



# 2013 Family Care Council Orientation Manual



  
agency for persons with disabilities  
*State of Florida*

Rick Scott  
Governor

November 12, 2013

■ ■  
Barbara Palmer  
Director

Dear Family Care Council Member:

■ ■  
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Congratulations on your recent appointment to the Family Care Council (FCC). On behalf of the Agency for Persons of Disabilities (APD), I welcome and thank you for your interest in being a member of this board.

APD is entering a challenging time as the demand for services continues to rise. The most successful supports for individuals with developmental disabilities are when the people benefiting from our programs become a part of the process. The agency values input from individuals with developmental disabilities, family members and friends; and know your skills and experience will be an asset to the council.

In 1993, the Florida Legislature created the Family Care Councils (Section 393.502, F.S.) to advise the agency, to develop a plan for delivery of family support services within the local area, and to monitor the implementation and effectiveness of services and support provided under the plan. There are 15 FCCs throughout the state of Florida. Meetings are held at least six times a year and are open to everyone.

Thank you for volunteering to serve on your local Family Care Council. The enclosed FCC Orientation Manual will provide an overview of both APD and the FCCs, as well as share the importance of representing individuals with developmental disabilities. Your participation will assist us in accomplishing our mission to support persons with developmental disabilities in living, learning, and working in their community.

Sincerely,



Barbara Palmer  
Director



# Family Care Council Florida

PAULINE LIPPS, Chairperson  
p\_lipps33@comcast.net  
[www.fccflorida.org](http://www.fccflorida.org)

Vice Chairperson:

Mary Smith

Past Chairperson:

Jean Sherman

Secretary:

Betty Kay Clements

Treasurer:

Dan Bayley

Area Chairs:

Area 1

Patty Houghland

Area 2

Lou Ogburn

Area 3

Margie Garlin  
Representative

Area 4

Karen Prewitt  
Mary Smith

Sun Coast Region

East

Pauline Lipps

West

Nancy Simmons

Area 7

Dan Bayley

Area 8

Patricia Oglesby

Area 9

Karen Oberg

Area 10

Gilda Pacheco  
Marty Norris

Area 11

Rosa Maria Barbara

Area 12

Kamal K Samar

Area 13

Karen Huscher

Area 14

Lisa Miller  
Michael Daniels

Area 15

Melody Hearn

January 8, 2015

Dear Family Care Council Member:

Welcome to the Family Care Council (FCC). With your appointment to your local Council you have agreed to become part of a strong and an important statewide voice for individuals with disabilities and their families in Florida.

Each FCC and their members perform the functions of advocacy, education, and informational outreach in their local communities across the state. As a member, you will have the opportunity to address other families about local issues affecting the lives of the individuals we serve.

I encourage you to attend our statewide bi-monthly FCCF meetings in the Orlando Area, where together representatives from all our councils share information and up-dates during the year. Family Care Council Florida meetings are open to everyone and we look forward to your joining us at our meetings. We usually have a representative from APD's Central Office in Tallahassee attending our meetings to report on current information or data that we have requested keeping us informed about new service and policy developments.

Communication with APD is vital for the benefit of our family members, and at this time, under the leadership of Director Barbara Palmer, families of individuals with disabilities have been afforded many opportunities to fulfill our mission which includes monitoring the implementation and effectiveness of services and support provided under the State plan.

Once again, welcome. We are happy you have volunteered to be part of the Family Care Council in your local area and look forward to seeing you soon!

Sincerely,

Pauline Lipps  
FCCF Chair

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# Family Care Council Overview

## WHAT IS THE FCC?

The Family Care Councils (FCCs) are groups of volunteers who advocate for all people with developmental disabilities and their families. The Florida Legislature established the FCCs in 1993 (Chapter 393.502, Florida Statutes).

## WHAT IS THE PURPOSE OF THE FCC?

The FCCs are located in each service area of the Agency for Persons with Disabilities (“APD” or “Agency”) to:

- Assist in providing information and outreach to families
- Review the effectiveness of APD programs and make recommendations about program implementation
- Advise APD about policy issues concerning community and family support systems in the local area and to
- Meet and share information with other FCCs.

## WHO CAN BE A MEMBER OF THE FCC?

The FCC membership consists of individuals with developmental disabilities, as well as, parents, siblings, and guardians of persons with developmental disabilities who qualify for APD services. Each council is made up of 10 – 15 members appointed by the Governor of Florida. The council membership reflects the geographical areas and the various disabilities, ethnicity, and ages served by the agency. All interested persons are encouraged to become committee members of their local councils.

## HOW DOES SOMEONE BECOME A MEMBER OF THE FCC?

Official FCC members are appointed by the Governor. Per the statute, each potential member must first be recommended for appointment by a majority vote of the local council. The application (Questionnaire for Governorial Appointments) must be submitted to the Governor by the council recommending the applicant for appointment. Local council bylaws determine the number of meeting attendance required before recommending an applicant. Several councils have established “council associates” through their bylaws for persons wanting to be involved but do not qualify or wish to be appointed by the Governor. These members may serve on committees. Their only restriction is voting.

## **HOW OFTEN DOES THE FCC MEET?**

Each council is required to meet at least six (6) times per year; however, most councils meet more often. Meeting dates and times can be found on the council's website or by contacting the local FCC chairperson or liaison.

## **WHAT KIND OF THINGS DOES THE FCC DO?**

There are 15 FCCs in Florida. Each council is independent from the others. Most FCCs are active with other local organizations and partner to provide community forums, events, and conferences to benefit individuals with developmental disabilities and their families. Activities of the councils also include newsletters, surveys, and reviews of current policy changes within the agency. Council members are also requested to sit on committees making determinations in the lives of persons with developmental disabilities.

## **HOW DOES THE COUNCIL SHARE INFORMATION WITH OTHER FCC?**

A requirement in Section 393.502, F.S. is to *“meet and share information with other local family care councils”*. For this purpose, the FCCs created the statewide council known as the Family Care Council Florida (FCCF). A chairperson or representative from each council meets bimonthly in central Florida to discuss and make recommendations on current issues and concerns affecting the lives of individuals with developmental disabilities. Invited state level speakers provide education and training not available in the local areas.



**Title XXIX**  
PUBLIC HEALTH

The 2013 Florida Statutes

**Chapter 393**  
DEVELOPMENTAL DISABILITIES

**Section 502**  
FAMILY CARE COUNCIL

393.502 Family care councils.—

(1) CREATION.—There shall be established and located within each service area of the agency a family care council.

(2) MEMBERSHIP.—

(a) Each local family care council shall consist of at least 10 and no more than 15 members recommended by a majority vote of the local family care council and appointed by the Governor.

(b) At least three of the members of the council must be consumers. One such member shall be a consumer who received services within the 4 years prior to the date of recommendation, or the legal guardian of such a consumer. The remainder of the council members shall be parents, guardians, or siblings of persons with developmental disabilities who qualify for services pursuant to this chapter.

(c) A person who is currently serving on another board or council of the agency may not be appointed to a local family care council.

(d) Employees of the agency are not eligible to serve on a local family care council.

(e) Persons related by consanguinity or affinity within the third degree shall not serve on the same local family care council at the same time.

(f) A chair for the council shall be chosen by the council members to serve for 1 year. A person may serve no more than four 1-year terms as chair.

(3) TERMS; VACANCIES.—

(a) Council members shall be appointed for a 3-year term, except as provided in subsection (8), and may be reappointed to one additional term.

(b) A member who has served two consecutive terms shall not be eligible to serve again until 12 months have elapsed since ending his or her service on the local council.

(c) Upon expiration of a term or in the case of any other vacancy, the local council shall, by majority vote, recommend to the Governor for appointment a person for each vacancy.



**Title XXIX**  
PUBLIC HEALTH

## The 2013 Florida Statutes

**Chapter 393**  
DEVELOPMENTAL DISABILITIES

**Section 502**  
FAMILY CARE COUNCIL

(4) **COMMITTEE APPOINTMENTS.**—The chair of the local family care council may appoint persons to serve on council committees. Such persons may include former members of the council and persons not eligible to serve on the council.

(5) **TRAINING.**—

(a) The agency, in consultation with the local councils, shall establish a training program for local family care council members. Each local area shall provide the training program when new persons are appointed to the local council and at other times as the secretary deems necessary.

(b) The training shall assist the council members to understand the laws, rules, and policies applicable to their duties and responsibilities.

(c) All persons appointed to a local council must complete this training within 90 days after their appointment. A person who fails to meet this requirement shall be considered to have resigned from the council.

(6) **MEETINGS.**—Council members shall serve on a voluntary basis without payment for their services but shall be reimbursed for per diem and travel expenses as provided for in s. 112.061. The council shall meet at least six times per year.

(7) **PURPOSE.**—The purpose of the local family care councils shall be to advise the agency, to develop a plan for the delivery of family support services within the local area, and to monitor the implementation and effectiveness of services and support provided under the plan. The primary functions of the local family care councils shall be to:

(a) Assist in providing information and outreach to families.

(b) Review the effectiveness of service programs and make recommendations with respect to program implementation.

(c) Advise the agency with respect to policy issues relevant to the community and family support system in the local area.

(d) Meet and share information with other local family care councils.





**Title XXIX**  
PUBLIC HEALTH

## The 2013 Florida Statutes

**Chapter 393**  
DEVELOPMENTAL DISABILITIES

**Section 502**  
FAMILY CARE COUNCIL

(8) **NEW COUNCILS.**—When a local family care council is established for the first time in a local area, the Governor shall appoint the first four council members, who shall serve 3-year terms. These members shall submit to the Governor, within 90 days after their appointment, recommendations for at least six additional members, selected by majority vote.

(9) **FUNDING; FINANCIAL REVIEW.**—The local family care council may apply for, receive, and accept grants, gifts, donations, bequests, and other payments from any public or private entity or person. Each local council is subject to an annual financial review by staff assigned by the agency. Each local council shall exercise care and prudence in the expenditure of funds. The local family care councils shall comply with state expenditure requirements.

History.—s. 4, ch. 93-143; s. 94, ch. 99-8; s. 5, ch. 2000-139; s. 82, ch. 2004-267.

# Family Care Council Guidelines

## Section 393.502, Florida Statutes

This section of the orientation manual is critical for the Family Care Councils. It discusses what the legislature requires of each member appointed to the gubernatorial board. The table below lists each subsection of the statute related to the Family Care Councils and the corresponding action expected from each board.

THE LAW	ACTION
<p><b>393.502(1) CREATION</b></p> <p>There shall be established and located within each service area of the agency a family care council.</p>	<ul style="list-style-type: none"> <li>• There are 15 FCCs throughout the State of Florida.</li> </ul>
<p><b>393.502(2) MEMBERSHIP</b></p> <p>(a) Each local family care council shall consist of at least 10 and no more than 15 members recommended by a majority vote of the local family care council and appointed by the Governor.</p>	<ul style="list-style-type: none"> <li>• Members of the Family Care Council should be a resident or have a family member who is a resident of the area/region that the council represents.</li> <li>• APD will assist the FCC with recruitment of new members.</li> </ul>
<p>393.502(2)(b) At least three of the members of the council must be consumers. One such member shall be a consumer who received services within the 4 years prior to the date of recommendation, or the legal guardian of such a consumer. The remainder of the council members shall be parents, guardians, or siblings of persons with developmental disabilities who qualify for services pursuant to this chapter.</p>	<ul style="list-style-type: none"> <li>• Membership of each council should represent the disabilities, ages, racial, ethnic, cultural, and geographical variations of consumers in the area/region.</li> <li>• Each council should be a nonpartisan body, independent of any one local agency, organization, program, or group.</li> </ul>

THE LAW	ACTION
<p>393.502(2)(c) A person who is currently serving on another board or council of the agency may not be appointed to a local family care council.</p>	<ul style="list-style-type: none"> <li>• Conflict of interest must be declared.</li> <li>• If a person is a qualifying member and is acting in the best interest of the FCC, their involvement in other organizations, either paid or voluntary, should be considered an asset to the council.</li> </ul>
<p>393.502(2)(d) Employees of the agency are not eligible to serve on a local family care council.</p>	<ul style="list-style-type: none"> <li>• APD employees, including OPS employees, are not eligible to serve as Governor appointed members on the FCC.</li> </ul>
<p>393.502(2)(e) Persons related by consanguinity or affinity within the third degree shall not serve on the same local family care council at the same time.</p>	<ul style="list-style-type: none"> <li>• Family members cannot simultaneously serve as a Governor appointed member of the council.</li> <li>• The council should encourage individuals related to a FCC member to participate in committees and attend local meetings. The council should encourage the whole family involvement in the council.</li> </ul>
<p>393.502(2)(f) A chair for the council shall be chosen by the council members to serve for 1 year. A person may serve no more than four 1-year terms as chair.</p>	<ul style="list-style-type: none"> <li>• Council members elect a chairperson.</li> <li>• The chairperson is responsible for all duties and tasks established by its members and council bylaws.</li> </ul>

