**APPROVED** 

**ENTERPRISE FI** LEET MANAGEMENT

SELLER SIGNED

PURCHASER

THE GITY OF SOUTH BAY

Enterprise Fleet Management, Inc., Enterprise FM Trust and EC Sales, LLC do hereby transfer, set over and assign all of its rights (but not its obligations) to sell the Vehicle(s) described herein to Enterprise Fleet Management Exchange, Inc. pursuant to the Master Exchange Agreement between Enterprise Fleet Management Inc Enterprise FM Trust and EC Soles, LLC and Enterprise Fleet Management Exchange, Inc.

Notice is hereby given that all of Enterprise Fleet Management, Inc., Enterprise FM Trust and EC Sales, LLC rights (but not its obligations) to sell the vehicle(s) have been assigned to Enterprise Fleet Management Exchange, Inc. pursuant to the Master Exchange Agreement between Enterprise Fleet Management, Inc. Enterprise FM Trust and EC Sales. LLC and Enterprise Fleet Management Exchange, Inc.

Payments for the vehicle(s) are to be made payable to "Enterprise Fleet Management Exchange, Inc."

Buyer is responsible for obtaining any necessary insurance coverage on the purchased vehicle. Any coverage maintained by seller does not transfer with the purchased vehicle.

The vehicle is sold "As is -not expressly warranted or guaranteed" with All Faults:

BUYER UNDERSTANDS THAT THIS VEHICLE IS BEING SOLD "AS IS NOT EXPRESSLY WARRANTED OR GUARANTEED WITH ALL FAULTS AND IS NOT COVERED BY DEALER WARRANTIES, I UNDERSTAND THAT THE SELLER'S NOT REQUIRED TO MAKE ANY REPAIRS AFTER BUYER BUYS THIS VEHICLE AND BUYER WILL HAVE TO PAY FOR REPAIRS THIS VEHICLE WILL NEED:

FEDERAL LAW (AND STATE LAW, IF APPLICABLE) REQUIRES THAT YOU STATE THE MILEAGE UPON TRANSFER OF OWNERSHIP, FAILURE TO COMPLETE OR PROVIDING A FALSE STATEMENT MAY RESULT IN FINES AND/OR IMPRISONMENT. ENTERPRISE FLEET MANAGEMENT INC STATE THAT TRANSFEROR'S NAME-SELLER PRINT 46.166 MILES AND TO THE THE ODOMETER NOW READS ODOMETER READINGS (NO TENTHS) BEST OF MY KNOWLEDGE THAT IT REFLECTS THE ACTUAL MILEAGE OF THE VEHICLE DESCRIBED BELOW, UNLESS ONE OF THE FOLLOWING STATEMENTS IS CHECKED. (1) I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE ODOMETER READING REFLECTS THE AMOUNT OF MILEAGE IN EXCESS OF ITS MECHANICAL LIMITS. (2) I HEREBY CERTIFY THAT THE ODOMETER READING IS NOT THE ACTUAL MILEAGE. WARNING-ODOMETER DISCREPANCY (3) I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE VEHICLE DESCRIBED BELOW DOES NOT HAVE AN AIR BAG ON OR OFF SWITCH WHICH HAS BEEN INSTALLED BY SOMEONE OTHER THAN THE VEHICLE MANUFACTURER AND ANY EXISTING AIR BAG HAS NOT BEEN DEACTIVATED. MAKE MODEL. BODY TYPE CHEV E25P LS VEHICLE IDENTIFICATION NO. YEAR DEALER STOCK NO 1GAWGPFA6C1179280 2012 TRANSFEROR'S SICH ATHRH (SELLER) PRINTED NAME MICHELE JONES TRANSFEROR'S STREET ANDRESS (SELLER) 5105 JOHNSON ROAD (CITY) (STATE) (ZIP CODE) COCONUT CREEK FL 33073 DATE OF STATEMENT 5/25/18 TRANSPEREE'S SIGNATURE (BUYER) PRINTED NAME EONDRAF D. CAMEL TRANSFEREES NAME (BUYER) THE CITY OF SOUTH BAY TRANSFEREES STREET ADDRESS (BUYER) 335 SW 2nd Avenue (CITY) (ZIF CODE)

South Bay FL 33493

## STATE OF FLORIDA DIVISION OF MOTOR VEHICLES

2900 Apalachee Parkway Neil Kirkman Building Tallahassee, Florida 32399

#### POWER OF ATTORNEY FOR A MOTOR VEHICLE, MOBILE HOME OR VESSEL

| I hereby name and appoint,                                                                                                                                                                                                   | (Full Legibly Printed Name                                  | is Required                 | , to be                  | my lawful                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------------------------|--------------------------|------------------------------|
| attorney-in-lact, to act for me, in applying for an original lien to the motor vehicle, mobile home or vessel despehalf. My attorney-in-fact can also do all things necessind me in as sufficient a manner as I myself could | scribed below, and to print messary to the application or a | y name and<br>ny other rela | sign their nated instrum | ame, in my                   |
| With full power of substitution and revocation, I hereby do or cause to be done in the virtue hereof.                                                                                                                        | y ratify and confirm whatever                               | r my said att               | omey-in-fac              | ct may lawfully              |
| CHECK ONE:X Motor Vehicle Mobi                                                                                                                                                                                               | le HomeVessel                                               |                             |                          |                              |
| Year                                                                                                                                                                                                                         | Make/Manufacturer                                           |                             | Body Type                | Title Number                 |
| 2012                                                                                                                                                                                                                         | CHEV                                                        |                             | LS                       |                              |
| Vessel/Vehicle Identification Number                                                                                                                                                                                         |                                                             |                             |                          |                              |
|                                                                                                                                                                                                                              | 1GAWGPFA6C117928                                            | 80                          |                          |                              |
| NOTICE TO OWNER: COMPLETE UNDER PENALTIES OF PERJURY, I DECLARE THA STATED IN IT ARE TRUE.                                                                                                                                   |                                                             |                             |                          |                              |
| (Signature of Owner / Co-owner "Grantor")                                                                                                                                                                                    | LEONDRAE L                                                  | CAHI                        | eL                       | Canadaan                     |
|                                                                                                                                                                                                                              | 35 SW 2nd Avenue                                            | or Owner /                  | CO-OWITE                 | Grantor )                    |
|                                                                                                                                                                                                                              | s of Owner / Co-owner (Gran                                 | ntor)                       |                          |                              |
|                                                                                                                                                                                                                              | outh Bay FL 33493                                           | 1141                        |                          |                              |
| City                                                                                                                                                                                                                         |                                                             | State                       |                          | , Zip                        |
| 59-6000429                                                                                                                                                                                                                   |                                                             |                             |                          | NIH                          |
| Oriver License Number or FEID Number                                                                                                                                                                                         |                                                             |                             |                          | Date of Birth, if applicable |
|                                                                                                                                                                                                                              |                                                             |                             |                          |                              |

This non-secure power of attorney form may be used when an individual or entity appointed as the attorney in fact will be completing the odometer disclosure statement as the buyer only or the setter only. However, this form cannot be used to allow an individual or entity to (such as a dealership) to sign as both buyer and setter for the purpose of disclosing the odometer reading. This may be accomplished only with the secure power of attorney (HSMV 82995) when

| (a) the tit | e is physical | ly being heid b | by the Kenholder, c |
|-------------|---------------|-----------------|---------------------|
|-------------|---------------|-----------------|---------------------|

(b) the title is lost

NOTE: A licensed dealer and his amployees are considered a single entity.

HSMV 82053 (Rev. 07/10) S

www.hsmv.state.fl.us

#### CERTIFICATION OF AIR POLLUTION CONTROL DEVICES AND SYSTEMS

(For sales, leases or transfers of title by licensed motor vehicle dealers)

Fiorida law prohibits the operation, sale, lease or transfer of title of any automobile or light-duty truck (1975 or newer, 10,000 pounds gross vehicle weight or less) that has been tampered with. "tampering" means that the dismantling, removal, or rendering ineffective of any air pollution control devices or system which has been installed on a motor vehicle by the vehicle manufacturer except to replace such device or system with a device or system with a device or system equivalent in design and function to the part that was original installed on the motor vehicle (316.2935, F.S.).

As a motor vehicle dealer licensed to conduct business in the state of Florida, I hereby certify that the following air pollution emission control devices and system of this vehicle, if installed by the vehicle manufacturer or importer, have not been tampered with by me or by my agents, employee's, of other representatives:

1975 - 1980 Model Years:

1981 or Newer Model Year.

Catalytic Converter Fuel Inlet Restrictor Unvented Fuel Cap Catalylic Converter
Fuel Inlet Restrictor
Unvented Fuel Cap
Exhaust gas Recirculation System (EGR)
Air pump and/or Air Injection System (AIS)
Fuel Evaporative Emissions System (EVP)

I also hereby certify that I or persons under my supervision have inspected this motor vehicle and, based on said inspection, have determined that the above-listed air pollution control devices and systems, if installed by the vehicle manufacturer or importer, are in place and appear properly connected and undamaged as determined by visual observation.

This certification shall not be deemed or construed as a warranty that any air pollution control device or system of the vehicle is in functional condition, nor does the execution or delivery of this certification create by itself grounds for a cause of actions between the parties to this transaction.

| Vehicle Identification:            |                                  |   |
|------------------------------------|----------------------------------|---|
| YEAR: 2012                         | MAKE: CHEV                       |   |
| MODEL: E25P                        | VIN: 1GAWGPFA6C1179280           |   |
| DATE: <u>5/25/18</u>               |                                  |   |
| Dealership Name:                   | ENTERPRISE FLEET MANAGEMENT INC. | _ |
| Seller/Transferor Printed Name:    | MICHELE JONES                    |   |
| Seller/Transferor Signature:       | - Mary                           |   |
| Purchaser/Transieree Printed Name: | THE CITY OF SOUTH BAY            |   |
| Purchaser/Transferee Signature     | Ap. al                           |   |



## **BUYER'S GUIDE**

| 2012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CHEV                                                                 | E25P                                                    | IGAWGPFA6C1179280                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| YEAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | MAKE                                                                 | MODEL                                                   | VIN NUMBER                                                                                                    |
| US6C48<br>UNIT NUME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                      |                                                         | CITY OF SOUTH BAY<br>'ER'S NAME                                                                               |
| THIS VI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | EHICLE MAY NO                                                        | LONGER BE COVERE                                        | D BY THE MANUFACTURER'S WARRANTY.                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                      | ED WARI                                                 | RANTY hicle. Listed below are the terms and coverage:                                                         |
| delivery. The c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | I be covered for _<br>ost of this coverag<br>e rate. See EMRP        |                                                         | additional miles from the date of will be paid by lessee at time of delivery or tibles, & dealer obligations. |
| PURCHASER V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | VILL PAY ALL C                                                       | O WARRA COSTS FOR ANY REPAIR statements about this vehi | RS . Enterprise assumes no responsibility for                                                                 |
| I acknowledge:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                      |                                                         |                                                                                                               |
| <ol> <li>A companient and a line of the c</li></ol> | plete safety inspect<br>see have been perfo<br>either elected to pur | rmed.<br>rchase extended warranty co                    | le sale.  party mechanic and necessary repairs and  overage, or cover expenses myself.                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | for this numerosent t                                                | o be legal and binding.                                 | ! 1                                                                                                           |

#### FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES APPLICATION FOR CERTIFICATE OF TITLE WITH/WITHOUT REGISTRATION

SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE

| /                                                                  | PE ORIGINAL TRANS                                                                | FER VEHICLE 1                                   | TYPE: MO                                                                 | TOR VEHICLE                   | MOBILE HO                                             |                      | SEL <u>OFF-H</u>                                   | GHWAY       | VEHICLE     | ATV ROV                                                                                                |
|--------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------|----------------------|----------------------------------------------------|-------------|-------------|--------------------------------------------------------------------------------------------------------|
| Customer Number                                                    | Do you want the dent<br>remain electronic?                                       | ncate of title to                               | Are you a Flore Are you an asse                                          | la resident?                  | Owner  yes no                                         | Co-Owne              | 40                                                 | nd Numbe    | r<br>       | Flest Number                                                                                           |
|                                                                    | E: When joint ownership please Indic                                             |                                                 | _                                                                        |                               | d. If newtrer box is a                                | necked the title     |                                                    |             |             |                                                                                                        |
|                                                                    | on Driver License (First: Full Middlef                                           | stancy By the Entre<br>Marden & Last Na         |                                                                          | th Rights of Sur<br>Owner's E | vivorship<br>mail Address                             | Owner's C            | Date of Burth                                      | Sex         |             | er License or FEID/Sutfix e                                                                            |
|                                                                    | It Appears on Driver License (First.                                             | Full Middle/Maider                              | 6 Last Name)                                                             | Co-Owner                      | Messee's Email A                                      | GGFE33               | Date of Buth                                       | Sex         |             | er License or FEID/Suffix #                                                                            |
| Owner's Making Address M. 335 SW 2ND AVI Co-Owner's Lassee's Makin | ENUE                                                                             |                                                 |                                                                          | SOUTH                         | 1 BAY                                                 |                      |                                                    |             | State<br>FL | <sup>2:p</sup><br>33493                                                                                |
| Co-Caulet presses 3 Million                                        | Address Marcadiy                                                                 |                                                 |                                                                          | City                          |                                                       |                      | 5040X                                              |             | State       | Zrp                                                                                                    |
| Owner's/Lessee's Physical S                                        | ireet Address in Florida (Mandatory)                                             | 362.52                                          |                                                                          | City                          |                                                       |                      |                                                    |             | State       | Zip                                                                                                    |
| Mobile Home Physical Addre                                         | 15 (if applicable) Dieck if in a mobile ho                                       | me rental park with f                           | 8 or more late.                                                          | Crty                          | -                                                     |                      |                                                    |             | State       | 2.0                                                                                                    |
| Mail To Customer Name (if o                                        | ifferent From Above Owner)                                                       | Mail To C                                       | lustomer's Email                                                         | Address                       |                                                       |                      | Date of Birth                                      | Sex         | FL Office   | License or FEID/Sulfix #                                                                               |
| Mad To Customer Address (II                                        | different From Above Making Addre                                                | 95]                                             |                                                                          | City                          |                                                       |                      |                                                    |             | State       | Zp                                                                                                     |
| Veride/Vessel Identification                                       |                                                                                  | MÓTOR VE                                        | HICLE, MOB                                                               |                               | OR VESSEL DE                                          | SCRIPTION Body       | Cotor                                              |             | Flonda Tis  | a Number                                                                                               |
| 1GAWGPFA6C                                                         | 31179280<br>se Plate or Vessel Registration Number                               | Weight                                          | CHEV                                                                     |                               | 2012<br>BHP/CC                                        | GVW/LOC              | WHT                                                | VAN         | USE, IF A   | PPLICABLE                                                                                              |
|                                                                    | TYPE                                                                             | 2101                                            | FI In                                                                    | -                             | PROPULSIO                                             | 07                   |                                                    | FUEL        | ASSENGE     | OTHER                                                                                                  |
| Cabin Motorboat Pr                                                 | pusebcat Personal Watercraft Intoon Carbe rboat Other Specify Specify            | Wood Fiberglass Wood/Fiberg                     | Aluminu Steel  Specify                                                   | 🔲 lint                        | itboard S<br>poard A<br>poard/Outboard                | iail<br>úr Propelled | Gas Diesel Bactric                                 |             | _           | (The depth of water a vessel draws)  FT. th.  "For all vessels 28" or more in length and oil salbouts. |
| Recreational (Pleasure) Dealer/Manul Comm Exempt Hire (i           | ivery) Commercial Macker                                                         | rab Comi                                        | OF VESSEL<br>mercial Stone Cra<br>mercial Shrimp Ro<br>mercial Shrimp No | ecip 🔲                        | Government<br>Commercial Charter<br>Commercial Oyster | Comme                | ercial Sponge<br>ercial Other<br>ercial Spiney Lob | ester       | OUT         | EVIOUS<br>I-OF-STATE<br>SISTRATION NUMBER.                                                             |
| Previously Federally Documents U.S. Coast Guard Release            | ed Vesset, Attach Copy of<br>From Documentation Form, or                         |                                                 | Copy of Canceled                                                         | Documentatio                  | n Papers                                              | State of Pr          | nopal Use                                          |             |             |                                                                                                        |
| SHORT TERM LEASE                                                   | LONG TERM LEASE                                                                  | REBUILT                                         | POLICE VE                                                                |                               | eck Applicable                                        |                      | 10                                                 |             |             | I Consumers                                                                                            |
| ASSEMBLED FROM PARTS                                               | REFLICA [                                                                        |                                                 | GUDER KIT                                                                |                               | MANUFACTURER'S                                        | TAXI CAB             | ☐FLGOD                                             |             |             | ELECTRIC VEHICLE                                                                                       |
| CHECK FELT                                                         | D# DL # and Sex and Date of                                                      | Beth DMV                                        | To                                                                       | ate of Lien                   |                                                       | er's Name            |                                                    | _           |             |                                                                                                        |
| CUSTOMER Lunnolder's Email Address                                 | Lienholder's Address                                                             |                                                 |                                                                          |                               | City                                                  |                      |                                                    | State       | 2;          | 9                                                                                                      |
| If Lienholder authorizes the (Does not apply to vessels            | Department to send the motor vehicle). If box is not checked, title will be made | e or mobile home to<br>alled to the first lient | nakter.                                                                  |                               |                                                       | (Signa               | ture of Lienholds                                  | er's Repres | entative)   |                                                                                                        |
| F CWIGHSHIP HAS TRANSFERRED                                        | REPOSSESSION COURT (                                                             | -                                               | SSEL ACQUIRED?<br>OTHER (SPECIFY)                                        |                               | Val. 1. 4                                             | PRODUCE - INC.       | DATE ACQ                                           | UIRED _     |             | _/                                                                                                     |
| B                                                                  | equires that you state the mileage in                                            | connection with se                              | [0]                                                                      | ER DECLA                      |                                                       | rolata pe nomici     | lian a falan sessa                                 | mant ma-    | partie in # | nas or immisonment                                                                                     |
| WE STATE THAT THIS 5 0                                             | R                                                                                | REAGS                                           | ],[                                                                      |                               |                                                       |                      |                                                    |             |             | ID WAS HEREBY CERT FI                                                                                  |
| 1 REFLEC                                                           | TIS ACTUAL MILEAGE                                                               | 2                                               | IS IN EXCESS                                                             | OF ITS MECHA                  | ANCCALL METS                                          |                      |                                                    | S IS NOT    | THE ACTU    | IAL MILEAGE.                                                                                           |
| 7  <br>FLORIDA CALESTAX REGISTRATIO                                | THUMBER DATE OF SALE                                                             | LER SALES TAX R                                 | EPCRT AND VE                                                             | HICLE TRACE<br>ALER LICENSE   | IN INFORMATION NUMBER ARC                             | NI OFTAX             | UE)<br>DEALER/AG                                   | ENT SIGNA   | TURE        |                                                                                                        |
| AR OF TRACEIN                                                      | JAAKE OF TRADE IN                                                                | <u> </u>                                        | THILE H                                                                  | JMBER OF TRAI                 | E M (F                                                | EHICLE IDENTIFI      | CATION NUMBER                                      | OF TRACE    | IN          |                                                                                                        |
|                                                                    |                                                                                  |                                                 |                                                                          |                               |                                                       |                      |                                                    |             |             |                                                                                                        |

| E MOTOR VEHICLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | IDENTIFICATION NUMBER VERIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EMPLOYEE OR TAX COLLECTOR EMPLOYEE IF THE VIN IS VERIFIED BY AN OUT OF STATE  STATIONERY, COMPLETE THIS SECTION ON ALL USED MOTOR VEHICLES INCLUDING TRA  TITLED IN FLORIDA.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | EIDENTIFICATION NUMBER I <u>VINI (OR THE MOTOR NUMBER FOR MOTOR VEHICLES MANUFACTURE</u> LER FLORIDA NOTARY PUBLIC POLICE OFFICER, OR FLORIDA DIVISION OF MOTOR VEHICLES TEMOTOR VEHICLE GEALER, THE VERIFICATION MUST BE SUBMITTED ON THEIR LETTERHEAD AILERS (WITH ABBREVIATION OF TL* WITH A WEIGHT OF 2,000 POUNCS OR MORE) NOT CURRENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| I, the undersigned, certify that I have physically inspected the above described vehicle and find the vehicle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | de elembrication number to be (Velivire Identification Number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| DATE SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PRINTED NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Law Enlargement Officer or Florida Dealer/Agency Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| FL DMV/Tax Collector Employee Florida Complanos                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | e Examiner/Inspector Badge or -O Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| CONSASSIGNED NAME OF FLORIDA NOTARY [Prof. Type or Starry] NOTA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ARY'S SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| PURCHASER(STATE AGENCIES, COUNTES ETG   HOLDS VALID EXEMPTION CERTIFICATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CONSUMER'S CERTIFICATE OF EXEMPTION NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| MOTOR VEHICLE MOBILE HOME VESSEL WILL BE USED EXCLUSIVELY FOR RENTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | SALES TAX REGISTRATION NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| hereby certify that ownership of the motor vehicle, mobile home or vessel described on this appli                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | lazdon, is not subject to Florida Sales and. Use Tax for the following reason. 🔲 IMMERITANCE 🔲 GIFT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| OIVORCE DECREE TRANSFER BETWEEN HUSBAND AND WIFE EVEN TRADE OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | R TRADE DOWN: (State the facts of the even trade or trade down and the transferor information, including the transferor's name and address, below under "Other: Explain.")                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| OTHER (EXPLAIN)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 10 REPCS F CHECKED, THE FOLLOWING CERTIFICATIONS ARE MADE BY THE APPLICANT:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SSESSION DECLARATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| (VESSEL) A PHOTOCOPY OF THE LIEN INSTRUMENT FOR THE VESSEL IS REQUIRED AND  I AM REQUESTING THAT AN ORIGINAL CERTIFICATE OF REPOSSESSION BE ISSUED FOR  I AM REQUESTING THAT A DUPLICATE CERTIFICATE OF REPOSSESSION BE ISSUED FOR  ICHECKED, THE FOLLOWING CERTIFICATIONS ARE MADE BY THE APPLICANT:  I CERTIFY THAT THE CERTIFICATE OF TITLE IS LOST OR DESTROYED  THE VEHICLE IDENTIFIED WILL NOT BE OPERATED ON THE STREETS AND HIGHWAYS OF THE VESSEL IDENTIFIED WILL NOT BE OPERATED ON THE WATERS OF THIS STATE UNTIL  OTHER. (EXPLAIN)  APPLICATION A  VE PHYSICALLY INSPECTED THE DOGMETERAIN AND FURTHER AGREE TO DEFEND THE TITLE.  NDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | THE MOTOR VEHICLE OR MOBILE HOME IN LIEU OF A TITLE (REPOSSESSION)  R THE MOTOR VEHICLE OR MOBILE HOME, AS THE ORIGINAL HAS BEEN LOST OR DESTROYED  WICH OTHER CERTIFICATIONS  THIS STATE UNITE PROPERLY REGISTERED.  L PROPERLY REGISTERED  ATTESTMENT AND SIGNATURES  AGAINST ALL CLAIMS (More than one form HSMV 82040 may be used for additional signature)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| F.D. C. 2 5/25/18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| SIGNATURE OF APPLICANT (OWNER) Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SIGNATURE OF APPLICANT (CO-OWNER) Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| RELEASE OF S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | SPOUSE OR HEIRS INTEREST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| e undersigned person(s) state(s) as follows: That                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | died on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| When applicable, the herr(s) (named below) certifies that the certificate of title is lost or de-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ) and left the surviving heir(s) named below                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| DER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| time or type retire or upuses, upuses or nexts;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Signature of Spouse, Co-Owner or Heir(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| TRIS referrables with york from proceeds the desirable of Billings and year for the control of only in several executable desirable desirable of the control of only in the control of the | +41 +11 FG ATC - MATERIAL ACCORDANCE SET A PROPERTY |
| If at the time of death the decadent was owner of the motor vehicle, mobile home or vessel decarbed in ser-<br>(s) or law legaration devices) or otherwise to the alorestad motor vehicle, mobile home or vessel to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | iction 2 of this term. The personal retning today hereby releases all of his treather right, filte interest and claim.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Name of Applicant(s) (Pont or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

CESSING.

OCAL FLORIDA AND ALL VESSEL CWNERS, RESIDING IN FLORIDA OR OUT OF STATE, SHOULD SUBMIT THIS FORM AND ALL REQUIRED DOCUMENTATION TO OCAL FLORIDA TAX COLLECTOR'S OFFICE OR THE FLORIDA TAX COLLECTOR'S OFFICE LOCATED IN THE APPLICANT'S COUNTY OF RESIDENCE FOR DCSSING.

SOURK your local phone book government hardes or west the colowing website for current mailing and assess than wear. There government hardes or west the colowing website for current mailing and assess than wear. There government hardes or west the colowing website for current mailing and assess than wear. There government hardes or west the colowing website for current mailing and assess than wear. There government hardes or west the colowing website for current mailing and assess than a second color of the current mailing and assess than wear. There government hardes or well the colowing website for current mailing and assess than a second color of the current mailing and assess than a second color of the current mailing and assess that the color of the current mailing and assess than a second color of the current mailing and assess than a second color of the current mailing and assess than a second color of the current mailing and assess that the color of the current mailing and assess that the color of the current mailing and assess that the color of the current mailing and assess that the color of the current mailing and assess that the color of the current mailing and assess that the current mailing assess that the curren

## Please enclose a copy of your valid insurance card, or insurance policy/certificate. Complete the insurance affidavit below.