THE LAW	ACTION
<p>393.502(3) <b>TERMS; VACANCIES.</b>—</p> <p>(a) Council members shall be appointed for a 3-year term, except as provided in subsection (8), and may be reappointed to one additional term.</p>	<ul style="list-style-type: none"> <li>• Council members and APD staff should encourage participation in council activities to create a diverse pool of new members.</li> <li>• Council members may appoint associate members to the FCC.</li> <li>• Associate members assist in FCC duties but do not have any voting rights.</li> </ul>
<p>393.502(3)(b) A member who has served two consecutive terms shall not be eligible to serve again until 12 months have elapsed since ending his or her service on the local council.</p>	<ul style="list-style-type: none"> <li>• FCC members may continue to serve until replaced by successor (Article II, Section 5 of Florida Constitution).</li> <li>• Members submit a letter of resignation to Governor to indicate the start of the mandatory 12-month break.</li> <li>• The council chairperson may appoint members on 12-month break to serve on committees, if appropriate.</li> </ul>
<p>393.502(3)(c) Upon expiration of a term or in the case of any other vacancy, the local council shall, by majority vote, recommend to the Governor for appointment a person for each vacancy.</p>	<ul style="list-style-type: none"> <li>• Council members vote on potential member applications. Applications are submitted to the APD with a letter from the chairperson stating the applicant’s qualifications and council’s vote.</li> <li>• The Governor’s office requires the submission of the Questionnaire for Gubernatorial Appointment form. It must be filled out completely including notarization.</li> </ul>

THE LAW	ACTION
<p>393.502(4) <b>COMMITTEE APPOINTMENTS.</b>—The chair of the local family care council may appoint persons to serve on council committees. Such persons may include former members of the council and persons not eligible to serve on the council.</p>	<ul style="list-style-type: none"> <li>• The council determines the need for committees.</li> <li>• The chairperson appoints committee members.</li> <li>• APD staff, former FCC members, and others not eligible to serve as official FCC members may serve on committees.</li> </ul>
<p>393.502(5) <b>TRAINING.</b>—                      (a) The agency, in consultation with the local councils, shall establish a training program for local family care council members. Each local area shall provide the training program when new persons are appointed to the local council and at other times as the secretary deems necessary.</p>	<ul style="list-style-type: none"> <li>• APD will provide member orientation locally for council members as needed.</li> </ul>
<p>393.502(5)(b) The training shall assist the council members to understand the laws, rules, and policies applicable to their duties and responsibilities.</p>	<ul style="list-style-type: none"> <li>• The FCC Orientation Manual will be used to meet the requirements of the law.</li> <li>• The FCC orientation is open to everyone.</li> </ul>
<p>393.502(5)(c) All persons appointed to a local council must complete this training within 90 days after their appointment. A person who fails to meet this requirement shall be considered to have resigned from the council.</p>	<ul style="list-style-type: none"> <li>• APD staff is responsible to provide new member orientation within 90 days of the appointment of the member.</li> <li>• The council will act upon the resignation of any member who fails to complete the required training.</li> </ul>

THE LAW	ACTION
<p>393.502(6) <b>MEETINGS</b>.—Council members shall serve on a voluntary basis without payment for their services but shall be reimbursed for per diem and travel expenses as provided for in s. <u>112.061</u>. The council shall meet at least six times per year.</p>	<ul style="list-style-type: none"> <li>• FCCs must meet at least six times in their area.</li> <li>• FCCs must provide reasonable notification of all meetings.</li> <li>• All FCC meetings are open to the public.</li> <li>• Meeting space and materials must be accessible.</li> <li>• FCC funds must follow state expenditure guidelines as noted in the <i>APD Operating Protocol: Agency Fiscal and Purchasing Support to the Family Care Councils</i></li> </ul>
<p>393.502(7) <b>PURPOSE</b>.—The purpose of the local family care councils shall be to advise the agency, to develop a plan for the delivery of family support services within the local area, and to monitor the implementation and effectiveness of services and support provided under the plan. The primary functions of the local family care councils shall be to:</p>	<ul style="list-style-type: none"> <li>• The council will submit to the agency a plan that includes recommendations for the delivery of developmental services and family support within the area.</li> <li>• The council will monitor their plan by evaluating the progress of their goals and objectives according to their timelines.</li> <li>• The council will report findings to the agency when monitoring the progress of their goals and objectives as listed in the plan.</li> </ul>

THE LAW	ACTION
<p>393.502(7)(a) Assist in providing information and outreach to families.</p>	<ul style="list-style-type: none"> <li>• FCCs will work to increase the awareness and access of information through various mechanisms.</li> <li>• FCCs will make sure the information provided is necessary, accurate, and understandable.</li> </ul>
<p>393.502(7)(b) Review the effectiveness of service programs and make recommendations with respect to program implementation.</p>	<ul style="list-style-type: none"> <li>• FCCs will discuss services provided through family-to-family communication.</li> <li>• FCCs will attend local/statewide meetings, conferences, and workshops to hear other perspectives on effectiveness and implementation.</li> <li>• FCCs will provide feedback to the agency on recommendations from the council.</li> </ul>
<p>393.502(7)(c) Advise the agency with respect to policy issues relevant to the community and family support system in the local area.</p>	<ul style="list-style-type: none"> <li>• FCCs plans should reflect the issues concerning services for persons with developmental disabilities in the local community.</li> </ul>
<p>393.502(7)(d) Meet and share information with other local family care councils.</p>	<ul style="list-style-type: none"> <li>• FCC chairperson or representatives of each council shall attend the bi-monthly statewide Family Care Council Florida (FCCF) meetings to meet this mandate.</li> <li>• Councils throughout the state communicate via email, conference calls, newsletters, and minutes of meetings.</li> <li>• All council members shall have access to information of other council meetings.</li> </ul>

THE LAW	ACTION
<p>393.502(8) NEW COUNCILS.—When a local family care council is established for the first time in a local area, the Governor shall appoint the first four council members, who shall serve 3-year terms. These members shall submit to the Governor, within 90 days after their appointment, recommendations for at least six additional members, selected by majority vote.</p>	<ul style="list-style-type: none"> <li>• New area/regions can only be established through legislation.</li> <li>• If a council has dissolved, the procedure of establishing a new council will be implemented for that area with the support of the agency.</li> <li>• A dissolved council may be reinstated with four members appointed by the Governor when a new council is created.</li> <li>• The Governor’s office requires the submission of the Questionnaire for Gubernatorial Appointment form. It must be filled out completely including notarization.</li> </ul>
<p>393.502(9) FUNDING; FINANCIAL REVIEW.—The local family care council may apply for, receive, and accept grants, gifts, donations, bequests, and other payments from any public or private entity or person. Each local council is subject to an annual financial review by staff assigned by the agency. Each local council shall exercise care and prudence in the expenditure of funds. The local family care councils shall comply with state expenditure requirements.</p>	<ul style="list-style-type: none"> <li>• APD allocates a portion of its funds annually to the FCCs to assist in their mandated duties.</li> <li>• FCC funds are subject to all state spending rules. These rules may change. Council members should work closely with APD to understand these rules.</li> </ul>



# Family Care Council Responsibilities

## Legal Responsibilities

### GOVERNMENT IN THE SUNSHINE

Florida's Government in the Sunshine Law, commonly referred to as the Sunshine Law, provides a right of access to governmental proceedings at both the state and local levels. The law is equally applicable to elected and appointed boards and has been applied to any gathering of two or more members of the same board to discuss some matter which may come before that board for action. Information on the Florida's Sunshine Law may be found online at <http://www.myflsunshine.com/>. There are three basic requirements of Chapter 286.011, Florida Statutes:

1. Reasonable notice of such meetings must be given;
2. Meetings of public boards or commissions must be open to the public; and
3. Minutes of the meetings must be taken and available to everyone.

### ABUSE HOTLINE: 1-800-96 ABUSE (1-800-962-2873)

As part of advocating and communicating with individuals, families, and providers, FCC members may be exposed to a situation that causes great concerns about the health and safety of an individual. If this is the case, FCCs should follow the same policy as employees of APD. That policy is to immediately call the Abuse Hotline. APD's Regional Operations Manager is available to clarify the importance of this policy.

### HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

The Health Insurance Portability and Accountability Act (HIPAA) is the privacy act which creates national standards to protect an individual's medical record and other personal health information. The rule gives all individuals more control over their health and information by setting boundaries on the use and release of health records and by establishing appropriate safeguards that health care providers and others must achieve to protect the privacy of health information.

FCC members must abide by HIPAA regulations and respect the privacy of individuals receiving services through the agency. **DO NOT USE** anyone's name unless you have received a signed authorization for release. As advocates for all individuals, the FCCs receive numerous calls and requests for help and brainstorming. Families share their experiences in dealing with the different systems to help their individual. **DO NOT ACT**

on any issue without a signed authorization for release. The goal in these circumstances should be to educate, guide and encourage them to represent themselves.

### **AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION**

**Council members DO NOT have access to records** and identifying information of families and individuals who receive services from the APD without signed authorization for release of the information to the council. With written authorization, council members have the right of reasonable access to records. See *“Authorization for Disclosure of Protected Health Information”* at Appendix C.

Each signed form should specify:

1. Date of consent
2. The information to be released
3. The reasons the information is needed, and
4. Must be signed by the person with legal authority to give that consent. For example: If no guardianship is on file, the individual with developmental disabilities may give consent if he/she is over 18 years old.

### **AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION FOR PUBLICITY**

The FCCs may not use names, pictures, or any references in publicity or public release without prior signed authorization for release from that person or legal guardian. See *“Working with the Media”* at Appendix D.

### **PURCHASING AND TRAVEL RESPONSIBILITIES**

There are specific state guidelines regarding purchases and travel. To eliminate mistakes and misunderstandings, FCCs must clearly understand these guidelines before attempting to spend state funds. For a detailed overview, see *“APD Operating Protocol: Agency Fiscal and Purchasing Support to the Family Care Councils”* at Appendix G and *“Travel Forms”* Appendix H.

## Legal Documents

### BYLAWS

Bylaws are rules or laws governing the internal affairs of an organization. These rules assure order and direction to members on how to conduct the business and concerns of the council. Council bylaws should include a process for selecting officers, the duties of officers, and provisions for special committees and ad hoc committees. They should be reviewed annually. Listed below is an example outline of bylaws. Area FCC bylaws may be found at [www.fccflorida.org](http://www.fccflorida.org). See *Appendix F* for a detailed “*Sample Legal Documents*”.

Family Care Council bylaws should include:

Article I	Name	Article II	Purpose
Article III	Membership	Article IV	Officers
Article V	Meetings	Article VI	Funding
Article VII	Conflict of Interest	Article VIII	Parliamentary Authority
Article IX	Elections	Article X	Amendments of Bylaws

### MINUTES

The minutes of all FCC meetings must be promptly recorded and made available for public inspection. Minutes should be read or distributed to the members at the next meeting for approval. Minutes need not be extensive but should include attendees, motions, all budget decisions, appointments, committee reports, etc. A copy should be submitted to the APD Regional Operations Manager and FCC liaison.

### BUDGET

APD has designated a portion of their funds to assist the Family Care Councils in fulfilling their mandated purpose. These funds are to be used for the administration and educational purposes of the council. State funds do not carry over from year to year; therefore, each council submits a budget spending plan to APD to ensure councils spend out allocated funds by year’s end.

Budget expenditure and spending plans are working documents; therefore, figures could change or need updating throughout the year. Bylaws may state that the FCC chairperson has authority to approve spending in the approved budget, even if it was a draft. Any expenditure outside the budget spending plan should be approved by the council and documented in the minutes. Each FCC needs their budget procedure to be very clear in the bylaws.

APD’s Office of Inspector General conducts annual audits of the FCC funds to ensure all expenses were in accordance with the “*APD Operating Protocol: Agency Fiscal and Purchasing Support to the Family Care Councils*” (Appendix G); therefore, it is imperative that each council keeps an account of all expenditures. FCC files should always have updated, approved copies of the following available for inspection:

- Council Bylaws
- Meeting Minutes
- FCC Action Plan
- FCC Spending Plan
- FCC Accomplishments

**ACTION PLAN**

Each FCC is required by law (s. 393.502(7), F.S.) to have an action plan. This could be several plans or include several years.

*“...develop a plan for the delivery of developmental services family support within the area and to monitor the implementation and effectiveness of services and support provided under the plan.”*

The Family Care Council action plan should include:

- A statement of the mission and family-centered outcomes to be achieved
- Specific goals and objectives for developing and implementing or expanding and improving the system for providing family support and achieving the family-centered outcomes, including interagency coordination and cooperation
- A description of the action plan activities to be accomplished and how the objectives benefit family-centered outcomes

**Family Action Plan (samples)**

Current Concerns	Goal for Change	How to Accomplish	Budget
Individuals and family members do not advocate for themselves in our area for quality services because they do not understand the system.	Help individuals and families understand the importance of being informed and making choices. And the benefit of believing in the future of the individual with developmental disabilities.	In February, will sponsor a conference to educate families on the importance of networking and self-advocacy. A newsletter will be mailed to everyone on the APD mailing list advertising the event by January 15 with the support of APD.	\$5,000.00

Current Concerns	Goal for Change	How to Accomplish	Budget
As FCC, we continue to hear frustrations from individuals and their families with concerns regarding the quality of services they receive and the benefit to the individual.	Request information and reports from the Regional Operations Manager reflecting the reviews of providers in the area.	<ul style="list-style-type: none"> <li>• After reviewing the data, have a DELMARVA representative attend our meetings.</li> <li>• Make recommendations to the Regional Operations Manager of the findings and the checks and balances of the FCC.</li> </ul>	\$0.00
There are not enough providers in our area for consistency of service or choice.	<ul style="list-style-type: none"> <li>• Increase the pool of providers for dignity and choice.</li> <li>• Train current providers on the importance of commitment and consistency for the individuals they currently serve.</li> <li>• Determine the qualifications for current providers and if additional training is necessary.</li> </ul>	<ul style="list-style-type: none"> <li>• Review information on providers available and the services in which they provide.</li> <li>• Compare DELMARVA data for status and reviews.</li> <li>• Investigate how to attract new providers in our area and the obstacles to become a provider.</li> <li>• Assist providers in becoming certified for services.</li> <li>• Develop a mechanism to inform consumers of expectations and choice for services.</li> </ul>	\$3,000.00

In preparation of developing the plan the FCC must keep in mind the legislative mandate of the FCCs (s. 393.502(7), F.S.)

- Does the action plan meet the function and purpose of the FCC?
- What does the FCC want changed?
- Develop a budget to accomplish the goal.
- How will the goals be accomplished?
- Evaluate your area FCC accomplishment of the goal.

It is easy to have a goal but it is important to identify the steps, individuals, and resources for accomplishing the goal. These steps could be included in your minutes.

They should be:

- **Specific** – is the goal clear and understandable?
- **Measurable** - how will the group know when the goal is achieved?
- **Achievable** – can the group meet this goal? (Document any obstacles)
- **Relevant** – does it relate to the needs identified?
- **Timely** – exactly when should this goal be completed?

## **ACCOMPLISHMENTS**

At the end of each fiscal year, FCCs create a list of accomplishments of their local council. The list provides a brief overview of the council's activities during the fiscal year as it relates to the council's action and spending plan.

## **GOVERNOR APPOINTMENTS**

The Executive Office of the Governor (EOG) appoints all official members to the FCCs. The Governor may choose not to appoint all applications recommended by the council. Thorough background screenings are completed on each applicant which may cause delays in the approval process. It is important that applicants be involved in the functions of the FCC during this time. Councils are encouraged to keep up to date contact information on all applicants in case the EOG has difficulties contacting applicants. For the complete process, see *"FCC Protocol for Gubernatorial Appointments"* at *Appendix E*.

# Family Care Council Officers

*“A chair for the council shall be chosen by the council members to service for 1 year. A person may serve no more than four 1-year terms as chair.” - Section 393.502(2)(f), F.S.*

## WHERE SHOULD THE CHAIRPERSON BEGIN?

First, congratulations for accepting this position. If you have never conducted a meeting before, the thought could be intimidating. It takes several years to understand the mechanics of the APD. Do not be hard on yourself. The duties and tasks for the chairperson are established by the board and are documented in the council bylaws.

A good place to start is *Robert’s Rules of Order* which provides a step by step guide on conducting an organized meeting. Many FCCs include *Robert’s Rules of Order* as their parliamentary procedure as in their bylaws.

It is important for the FCC Chair to attend the statewide Family Care Council Florida (FCCF) meetings to receive valuable information for the council and local families. If the FCC Chair is unable to attend, be sure to have a council representative present and have them report back to the council on the meeting.

Remember, APD staff participates in local meetings to provide information, hear council concerns, and provide advice and assistance when necessary.

## ARE THERE OTHER OFFICERS FOR THE FCCS?

The Florida Statutes mandate that each council will have a chair; however, councils may establish additional officers to assist in fulfilling their mandated purpose. Below are a list of additional officers that may benefit councils. FCC board members establish the roles and responsibilities for each officer and document them in their bylaws.

- Vice Chairperson
- Secretary
- Treasurer

## HOW DO COUNCILS KEEP MEETINGS ON TRACK?

An agenda of what is planned for the meeting is important for attendees to have. This helps the council keep topics in order and the minutes organized. If possible, the chairperson should know the committee reports ahead of time.

To keep the group on track, do not allow meetings to become a support group. If conversations are becoming too lengthy, have a committee investigate the issue and report at the next meeting. Another suggestion is to have a “parking lot”. By adding a topic to the parking lot, the new (unrelated) subject is documented for discussion at a later date. This reassures the person who raised the point that it will be discussed, even if now is not the appropriate time for such a discussion. It also allows the chairperson to move on without appearing to be rude, or brushing aside a point that might be important to a meeting participant.

Also, allow sufficient time for the local ROM or APD representative to update the FCC on information and activities in your area and to get sufficient feedback from meeting participants.

### **HOW CAN WE SUPPORT OTHER FCC MEMBERS?**

People do not learn at the same pace. Assist other FCC members in areas where needed. Request the ROM or other professionals to explain something you or someone else does not understand. An example is helping people to fill out the Questionnaire for Gubernatorial Appointments (FCC application). Be respectful of using acronyms and emphasize person-center language such as “Peter has a cognitive disability”, not “Peter is disabled” or “John has Autism”, not “John is Autistic”. It is critical that FCC members or any attendees feel included and respected by all involved.



# Advocacy

## BASIC TRAINING

The first step in advocating for individuals with developmental disabilities is to become familiar with the facts, issues, and activities related to the Section 393.502, F.S.

This does not mean you have to review and memorize reams of legislation and statistics. It means you need a general understanding of the rights of persons with developmental disabilities and the laws, attitudes, and trends affecting them.

## WHY ORGANIZE?

When it comes to influencing decision-makers, there is only one thing stronger than the voice of a consumer advocate: the collective voice of a group of advocates. The better organized the group, the more powerful the voice.

Ultimately, the real power to make changes rests not with legislators and policy makers but with you, the people APD serves. Organization is critical. Better a small, well-coordinated council that delivers a loud, clear message than a large disorganized one that creates confusion.

## CHOOSING YOUR ISSUES

The needs are so great and so diverse that your council could choose to address any number of issues. To be effective and focused, you will need to set priorities. If the council is discussing possible issues, try not to talk in terms of which is most important. They are all important. What you are really trying to decide is what area needs to be tackled first, because now is the right moment. This will vary greatly according to the budget cycles that affect your community, the needs and interests of your council, the political climate of your area and many other factors. Here are some considerations to keep in mind when you're deciding your priorities:

- Some issues have a definite time, element; and, therefore, cannot be put off too long, if at all.
- You want to influence before a decision is made, not after.
- Threats to existing services usually deserve special attention because protecting the ground you've gained is critical.
- Local concerns are sometimes being addressed in a larger arena.

## **KNOWING YOUR ALLIES**

Look around you. Each person who has a disability or who has a family member with a disability is an ally. Like you, these individuals have a stake in securing the programs and services they need to claim their rightful place in the community. You have hundreds of supporters in your own community. They simply haven't declared themselves yet.

- Look again. Each of those allies also has friends, neighbors, acquaintances, and co-workers.
- Look harder. Each of those friends, neighbors, acquaintances, and co-workers has friends, neighbors, acquaintances, and co-workers of their own.
- Don't forget your business contacts and merchants.

Just about everybody in your community either has a personal stake in fighting for the rights of persons with developmental disabilities or knows someone who has a personal stake in fighting for this right.

## **DEALING WITH LAWMAKERS AND POLICY MAKERS**

You belong to an organization that may adopt positions on specific issues. Become well-spoken on the issues. Develop a method of presenting your message that will capture the interest of the policy maker or public. Believe in your message. You will reflect your commitment, enthusiasm, and dedication.

Know the statistics or know who can provide them when needed. Statistics are important; but the example of one person or situation can be more powerful than statistics about hundreds of people – and be remembered longer. Fact sheets or lists of questions and answers are all important in educating someone about an issue.

Once someone is listening to you, be sure to have the facts to present and be sure that they are dependable. If the facts are accurate, people will come back to you the next time they need information.

# Agency for Persons with Disabilities Overview

## WHAT IS THE APD?

In 2004, the Florida Legislature created the Agency for Persons with Disabilities (“APD” or “Agency”) to address the unique and significant challenges faced by individuals with developmental disabilities. Prior to that time, it existed as the Department of Children and Families Developmental Disabilities Program.

The agency assists individuals with developmental disabilities, as defined in Chapter 393 of the Florida Statutes, and their families. It also provides assistance to identify the needs of people with developmental disabilities and funding to purchase supports and services.

APD seeks to support individuals in their communities to avoid unnecessary and costly institutionalization and also fulfills an important role in serving as a central point of inter-agency coordination for individuals with developmental disabilities.

## MISSION

The agency supports persons with developmental disabilities in living, learning, and working in their communities.

## WHO DOES APD SERVE?

Section 393.063(9) of the Florida Statutes defines “developmental disabilities” as a disorder or syndrome that is attributable to intellectual disability, cerebral palsy, autism, spina bifida, or Prader-Willi syndrome; that manifests before the age of 18; and that constitutes a substantial handicap that can reasonably be expected to continue indefinitely.

## WHICH DEVELOPMENTAL DISABILITIES ARE SERVED BY APD?

**Autism** — a condition characterized by impairment in social interactions and communication abilities and unusual or restricted ranges of play and interest. Autism results in social isolation and varying degrees of unusual behaviors.

**Cerebral Palsy (CP)** — “Cerebral” means the brain. “Palsy” means movement of the muscles in a way that the person cannot control. It refers to a group of motor disabilities that arise because of injury to the developing brain before or during birth or during the first year of life. These motor disabilities generally do not worsen over time. Cerebral palsy keeps the brain from communicating necessary tasks to the rest of the body.

**Down syndrome** – a congenital condition characterized by moderate to severe mental retardation, slanting eyes, a broad short skull, broad hands with short fingers, and trisomy of the human chromosome numbered 21 - also called Down's syndrome.

**Intellectual Disability** – previously known as Mental Retardation, is a significant limitation in functioning related to sub-average intelligence, manifested prior to the age of 18. Individuals who have intellectual disability may learn more slowly than other people and may need assistance in areas such as communication, self-care, self-direction, health and safety, leisure, work, and 3 - 6 functional academics.

**Prader-Willi Syndrome** – an inherited condition characterized by severe lack of muscle tone and failure to thrive in early infancy. Later on, excessive drive to eat usually leads to significant weight problems. Obsessive-compulsive behaviors and difficulty with social interactions are often present. Individuals with Prader-Willi syndrome are usually shorter in height than average with small hands and feet, and typically have mild mental retardation.

**Spina Bifida** – a divided backbone or spine. When an individual has spina bifida, the spine and the cord inside the spine do not grow the way most spines grow. Normally, the spinal cord carries messages from the brain to other parts of the body, but when an individual has spina bifida, the spinal cord does not carry all of the messages to the rest of the body. Individuals with spina bifida typically have limited mobility and often have an intellectual disability as well.

**High Risk** – children from three to five years of age who are at high-risk of developing a developmental disability.

## WHAT PROGRAMS ARE OFFERED BY APD?

APD customers may be served in their community by funding provided through iBudget Florida. Other customers are provided assistance without being enrolled in a waiver program. Some APD customers are served by the two Developmental Disabilities Centers. The agency helps more than 50,000 Floridians with developmental disabilities each year.

The agency provides a variety of services to customers currently enrolled in iBudget Florida. iBudget Florida has assisted the agency in managing the Home and Community-Based Services Medicaid waiver. Customers are able to choose, with the assistance of their waiver support coordinator, how they want to spend their annual budget as long as their health and safety needs are covered.