#### Insurance Affidavit

| Under Penalty, I                    | THE CITY OF SOUTH                                             | BAY               |
|-------------------------------------|---------------------------------------------------------------|-------------------|
|                                     | Name of Insured                                               | ·                 |
| do hereby certify that I have       | Full Coverage - Personal Injury Prote Bodily Injury Liability |                   |
| Insurance currently in effect with  |                                                               | 1 Insurance Trust |
|                                     | Comp                                                          | oony Name         |
| Under Policy Number FMIT 0553       |                                                               |                   |
|                                     |                                                               |                   |
| On the following described vehicle: |                                                               |                   |
| Vehicle Identification Number:      | 1GAWGPFA                                                      | A6C1179280        |
| Year of Vehicle: 2012               | Make of vehicle:                                              | CHEV              |
| Signature of the insured            | po. al                                                        |                   |

Warning: Giving false information in order to obtain a vehicle registration certificate is a criminal offense under Florida law, anyone giving false information on this affidavit is subject to prosecution.

Pursuant to S. 320.02 F.G.

#### **RESOLUTION NO. 31-2018**

A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF SOUTH BAY, FLORIDA, AUTHORIZING THE CITY MANAGER TO EXECUTE THE ATTACHED NEIGHBORHOOD ENGAGEMENT AND TRANSFORMATION GRANT PROGRAM AGREEMENT BETWEEN PALM BEACH COUNTY AND THE CITY OF SOUTH BAY; PROVIDING FOR AN EFFECTIVE DATE

WHEREAS, the Office of Community Revitalization (OCR) provides organizational and technical support to residents and neighborhood organizations who desire to improve the quality of life within their community; and

WHEREAS, the City of South Bay ("City") submitted a grant application for the Neighborhood Engagement and Transformation Grant, which consists of procurement of items for a "Community Day" event that will promote unity, economic growth, cultural diversity and local leadership, hereinafter referred to as the "Community Festival Project"; and

WHEREAS, Palm Beach County has selected the City's "Community Festival Project" to receive funding for implementation; and

WHEREAS, Palm Beach County desires to provide the City an amount not to exceed Ten Thousand Dollars (\$10,000.00) to help offset expenses toward the City's implementation of its "Community Festival Project"; and

WHEREAS, implementation of the City's "Community Festival Project", serves a public purpose and acceptance of the grant would be in the best interest of the City's residents.

NOW THEREFORE, BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF SOUTH BAY, FLORIDA, AS FOLLOWS:

<u>Section 1.</u> <u>Adoption of Representations</u>. The foregoing "Whereas" clauses are hereby ratified and confirmed as being true and the same are hereby made a specific part of this Resolution.

<u>Section 2.</u> <u>Authorization of City Manager</u>. The City Commission of the City of South Bay hereby authorizes the City Manager to execute the attached Neighborhood

| Section 3. Effective Date. This Respenses and adoption.                                                                   | solution shall be effective immediately upon its |  |  |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--|--|
| PASSED and ADOPTED this 17th day of July 2018.                                                                            |                                                  |  |  |
|                                                                                                                           |                                                  |  |  |
|                                                                                                                           | Joe Kyles, Mayor                                 |  |  |
| Attested                                                                                                                  |                                                  |  |  |
| By:<br>Jessica Figueroa, City Clerk                                                                                       |                                                  |  |  |
| APPROVED AS TO FORM AND LEGAL SUFFICIENCY:                                                                                |                                                  |  |  |
| Burnadette Norris-Week, Esquire<br>City Attorney                                                                          |                                                  |  |  |
|                                                                                                                           | Moved by:                                        |  |  |
|                                                                                                                           | Seconded by:                                     |  |  |
| VOTE:                                                                                                                     |                                                  |  |  |
| Commissioner Barnard (Yes) Commissioner Berry (Yes) Commissioner McKelvin (Yes) Vice-Mayor Wilson (Yes) Mayor Kyles (Yes) |                                                  |  |  |

Engagement and Transformation Grant Agreement attached hereto as Exhibit "A" and

to take all necessary and expedient action to effectuate the intent of this Resolution.

## AGREEMENT BETWEEN PALM BEACH COUNTY CITY OF SOUTH BAY FOR THE COMMUNITY FESTIVAL PROJECT

THIS AGREEMENT is made and entered into on \_\_\_\_\_\_, by and between Palm Beach County, a political subdivision of the State of Florida, hereinafter referred to as "COUNTY" and City of South Bay, a political subdivision of the State of Florida, hereinafter referred to as "AWARDEE".

#### WITNESSETH:

WHEREAS, The Office of Community Revitalization (OCR) provides organizational and technical support to residents and neighborhood organizations who desire to improve the quality of life within their community; and

WHEREAS, AWARDEE submitted a grant application for the Neighborhood Engagement and Transformation Grant, which consist of procurement of items for a Community Day" event that will promote unity, economic growth, cultural diversity and local leadership, hereinafter referred to as the "Community Festival Project"; and

WHEREAS, COUNTY has selected AWARDEE's "Community Festival Project" to receive funding for implementation; and

WHEREAS, COUNTY desires to provide AWARDEE an amount not to exceed Ten Thousand Dollars (\$10,000) to help offset expenses toward AWARDEE's implementation of its "Community Festival Project"; and

WHEREAS, implementation of AWARDEE's "Community Festival Project", serves a public purpose; and

WHEREAS, both parties desire to enter into this Agreement.

NOW THEREFORE, in consideration of the covenants and promises contained herein, the parties hereby agree to the following terms and conditions:

AWARDEE shall perform the Project Scope of Work, as proposed by AWARDEE and
detailed in the Scope of Work as described in Exhibit "A", attached hereto and incorporated
herein by reference. AWARDEE shall abide by any written instructions or conditions placed on
the Project by the COUNTY, whether or not included in this agreement.

- COUNTY agrees to fund an amount not to exceed Ten Thousand Dollars (\$10,000)
   AWARDEE for reimbursement of costs related to the "Community Festival Project",
   hereinafter referred to as the "Project", as set forth more specifically in Exhibit "A".
- The COUNTY's performance and obligation to pay under this Agreement for subsequent fiscal years are contingent upon annual appropriations for its purpose by the Board of County Commissioners.
- 4. AWARDEE hereby authorizes COUNTY to make reimbursement payments directly to Registered County vendors on behalf of AWARDEE, for expenses incurred pursuant to this Agreement. COUNTY will use its best efforts to reimburse the AWARDEE and/or Registered County vendors within forty-five (45) days of receipt of invoices indicating services or materials have been rendered in furtherance of the Scope of Work. These invoices must be approved in writing by the AWARDEE and/or registered County vendors indicating that the services or materials were delivered to AWARDEE's satisfaction. COUNTY may make payments directly to the vendor issuing the invoice, or may purchase items on behalf of AWARDEE from registered County vendors. In no event shall payments and/or reimbursements made by COUNTY exceed Ten Thousand Dollars (\$10,000) for this Project. The COUNTY is exempt from payment of Florida State Sales and Use Taxes. The COUNTY will not reimburse AWARDEE for payment of any sales tax. AWARDEE is not authorized to use the COUNTY's tax exemption number in securing such materials. Project budget changes in Exhibit A of up to ten percent (10%) of the amount stated in this Agreement may be approved, in writing, by the Office of Community Revitalization (OCR) Director at his discretion during the period of this Agreement. Such requests for budget change must be made, in writing by the AWARDEE to the Director.
- 5. COUNTY will use its best efforts to provide said funds to AWARDEE on a reimbursement basis within forty-five (45) days of receipt of the following information:
- a. A written statement that the Project, as specified herein, was carried out in accordance with this Agreement; and
- b. A Contract Payment Request Form attached hereto and made a part hereof as Exhibit "B", which is required for each and every reimbursement requested by AWARDEE. Said information shall list each invoice paid by AWARDEE and shall include the vendor invoice number; invoice date; and the amount paid by AWARDEE along with the number and date of the respective check and/or proof of payment for said payment. AWARDEE shall attach a copy of each vendor invoice paid by AWARDEE along with a copy of the respective check and/or proof of payment, and shall make reference thereof to the applicable item listed on the Contract Payment Request Form.

- 6. AWARDEE agrees, warrants, and represents that all of the employees and participants in the Project will be treated equally during employment, and for the provision of services without regard to residency, race, color, religion, disability, sex, age, national origin, ancestry, marital status, sexual orientation, familial status, gender identity or expression, or genetic information.
- 7. AWARDEE shall be responsible for the operation and maintenance of the Project, including all associated costs. AWARDEE shall use, maintain and store the Equipment in accordance with the terms of this Agreement for a period of two (2) years from the date of execution of this Agreement by the parties hereto. Equipment is defined in more detail in Exhibit A, the Scope of Work. This provision shall survive termination or expiration of this Agreement.
- 8. The term of this Agreement shall be for twelve (12) months, commencing upon the date of execution by the parties hereto.
- 9. The parties agree that in the event AWARDEE is in default of its obligations under this Agreement, the COUNTY shall provide AWARDEE thirty (30) days written notice to cure the default. In the event AWARDEE fails to cure the default within the thirty (30) day cure period, the COUNTY shall have no further obligation to honor reimbursement requests submitted by AWARDEE for the Project deemed to be in default and AWARDEE shall return any COUNTY funds already collected by AWARDEE under this Agreement for the Project.
- 10. Notwithstanding any provision of this Agreement to the contrary, this Agreement may be terminated by the COUNTY, without cause, upon thirty (30) days prior written notice to the other party. The COUNTY may terminate this Agreement with cause, upon expiration of the thirty (30) day cure period provided for in Section 9 above.
- 11. AWARDEE shall complete the Project within ten (10) months of execution of this Agreement, and shall provide its final reimbursement request(s) and final accounting data to COUNTY for the completed project within eleven (11) months of execution of this Agreement by the parties hereto.
- 12. In the event AWARDEE ceases to exist, or ceases or suspends the Project for any reason, any remaining unpaid portion of this Agreement shall be retained by COUNTY, and COUNTY in its sole discretion, shall have no further obligation to honor reimbursement requests submitted by AWARDEE. COUNTY shall make the determination that AWARDEE has ceased or suspended the Project and AWARDEE agrees to be bound by COUNTY's determination.

- 13. COUNTY shall have the right to perform on-site inspections during normal business hours to verify the Project is being executed in conformance with the Project Scope of Work.
- 14. AWARDEE agrees to abide by, and be governed by, all applicable federal, state, county, and municipal laws, including but not limited to, Palm Beach County's ordinances, as said laws and ordinances exist and are amended from time to time. By entering into this Agreement, COUNTY does not waive the requirements of any COUNTY or local ordinance or the requirements of obtaining any permits or licenses normally required to conduct business or activity conducted by AWARDEE. Failure to comply may result in COUNTY's refusal to honor reimbursement requests for the Project.
- 15. COUNTY reserves the right to withhold reimbursement if the Project is not completed as specified in Exhibit "A".
- 16. It is understood and agreed that AWARDEE is merely a recipient of COUNTY funding and is an independent contractor and is not an agent, servant or employee of COUNTY or its Board of County Commissioners. It is further acknowledged that the COUNTY only contributes funding under this Agreement and operates no control over the Project. In the event a claim or lawsuit is brought against COUNTY or any of its officers, agents or employees, AWARDEE shall indemnify, save and hold harmless and defend the COUNTY, its officers, agents, and/or employees from and against any and all claims, liabilities, losses, judgments, and/or causes of action of any type arising out of or relating to any act or omission of AWARDEE, its agents, servants and/or employees in the performance of this Agreement. The foregoing indemnification shall survive termination of this Agreement.
- 17. If applicable, AWARDEE shall, at its own expense, maintain in effect at all times during the life of this Agreement, Commercial General Liability at a limit of liability not less than \$500,000 per occurrence and shall not include an endorsement excluding Contractual Liability nor Cross Liability. AWARDEE agrees to endorse COUNTY as an Additional Insured with a CG2026 Additional Insured Designated Person or Organization endorsement to Commercial General Liability. The additional insured shall read "Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees and Agents. Coverage shall be provided on a primary basis.
- 18. AWARDEE shall require each contractor, vendor or subcontractor hired by AWARDEE for work associated with this Agreement to maintain:
  - a. Workers' Compensation coverage in accordance with Florida Statutes, and;