Through the Consumer Directed Care Plus (CDC+) program, customers are able to select their own non-Medicaid waiver providers to deliver care. Florida has the largest CDC+ project in the nation with approximately 2,000 individuals with developmental disabilities enrolled.

The agency also provides services and supports to approximately 700 individuals with developmental disabilities living in the Developmental Disabilities Centers (DDCs). The State of Florida has two centers: Sunland Center in Marianna and Tacachale Center in Gainesville. In addition, the agency serves about 200 people found incompetent to go to trial due to their developmental disabilities. These individuals are served at the DDCs and at a facility located in Chattahoochee.

## **HOW DOES THE FCC AND APD WORK TOGETHER?**

The APD partners with the FCCs, local communities, and providers to help improve the quality of living for individuals with developmental disabilities and their families. The FCCs have been charged with the responsibility of advising the agency with respect to their local community and the family support system.

As mentioned in the Section 393.502(7), F.S., the FCCs assist in providing information and outreach to families, review the effectiveness of APD programs and make recommendations about program implementation, advise APD regional office managers about policy issues concerning community and family support systems in the local area, and to meet and share information with other FCCs.

Each APD regional office has an APD Regional Operations Manager (ROM). The ROMs have direct line authority over all agency programs assigned to the region. The Family Care Councils have been charged with the responsibility of advising the ROMs with respect to their community and family support system. At least one staff member in each area has been designated as the liaison with the Family Care Councils. The Family Care Council's relationship with APD State Office is carried out primarily through the area FCC liaisons with the State Office liaison.

## WHAT IS THE ROLE OF THE FCC LIAISON?

To assist the FCCs in accomplishing their mandated purpose, the agency has designated a staff member in each service area to serve as the liaison for the council. The primary functions of the FCC liaison include; but are not limited to:

- Ensure agency representation at local FCC meetings
- Give an update on APD programs at monthly meetings (if requested by council)
- Conduct orientation trainings for new members
- Assist in recruiting new membership
- Encourage council representation at the Family Care Council Florida meetings
- Ensure staff prepares required travel documentation as required by the Florida Department of Financial Services (authorizations, reimbursements, etc.)
- Submit purchase requisitions for FCC supplies
- Update council on FCC budget expenditures
- Keep files of legal documents (Bylaws, FCC Action Plan, FCC Spending Plan, Inventory, FCC minutes, etc.) and travel documentation
- Assist in submission of the Governor's gubernatorial applications
- Keep undated contact information for all FCC members
- Keep council up to date on local events, conferences, and resources to provide pertinent information for individuals with developmental disabilities and their families

# APPENDICES

# **Appendix A: Glossary of Terms**



## Glossary of Acronyms

ADA	American with Disabilities Act
ADT	Adult Day Training
APD	Agency for Persons with Disabilities (“agency”)
AQL	Area Quality Leaders (CMS Grant)
AHCA	Agency for Health Care Administration
BLN	Business Leadership Network
CARD	Center for Autism and Related Disabilities
CDC+	Consumer Directed Care Plus (waiver)
CMS	Centers for Medicaid and Medicare Services (federal)
CMS	Children’s Medical Services (under Department of Health)
CQL	The Council on Quality and Leadership
Delmarva	Contractor with APD to monitor quality assurance
DD	Developmental Disabilities
DFS	Florida Department of Financial Services
DJJ	Florida Department of Juvenile Justice
DVR or VR	Division of Vocational Rehabilitation (under Department of Education)
DCF	Department of Children and Families
DOAH	Department of Administrative Hearings

DOE	Florida Department of Education
DOEA	Florida Department of Elder Affairs
DOT	Florida Department of Transportation
EOG	Executive Office of the Governor
FASC	Florida Association of Support Coordinators
FARF	Florida Association of Rehabilitation Facilities
FCC	Family Care Council (Governor appointed membership)
FCCF	Family Care Council Florida (statewide)
FDDC	Florida Developmental Disabilities Council (Governor appointed membership)
FDLE	Florida Department of Law Enforcement
FDLRS	Florida Diagnostic Learning Resource System
FND	Family Network on Disabilities
FSQAP	Florida Statewide Quality Assurance Program (DELMARVA contract)
FVMR	Florida's Voice on Mental Retardation
GR	General Revenue funds for consumers through APD
HCBS	Home and Community Based Services waiver
IQC	Interagency Quality Council
NAMI	National Alliance for the Mentally Ill
OPPAGA	Office of Program Policy Analysis and Government Accountability

PSA	Prior Service Authorization for waiver funded services
PFG	APD's Partners for Good
SSA	Social Security Administration
STAND	Statewide Advocacy Network on Disabilities Inc.
UCP	United Cerebral Palsy
WSC	Waiver Support Coordinator

## **Appendix B:**

# **Ethics, Consumer Bill of Rights, and Best Practices**

Attachments:

Governor's Executive Summary: Code of Ethics and Open Government  
(11-3)

# Ethics, Consumer Bill of Rights, and Best Practices

In January 2011, Governor Rick Scott issued Executive Order 11-03 implementing a revised Code of Ethics in Florida for state employees under his purview. Agencies and gubernatorial boards have adopted appropriate assurances to maintain and effectively enforce the highest ethical standards.

The Family Care Council must keep this awareness at all times. We are representing individuals and families to the state. We have valuable experiences and information that can directly benefit the services people receive.

Ethics and Personal Responsibility is the discipline to deal with the good, bad, and ugly with moral duty and responsible obligation. Best Practices is evidenced based method, process, activity, incentive, or reward that is more effective at a particular outcome.

## **RIGHTS OF ALL PERSONS WITH DEVELOPMENTAL DISABILITIES FLORIDA STATUTES 393.13 (3)**

1. Right to dignity, privacy, and humane care, including the right to be free from sexual abuse, neglect and exploitation;
2. Right to religious freedom and practice;
3. Right to receive services, within available sources, which protect the personal liberty of the individual, and which are provided in the least restrictive conditions necessary;
4. Right to participate in an appropriate program of quality education and training regardless of chronological age or degree of disability, within available resources;
5. Right to social interaction and to participate in community activities;
6. Right to physical exercise and recreational opportunities;
7. Right to be free from harm, including unnecessary physical, chemical, or mechanical restraint; isolation, excessive medication, abuse or neglect;
8. Right to consent to or refuse treatment subject to the powers of an appointed guardian or guardian advocate;
9. Right not to be excluded from participation in or denied the benefits of or the subject of discrimination under any program or activity which receives public funds;
10. Right to vote in public elections.

## **INDIVIDUAL BEST PRACTICES:**

- As a Family Care Council member or attendee, respect the views of others.
- Only Governor appointed Family Care Council members should speak on behalf of the Family Care Council.
- When making comments of ANY kind be sure to clarify you are speaking as the parent of \_\_\_\_\_. Do NOT speak on behalf of your Family Care Council unless the subject has been approved by the board and is in the meetings minutes.

# STATE OF FLORIDA

## OFFICE OF THE GOVERNOR EXECUTIVE ORDER NUMBER 11-03 (Ethics and Open Government)

WHEREAS, a commitment to ethics and integrity in government is essential to maintaining the public trust; and

WHEREAS, on December 29, 2010, the Nineteenth Statewide Grand Jury filed with the Florida Supreme Court its First Interim Report regarding public corruption in Florida and recommending proposed solutions to address public corruption in all aspects of government, politics and business throughout Florida; and

WHEREAS, an open government in which decisions are made in a transparent manner is also imperative to preserving the public trust; and

WHEREAS, all Floridians have a right to know and have access to information with which they can hold government accountable for the management and expenditure of taxpayer dollars;

NOW, THEREFORE, I, RICK SCOTT, as Governor of Florida, by virtue of the authority vested in me by Article IV, Section (1)(a) of the Florida Constitution, and all other applicable laws, do hereby promulgate the following Executive Order, to take immediate effect:

**Section 1.** I hereby direct the immediate adoption and implementation of a revised Code of Ethics applicable to the Office of the Governor. This revised Code of Ethics applies to all employees within the Office of the Governor, as well as the secretaries, deputy secretaries, and chiefs of staff of all executive agencies under my purview. As with its predecessor, this Code of Ethics imposes clear, understandable standards that often go beyond the statutory Code of Ethics

set forth in Chapter 112, Part III, Florida Statutes. However, this revised Code of Ethics imposes more stringent requirements than the Code it revises.

I hereby designate my General Counsel to act as the chief ethics officer for the Office of the Governor. Each agency secretary is directed to designate an individual at his or her agency to act as the agency's chief ethics officer. The agency's ethics officer will make reasonable efforts to ensure that the employees responsible for adhering to this revised Code become familiar with relevant ethics, public records and open meeting requirements.

Each agency secretary is further directed to review and evaluate the current policies adopted at his or her agency in light of this revised Code, with a view to using this revised Code as a standard for his or her agency, adjusted for the program requirements and variables unique to his or her agency. Agency secretaries are directed to implement any agency-specific adjustments to the Code within forty-five (45) days of the date of this Order.

I further direct my Chief Ethics Officer to periodically review and evaluate the revised Code. The purpose of this periodic review shall be to develop further recommendations as necessary or appropriate to assure that we maintain and effectively enforce the highest ethical standards for state officials and employees, and promote consistency of state agency policies on ethics, public records, open meetings and personnel matters.

**Section 2.** I hereby direct my Special Counsel, in conjunction with my Chief Ethics Officer, to review the Statewide Grand Jury's December 29, 2010 First Interim Report addressing public corruption in Florida and recommend a plan for implementing all or certain of, as advisable, these recommendations either through executive action, or through legislative proposals seeking necessary statutory modifications.

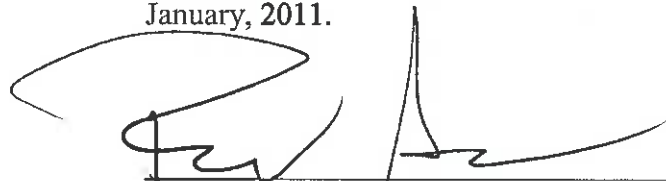


**Section 3.** I hereby re-establish the Office of Open Government previously established in Executive Order 07-01, and reaffirm this administration's commitment to the proper functioning of such Office. The Office will (1) facilitate Floridians' right to know and have access to information with which they can hold government accountable, (2) establish and maintain a website providing ready access to accountability information, (3) continue to assure full and expeditious compliance with Florida's open government and public records laws, and (4) provide training to all executive agencies under my purview on transparency and accountability. The Office will also have primary responsibility for ensuring that the Office of the Governor complies with public records requests in an expeditious manner.

**Section 4.** All state agencies under the direction of the Governor are hereby directed, and all other state agencies are hereby requested, to provide such assistance to the individuals carrying out the directions in this Executive Order as may be requested from time to time in furtherance of the principles herein stated.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Florida to be affixed, at Tallahassee, the Capitol, this 4th day of January, 2011.

  
GOVERNOR

ATTEST:

  
SECRETARY OF STATE

**Appendix C:**  
**Authorization for Disclosure of Protected  
Health Information**



## Authorization for Disclosure of Protected Health Information

Please note that Medicaid regulations restrict the use and disclosure of information concerning Medicaid applicants and recipients to purposes directly connected with the administration of the Medicaid State Plan (see 42 United States Code 1396(a)(7)). Also see, 45 C.F.R. 164.508 for form requirements.

### Agency for Persons with Disabilities Client whose information is to be disclosed.

Name		Phone	
Email Address		Date of Birth	
Street Address			
City	State	Zip Code	

I authorize [Insert name of person who may make the disclosure] (hereafter “discloser”) to share the information listed below with the following person(s) or class of persons: [Insert name of person(s) or class of persons to whom disclosure may be made] (hereafter “receiver”)

Check all that apply OR describe the specific information to be disclosed in the space provided:

- |                                                     |                                                    |                                                                     |
|-----------------------------------------------------|----------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> educational records        | <input type="checkbox"/> program records           | <input type="checkbox"/> habilitation plans                         |
| <input type="checkbox"/> hospital records           | <input type="checkbox"/> legal documents           | <input type="checkbox"/> abuse / neglect investigative reports      |
| <input type="checkbox"/> x-rays and lab reports     | <input type="checkbox"/> HIV/AIDS/STD information* | <input type="checkbox"/> medical records                            |
| <input type="checkbox"/> mental health treatment*   | <input type="checkbox"/> psychotherapy notes*      | <input type="checkbox"/> drug/alcohol abuse diagnosis & treatment * |
| <input type="checkbox"/> speech and hearing reports | <input type="checkbox"/> physical therapy reports  | <input type="checkbox"/> occupational therapy reports               |

Description:

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Note: Please be as specific as possible in describing the specific information that will be disclosed. \*See Instructions

Purpose for the Release:

- Disclosure made at the request of the client.  
 Other (specify) \_\_\_\_\_

Authorization Expiration: (expires in one year if no date or event is provided)	expiration date	expiration event
------------------------------------------------------------------------------------	-----------------	------------------

- I understand that I am giving [insert discloser name] permission to disclose the information described above to the person(s) or class of persons specified in this authorization, and that such information may be subject to re-disclosure by these person(s) or class of persons and therefore no longer protected by federal privacy regulations.
- I understand that I may inspect or request copies of any information disclosed by this authorization if [insert discloser name] initiated this request for disclosure.
- I understand that I may revoke this authorization by notifying [insert discloser name] in writing with the understanding that previously disclosed information would not be subject to my revocation request.
- I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment, payment for health care services or eligibility for benefits.