- b. Commercial General Liability coverage, including vehicle coverage, in combined single limits of not less than One Million Dollars (\$1,000,000.00). COUNTY shall be included in the coverage as an additional insured.
- 19. Prior to execution of this Agreement, AWARDEE shall deliver to the COUNTY a Certificate of Insurance evidencing the required coverage, and providing minimum ten (10) day endeavor to notify due to cancellation or non-renewal of coverage to, OCR Director, Palm Beach County c/o Office of Community Revitalization, 2300 North Jog Road, West Palm Beach, FL 33411.
- 20. AWARDEE agrees that any volunteer who performs services connected with the Project will fully execute a Release and Hold Harmless Agreement, which is attached hereto and incorporated herein as Exhibit "C", before engaging in any such service. AWARDEE will keep on file a fully executed Release and Hold Harmless Agreement for each volunteer for a period of five (5) years from the effective date of this Agreement.
- 21. AWARDEE shall maintain books, records, documents and other evidence that sufficiently and properly reflect all costs of any nature expended in the performance of this Agreement for a period of not less than three (3) years. Upon advance notice to AWARDEE, COUNTY shall have the right to inspect and audit said books, records, documents and other evidence during normal business hours. Notwithstanding anything contained herein, as provided under Section 119.0701, F.S., if the AWARDEE (i) provides a service; and (ii) acts on behalf of the COUNTY as provided under Section 119.011(2), F.S., the CONTRACTOR shall comply with the requirements of Section 119.0701, Florida Statutes, as it may be amended from time to time. The CONTRACTOR is specifically required to:
  - A. Keep and maintain public records required by the COUNTY to perform services as provided under this Contract.
  - B. Upon request from the COUNTY's Custodian of Public Records or COUNTY's representative/liaison, on behalf of the COUNTY's Custodian, provide the COUNTY with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in Chapter 119 or as otherwise provided by law. The CONTRACTOR further agrees that all fees, charges and expenses shall be determined in accordance with Palm Beach County PPM CW-F-002, Fees Associated with Public Records Requests, as it may be amended or replaced from time to time.
  - C. Ensure that public records that are exempt, or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the Contract term and following completion of the Contract, if the CONTRACTOR does not transfer the records to the public agency.

- Nothing contained herein shall prevent the disclosure of or the provision of records to the COUNTY.
- D. Upon completion of the Contract, the CONTRACTOR shall transfer, at no cost to the COUNTY, all public records in possession of the COUNTRACTOR unless notified by COUNTY's representative/liaison, on behalf of the COUNTY's Custodian, to keep and maintain public records required by the COUNTY to perform a service. If the CONTRACTOR transfers all public records to the COUNTY upon completion of the Contract, the CONTRACTOR shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the CONTRACTOR keeps and maintains public records upon completion of the Contract the CONTRACTOR shall meet applicable requirements for retaining public records. All records stored electronically by the CONTRACTOR must be provided to COUNTY, upon request of the COUNTY's Custodian or the COUNTY's representative/liaison, on behalf of the COUNTY's Custodian, in a format that is compatible with the information technology systems of COUNTY, at no cost to COUNTY.

CONTRACTOR acknowledges that it has familiarized itself with the requirements of Chapter 119, F.S., and other requirements of state law applicable to public records no specifically set forth herein. Failure of the CONTRACTOR to comply with the requirements of this Article, Chapter 119, F.S. and other applicable requirements of state law, shall be a material breach of this Contract. COUNTY shall have the right to exercise any and all remedies available to it for breach of contract, including but not limited to, the right to terminate for cause.

If the CONTRACTOR has questions regarding the application of Chapter 119, Florida Statutes, to the CONRACTOR'S duty to provide public records relating to this contract, please contact the custodian of public records at records request, Palm Beach County Public Affairs Department, 301 N. Olive Avenue, West Palm Beach, FL 33401, by email at recordsrequest@pbcgov.org or by telephone at 561-355-6680.

- 22. The COUNTY and AWARDEE may pursue any and all actions available under law to enforce this Agreement including, but not limited to, actions arising from the breach of any provision set forth herein.
- 23. This Agreement shall be governed by the laws of the State of Florida and any and all legal action necessary to enforce this Agreement shall be held in Palm Beach County.
- 24. As provided in Section 287.132-133, Florida Statutes, by entering into this Agreement or performing any work in furtherance hereof, AWARDEE certifies that it, its

affiliates, suppliers, subcontractors and consultants who will perform hereunder, have not been placed on the convicted vendor list maintained by the State of Florida Department of Management Services within thirty six (36) months immediately preceding the date hereof. This notice is required by Section 287.133(3) (a), Florida Statutes.

25. This Agreement represents the entire agreement between the parties and supersedes all other negotiations, representations, or agreement, either written or oral, relating to this Agreement. This Agreement may be modified and amended only by written instrument executed by the parties hereto.

26. Any notice given pursuant to the terms of this Agreement shall be in writing and hand delivered or sent by U.S. mail. All notices shall be addressed to the following:

#### As to the COUNTY:

Palm Beach County Office of Community Revitalization Houston L. Tate, OCR Director 2300 North Jog Road West Palm Beach, Florida 33411

#### As to AWARDEE:

Leondrae Camel, City Manager City of South Bay 335 SW 2<sup>nd</sup> Avenue South Bay, FL 33493

- 27. This Agreement is made solely and specifically among and for the benefit of the parties hereto, and no other person shall have any rights, interest, or claims hereunder or be entitled to any benefits under or on account of this Agreement. No provision of this Agreement is intended to, or shall be construed to, create any third party beneficiary or to provide any rights to any person or entity not a party to this Agreement, including but not limited to any citizen or employees of the COUNTY and/or AWARDEE.
- 28. Palm Beach County has established the Office of the Inspector General in Palm Beach County Code, Section 2-421 2-440, as may be amended. The Inspector General's authority includes but is not limited to the power to review past, present and proposed County contracts, transactions, accounts and records, to require the production of records, and to audit, investigate, monitor, and inspect the activities of the AWARDEE, its officers, agents, employees and lobbyists in order to ensure compliance with contract requirements and detect corruption and fraud. Failure to cooperate with the Inspector General or interfering with or impeding any investigation shall be in violation of Palm Beach County Code, Section 2-421 2-440, and punished pursuant to Section 125.69, Florida Statutes, in the same manner as a second degree misdemeanor.

- 29. The COUNTY is committed to assuring equal opportunity in the award of contracts and complies with all laws prohibiting discrimination. Pursuant to Palm Beach County Resolution R2017- 1770, as may be amended, the CONSULTANT warrants and represents that throughout the term of the Contract, including any renewals thereof, all of its employees are treated equally during employment without regard to race, color, religion, disability, sex, age, national origin, ancestry, marital status, familial status, sexual orientation, gender identity and expression, or genetic information. Failure to meet this requirement shall be considered default of the Contract.
- 30. If any term or provision of this Contract or the application thereof to any person or circumstances shall, to any extent, be held invalid or unenforceable, the remainder of this Contract, or the application of such terms or provision to persons or circumstances other than those as to which it is held invalid or unenforceable, shall not be affected, and every other term and provision of this Contract shall be deemed valid and enforceable to the extent permitted by law.

(The remainder of this page is intentionally left blank.)

#### IN WITNESS WHEREOF, the undersigned parties have signed this

Agreement on the date first above written.

| ATTEST:                             | PALM BEACH COUNTY, FLORIDA, BY ITS BOARD OF |
|-------------------------------------|---------------------------------------------|
| SHARON R. BOCK, Clerk & Comptroller | COUNTY COMMISSIONERS                        |
| Ву:                                 | Ву:                                         |
| Deputy Clerk                        | Melissa McKinlay, Mayor                     |
| WITNESSES:                          | AWARDEE                                     |
|                                     | (City of South Bay)                         |
|                                     | Ву:                                         |
| Witness Signature                   | Leondrae Camel, City Manager (printed name) |
| Witness Signature                   | Leondrae Camel (Signature)                  |
| APPROVED AS TO FORM AND LEGAL       | APPROVED AS TO TERMS AND CONDITIONS         |
| SUFFICIENCY                         |                                             |
|                                     | Ву:                                         |
| Ву:                                 | Houston L. Tate, Director                   |
| County Attorney                     | Office of Community Revitalization          |



#### Exhibit "A"

# Palm Beach County Office of Community Revitalization Neighborhood Engagement and Transformation (NEAT) Grants Program

#### SCOPE OF WORK

**Applicant Name:** 

City of South Bay

**Project Category:** 

Community Festival

Area Location:

Project will be located in South Bay, FL.

**Project Description:** 

Procurement of items for a "Community Day" event that will promote unity, economic growth, cultural diversity and local leadership.

#### Equipment to be purchased:

Food Bounce house Stage w/towing Tables Chairs Tents Mobile game station

\*Equipment purchased through this grant is for public use only, and can only be used for its intended purpose and not for personal use. A violation of this provision shall be a breach of this Agreement and AWARDEE may be liable to reimburse the County the cost of the Equipment that was used in violation of the terms of this Agreement.

County funds recommended:

\$10,000



## PALM BEACH COUNTY OFFICE OF COMMUNITY REVITALIZATION

## NEIGHBORHOOD ENGAGEMENT AND TRANSFORMATION (NEAT) GRANTS PROGRAM CONTRACT PAYMENT REQUEST FORM

| DATE:                                                                    |
|--------------------------------------------------------------------------|
| CONTRACT NUMBER:                                                         |
| ORGANIZATION NAME:                                                       |
| PROJECT COORDINATOR:                                                     |
| Address:                                                                 |
| REQUESTED ITEMS:                                                         |
| VENDOR REGISTRATION #                                                    |
| AMOUNT BEING REQUESTED: \$                                               |
| RECIPIENT OF DISBURSED FUNDS:                                            |
| Address:                                                                 |
| TELEPHONE #:                                                             |
| VENDOR REGISTRATION #                                                    |
| ATTACH ORIGINAL RECEIPT(S) AND/OR INVOICE(S)                             |
| ATTACH CONTRACTOR/SUBCONTRACTOR CERTIFICATE OF INSURANCE (IF APPLICABLE) |
| EMAIL TO: CMATHEWS@PBCGOCV.ORG OR DELIVER / MAIL TO:                     |

CHRYSTAL MATHEWS, SENIOR PLANNER OFFICE OF COMMUNITY REVITALIZATION 2300 NORTH JOG ROAD WEST PALM BEACH, FL 33411

FOR FINANCIAL INFORMATION REGARDING YOUR NEAT GRANT PROJECT, PLEASE CALL HARRIETTA HICKMAN AT 233-5032.

#### RELEASE AND HOLD HARMLESS AGREEMENT

| of    | Thi:       | s Release and Hold Harmless Agreement (", by Palm Beach County, Florida, ("County").                                                                                                                                                                                         | Agreement") is made this day day ("Volunteer") for the                                                                                                |
|-------|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| (NEA  | WH<br>T) G | IEREAS, County has awarded a Neighborhorant ("Grant") to allow theto improve                                                                                                                                                                                                 | ood Engagement and Transformation                                                                                                                     |
| Volur | iteer      | assistance.                                                                                                                                                                                                                                                                  |                                                                                                                                                       |
| agree |            | W, THEREFORE, in order to fulfill the obliga follows:                                                                                                                                                                                                                        | tions under this Grant, the Volunteer                                                                                                                 |
|       | 1.         | Volunteer does hereby waive, release, relir discharge the County, or any of its officers, against any and all actions, claims, liabilities ever had, now has, or may have against agents, and/or employees as a result of obligations of the Grant.                          | agents, and/or employees from and<br>es, losses, and demands that he/she<br>t the County, or any of its officers,                                     |
|       | 2.         | Volunteer shall protect, defend, reimburs agents, officers and/or employees harm liability, expense, loss, cost, damages or character, including, but not limited to, at trial or appellate levels or otherwise, arisin performance of the terms of this Grant or Volunteer. | less from and against all claims,<br>causes of action of every kind or<br>torney's fees and costs, whether at<br>ng during and as a result of his/her |
|       | vill. I    | ve read this Agreement fully and understar<br>further certify that I am eighteen (18) years<br>f a minor participant.                                                                                                                                                        |                                                                                                                                                       |
| Name  | :          |                                                                                                                                                                                                                                                                              | Date:                                                                                                                                                 |
| Signa | ture:      |                                                                                                                                                                                                                                                                              |                                                                                                                                                       |
|       |            | e 18:<br>arent/legal guardian:                                                                                                                                                                                                                                               | Date:                                                                                                                                                 |
| Signa | ture d     | of parent/legal guardian:                                                                                                                                                                                                                                                    |                                                                                                                                                       |
|       |            |                                                                                                                                                                                                                                                                              |                                                                                                                                                       |

#### NEIGHBORHOOD ENGAGEMENT AND TRANSFORMATION (NEAT) GRANTS PROGRAM INSURANCE VERIFICATION FORM

Please review the attached application and indicate if the project requires General Liability insurance and provide any additional comments as applicable.

| mountaince and [ | orovide any additional comi    | ments as applicable.     |                         |
|------------------|--------------------------------|--------------------------|-------------------------|
| APPLICANT: C     | TY OF SOUTH BAY                |                          |                         |
| PROJECT DESCR    | UPTION:                        |                          |                         |
| Procurement o    | f items for a "Community       | Day" event that will pr  | romote unity, economic  |
| growth, cultural | diversity and local leadersh   | nip.                     |                         |
|                  |                                |                          |                         |
|                  |                                |                          |                         |
|                  |                                |                          |                         |
| County funds (   | requested: <u>\$ 10.000</u>    |                          |                         |
| APPROVAL STAT    | us:                            |                          |                         |
| Risk Manageme    | ent agrees/does not agree to   | o waive the "insurance n | equirement" for City of |
| South Bay a poi  | litical subdivision of the Sta | <u>le of Florida.</u>    |                         |
|                  | _                              |                          |                         |
| Insurance Need   | DED: YES NO                    | <b>-</b>                 |                         |
| COMMENTS:        |                                |                          |                         |
|                  |                                |                          |                         |
|                  |                                |                          |                         |
| SIGNATURE OF R   | EVIEWER                        | TITLE OF REVIEWER        |                         |
|                  |                                |                          |                         |
| PRINT NAME       |                                | DATE                     |                         |
|                  |                                |                          |                         |

#### RELEASE AND HOLD HARMLESS AGREEMENT

This Release and Hold Harmless Agreement ("Agreement") is made this \_\_\_\_ day of \_\_\_\_\_, 2018, by City of South Bay ("Awardee") for the benefit of Palm Beach County, Florida, ("County").

WHEREAS, County has awarded a Neighborhood Engagement and Transformation (NEAT) grant ("Grant") to <u>City of South Bay</u> which consist procurement of items for a Community Day" event that will promote unity, economic growth, cultural diversity and local leadership, hereinafter referred to as the "Community Festival Project", which requires the Awardee to sign this Release and Hold Harmless Agreement.

NOW, THEREFORE, in order to fulfill the obligations under this Grant, the Awardee agrees as follows:

- Awardee does hereby waive, release, relinquish, satisfy, quit claim and forever discharge the County, or any of its officers, agents, and/or employees from and against any and all actions, claims, liabilities, losses, and demands that he/she ever had, now has, or may have against the County, or any of its officers, agents, and/or employees as a result of or in connection with satisfying the obligations of the Grant.
- 2. Awardee shall protect, defend, reimburse, indemnify and hold County, its agents, officers and/or employees harmless from and against all claims, liability, expense, loss, cost, damages or causes of action of every kind or character, including, but not limited to, attorney's fees and costs, whether at trial or appellate levels or otherwise, arising during and as a result of his/her performance of the terms of this Grant or due to the acts or omissions of the Awardee.

I have read this Agreement fully and understand its content and sign it of my own free will. I further certify that I am authorized to sign on behalf of the organization that was awarded the Grant.

| Signature:                              | Date: |
|-----------------------------------------|-------|
| Name: Leondrae Camel, City Manager      |       |
| Name of Legal Entity. City of South Bay |       |

#### **RESOLUTION NO. 32-2018**

A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF SOUTH BAY, FLORIDA RELATING TO FINANCES, PROVIDING FOR AMENDMENTS TO THE FISCAL YEAR BUDGET BEGINNING OCTOBER 1, 2017 AND ENDING SEPTEMBER 30, 2018; APPROVING ASSOCIATED BUDGET AMENDMENTS; PROVIDING AN EFFECTIVE DATE.

WHEREAS, as required by Section 200.065, Florida Statutes, the City Commission of the City of South Bay held a public hearing on October 3, 2017 to adopt the annual budget for fiscal year 2017-2018; and

WHEREAS, on October 3, 2017, the City Commission adopted Resolution 100-2017 setting forth the appropriations for General Fund Budget estimated for the Fiscal Year 2017-2018 in the amount of Two Million One Hundred Fifty-Seven Thousand Six Hundred Thirty-Eight Dollars (\$2,157,638.00); and Capital Project Fund estimated total sum of One Million, Three Hundred Sixty-Four Thousand, Eight Hundred Eighty-Five Dollars (\$1,364,885.00); and

WHEREAS, it is necessary to amend the fiscal year 2017-2018 General Fund Budget to recognize an increase in revenue by Two Hundred Twenty Thousand Eight Hundred Ninety-Five Dollars (\$220,895.00), which would represent increases in the various revenues as they are outlined on Budget Amend No. #1; and

WHEREAS, in amending the budget, it is further necessary to recognize additional expenses as follows: an increase of \$2,000.00 in (101) Legislative Department; and increase of \$24,775.00 in (111) City Manager Department; an increase of \$6,850.00 in (121) City Clerk Department; an increase of \$2,370.00 in (131) Finance Department; an increase of \$5,100.00 in (151) Planning and Zoning Department; an increase of \$153,150.00 in (191) Non-Department; an increase of \$12,300.00 (311) Community Development Department; an increase of \$3,500 (611) Public Safety Department; an increase of \$10,850.00 in (711) Parks and Recreation Department; and

WHEREAS, it is necessary to amend the fiscal year 2017-2018 Capital Project Fund Budget by Twenty-Four Thousand and Five Hundred Twenty-Seven Dollars (\$24,527.00) due to additional work performed on MLK road project and approval by State of Florida, Department of Transportation; and

WHEREAS, the budget amendment is an effective increase of Two Hundred Twenty Thousand and Eight Hundred and Ninety-Five Dollars (\$220,895.00) in General Fund and Twenty Four Thousand and Five Hundred Twenty Seven Dollars (\$24,527.00) in Capital Project Fund.

**NOW THEREFORE, BE IT RESOLVED** by the City Commission of the City of South Bay, Florida that:

<u>Section 1.</u> <u>Adoption of Representations</u>. The foregoing "Whereas" clauses are hereby ratified and confirmed as being true, and the same are hereby made a specific part of this Resolution.

Section 2. Amendment of Budget. The City of South Bay, Florida hereby amends fiscal year Budget beginning October 1, 2017and ending September 30, 2018 as set forth herein to recognize a supplemental appropriation to the General Fund budget in the amount of Two Hundred Twenty Thousand Eight Hundred Ninety-Five Dollars (\$220,895.00), to the General Fund Budget bringing the total amount to Two Million Three Hundred Seventy Eight Thousand Five Hundred Thirty Three Dollars (\$2,378,533.00) and Twenty Four Thousand Five Hundred Twenty Seven Dollars (\$24,527.00) to Capital Project Fund Budget bringing the total budget to One Million Three Hundred Eighty Nine Thousand Four Hundred Twelve Dollars (\$1,389,412.00). The appropriations are described in amendments to the budget worksheet attached hereto as Exhibit "A".

<u>Section 3.</u> <u>Effective Date</u>. This Resolution shall be effective immediately upon its passage and adoption.

PASSED and ADOPTED this 17th day of July, 2018.

|                              | Joe Kyles, Mayor |  |
|------------------------------|------------------|--|
| Attested:                    |                  |  |
| By:                          |                  |  |
| Jessica Figueroa, City Clerk |                  |  |

| APPROVED AS TO FORM AND LEGAL SUFFICIENCY:                                                      |                      |
|-------------------------------------------------------------------------------------------------|----------------------|
| Burnadette Norris-Week, Esquire<br>City Attorney                                                |                      |
|                                                                                                 | Moved by:            |
|                                                                                                 | Seconded by:         |
| VOTE:                                                                                           |                      |
| Commissioner Barnard (Ye Commissioner Berry (Ye Commissioner McKelvin (Ye Vice-Mayor Wilson (Ye | es)(No) es)(No) (No) |

Budget Adjustment - GF Fund 001

Type of Budget Adjustment
Intra-Department Transfer
Inter-Department Transfer
Supplemental Appropriation X

|                                      |                |        |         | Adopted | Total Current  | Available | Increase   | Adjusted |
|--------------------------------------|----------------|--------|---------|---------|----------------|-----------|------------|----------|
| Account Description Revenues         | Fund           | Dept.  | Account | Budget  | Fiscal to Date | Budget    | (Decrease) | Budget   |
| FPL Electric Franchise Fees          | 001            | 031    | 313100  | 177,500 | 102,672        | 74,828    | 2,500      | 180,000  |
| Waste Management Franchise Fees      | 004            | 031    | 313300  | 39,235  | 20,405         | 18,830    | 2,765      | 42,000   |
| Building Permits                     | 001            | 032    | 322000  | 140,000 | 206,195        | (66,195)  | 77,500     | 217,500  |
| FEMA Grant                           | 001            | 033    | 331187  | ,       | 1              | ,         | 90,000     | 90,000   |
| Sales Tax 1/2 cent                   | 001            | 033    | 335180  | 267,000 | 168,118        | 98,882    | 2,000      | 272,000  |
| Payment in Lieu of Tax - PBC Housing | 001            | 033    | 336000  | 9,750   | 4,925          | 4,825     | (2,000)    | 4,750    |
| Interest Income                      | 001            | 036    | 361100  | 750     | 3,243          | (2,493)   | 5,500      | 6,250    |
| Insurance Refund                     | 001            | 036    | 363290  | 1       | 9,564          | (9,564)   | 9,500      | 9,500    |
| In Kind Contribution                 | 001            | 036    | 366500  | 1       | 25,500         | (25,500)  | 25,500     | 25,500   |
| Donation BayFest                     | 001            | 980    | 366465  | ı       | 7,629          | (7,629)   | 7,630      | 7,630    |
|                                      | _              |        |         |         |                |           |            |          |
|                                      |                |        |         |         |                |           |            |          |
|                                      |                |        |         |         |                |           |            |          |
|                                      | Total Increase | crease |         | 634,235 | 548,251        | 85,984    | 220,895    | 855,130  |
|                                      |                |        |         |         |                |           |            |          |

To amend the fiscal year 2017-18 budget for additional estimated revenues from FPL and Waste Management for franchise fees, Building permits, FEMA grant, State of Florida sales taxes, Interest income, Insurance refund, In-Kind contributions for a land and a van received, donations for BayFest, and a decrease in payment in lieu of tax from Palm Beach County Housing Authority due to construction.

Approval Request

Department Head

Date

Date

Approved as to Availability of Funds

Finance Director

Approved City Manager

Approved by City Commission

Meeting of

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City of South ay

Type of Budget Adjustment Supplemental Appropriation Intra-Department Transfer Inter-Department Transfer Various Departments Continued

|                              | _              |        |         | Adopted | Total Current  | Available | Increase   | Adjusted |
|------------------------------|----------------|--------|---------|---------|----------------|-----------|------------|----------|
| Account Description Expenses | Fund           | Dept.  | Account | Budget  | Fiscal to Date | Budget    | (Decrease) | Budget   |
| Balance Carried from Page 1  |                |        |         | 431,102 | 357,307        | 73,795    | 44,245     | 475,327  |
| Rep. & Maint - Building      | 001            | 191    | 546200  | 10,050  | 11,162         | (1,112)   | 4,500      | 14,550   |
| FEMA - Debris Removal        | 001            | 191    | 570000  | 1       | 89,954         | (89,954)  | 90,000     | 000'06   |
| Contingency                  | 001            | 191    | 299000  | 12,145  | 36,254         | (24,109)  | 30,000     | 42,145   |
| Property                     | 001            | 191    | 000099  | ı       | 25,500         | (25,500)  | 25,500     | 25,500   |
| Medical Examination          | 001            | 311    | 531200  | 1       | 300            | (300)     | 300        | 300      |
| Professional Services        | 001            | 311    | 531300  | 1       | 6,450          | (6,450)   | 11,500     | 11,500   |
| Travel                       | 001            | 311    | 540100  | 1,250   | 1,493          | (243)     | 200        | 1.750    |
| Rep. & Maint - Building      | 001            | 611    | 546200  | 1,500   | 4,575          | (3,075)   | 3,500      | 5,000    |
| Salary                       | 001            | 711    | 512100  | 33,456  | 30,320         | 3,136     | 2,200      | 35,656   |
| Salary - Part Time           | 00             | 711    | 514100  | 5,000   | 7,080          | (2,080)   | 7,250      | 12.250   |
| FICA Tax                     | 00             | 711    | 521100  | 2,945   | 2,395          | 550       | 750        | 3,695    |
| Gas & Oil                    | 001            | 711    | 552200  | 450     | 523            | (73)      | 650        | 1,100    |
|                              |                |        |         |         |                | •         |            | •        |
|                              |                |        |         |         |                |           |            |          |
|                              |                |        |         |         |                |           |            |          |
|                              | Total Increase | crease |         | 497,898 | 573,313        | (75,415)  | 220,895    | 718,773  |
|                              |                |        |         |         |                |           |            |          |

(\$153,150); professional services and travel expenses in Community Development (\$12,300); building maintenance in public safety (\$3,500); and personnel expenses in City Clerk (\$6,850); personnel in Finance (\$2,370); various operating expenses in Code Enforcement (\$5,100); unemployment, Professional services, auditing, Building maintenance, debris removal during hurricane IRMA, donated properties, and contingencies expense in non departmental o amend travel expenses in Legislative (\$2,000); personnel, travel and auto maintenance in City Manager (\$24,775); personnel, travel and election and operating gas & oil expenses in Parks & Recreational (\$10,850) Departments.