**You have the right to revoke this authorization at any time by writing to [insert discloser name] or completing the revocation section on the second page of this form and sending it to the address listed.**

Signature	Date
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If the information you are requesting to be disclosed is not about you or your minor child, please complete the section below. If you are a legal representative of the person whose information is to be disclosed, you must provide documentation of your legal authority to make this request. (For example, power of attorney, guardianship letter, health care surrogate form, court order, etc.).

Legal Representative (Signature)			
Legal Representative (Print Name)			
Relationship of Legal Representative		Date	

## Instructions for Completing the Authorization for Disclosure of Protected Health Information Form

1. Complete the first page of this form and return it to [insert discloser name]. Please may mail it to: [insert discloser address]
2. If the signer is a legal representative, guardian, health care surrogate or has power of attorney, documentation of the representative's legal authority to act on behalf of the individual whose information is to be disclosed must be attached with the authorization form. If an agency has custody of a child and a representative signs the release, include a copy of the custody order.
3. Special types of health information have specific laws and rules that must be followed before that information may be disclosed:

**HIV/AIDS and Sexually Transmitted Diseases (STD):** All information about HIV/AIDS and sexually transmitted diseases is protected under Federal and State laws and cannot be disclosed without your written authorization unless otherwise provided in the regulations. To release HIV/AIDS or STD information, this authorization must include a statement of the specific HIV/AIDS or STD information you are giving the Agency permission to disclose. Re-disclosure of HIV/AIDS information is not allowed except in compliance with law or with your written permission. \*Use the space provided for "Description" to include a specific statement.

**Alcohol or Drug Treatment:** Alcohol and/or drug treatment records are protected under Federal and State laws and regulations and cannot be disclosed without your written authorization, unless otherwise provided for in Federal and State laws or regulations. To release alcohol and/or drug treatment information, this authorization must include a statement of the specific information that you are giving the Agency permission to disclose (for example, "For the purposes of my assessment, treatment plan, attendance, or discharge plan.") Re-disclosure of your alcohol and/or drug treatment records is not allowed except in compliance with law or with your written permission (see 45 CFR Part 2). \*Use the space provided for "Description" to include a specific statement.

**Mental Health Treatment:** Mental health treatment records are protected under Federal and State laws and regulations and cannot be disclosed without your written authorization unless otherwise allowed in Federal or State laws or regulations. To release mental health treatment information, this authorization must include a statement of the specific information that you are giving the Agency permission to disclose (for example, "For the purposes of my assessment, treatment plan, attendance, or discharge plan.") Re-disclosure of your mental health treatment records is not allowed except in compliance with law or with your written permission. \*Use the space provided for "Description" to include a specific statement.

"Class of persons" should be specific and identify the recipient. For example, "the XYZ Law Firm and any of its attorneys" (easily identifiable and verifiable) rather than "any lawyer providing legal services to me." The provider/plan is left having to contact the patient/insured to verify your representation in this latter case.

<b>Revocation of Authorization</b>				
To revoke your authorization, please complete the following section and send the form to <u>[insert receiver name]</u> at the address given above. Use of this form to revoke your authorization is optional but your authorization revocation request must be in writing.				
Name		Date of Birth		
Phone		E-mail Address		
Street Address				
City		State	Zip Code	
I hereby revoke my authorization for <u>[insert discloser name]</u> of to disclose my protected health information to the following organization: <u>[insert receiver name]</u>				
Client Signature		Date		
Print Name				
If the information you are requesting to be disclosed is not about you or your minor child, please complete the section below. If you are a legal representative of the person whose information you are requesting, you must provide documentation proving your legal authority to request this information. (For example, an authorization, power of attorney, guardianship papers, health care surrogate form, Order Appointing Personal Representative, Letters of Administration).				
Legal Representative (Signature)				
Legal Representative (Print Name)				
Relationship of Legal Representative		Date		

## **Appendix D: Working with Media**

Attachments:

Media Release and Disclosure of Health Information Form

# Working with the Media

## Interviews

Respond promptly to media requests. The only thing in a story that looks or sounds worse than “no comment” is the line “would not return repeated phone calls.” Reporters are usually under tight deadlines. Delays—even of an hour—can sometimes mean the difference between favorable coverage and a lost opportunity to earn respect and establish a positive relationship with a reporter.

### Before the Interview

Set aside some time to prepare yourself for the interview. Develop concise answers to a few key questions, such as:

- Who do you serve?
- What is the purpose of your work? Why is it important?
- What do the citizens of Florida gain?
- What is your main objective with regard to the issue? If you could only make two points in when discussing this issue, what would they be? This is your **SOCO-Single Overriding Communications Objective**.
- Have you gathered all the printed materials and information you may need?

### During the Interview

- Ask what type of story the reporter is pursuing and how you can assist. Find out what background information the reporter already has on the issue, and ask what the deadline is and when the story is scheduled to be printed or aired.
- Repeat your main points (SOCO) at least twice.
- Keep your statements clear and concise. Try to provide plain-language explanations.
- Speak slowly and spell difficult words or names.
- Be cooperative and truthful.
- Assume everything you say will be quoted. If you feel commenting is inappropriate or outside the area of your expertise, politely decline. There is no such thing as “off the record.”
- Do not say “No comment” – It is synonymous with guilt. It’s far better to say something like, “I don’t have that information right now, but I can help you obtain it.”
- Do not limit yourself to answering questions. Raise points you think are important.

- Do not hesitate to correct the reporter if he or she makes an incorrect statement.
- Do not let reporters put words in your mouth.
- When you are wrapping up, ask for the reporter's business card, or get his or her name, phone number, and the name of the publication or the station's call letters (WXYZ-TV, for example). You will need this information for reporting to the APD Communications Office who in turn reports daily media contacts to the Governor's Press Office.

### Television/ Radio Interviews

In addition to the general rules for interviews just discussed, the broadcast media have their own rules and limitations. Preparation is still the key to presenting your ideas in a concise way.

- Speak in conversational tones. Don't use technical or legal language. Assume listeners and viewers are completely unfamiliar with the topic and its importance in their lives. Try to simplify the topic as much as possible.
- Don't create visual distractions with your clothes or appearance. Dress conservatively, as if you were going to a job interview. Check your hair just before going on camera.
- If standing, stay still. Animation and enthusiasm are fine, but do not rock back and forth or side to side.
- If seated, do not rock, swivel, or lean back. Sit on the front edge of the chair, and lean forward slightly. This should be done even for radio interviews that are done via telephone-it will help you to remember that you are "on the air" and not just chatting with a friend.
- If you wear glasses, wear them during the interview – it is much better than squinting. But do not wear sunglasses.
- Maintain eye contact with the reporter; do not look at the camera. Use small, decisive gestures to make points, not big, sweeping motions.
- Do not betray anger in your voice or appearance in response to an unexpected or hostile question. Simply say you are not prepared to answer the question at this time.
- Get your main points in early and use every opportunity to restate them.
- Speak in short sentences. Remember that few sound bites are more than ten seconds long.
- If you are not satisfied with one of your answers or comments, ask the reporter if you can redo it.

## After the Interview

- Do not expect to see the story before publication or broadcast. Unlike the APD Communications Office, journalists do not let sources review stories.
- Feel free to call a reporter back with further information or clarification, especially if the interview left you feeling uneasy.
- Notify the APD Communications Office of any media contacts you have had, any questions or information generated by them, and any news stories that result. It will help us to better serve you.



## Media Release and Disclosure of Health Information

I authorize the use/disclosure of health information about \_\_\_\_\_  
\_\_\_\_\_ as described below:

1. Person(s) authorized to use/disclose the information: The Agency for Persons with Disabilities
2. Person(s) authorized to receive the information: The Agency for Persons with Disabilities, the media, and general public.
3. Description of information that may be used/disclosed: The undersigned, under such circumstances and means as I have approved in advance, hereby waives his/her right to confidentiality pursuant to Section 393.13 (4)(i), Florida Statutes, to the extent that he/she now, or has in the past, received services through the Agency for Persons with Disabilities.
4. The information will be used/disclosed for the following purposes: The undersigned, for the purpose of participating in the use of his/her photograph and/or testimonial in Agency for Persons with Disabilities literature or in the media agrees to such use for public relations' purposes in order that persons with disabilities may become more aware of the services provided by the agency.
5. I understand that if the person or entity that receives the information is not a health care provider or health plan covered by federal privacy regulations, the information described above may be re-disclosed and no longer protected by these regulations.
6. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment or payment or my eligibility for benefits. I may inspect or copy any information used/disclosed under this authorization.
7. I understand that information may be re-released with my approval except as required by law. However, information released to persons not covered by federal regulations is no longer protected.
8. I understand that I may revoke this authorization in writing at any time by contacting my case manager, except to the extent that action has been taken in reliance on this authorization. This authorization expires after five years. A copy of this signed release is equally valid.

\_\_\_\_\_  
Signature of Client/Resident or Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client's/Resident's Name

\_\_\_\_\_  
Relationship to Client/Resident

**If this authorization has been signed by a personal representative (above) on behalf of an individual, his/her authority to act on behalf of the individual must be set forth here:**

\_\_\_\_\_  
\_\_\_\_\_

## **Appendix E:**

# **Protocol for Gubernatorial Appointments**

Attachments:

Questionnaire for Gubernatorial Appointment

Sample Cover Letter

## **Family Care Council Protocol for Gubernatorial Appointments**

The Executive Office of the Governor (EOG) appoints all official members to the local Family Care Councils (FCC). All applicants undergo background screening through the Florida Department of Law Enforcement (FDLE) prior to appointment. After careful review, the Governor's office may choose not to appoint a candidate. It is strongly encouraged that these applicants continue to participate in FCC meetings to remain up to date on procedures affecting persons with developmental disabilities and their families.

Eligible candidates interested in serving on the council must attend meetings as outlined in the local FCC bylaws. Qualified candidates may request an appointment packet from the FCC. This packet will include the Questionnaire for Gubernatorial Appointment and a prepaid stamped envelope to send the completed questionnaire to the local FCC chairperson or designee.

All applicants must be recommended to the Governor for appointment by a majority vote of the local FCC as mandated in 393.502(a), F.S. Councils may vote during their local FCC meetings or during other FCC business activities with the results reflected in the meeting minutes.

### **First Term Appointment Process**

1. The area FCC Chairperson or designee will present the candidate's questionnaire to the local council. Council members will vote on recommending the applicant to the Governor for appointment as required in Chapter 393.502 (2)(a), F.S.
2. The FCC Chairperson will attach a cover letter to the original questionnaire documenting the following:
  - a. The applicant is a new appointment,
  - b. The applicant meets or surpasses eligibility requirements as mandated in Chapter 393.502(2), F.S. and
  - c. The majority vote of the council, regarding the reappointment of the applicant to the Governor.
3. The chair of the local FCC will retain a copy of the questionnaire in the local FCC file and submit the original to the area FCC liaison who will forward the complete package to Central Office.
4. Central Office will verify candidate's eligibility and advance applications to the Governor's Appointments Office.
5. The Governor's office has the final decision making authority and applicants will receive written notice of the decision.

## **Second Term Reappointment Process**

1. The area FCC Chairperson or designee will present the candidates questionnaire to the local council. Council members will vote on recommending the applicant to the Governor for appointment as required in Chapter 393.502 (2)(a), F.S.
  - a. Reappointment candidates should apply and complete the reappointment process before the 1<sup>st</sup> term has expired; paperwork should be submitted approximately 45-60 days before term expiration.
  - b. Reappointment process includes the completion of a second gubernatorial questionnaire (places of work, living circumstances, and other changes which may have occurred)
2. The FCC Chairperson will attach a cover letter to the new questionnaire documenting the following:
  - a. The applicant is a new appointment,
  - b. The applicant meets or surpasses eligibility requirements as mandated in Chapter 393.502(2), F.S.;
  - c. The majority vote of the council, regarding the reappointment of the applicant to the Governor and
  - d. The applicant's meeting attendance record during first term (e.g., Suzie has attended 28 out of the last 30 meetings).
3. The chair of the local FCC will retain a copy of the questionnaire in the local FCC file and submit the original application to the area FCC liaison who will forward the complete package to Central Office.
4. Central Office will verify candidate's eligibility and advance applications to the Governor's Appointments Office.
5. The Governor's office has the final decision making authority and applicants will receive written notice the decision.