Approval Request

Department Head

Date

Date

Approved as to Availability of Funds

Finance Director

City Manager Approved

Approved by City Commission

Meeting of

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|-----------------------------------------|---------------------------|---------------------------|----------------------------|
| Type of Budget Adjustmen                | Intra-Department Transfer | Inter-Department Transfer | Supplemental Appropriation |
| Budget Adjustment - Capital Project 318 |                           |                           |                            |

| Account Description Expense  | Fund                                    | Dept.          | Account                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Adopted<br>Budget | Total Current<br>Fiscal to Date | Available<br>Budget | increase | Adjusted<br>Budget |
|------------------------------|-----------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------|---------------------|----------|--------------------|
| Local Street Improvement MLK | 318                                     | 311            | 546200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | •                 | 1                               | t                   | 24,527   | 24,527             |
|                              | Total                                   | Total Increase |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                 | •                               | •                   | 24,527   | 24,527             |
| A constitution December      | ָ<br>נ                                  |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Adopted           | Total Current                   | Available           |          | Adjusted           |
| Second Described Peverine    |                                         | ָבָ<br>בַּ     | Account                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Danger            | riscal to Date                  | Danger              | Increase | Buager             |
| DOT Street Improvement MLK   | 318                                     | 033            | 334412                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _                 | •                               | •                   | 24,527   | 24,527             |
|                              | Total                                   | Total Increase |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | E                 | ٠                               | •                   | 24,527   | 24,527             |
|                              | 111111111111111111111111111111111111111 | and almost a   | The state of the s |                   |                                 |                     |          |                    |

To amend the Capital Project Fund for additional work performed by Weekely in MLK Blvd. and it was approved by DOT.

Approval Request

Department Head

Date

Date

Approved as to Availability of Funds

Finance Director

Approved

City Manager

Approved by City Commission Meeting of

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Budget Adjustment - GF 001

Type of Budget Adjustment Intra-Department Transfer Inter-Department Transfer Various Departments

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Supplemental Appropriation

|                              |                |        |         |                | Total Current  | Available | Increase   | Adineted |
|------------------------------|----------------|--------|---------|----------------|----------------|-----------|------------|----------|
| Account Description Expenses | Fund           | Dept.  | Account | Adopted Budget | Fiscal to Date | Budget    | (Decrease) | Budget   |
| Travel                       | 100            | 101    | 540100  | 8,000          | 7,112          | 888       | 2,000      | 10,000   |
| Salary                       | 001            | 111    | 512100  | 144,238        | 122,143        | 22,095    | 20,000     | 164,238  |
| FICA Tax                     | 001            | 111    | 521100  | 10,980         | 9,234          | 1,746     | 1,500      | 12,480   |
| Travel                       | 001            | 111    | 540100  | 000'6          | 8,858          | 142       | 2,500      | 11,500   |
| Rep. & Maint - Vehicle       | 001            | 111    | 546500  | 1,500          | 1,832          | (332)     | 775        | 2,275    |
| Salary                       | 001            | 121    | 512100  | 49,595         | 36,015         | 13,580    | 4,000      | 53,595   |
| FICA Tax                     | 001            | 121    | 521100  | 3,790          | 2,634          | 1,156     | 300        | 4,090    |
| Medical Examination          | 001            | 121    | 531200  | •              | 300            | (300)     | 300        | 300      |
| Election Expenses            | 001            | 121    | 534500  | 2,000          | 5,487          | (487)     | 200        | 5,500    |
| Travel                       | 001            | 121    | 540100  | 800            | 1,984          | (1,184)   | 1,750      | 2,550    |
| Salary                       | 001            | 131    | 512100  | 123,274        | 93,209         | 30,065    | 2,200      | 125,474  |
| FICA Tax                     | 001            | 131    | 521100  | 9,430          | 6,670          | 2,760     | 170        | 009'6    |
| Medical Examination          | 001            | 151    | 531200  | 1              | 300            | (300)     | 300        | 300      |
| Travel                       | 001            | 151    | 540100  | 750            | 2,754          | (2,004)   | 2,250      | 3,000    |
| Gas & Oil                    | 001            | 151    | 552200  | 1,100          | 1,428          | (328)     | 1,400      | 2,500    |
| Employee Development         | 001            | 151    | 554300  | 009            | 1,415          | (815)     | 1,150      | 1,750    |
| Unemployment                 | 90             | 191    | 525100  |                | 1,552          | (1,552)   | 3,150      | 3,150    |
| Professional Services        | 001            | 191    | 531300  | 31,795         | 25,620         | 6,175     | 2,450      | 34,245   |
| Accounting & Auditing        | 001            | 191    | 532100  | 31,250         | 28,760         | 2,490     | (2,450)    | 28,800   |
|                              | Total Increase | crease |         | 431,102        | 357,307        | 73,795    | 44,245     | 475,347  |
|                              |                |        |         |                |                |           |            |          |

Approval Request

Department Head

Date

Date

Approved as to Availability of Funds

Approved

Finance Director

City Manager

Approved by City Commission Meeting of

#### **RESOLUTION NO. 33-2018**

A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF SOUTH BAY, FLORIDA, ESTABLISHING A TENTATIVE MILLAGE RATE FOR THE FISCAL YEAR COMMENCING OCTOBER 1, 2018, THROUGH SEPTEMBER 30, 2019, PURSUANT TO SECTION 200.065, FLORIDA STATUTES; PROVIDING FOR AN EFFECTIVE DATE

WHEREAS, the City of South Bay, Florida, on July 17, 2018, adopted a Tentative Millage Rate for the fiscal year 2018-2019 pursuant to Florida Statutes 200.065; and

WHEREAS, the City scheduled its first public hearing on the proposed budget and millage rate, as required by Section 200.065, Florida Statutes, to be held on September 11, 2018; and

WHEREAS, the gross taxable value for operating purposes not exempt from taxation within the City of South Bay has been certified by the Palm Beach County Property Appraiser to the City of South Bay as Sixty-Eight Million, Two Hundred Seventy-four Thousand, One Hundred and Nine Dollars (\$68,274,109.00); and

WHEREAS, having considered the comments of the public regarding the millage rate, the City Commission desires to tentatively adopt a millage rate for Fiscal Year 2018- 2019.

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF SOUTH BAY, FLORIDA, AS FOLLOWS:

<u>Section 1</u>. <u>Adoption of Representations</u>. The foregoing "Whereas" paragraphs are hereby ratified and confirmed as being true, and the same are hereby made a specific part of this Resolution.

<u>Section 2</u>. <u>Tentative Millage Rate</u>. The City Commission of the City of South Bay hereby adopts a tentative millage rate of 6.3089 mills for Fiscal Year 2018-2019, commencing October 1, 2018, through September 30, 2019, which is \$6.30 per \$1,000.00 of taxable property value within the City of South Bay. This millage rate represents a 5.12% increase over the rollback rate of 6.0016 mills.

Public Hearing. The second and final public hearing on the budget is set September 25, 2018, at 7:00 p.m., in the Commission Chambers at City Hall, 335 SW 2nd Avenue, South Bay, Florida. Effective Date. This Resolution shall take effect immediately upon its Section 4. passage and adoption. PASSED and ADOPTED this 17th day of July 2018. Joe Kyles, Mayor Attested Jessica Figueroa, City Clerk APPROVED AS TO FORM AND **LEGAL SUFFICIENCY:** Burnadette Norris-Week, Esquire City Attorney Moved by: Seconded by: VOTE: Commissioner Barnard \_\_\_\_(No) \_\_\_\_\_(Yes) \_\_\_\_ (Yes) \_\_\_\_(No) Commissioner Berry Commissioner McKelvin \_\_\_\_\_(Yes) \_\_\_\_(No) \_\_\_\_\_(Yes) Vice-Mayor Wilson \_\_\_\_ (No)

\_\_\_\_ (No)

\_\_\_\_ (Yes)

Mayor Kyles

Reset Form

Print Form



## **CERTIFICATION OF TAXABLE VALUE**

DR-420 R. 5/12 Rule 12D-16.002 Florida Administrative Code Effective 11/12

| Year:                                     | 2018                                                                                                                |                                     |                                   | County: PALM BEAC                                            | Н          |                   |              |      |  |
|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------|--------------------------------------------------------------|------------|-------------------|--------------|------|--|
|                                           | ipal Authority :<br>h Bay                                                                                           |                                     |                                   | Taxing Authority :<br>South Bay                              |            |                   | ,            |      |  |
| SECT                                      | ION I: COMPLETED BY PRO                                                                                             | OPERTY A                            | PRAISER                           |                                                              |            | ***               |              |      |  |
| 1.                                        | Current year taxable value of real p                                                                                | roperty for o                       | perating pur                      | poses                                                        | \$         |                   | 55,213,390   | (1)  |  |
| 2.                                        | Current year taxable value of perso                                                                                 | nal property                        | for operating                     | g purposes                                                   | \$         |                   | 10,977,886   | (2)  |  |
| 3.                                        | Current year taxable value of centr                                                                                 | ally assessed                       | property for                      | operating purposes                                           | \$         |                   | 2,082,833    | (3)  |  |
| 4.                                        | Current year gross taxable value fo                                                                                 | r operating p                       | urposes (Lin                      | e 1 plus Line 2 plus Line 3)                                 | \$         |                   | 68,274,109   | (4)  |  |
| 5.                                        | Current year net new taxable value<br>improvements increasing assessed<br>personal property value over 115%         | value by at l                       | east 100%, ai                     | nnexations, and tangible                                     | 5          | ,                 | 977,348      | (5)  |  |
| 6,                                        | Current year adjusted taxable value                                                                                 | (Line 4 minu                        | ıs Line 5)                        |                                                              | \$         |                   | 67,296,761   | (6)  |  |
| 7.                                        | Prior year FINAL gross taxable valu                                                                                 | e from prior                        | year applicat                     | ole Form DR-403 series                                       | \$         |                   | 64,018,550   | (7)  |  |
| 8.                                        | Does the taxing authority include to of worksheets (DR-420TIF) attached                                             |                                     |                                   | eas? If yes, enter number                                    | ☐ YES      | ✓ NO              | Number<br>0  | (8)  |  |
| 9.                                        | Does the taxing authority levy a vo<br>years or less under s. 9(b), Article V<br>DR-420DEBT, Certification of Voted | l, State Const                      | itution? If ye                    | s, enter the number of                                       | ☐ YES      | V NO              | Number<br>0  | (9)  |  |
|                                           | Property Appraiser Certific                                                                                         | ation                               | I certify the                     | taxable values above are                                     | correct to | the best o        | f my knowled | dge. |  |
| SIGN                                      | - Industrie of Liopetty Upplaiser                                                                                   |                                     |                                   |                                                              |            |                   |              |      |  |
| HERE                                      | Electronically Certified by Property Appraiser                                                                      |                                     |                                   |                                                              |            | 6/27/2018 8:36 AM |              |      |  |
| SECTION II: COMPLETED BY TAXING AUTHORITY |                                                                                                                     |                                     |                                   |                                                              |            |                   |              |      |  |
|                                           | If this portion of the form is no<br>possibly lose its milia                                                        |                                     |                                   | taxing authority will be d<br>ax year. If any line is not aş |            |                   | tion and     |      |  |
| 10.                                       | Prior year operating millage levy (If millage from Form DR-422)                                                     | prior year mi                       | llage was adj                     | usted then use adjusted                                      | 6.3        | 089               | per \$1,000  | (10) |  |
| 11.                                       | Prior year ad valorem proceeds (Li                                                                                  | ne 7 multiplied                     | d by Line 10, d                   | livided by 1,000)                                            | \$         |                   | 403,887      | (11) |  |
| 12.                                       | Amount, if any, paid or applied in prior dedicated increment value (Sum of eith                                     | year as a cons<br>per Lines 6c or L | equence of an<br>ine 7a for all D | obligation measured by a R-420TIF forms)                     | \$         |                   | 0            | (12) |  |
| 13.                                       | Adjusted prior year ad valorem pro                                                                                  | ceeds (Line 1                       | 1 minus Line                      | 12)                                                          | \$         |                   | 403,887      | (13) |  |
| 14.                                       | Dedicated increment value, if any (Sun                                                                              | of either Line                      | 6b or Line 7e fa                  | r all DR-420TIF forms)                                       | \$         |                   | 0            | (14) |  |
| 115.                                      | Adjusted current year taxable value                                                                                 | (Line 6 minu                        | ıs Line 14)                       |                                                              | 5          |                   | 67,296,761   | (15) |  |
| 16.                                       | Current year rolled-back rate (Line                                                                                 | 13 divided by                       | Line 15, mul                      | tiplied by 1,000)                                            | 6.0        | 016               | per \$1000   | (16) |  |
| 17.                                       | Current year proposed operating r                                                                                   | illage rate                         |                                   |                                                              | 6.3        | 089               | per \$1000   | (17) |  |
| 18.                                       | Total taxes to be levied at proposed by 1,000)                                                                      | d millage rate                      | : (Line 17 mu                     | ultiplied by Line 4, divided                                 | \$         |                   | 430,735      | (18) |  |

| 19. | Т                   | TYPE of princip                            | oal authority (chec                                  | k one)                        | Cour                           | •                       |                       |        | •              | nt Special Dis      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (19) |
|-----|---------------------|--------------------------------------------|------------------------------------------------------|-------------------------------|--------------------------------|-------------------------|-----------------------|--------|----------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
|     |                     |                                            |                                                      |                               | ✓ Muni                         | cipality                |                       |        | Water Mana     | agement Dist        | trict                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |
| 20. | Α                   | Applicable taxi                            | ng authority (chec                                   | ck one)                       | ✓ Princ                        | ipal Auth               | nority                | hanand | ·              | Special Distr       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (20) |
|     | _                   |                                            |                                                      |                               | 14171                          |                         |                       |        | vvatel ivialit |                     | THE DASILI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |
| 21. | 15                  | s millage levied                           | in more than one c                                   | ounty? (ch                    | eck one)                       |                         | Yes                   | 1      | No             |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (21) |
|     |                     | DEPENDENT                                  | SPECIAL DISTRIC                                      | CTS AND                       | MSTUs                          | STOP                    |                       | ST     | OP HERE        | - SIGN AN           | D SUBN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | AIT  |
| 22. | Ente<br>dep<br>form | iendent special dis                        | d prior year ad valorem<br>tricts, and MSTUs levying | proceeds of t<br>g a millage. | the principal<br>(The sum of t | authority<br>ine 13 fro | r, all<br>m all DR-42 | 0      | \$             | problem in          | 403,887                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (22) |
| 23. | Cur                 | rent year aggreg                           | ate rolled-back rate (L                              | ine 22 divid                  | ed by Line 1                   | 5, multip               | lied by 1,0           | 00)    | 6.00           | 16 pe               | r \$1,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (23) |
| 24. | Cur                 | rent year aggreg                           | ate rolled-back taxes                                | (Line 4 multi                 | iplied by Lin                  | e 23, divi              | ded by 1,0            | 00)    | \$             |                     | 409,754                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (24) |
| 25. | taxi                |                                            | rating ad valorem tax<br>dependent districts, a      |                               |                                |                         |                       |        | \$             |                     | 430,735                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (25) |
|     |                     | rent year propos<br>1,000)                 | ed aggregate millage                                 | rate (Line 2:                 | 5 divided by                   | Line 4, n               | nultiplied            |        | 6.30           | 89 pe               | er \$1,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (26) |
| 27. |                     | rent year propos<br>23, <i>minus 1</i> , m | ed rate as a percent cl<br>ultiplied by 100)         | hange of ro                   | lled-back ra                   | ite (Line :             | 26 divided            | by     |                |                     | 5.12 %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (27) |
|     |                     | irst public<br>Iget hearing                | Date :                                               | Time:                         |                                | Place:                  |                       |        |                |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |
|     |                     | T .                                        |                                                      | certify                       | the millao                     | es and                  | rates are             | corre  | ct to the b    | est of my k         | nowleda                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | e.   |
| 5   |                     | Taxing Auth                                | ority Certification                                  | The mill                      |                                | ply with                | the prov              |        |                | .065 and the        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |
| 1   |                     | Signature of Ch                            | ief Administrative Off                               | icer:                         |                                |                         |                       |        | Date           | •                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |
| N   |                     | Title :<br>Leondrae Came                   | el, CITY MANAGER                                     |                               |                                |                         |                       |        | Contact Title  |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |
| F E | 2                   | Mailing Address<br>335 SW SECON            |                                                      |                               |                                |                         | ical Addres           |        | COND AVE       | NUE                 | A STATE OF THE STA |      |
|     | _                   | City, State, Zip :<br>SOUTH BAY, FL        | ORIDA 33493                                          |                               |                                |                         | e Number<br>966751    | *      |                | Fax Numbe 561996795 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |



#### City of South Bay

South Bay City Hall 335 SW 2<sup>nd</sup> Avenue South Bay, FL 33493 Telephone: 561-996-6751 Facsimile: 561-996-7950

#### www.southbaycity.com

#### Commission

Joe Kyles Sr. Mayor

John Wilson Vice Mayor

Esther E. Berry

Betty Barnard

Taranza McKelvin

Leondrae Camel, City Manager

Jessica Figueroa, City Clerk

Bernadette Norris-Weeks City Attorney

"An equal Opportunity Affirmative Action Employer" To: Honorable Mayor and Commissioners

From: Massih Saadatmand, Finance Director

Thru: Mr. Leondrae Camel, City Manager

Date July 11, 2018

Ref. Weekly check register

Enclosed, please find the summary of check register as of July 11, 2018:

#### General Fund

| <ul> <li>Utility</li> </ul> | 1 |
|-----------------------------|---|
|-----------------------------|---|

|   | ,                                          |    |                           |
|---|--------------------------------------------|----|---------------------------|
|   | AT & T Mobility                            | \$ | 764.06                    |
|   | FPL                                        |    | 6,110.33                  |
|   | Earthlink                                  |    | 2,602.54                  |
|   | Comcast                                    |    | 925.51                    |
|   | PBC Water                                  |    | 3,388.51                  |
| • | Bank of America                            |    | 4,914.68                  |
| • | B Norris-Weeks                             |    | 20,618.50                 |
| • | CAP Government                             |    | 5,373.25                  |
| • | Marathon Fleet                             |    | 1,775.92                  |
| • | PBC Sheriff                                |    | 15,078.00                 |
| • | Ford                                       |    | 2,699.22                  |
| • | Clarke                                     |    | 2,975.87                  |
| • | HCT                                        |    | 23,760.00                 |
| • | FL Municipal Insurance Trust               |    | 25,016.25                 |
| • | PBC League of Cities                       |    | 2,339.00                  |
| • | Deposit refund                             |    | 950.00 €                  |
| • | Aetna                                      |    | 11,617.35                 |
| • | Coastal network                            |    | 1,500.00                  |
| • | Purchased of supplies, materials and parts |    | 2,463.65 A                |
| • | Payment for various services               |    | 4,053.21 B                |
| • | Payroll deductions                         |    | 5.627.1                   |
| • | Other                                      |    | 5,540.93                  |
|   |                                            |    | 5.952.01 <b>\(\right)</b> |
|   | Total                                      | S. | 150 419 70                |

Total \$ 150,418.79

Sanitation Fund

Waste Management \$ 34,426.36

Capital Project Fund

Edens Contruction
PBC Engineering Public Works

Total

\$ 85.370.07

428.67

1 otal \$ 86.798.74

W & S Fund US Water S 7.884.86

## Revenues:

| • | FP & L (Franchise & Utility tax) | \$ 34,300          | 0.81      |
|---|----------------------------------|--------------------|-----------|
| • | Ad Valorem Tax                   | 100,262            |           |
| • | DOT                              | 153,203            |           |
| • | Communication Tax                | 4,559              |           |
| • | Local Option Gas Tax             | 10,930             |           |
| • | Other                            | 25,687             |           |
| • | Sales Tax & Revenue Sharing      | 56,497             |           |
|   |                                  |                    |           |
|   | Total                            | <u>\$ 385.442.</u> | <u>23</u> |

#### 6/1/2018 9:27:28 AM

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| Check Number                                                                                             | Vendor Number                                                                                                                           | Vendor Name                                                                                                                                                                                                                                             | Check Date                                                                                                                                                           | Check Amount                                                                                                                             |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| 10858<br>10859<br>10860<br>10861<br>10862<br>10863<br>10864<br>10865<br>10866<br>10867<br>10868<br>10869 | COMCAST EDGAR KERR FORD MOTOR CREDIT CO JORGE BUENO LIBERTY NATIONAL MAILFINANCE MARQUITA BILLINGS PBC WATER UTILITIES STITCH WORK PLUS | ALLY COASTAL NETWORK SOLUTIONS, LLC COMCAST EDGAR W. KERR FORD MOTOR CREDIT COMPANY LLC JORGE BUENO LIBERTY NATIONAL MAILFINANCE MARQUITA BILLINGS PALM BEACH COUNTY WATER UTILITIES STITCH WORK PLUS TAX COLLECTOR PALM BEACH COUNTY XEROX CORPORATION | 6/1/2018<br>6/1/2018<br>6/1/2018<br>6/1/2018<br>6/1/2018<br>6/1/2018<br>6/1/2018<br>6/1/2018<br>6/1/2018<br>6/1/2018<br>6/1/2018<br>6/1/2018<br>6/1/2018<br>6/1/2018 | 502.52 2<br>1,500.00<br>187.55<br>159.59 2<br>1,799.48<br>289.00 2<br>758.14 2<br>342.00 2<br>150.00 6<br>1,811.30<br>72.24 2<br>28.00 5 |
|                                                                                                          |                                                                                                                                         |                                                                                                                                                                                                                                                         | onic Transactions:<br>otal Transactions:                                                                                                                             | 8,122.50<br>8.122.50                                                                                                                     |

## 6/8/2018 9:59:15 AM

| Check Number                                                                                   | Vendor Number                                                                                                                                                            | Vendor Name                                                                                                                                                                                                                                | Check Date                                                                                                                       | Page 1 Check Amount                                                                                    |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| 10871<br>10872<br>10873<br>10874<br>10875<br>10876<br>10877<br>10878<br>10879<br>10880<br>0881 | CLARKE COMCAST DELTACOM 1058 FPL JESSICA FIGUEROA MILAGROS MORALES MY DOCTOR NEW YORK LIFE INS PBC LEAGUE OF CITIES PETTY CASH ROLFE & LOBELLO, P.A. TRC FARM INDUSTRIAL | CLARKE COMCAST EARTHLINK FPL JESSICA FIGUEROA MILAGROS MORALES MARTIN T. HARLAND DO NEW YORK LIFE INSURANCE COMPANY PALM BEACH COUNTY LEAGUE OF CITIES CITY OF SOUTH BAY-PETTY CASH ROLFE & LOBELLO, P.A. TRC FARM & INDUSTRIAL SUPPLY INC | 6/8/2018<br>6/8/2018<br>6/8/2018<br>6/8/2018<br>6/8/2018<br>6/8/2018<br>6/8/2018<br>6/8/2018<br>6/8/2018<br>6/8/2018<br>6/8/2018 | 618.62<br>225.23<br>1,301.27<br>6,110.33<br>192.00<br>150.00<br>300.00<br>176.28<br>2,339.00<br>318.40 |
|                                                                                                |                                                                                                                                                                          |                                                                                                                                                                                                                                            | nic Transactions:<br>tal Transactions:                                                                                           | 12,135.72<br>12,135.72                                                                                 |

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|--------------|-------------------|-------------------|---------------------|--------------|
| Check Number | Vendor Number     | Vendor Name       | Check Date          | Check Amount |
| 10883        | ANDRE L. HAMILTON | ANDRE L. HAMILTON | 6/8/2018            | 1,800.00 Þ   |
| Totals:      |                   |                   | Total Transactions: | 1,800.00     |

#### 6/11/2018 10:07:36 AM

| Page 1 |  |
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| Check Number            | Vendor Number                                   | Vendor Name                                                        | Check Date                                          | Check Amount                   |
|-------------------------|-------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------|--------------------------------|
| 10884<br>10885<br>10886 | HCT<br>MARATHON/MEX BANK<br>OFFICE DEPOT CREDIT | HARVEY, COVINGTON & THOMAS<br>WEX BANK<br>OFFICE DEPOT CREDIT PLAN | 6/11/2018<br>6/11/2018<br>6/11/2018                 | 23,760.00<br>1,775.92<br>96.26 |
|                         |                                                 |                                                                    | Non-Electronic Transactions:<br>Total Transactions: | 25,632.18<br>25,632.18         |