## **Mandatory 12 Month Break**

1. As mandated by the Florida Statutes in Chapter 393.502 (3)(b), council members who have *served two (2) consecutive terms* will not be eligible to serve again until 12 months have elapsed since formally ending their six (6) year service. FCC members who wish to begin their 12 month mandatory break may submit a letter of resignation at the conclusion of their second three-year term. This letter will document the beginning of the 12 month clock for the mandated break at the conclusion of their term.
2. FCC members who do not submit a letter of resignation, according to Article II, Section 5(b), of the Florida Constitution, shall continue to serve in office until replaced by a qualified successor.
  - a. Council members who have not resigned, but continue serving until replaced, will have full voting power and related participation responsibilities until replaced.

3. Upon being formally replaced, the mandatory 12 month break of service will begin.
4. Resignation letters should be addressed to the APD Director and sent to the mailing address below.

Agency for Persons with Disabilities  
4030 Esplanade Way, Suite 380  
Tallahassee, FL 32399-0950  
Attention: Stephanie Rogers

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# QUESTIONNAIRE

*for*

## GUBERNATORIAL APPOINTMENTS

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Please Return To:  
400 South Monroe Street  
Capitol Building, Suite 705  
Tallahassee, Florida 32399

# FOR THE GOVERNOR'S APPOINTMENTS OFFICE

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The information from this page has been requested and will be used exclusively by the GOVERNOR'S OFFICE.  
**Please type or use black ink.**

1. Board of Interest: \_\_\_\_\_
2. Current Employer and Occupation: \_\_\_\_\_
3. Are you applying for reappointment: Yes  No
4. \*Do you have a disability? Yes  No  If "Yes", please describe your disability that would qualify you for this appointment, if applicable.
  
5. \*Sex: Male  Female
6. \*Race: White  Native-American/Alaskan Native   
Hispanic-American  Asian/Pacific Islander   
African-American
7. Do you now, or have you, within the last three years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged on the basis of race, religion, national origin, or gender? If so, detail the name and nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you appointed by the Governor.

Email address \_\_\_\_\_

Cellular Telephone Number \_\_\_\_\_

\_\_\_\_\_  
Applicant's Name, including name  
commonly used (Please print)

\* This information will be used to provide demographic statistics and is not requested for the purpose of discriminating on any basis.

# QUESTIONNAIRE FOR GUBERNATORIAL APPOINTMENTS

The information from this questionnaire will be used by the Governor's office and, where applicable, The Florida Senate in considering action on your confirmation. The questionnaire **MUST BE COMPLETED IN FULL**. Answer "none" or "not applicable" where appropriate. **Please type or print in black ink.**

\_\_\_\_\_

Date Completed

1. Name: \_\_\_\_\_

MR./MRS./MS.	LAST	FIRST	MIDDLE/MAIDEN
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2. Business Address: \_\_\_\_\_

STREET	OFFICE #	CITY
POST OFFICE BOX	STATE	ZIP CODE
		AREA CODE/PHONE NUMBER

3. Residence Address: \_\_\_\_\_

STREET	CITY	COUNTY
POST OFFICE BOX	STATE	ZIP CODE
		AREA CODE/PHONE NUMBER

Specify the preferred mailing address:      Business          Residence          Fax # \_\_\_\_\_

(optional)

4. A. List all your places of residence for the last ten (10) years.

<u>ADDRESS</u>	<u>CITY &amp; STATE</u>	<u>FROM</u>	<u>TO</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. List all your former and current residences outside of Florida that you have maintained at any time during adulthood.

<u>ADDRESS</u>	<u>CITY &amp; STATE</u>	<u>FROM</u>	<u>TO</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

6. Social Security Number: \_\_\_\_\_

7. Driver License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_



8. Have you ever used or been known by any other legal name? Yes  No  If "Yes" Explain  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Are you a United States citizen? Yes  No  If "No" explain:  
\_\_\_\_\_  
\_\_\_\_\_

If you are a naturalized citizen, date of naturalization: \_\_\_\_\_

10. Since what year have you been a continuous resident of Florida? \_\_\_\_\_

11. Are you a registered Florida voter? Yes  No  If "Yes" list:  
A. County of registration: \_\_\_\_\_ B. Current party affiliation: \_\_\_\_\_

12. Education

A. High School: \_\_\_\_\_ Year Graduated: \_\_\_\_\_  
(NAME AND LOCATION)

B. List all postsecondary educational institutions attended:

<u>NAME &amp; LOCATION</u>	<u>DATES ATTENDED</u>	<u>CERTIFICATES/DEGREES RECEIVED</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. Are you or have you ever been a member of the armed forces of the United States? Yes  No  If "Yes" list:  
A. Dates of service: \_\_\_\_\_  
B. Branch or component: \_\_\_\_\_  
C. Date & type of discharge: \_\_\_\_\_

14. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.) If "Yes" give details:

<u>DATE</u>	<u>PLACE</u>	<u>NATURE</u>	<u>DISPOSITION</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

15. Concerning your current employer and for all of your employment during the last ten years, list your employer’s name, business address, type of business, occupation or job title, and period(s) of employment.

<u>EMPLOYER'S NAME &amp; ADDRESS</u>	<u>TYPE OF BUSINESS</u>	<u>OCCUPATION/JOB TITLE</u>	<u>PERIOD OF EMPLOYMENT</u>

16. Have you ever been employed by any state, district, or local governmental agency in Florida? Yes  No   
 If “Yes”, identify the position(s), the name(s) of the employing agency, and the period(s) of employment:

<u>POSITION</u>	<u>EMPLOYING AGENCY</u>	<u>PERIOD OF EMPLOYMENT</u>

17. A. State your experiences and interests or elements of your personal history that qualify you for this appointment.

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B. Have you received any degree(s), professional certification(s), or designations(s) related to the subject matter of this appointment? Yes  No  If “Yes”, list:

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C. Have you received any awards or recognitions relating to the subject matter of this appointment? Yes  No   
 If “Yes”, list:

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D. Identify all association memberships and association offices held by you that relate to this appointment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government?  
Yes  No  If "Yes", list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. A. Have you ever been elected or appointed to any public office in this state? Yes  No  If "Yes", state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

OFFICE TITLE                      DATE OF ELECTION OR APPOINTMENT                      TERM OF OFFICE                      LEVEL OF GOVERNMENT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. If your service was on an appointed board(s), committee(s), or council(s):

(1) How frequently were meetings scheduled: \_\_\_\_\_

(2) If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reasons(s) for your absence(s).

MEETINGS ATTENDED                      MEETINGS MISSED                      REASON FOR ABSENCE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Has probable cause ever been found that you were in violation of the Code of Ethics for Public Officers and Employees, Part III, Chapter 112, F.S.? Yes  No  If "Yes", give details:

DATE                      NATURE OF VIOLATION                      DISPOSITION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. Have you ever been suspended from any office by the Governor of the State of Florida? Yes  No  If "Yes", list:

A. Title of office: \_\_\_\_\_ C. Reason for suspension: \_\_\_\_\_

B. Date of suspension: \_\_\_\_\_ D. Result: Reinstated  Removed  Resigned

22. Have you previously been appointed to any office that required confirmation by the Florida Senate? Yes  No   
If "Yes", list:

- A. Title of Office: \_\_\_\_\_
- B. Term of Appointment: \_\_\_\_\_
- C. Confirmation results: \_\_\_\_\_

23. Have you ever been refused a fidelity, surety, performance, or other bond? Yes  No  If "Yes", explain:

\_\_\_\_\_  
\_\_\_\_\_

24. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes  No   
If "Yes", provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

<u>LICENSE/CERTIFICATE</u> <u>TITLE &amp; NUMBER</u>	<u>ORIGINAL</u> <u>ISSUE DATE</u>	<u>ISSUING AUTHORITY</u>	<u>DISCIPLINARY ACTION/DATE</u>
---------------------------------------------------------	--------------------------------------	--------------------------	---------------------------------

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

25. A. Have you, or businesses of which you have been an owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

<u>NAME OF BUSINESS</u>	<u>YOUR RELATIONSHIP TO BUSINESS</u>	<u>BUSINESS' RELATIONSHIP TO AGENCY</u>
-------------------------	--------------------------------------	-----------------------------------------

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Have members of your immediate family (spouse, child, parents(s), siblings(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

<u>NAME OF BUSINESS</u>	<u>FAMILY MEMBER'S</u> <u>RELATIONSHIP TO YOU</u>	<u>FAMILY MEMBER'S</u> <u>RELATIONSHIP TO BUSINESS</u>	<u>BUSINESS' RELATIONSHIP</u> <u>TO AGENCY</u>
-------------------------	------------------------------------------------------	-----------------------------------------------------------	---------------------------------------------------

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

26. Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? Yes  No

A. Did you receive any compensation other than reimbursement for expenses? Yes  No

B. Name of agency or entity you lobbied and the principal(s) you represented:

<u>AGENCY LOBBIED</u>	<u>PRINCIPAL REPRESENTED</u>
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

27. List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives and members of the Florida Senate.

<u>NAME</u>	<u>MAILING ADDRESS</u>	<u>ZIP CODE</u>	<u>AREA CODE/PHONE NUMBER</u>
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28. Name any business, professional, occupational, civic, or fraternal organizations(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

<u>NAME</u>	<u>MAILING ADDRESS</u>	<u>OFFICE(S) HELD &amp; TERM</u>	<u>DATE(S) OF MEMBERSHIP</u>
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29. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes  No  If “Yes”, explain:

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30. If required by law or administrative rule, will you file financial disclosure statements? Yes  No

# CERTIFICATION

## STATE OF FLORIDA, COUNTY OF

Before me, the undersigned Notary Public of Florida, personally appeared \_\_\_\_\_, who, after being duty sworn, say: (1) that he/she has carefully and personally prepared or read the answers to the foregoing questions; (2) that the information contained in said answers is complete and true; and (3) that he/she will, as an appointee, fully support the Constitutions of the United States and of the State of Florida.

\_\_\_\_\_  
Signature of Applicant-Affiant

Sworn to and subscribed before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public-State of Florida

\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)

My commission expires: \_\_\_\_\_

Personally Known  **OR** Produced Identification

Type of Identification Produced \_\_\_\_\_

(seal)

## MEMORANDUM

AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS, WHICH MAY BE VIEWED BY ANYONE UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR IDENTIFYING INFORMATION RELATING TO PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC...IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR SUBMISSION, PLEASE CHECK THIS BOX.

Yes, I assert that identifying information provided in this application should be excluded from inspection under Public Records Law. Please indicate what section of Florida Statutes provides this in your particular situation.

---

IF YOU NEED ADDITIONAL GUIDANCE AS TO THE APPLICABILITY OF ANY PUBLIC RECORDS LAW EXEMPTION TO YOUR SITUATION, PLEASE CONTACT THE OFFICE OF THE ATTORNEY GENERAL.

The Office of the Attorney General  
PL-01, The Capitol  
Tallahassee, Florida 32399  
(850) 245-0158



# Area \_\_\_ Family Care Council

## Agency for Persons with Disabilities

NAME, Chairperson  
CHAIR EMAIL ADDRESS  
FCC WEB ADDRESS

Vice Chairperson:  
NAME

Date

Past Chairperson:  
NAME

Stephanie Rogers  
External Affairs Office  
Agency for Persons with Disabilities  
4030 Esplanade Way, Suite 380  
Tallahassee, FL 32399-0950

Council Members:

NAME Secretary

NAME, Treasurer

NAME

NAME

Dear Mrs. Rogers:

Attached please find the gubernatorial appointment questionnaire for \_\_\_\_\_ . This applicant meets the qualifications for gubernatorial appointment to the Area \_\_\_ Family Care Council (FCC) as mandated in Chapter 393.502, F.S. and is

- applying as a new appointee to the FCC.
- applying for re-appointment to the FCC. During *his/her* first term, the applicant has attended \_\_\_% of the local council meetings.