#### 6/15/2018 3:16:18 PM

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| 7(0.7)                                             |                                                              |                                                                                                                               |                                                                            | Page 1                                                   |      |
|----------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------|------|
| Check Number                                       | Vendor Number                                                | Vendor Name                                                                                                                   | Check Date                                                                 | Check Amount                                             |      |
| 10887<br>10888<br>10889<br>10890<br>10891<br>10892 | ROBBIE TIRE<br>TRC FARM INDUSTRIAL<br>UNITED SITE SERVICES ( | CLARKE NEOFUNDS BY NEOPOST ROBBIE TIRE TRC FARM & INDUSTRIAL SUPPLY INC UNITED SITE SERVICES OF FLORIDA INC XEROX CORPORATION | 6/15/2018<br>6/15/2018<br>6/15/2018<br>6/15/2018<br>6/15/2018<br>6/15/2018 | 1,212.08<br>500.00<br>73.00<br>82.40<br>227.50<br>208.85 | BAS. |
|                                                    |                                                              |                                                                                                                               | nic Transactions:<br>otal Transactions:                                    | 2,303.83<br>2,303.83                                     |      |

#### 6/19/2018 3:05:54 PM

|      | Check Number | Vendor Number       | Vendor Name         | Check Date                                          | Check Amount     |   |
|------|--------------|---------------------|---------------------|-----------------------------------------------------|------------------|---|
| امور | 10893        | PRISCILLA HERNANDEZ | PRISCILLA HERNANDEZ | 6/19/2018                                           | 605.58           | D |
|      | ,            |                     |                     | Non-Electronic Transactions:<br>Total Transactions: | 605.58<br>605.58 |   |

#### 6/21/2018 3:09:01 PM

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| Check Number | Vendor Number         | Vendor Name                    | Check Date                                     | Check Amount                                   |
|--------------|-----------------------|--------------------------------|------------------------------------------------|------------------------------------------------|
| 10894        | ADRON FENCE           | ADRON FENCE COMPANY            | 6/21/2018                                      | VOI D 1,285.00                                 |
| 10895        | AT&T MOBILITY         | AT&T MOBILITY -ROC             | 6/21/2018                                      | 764.06                                         |
| 10896        | BANK OF AMERICA, NA   | BANK OF AMERICA                | 6/21/2018                                      | 4,914.68                                       |
| 10897        | EUGENE D. GRANTLIN    | EUGENE D. GRANTLIN             | 6/21/2018                                      | 150,00                                         |
| 10898        | EVERGLADES TRADING    | EVERGLADES TRADING             | 6/21/2018                                      | 65.27                                          |
| 10899        | FLORIDA MUNICIPAL IN  | FLORIDA MUNICIPAL INSURANCE TR |                                                | 25,016.25                                      |
| 10900        | FORD MOTOR CREDIT C   | C FORD MOTOR CREDIT COMPANY LL |                                                | 899.74                                         |
| 10901        | JOHN DEERE FINANCIAL  | JOHN DEERE FINANCIAL           | 6/21/2018                                      | 496.63                                         |
| 10902        | KELLY TRACTOR         | KELLY TRACTOR                  | 6/21/2018                                      | 55.72                                          |
| 10903        | LAWNMOWER HEADQUA     | I LAWNMOWER HEADQUARTER        | 6/21/2018                                      | 982.21 🗸                                       |
| 10904        | LYONS PRINTING        | LYONS PRINTING                 | 6/21/2018                                      | 49.00                                          |
| 10905        | ORIGINAL EQUIPMENT    | ORIGINAL EQUIPMENT             | 6/21/2018                                      | 13.97                                          |
| 10906        | PBC SHERIFF'S OFFICE  | PALM BEACH COUNTY SHERIFF'S OF |                                                | 15,078.00                                      |
| 10907        | PERFORMANCE NAPA      | PERFORMANCE NAPA               | 6/21/2018                                      | 82.59                                          |
| 10908        | ROBBIE TIRE           | ROBBIE TIRE                    | 6/21/2018                                      | 107.00                                         |
| 10909        | SEASON TO SEASON, LLC | SEASON TO SEASON, LLC          | 6/21/2018                                      | 265.00                                         |
| 10910        | SIGN A RAMA           | SIGN A RAMA                    | 6/21/2018                                      | 127.50                                         |
| 10911        | STITCH WORK PLUS      | STITCH WORK PLUS               | 6/21/2018                                      | 76.18 £                                        |
| 10912        | XEROX CORP            | XEROX CORPORATION              | 6/21/2018                                      | 242.76                                         |
|              | -                     | No.                            | n-Electronic Transactions: Total Transactions: | <del>50,672.5</del> 6<br><del>60,672.5</del> 6 |

49, 384.54

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| Check Number   | Vendor Number                            | Vendor Name                                  | Check Date             | Check Amount           |
|----------------|------------------------------------------|----------------------------------------------|------------------------|------------------------|
| 10913<br>10914 | PRIMESTAR DIGITAL NET<br>LASHAWN KINDRED | PRIMESTAR DIGITAL NETWORK<br>LASHAWN KINDRED | 6/27/2018<br>6/27/2018 | 1,200.00 D<br>200.00 E |
| Totals:        |                                          |                                              | Total Transactions:    | 1,400.00               |

## 6/29/2018 10:38:26 AM

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| Check Number | Vendor Number         | Vendor Name                     | Check Date           | Check Amount          |
|--------------|-----------------------|---------------------------------|----------------------|-----------------------|
| 10915        | AETNA                 | AETNA                           | 6/29/2018            |                       |
| 10916        | AFLAC                 | AFLAC                           | 6/29/2018            | 11,617,35<br>2,130,32 |
| 10917        | COLONIAL LIFE PROCES  | COLONIAL LIFE PROCESSING CENTER | 6/29/2018            |                       |
| 10918        | COMCAST               | COMCAST                         | 6/29/2018            | 113.50<br>187.55      |
| 10919        | DELTACOM 1058         | EARTHLINK                       | 6/29/2018            | 1.301.27              |
| 10920        | EVERGLADES FARM EQU   | EVERGLADES EQUIPMENT GROUP      | 6/29/2018            | 18.71                 |
| 10921        | IAMAW .               | IAMAW                           | 6/29/2018            | 343.20 C              |
| 10922        | LIBERTY NATIONAL      | LIBERTY NATIONAL                | 6/29/2018            | 758.14                |
| 10923        | SEASON TO SEASON, LL( | SEASON TO SEASON, LLC           | 6/29/2018            | 180.00 7              |
| 10924        | SHANICE WALKER        | SHANICE WALKER                  | 6/29/2018            | 150.00 6              |
| 10925        | SOLSTICE BENEFITS IN  | SOLSTICE MARKETPLACE            | 6/29/2018            | 563.93 C              |
| 10926        |                       | STITCH WORK PLUS                | 6/29/2018            | 182.56 Z              |
| 10927        | U & ME RECORDS MANAC  | U & ME RECORDS MANAGEMENT       | 6/29/2018            | 303.02                |
| 10928        | WALMART COMMUNITY     | WAL-MART COMMUNITY              | 6/29/2018            | 375.07 A              |
| 10929<br>    | WASHINGTON NATIONAL   | WASHINGTON NATIONAL INS, CO.    | 6/29/2018            | 391.14                |
|              | -                     | Non-Elect                       | tronic Transactions: | 18,615,76             |
|              |                       |                                 | Total Transactions:  | 18,615.76             |

#### 7/6/2018 10:56:24 AM

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| Check Number | Vendor Number       | Vendor Name                       | Check Date         | Check Amount |
|--------------|---------------------|-----------------------------------|--------------------|--------------|
| 10930        | ALLY                | ALLY                              | 7/6/2018           | 500.50       |
| 10931        | CAP GOVERNMENT      | CAP GOVERNMENT                    | 7/6/2018           | 502.52       |
| 10932        | CLARKE              | CLARKE                            | 7/6/2018           | 5,373.25     |
| 0933         | COMCAST             | COMCAST                           | 7/6/2018           | 1,145,17     |
| 0934         | ELISA WALKER        | ELISAWALKER                       | 7/6/2018           | 325.18       |
| 0935         | FEDERAL EXPRESS     | FEDERAL EXPRESS                   | 7/6/2018           | 150.00 &     |
| 0936         | KELLY TRACTOR       | KELLY TRACTOR                     | 7/6/2018           | 56.79        |
| 0937         | NEW YORK LIFE INS   | NEW YORK LIFE INSURANCE COMPANY   | 7/6/2018           | 39.12 🗡      |
| 0938         | ORIGINAL EQUIPMENT  | ORIGINAL EQUIPMENT                |                    | 176.28       |
| 0939         | PBC WATER UTILITIES | PALM BEACH COUNTY WATER UTILITIES | 7/6/2018           | 19.25 /      |
| 0940         | PERFORMANCE NAPA    | PERFORMANCE NAPA                  | 7/6/2018           | 1,577.21     |
|              |                     | ————————                          | 7/6/2018           | 50.99        |
|              |                     | Non-Electro                       | nic Transactions:  | 9,415.76     |
|              |                     |                                   | otal Transactions: | 9,415.76     |

#### 7/11/2018 11:36:14 AM

|                         |               |                                                                                               | <u> </u>                                    | Page 1                                |
|-------------------------|---------------|-----------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------|
| Check Number            | Vendor Number | Vendor Name                                                                                   | Check Date                                  | Check Amount                          |
| 10941<br>10942<br>10943 |               | V BURNADETTE NORRIS-WEEKS<br>& LABIBA PROPERTY INVESTMENT INC<br>CITY OF SOUTH BAY-PETTY CASH | 7/11/2018<br>7/11/2018<br>7/11/2018         | 20,618.50<br>12.65 <u>4</u><br>369.75 |
|                         |               | Non-Elec                                                                                      | tronic Transactions:<br>Total Transactions: | 21,000.90<br>21,000.90                |

6/11/2018 11:21:36 AM

| Check Number | Vendor Number    | Vendor Name                      | Check Date                               | Check Amount         |
|--------------|------------------|----------------------------------|------------------------------------------|----------------------|
| 167          | WASTE MANAGEMENT | WASTE MANAGEMENT INC. OF FLORIDA | 6/11/2018                                | 2,769.02             |
|              |                  |                                  | onic Transactions:<br>otal Transactions: | 2,769.02<br>2,769.02 |

6/22/2018 10:12:34 AM

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| Check Number | Vendor Number    | Vendor Name                     | Check Date                               | Check Amount           |
|--------------|------------------|---------------------------------|------------------------------------------|------------------------|
| 168          | WASTE MANAGEMENT | WASTE MANAGEMENT INC OF FLORIDA | 6/22/2018                                | 31,657.34              |
|              |                  |                                 | onic Transactions:<br>otal Transactions: | 31,657.34<br>31,657.34 |

#### 6/1/2018 10:17:40 AM

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| <del></del>  |               |                                 |                                            |                      |
|--------------|---------------|---------------------------------|--------------------------------------------|----------------------|
| Check Number | Vendor Number | Vendor Name                     | Check Date                                 | Check Amount         |
| 2130         | US WATER      | U.S. WATER SERVICES CORPORATION | 6/1/2018                                   | 3,942.43             |
|              |               |                                 | ronic Transactions:<br>Total Transactions: | 3,942.43<br>3,942.43 |

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|--------------|---------------|---------------------------------|---------------------|--------------|
| Check Number | Vendor Number | Vendor Name                     | Check Date          | Check Amount |
| 2131         | US WATER      | U.S. WATER SERVICES CORPORATION | 6/29/2018           | 3,942.43     |
| Totals:      |               |                                 | Total Transactions: | 3,942.43     |

6/6/2018 9:56:26 AM

| Check Number | Vendor Number      | Vendor Name                  | Check Date                                      | Check Amount           |
|--------------|--------------------|------------------------------|-------------------------------------------------|------------------------|
| 117          | EDENS CONSTRUCTION | EDENS CONSTRUCTION CO., INC. | 6/6/2018                                        | 86,370.07              |
|              |                    | Non-                         | Electronic Transactions:<br>Total Transactions: | 86,370 07<br>86,370 07 |

#### 7/6/2018 9:26:40 AM

|              |               |                     |                                                     | - rage i         |
|--------------|---------------|---------------------|-----------------------------------------------------|------------------|
| Check Number | Vendor Number | Vendor Name         | Check Date                                          | Check Amount     |
| 119          | ADRON FENCE   | ADRON FENCE COMPANY | 7/6/2018                                            | 428.67           |
|              |               |                     | Non-Electronic Transactions:<br>Total Transactions: | 428.67<br>428.67 |