*Mr./Ms.* \_\_\_\_\_ has been accepted by a majority vote by the Area \_\_\_ Family Care Council membership and is being recommended for appointment to fill a vacancy as a

- consumer who has received services within 4 years prior to the date of recommendation.
- consumer who qualifies for APD services but is on the wait list.
- legal guardian of a consumer who has received services within 4 years prior to the date of recommendation.
- parent of a person with a developmental disability who qualifies for services.
- sibling of a person with a developmental disability who qualifies for services.
- guardian of a person with a developmental disability who qualifies for services.

If there are any questions, please contact me at \_\_\_-\_\_\_-\_\_\_ or by email at \_\_\_\_\_.

Sincerely,

*Signature*

NAME  
Chairperson

Cc: NAME, APD Regional Office Manager  
NAME, FCC Area Liaison



## **Appendix F:**

# **Sample FCC Legal Documents**

Attachments:

Sample Bylaws

Sample Action Plan

Sample Spending Plan

Sample Accomplishment

# Sample FCC Bylaws

*Courtesy of Area 10 FCC*

## FAMILY CARE COUNCIL – AREA 10 Broward County, Florida

### BYLAWS

#### Article I: NAME

The name of this organization shall be the Family Care Council - Area 10 (FCC-10).

#### Article II: AUTHORITY & PURPOSE

1. Authority – The Family Care Council - Area 10 is organized pursuant to Florida Statute 393.502.
  
2. Purpose - The purpose of Family Care Council - Area 10 shall be to advise the Agency for Persons with Disabilities and its area advisory boards, to develop a plan for the delivery of developmental services family support within Area 10 (Broward County), and to monitor the implementation and effectiveness of services and support provided under the plan. The primary functions of FCC 10 shall be to:
  - (a) Assist in providing information and outreach to families.
  - (b) Review the effectiveness of developmental services programs and make recommendations with respect to program implementation.
  - (c) Advise area developmental program administrators with respect to policy issues relevant to the community and family support system in Area 10.
  - (d) Meet and share information with other area Family Care Councils.

#### Article III: MEMBERSHIP

1. Members – Eligibility for membership on the Family Care Council Area 10 shall be as provided by law; to wit,
  - (a) The Council shall consist of at least 10 and no more than 15 members recommended by a majority vote of the Council and appointed by the Governor.
  - (b) At least three of the members of the Council must be consumers. One such member shall be a consumer who received developmental services within the 4 years prior to the date of recommendation, or the legal guardian of such a consumer. The remainder of the Council members shall be parents, guardians, or siblings of persons with developmental disabilities who qualify for developmental services pursuant to FS 393.052.
  - (c) Employees of the agency are not eligible to serve on the Council.
  - (d) Persons related by consanguinity or affinity within the third degree shall not serve on the same Council at the same time.

2. Resource Members – These are individuals who are regular attendees and participants at Council meetings. Resource Members shall be appointed by a majority vote of the Council. They shall have the full rights of membership except that they shall not be eligible to vote, nor shall their presence count towards a quorum except as a proxy. Resource Members may substitute for members at conventions, forums, etc. if approved by Council members and also be appointed by the Chairperson to serve on Council committees.
3. Remuneration - All Council Members and Resource Members shall serve on a voluntary basis without payment for their service.
4. Term - All Council Members and Resource Members shall be appointed or serve for a 3-year term. The calendar year for members will commence on the month of their appointment and run for 12 continuous months. They may re-apply for membership and be re-appointed to serve for one additional 3-year term. A member who has served two consecutive terms shall not be eligible to serve again until 12 months have elapsed since ending his or her service on the Council.

#### **Article IV: OFFICERS**

1. Officers – The Officers of the Family Care Council shall be a Chairperson, a Vice Chairperson, and a Treasurer or the Officers shall be two Co-Chairpersons and a Treasurer each serving a term of one year. A majority vote of the members is necessary for election to any office. The term of each Officer shall begin in the month of her/his appointment to the office. Each Officer may serve no more than four 1-year terms in the same office
2. Resignations & Vacancies – Upon the resignation of an Officer an election for the vacated position be held at the next meeting of the Council.
3. Removal from Office – Any Officer may be removed from office by a majority vote of all voting members of the Council.
4. In the Chairperson’s absence the Vice-Chairperson shall preside.

#### **Article V: MEETINGS**

1. The Council shall meet at least six times per year or as otherwise required by law. Special meetings may be called by the Chairperson or at least 30% of the Council Members
2. A voting member who cannot attend a meeting may give his or her written proxy vote to another council member.
3. Any member failing to attend three meetings in a calendar year will have his/her status changed from Member to Resource Member of the Council. Any member affected may present an appeal to the Council only at the meeting following his/her automatic change of status.

4. Quorum – A quorum for conducting business shall be 50% of Council Members.

#### **Article VI: FISCAL YEAR, BUDGET & FUNDING**

1. Fiscal Year – The fiscal year of the Council shall coincide with that of the Agency for Persons with Disabilities.
2. Budget – The Council shall have a budget.
  - a. This budget shall identify how the Council plans to expend the funds allocated to it each fiscal year.
  - b. The Council shall develop and approve a budget each fiscal year.
  - c. The budget will be sectioned into specific areas that may be established by current statute. Adequate funding to accomplish each area will be funded prior to allocating funds to any other endeavor, unless reviewed and approved by the Council.
  - d. Any remaining funds may be used to accomplish other things as determined by the Council.
3. Funding – The Council may apply for, receive, and accept grants, gifts, donations, bequests, and other payments from any public or private entity or person.
4. Funds - Authority for all expenditures of Council funds rests with the Council. Expenditures require a majority vote of the Council prior to any obligation of funds, unless prior approval has been given to the Chairperson.

#### **Article VII: COMMITTEES**

The Chairperson of the Council may appoint persons to serve on committees. There are no designated standing committees. Persons appointed to committees may be Council Members and Resource Members as well as persons not eligible to serve on the Council.

#### **Article VIII: PARLIAMENTARY AUTHORITY**

Roberts Rules of Order shall govern the conduct of business of this Council in all cases in which they are applicable and not inconsistent with these By-Laws.

#### **Article IX: AMENDMENTS**

These By-Laws may be amended or revised at any regular or special meeting of the Council by a majority vote provided such proposed amendments or revisions have been submitted in writing at the previous meeting or via fax, email or mail to all Council members.

# Sample Action Plan

*Courtesy of Area FCC 13*

## AREA 13 FAMILY CARE COUNCIL

### ACTION PLAN 2013-2014

**MISSION STATEMENT:** The mission of the Area 13 Family Care Council is to promote the welfare and dignity of the individual with a developmental disability, allowing each to achieve his or her full potential, while preserving the family's ability to function as a unit.

**OBJECTIVE #1:** Benefit individuals with developmental disabilities, their families, friends, and communities, as dictated by Florida statute and the Area 13 FCC mission statement and by working to affect the legislative process.

#### **GOALS:**

**A.** The FCC will communicate directly with APD, gaining information on programs, supports and initiatives and an understanding of policies and procedures. The FCC, working closely with the APD Program Administrator and Liaison, will monitor programs and initiatives, while advising APD of community/family needs.

#### **ACTION/IMPLEMENTATION PLANS**

- Each Member will attend at least one APD training session annually. In order to gain full training benefit, each member will choose a different training to attend.
- Attend WSC/PROVIDER/APD meetings and trainings \$
- Attend variety of county events, Target organizations/ exhibits in each County \$

**B.** The FCC will identify and monitor effective and available services and supports in each community, and identify those supports and/or services, which are insufficient or unavailable.

#### **ACTION/IMPLEMENTATION PLANS**

- Seek and distribute Resource directories/ information in conjunction with local
- Prepare written reports, news articles on resource needs at all levels, etc.

**C.** The FCC will research and advise APD on issues related to individuals/families, submitting in writing to APD Central Staff the needs, concerns and barriers to positive outcomes, as well as successes attained.

#### **ACTION/IMPLEMENTATION PLANS**

- Assigned by Chair as events dictate.
- Follow up to be maintained by FCC.

**D.** The FCC will collaborate with other FCC's and FCCF, attending bi-monthly FCCF meetings.

**ACTION/IMPLEMENTATION PLANS**

- Area 13 FCC Chair will attend or assign and report. \$

E. The FCC members will maintain a strong legislative action group composed of all members.

**ACTION/IMPLEMENTATION PLANS:**

- FCC members will make legislative contacts: provide legislators with current APD information, concerns and suggestions;
- Develop and adopt legislative platform and talking points on key issues including, but not limited to, the APD waitlist, Medicaid reform, Managed care/DD proposals, Provider issues, Rate structure, and Training and Employment needs. \$
- Attend DD Day or Legislative committee for testimony-\$
- Visit Legislators at home offices
- Person Centered Profiles to be used in variety of venues

F. The FCC will recruit individuals/families eligible for membership.

**ACTION/IMPLEMENTATION PLANS**

- Recruitment efforts made with assistance of WSC’s and APD Area staff
- Utilizing various media/social outlets, and at all outreach activities

G. The FCC will recruit Associate Members from the community at large, people interested in individuals with developmental disabilities, for diversifying and enhancing outreach for community resources.

**ACTION/IMPLEMENTATION PLANS**

- See F. above

**OBJECTIVE #2: OUTREACH, EDUCATION, TRAINING:** Advocate for, educate, and empower individuals with developmental disabilities and their families

**GOALS:**

A. The FCC will provide information, training and education on the needs of the developmental disabled to the community-at-large

**ACTION/IMPLEMENTATION**

- Enhance website and keep updated\_\$
- Distribute and keep updated FCC 13 Brochure and Business Cards for distribution \$
- Communication facilitated BY FCC articles in Area 13 newspapers and on FCC website
- Attendance at Provider/Area office meetings

- Information shared in a variety of formats. Website, newsletters, Speak at events, emails, social media, webinars \$
- Webinar subjects and audiences planned will be, but not limited to: Businesses/Employers; Schools/teachers/parents; Self Advocates; Civic Groups, Churches, Law enforcement; Providers; WSC etc. \* Partner with CFPC/others
- Target Each County of Area 13 for alliances and Resource building specific to that Community demographic. \$
- In addition to Webinars planned-Forum like venues in collaboration with community, civic, parents groups, schools, churches \$ TBD

**B.** The FCC will gather/maintain comprehensive list of community resources in each county of Area 13, with results posted on the FCC website and APD Resource Directory.

**C.** The FCC will identify and utilize information resources such as established interagency councils and other local agencies and organizations.

**ACTION/IMPLEMENTATION**

- Pursue in all 5 Counties- CITRUS, HERNANDO, LAKE, MARION, AND SUMTER \$

**D.** The FCC will develop and implement a plan to identify and provide information to APD eligible persons with disabilities.

**ACTION/IMPLEMENTATION**

- Explore with ESE, parents groups, community groups etc
- Provide no less than 2 special events annually, in addition to other educational venues/provider fairs \$
- Comprehensive Outreach to all counties \$
- Rotation of FCC meetings TBD \$

**E.** The FCC will work to enhance communication between families and providers, promoting quality of service and support for the individual/family.

**FOLLOW-UP:**

1. Progress on each of the goals will be reviewed at the FCC monthly meetings, modified as needed and as significant events occur, prompting FCC concern and/or action.
2. Committees and Individual Assignments as appointed by Chairperson.

**CURRENT BUDGET REFLECTS ANTICIPATED FUNDS NECESSARY TO ACCOMPLISH ABOVE FCC PLANS FOR FISCAL YEAR 2013-2014**

# Sample Spending Plan

Courtesy of Area 13 FCC

## FCC AREA 13 SPENDING PLAN FISCAL YEAR 2013-14

THE 2013-14 ACTION PLAN (ATTACHED) HIGHLIGHTS WITH \$ THOSE ITEMS THAT WILL IMPACT THE AREA 13 FCC 2013-14 BUDGET (ATTACHED) BELOW ARE THOSE SPECIFICS COMBINED WITH BUDGET FORMAT

TRAVEL FCC MTGS (10), (ROTATING TO AREA COUNTIES),

### **OUTREACH ACTIVITIES, CONFERENCES** **\$ 3,000.00**

- FCC meetings will rotate meetings and times as necessary to designated Counties in Area over this fiscal year for Outreach/Recruitment
- Attend WSC/PROVIDER/APD meetings and trainings
- Attend variety of county events, identify resources
- Target organizations/ exhibits in each County for alliances And Resource building specific to communities
- Meet with local legislators, attend DD Day
- Webinar presentations across the 5 Counties, diverse audiences e.g., Employment, Waitlist, Transition, APD initiatives, iBudget, and others

### **TRAVEL FCCF MTGS (6)** **\$ 1,800.00**

- 393.52 Statute mandate for FCC Collaboration

### **ADMIN/SUPPLIES, CONFERENCE CALLS, INTERNET, WEBSITE DOMAIN, COMPUTER PROGRAMS, MISC** **\$ 1,500.00**

- Area Brochures, Business Cards, Newsletters
- Enhance/Update Area 13 Website
- Plan for 2 Special Events needing Invitations, Programs Dates TBD

### **RENTAL FOR CONFERENCES/MEETINGS** **\$ 500.00**

- For Conference or meeting rental as needed

### **MAILINGS** **\$ 1,800.00**

(FORUMS, NEWSLETTER, POSTCARDS, MISC.)

- Outreach to AND For ALL with DD/Families, and Related FCC Actions

### **SPECIAL PROJECTS/CAFÉ** **\$ 400.00**

- Seek partnering for educational events in Area 13
- Resource Fair possible if budget allows

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**TOTAL** **\$ 9,000.00**

\*Projected expenditures subject to change.



# Sample Accomplishments

*Courtesy of Area 13 FCC*



## Area 13 Family Care Council Mission Statement

**“To promote the welfare and dignity to the individual with a developmental disability, allowing each person to achieve his or her full potential, and preserving the family’s ability to function as a unit”**

## **2012-2013 FCC 13 ACCOMPLISHMENTS**

- ❖ FCC 13 started the year by welcoming the first Self Advocate elected to hold the Chairmanship in Area 13 FCC and open the FCC meeting. He is also Chair for MCDA in Marion County and is a member of the Spinal Cord group in Ocala.
- ❖ Meetings were held August, September, October, December, November, January, February, March, April, May, and June. Meetings this year were rotated between the Area 13 APD Office and Marion, Citrus, Lake and Sumter counties with special presentations at each of those meetings for outreach, education, resource, and recruitment purposes.  
  
Examples: Very Special Arts presentation, Joint meeting with Citrus schools, Interagency Council, and SEDNET presentation.
- ❖ FCC hosted a community outreach program, highlighted with a presentation by APD Director of APD External Affairs, Joe Chapman. An exercise of Strengths, Weaknesses, Opportunities, and Threats with good attendance.
- ❖ FCC hosted APD Senior Attorney Angela Green, Regional Attorney for Medicaid Fair Hearings, who addressed the purpose and mission of the FCC as stated in the Florida Statutes. She addressed FCC as subject to Florida Sunshine Laws. Addressed Florida's Government in the Sunshine Law, Chapter 286 F.S. and Chapter 119 F.S. and Public Records Law.
- ❖ Annual FCC 13 Bylaws reviewed with no additions or changes made.
- ❖ Member attended Bushnell Fall Festival with outreach information for FCC.
- ❖ FCC/Key Center Legislative Forum in Citrus County - APD Director, 2 Legislators, FCC, Arc, FARF, and FDDC represented on panel - well attended.
- ❖ Collaborated and held a forum with Marion County Disability Alliance targeting waitlist families - well attended.

- ❖ Office purchases included a Laser Printer to facilitate the development and printing of new Area 13 FCC Brochures, business cards, and other outreach materials, fact sheets, etc.
- ❖ Designed FCC Brochures specific to Area 13 FCC, printed and distributed by members and placement in local county/city arenas, such as libraries, doctor offices, ESE departments, etc.
- ❖ Chairperson and Associate Member with Committee designed FCC 13 Website, and domain purchased. Has been activated and will be upgraded as necessary.
- ❖ Chairperson designed and printed business cards for FCC members/associates.
- ❖ Chairperson and others printed and assembled FCC Personal Profiles booklets (200) for FCCF distribution to Legislators at DD Day and other venues.
- ❖ FCC represented at Early Childhood Expo Citrus County.
- ❖ FCCF in Tampa (6 times), Chairperson and Secretary attend, Secretary is also Secretary of FCCF and sits on several stakeholder groups.
- ❖ FCC13 adopted the FCCF Legislative Platform and participated in outreach to legislators in Tallahassee and in their local communities.
- ❖ FCC 13/FCCF Secretary spoke at a luncheon with Governor Scott in support of the \$36 million in his budget, for the APD Waitlist. Subsequently, she was recognized at the Governor's State of the State for Advocacy for individuals with developmental disabilities and their families.
- ❖ Prepared for the July Town Hall Meeting with Director Palmer, distributed flyers to communities, businesses, providers, individuals, and families across five counties
- ❖ Attended WSC and Provider meetings (3 members) on iBudget and other issues.
- ❖ County resources explored and shared with APD Resource Directory.
- ❖ Member sponsored to attend FCC/APD Resource Meeting held in Tampa.
- ❖ Family Café attendance by five families sponsored by FCC.
- ❖ Members participated in weekly Family Café legislative calls held.
- ❖ Member participated on Panel on Managed Care at Arc meeting.
- ❖ Attendance at Sumter/Lake Delegation Days.
- ❖ Attendance at DD Day in Tallahassee.
- ❖ Members participated in Sportsability event in Marion County.
- ❖ Member skilled in IEPs, works with families and CFPC.
- ❖ Member assists with Spanish speaking issues across the state related to DD.
- ❖ Members active with local DD support groups, and members of Arc, FARF, CARD, NAMI, and other related associations.

- ❖ Members attended and spoke at various community events and meetings across the Area 13 Counties. Waiver Waitlist, Employment and FCC Recruitment issues.
- ❖ APD Staff Area Office and Central Office assist FCC as needed and requested, the FCC 13 liaison and External Affairs liaison are readily available and assist FCC to accomplish its goals in many ways.

## **Appendix G:**

# **APD Operating Protocol: Agency Fiscal and Purchasing Support to the Family Care Councils**

### Attachments:

Attachment A.1 – FCC Schedule of Allotment Balances Report

Attachment A.2 – FCC Detailed Monthly Expenditure Report

Attachment A.3 – FCC Encumbrance Balance Report

Attachment A.4 – FCCF Schedule of Allotment Balances Report

Attachment A.5 – FCCF Encumbrance Balance Report

Attachment B – Budget Amendment Transfer Request Form

Attachment C – Expenditure Guidelines and Usage

Attachment D – DFS Reference Guide for State Expenditures (Abridged)

Attachment E – APD Specific Instructions for FCC - Financial Matters

Attachment E.1 – Reimbursement of Transport Costs

**SUBJECT: AGENCY FISCAL AND PURCHASING SUPPORT TO THE  
FAMILY CARE COUNCILS**

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A. Family Care Council Financial Reports (Format Only)	
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C. Expenditure Guidelines and Usage – FCC Allowable and Unallowable Costs	
D. DFS Reference Guide for State Expenditures (Abridged)	
E. APD Specific Instructions for Family Care Councils	
E.1. Reimbursement of FCC Volunteer Transport Costs (Form)	

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<b>SUBJECT:</b> AGENCY FISCAL AND PURCHASING SUPPORT TO THE FAMILY CARE COUNCILS	<b>YEAR</b> 2011	<b>PROCEDURE NUMBER</b> 15-011
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**PROCEDURE MAINTENANCE ADMINISTRATOR:** Division of Budget and Planning

**PURPOSE:** This operating procedure establishes general budgetary, fiscal, and purchasing guidelines for the Family Care Councils (FCCs) and Agency for Persons with Disabilities staff. This procedure defines the agency staff roles that provide support to FCC. The FCC, as defined in section 287.012, Florida Statutes, is required to abide by state purchasing regulations.

**I. REFERENCE**

- Section 393.502, F.S., (Family Care Councils)
- Sections 287.012 and 287.057, F.S., (Procurement Definitions; Procurement of Commodities or Contractual Services)
- Section 215.422, F.S. (Financial Matters, General provisions)
- 60A-1, Florida Administrative Code (FAC) (State Purchasing)

**II. SCOPE**

This operating procedure shall apply to FCC members, and Agency for Persons with Disabilities (APD) headquarters and Area staff assigned the responsibility of providing support to the FCC for budgetary, fiscal, and purchasing activities under the purview of the APD Division of Budget and Planning.

**III. DEFINITIONS**

1. Agency means: the Agency for Persons with Disabilities or APD.
2. APD Area Staff providing support means: Area staff that provide direct support to local FCC members for fiscal and purchasing activities.
3. APD Headquarters Staff providing support means: headquarters staff who directly or indirectly provide budgetary, fiscal or purchasing information to local FCC members, executive board members of the FCC, and APD staff located in Area offices.

<b>Director's Signature</b> Michael Hansen, <i>signature on file</i>	
<b>Effective Date</b> September 27, 2011	<b>Revision Date</b>

<b>SUBJECT:</b> AGENCY FISCAL AND PURCHASING SUPPORT TO THE FAMILY CARE COUNCILS	<b>PROCEDURE          NUMBER</b> 15-011	<b>Page 2 of 6</b>
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4. Council means: Family Care Council established pursuant to s. 393.502, F.S., and as defined under the term “agency” (s. 287.012, F.S.).
5. Division means: The Division of Budget and Planning.
6. Family Care Council Chair member means: A FCC member appointed by the Governor that has been chosen by the local FCC members to serve as their Chair.
7. Family Care Council Member means: Any person as defined in s. 393.502, F.S., appointed by the Governor to serve on a local FCC.
8. FCC means: Family Care Council.
9. FCCF means: Family Care Council Florida, representing the executive board members of the FCC.
10. MFMP means: My Florida Market Place. MFMP is the State of Florida’s Procurement System, containing registered and approved vendors, state term contracts, and state agencies’ purchasing activity as administered pursuant to Chapter 287, F.S., and 60-A1, F.A.C.
11. Requisition means: a purchasing request made through MFMP, following a predetermined routing and approval process before a purchase obligation is made with a vendor.
12. Subject Matter means: Topics that relate to specific activities under the purview of the APD Division of Budget and Planning, (e.g. budget, fiscal or financial, contractual, and purchasing).

**IV. DESCRIPTION**

The Family Care Councils were created pursuant to s. 393.502, F.S., to: *“advise the agency, develop plans for the delivery of family support services..., and to monitor the implementation and effectiveness of services and support provided under the plan.”*

Costs incurred by the councils are primarily supported with state funds made available through the resources of the APD. The purpose of this Operating Procedure (15-011) is to provide overall guidance and best practices for the use of state funds to support the councils’ fiscal, budgetary, and purchasing requirements in a uniform manner consistent with state financial regulations and of s. 393.502, F.S. This procedure also addresses the APD staff responsibilities, and provide guidelines to council members, to ensure fiscal compliance pursuant to Chapters 215 and 287, F.S., and 60-A, F.A.C.

A. APD Headquarters Staff Responsibilities

1. Agency Headquarters staff assigned to provide direct fiscal, budgetary or purchasing assistance to the councils will:
  - a. Provide a point of contact for local council members and executive committee members, Area APD staff and other APD headquarters staff, to serve as a financial liaison for continuity of information and processes.

Continuity of information and processes includes:

- i. Uniform Financial Reports of FCC fiscal activity contained in the State of Florida's accounting system will be disseminated monthly, quarterly and yearly to the Area APD staff, local council members and the FCC executive board. These reports will be disseminated no later than the 15<sup>th</sup> of each month, or the next Monday if the 15<sup>th</sup> falls on a weekend. Yearly reports and historical trends will be provided upon the availability of the data and/or by request of APD headquarters staff, Area staff, FCCF or local FCC members. Special analyses will be provided upon the availability of the data and/or by request. (Please refer to Attachments A.1 through A.5 for financial reporting format.)
  - ii. Notification of the initial fiscal year budget to area APD staff and local FCC members will be released by the division. Budget amendment requests by the local councils will be coordinated through the APD headquarters Budget Unit staff, to ensure timely processing. (Please refer to Attachment B, Budget Amendment Transfer Request Form).
  - iii. Relaying agency wide notices to the local FCCs pertaining to routine fiscal and budgetary processing deadlines, as well as special announcements generated by the division that may impact the councils' purchasing or expenditure activities.
- b. Provide direct assistance to Area APD staff, local FCC members and FCC executive board members and other APD headquarters staff by:
    - i. Providing resource materials that help to determine allowable and unallowable costs, including examples to illustrate routine spending scenarios.
    - ii. Updating resource materials as needed for new or revised guidelines, including any exemptions specific to the FCCs. (Please refer to Attachments C, D and E for resource materials.) Acting as a resource coordinator to resolve FCC specific financial and purchasing issues. Coordination would include requests for assistance from local FCC and FCCF members, APD Area staff, and APD headquarters staff on



related subject matter. Organize meetings as needed with appropriate headquarters staff to formulate resolutions and communicate recommendations to the Family Care Council and Area staff.

#### B. APD Area Staff Responsibilities

1. Agency Area staff assigned to provide direct fiscal, budgetary or purchasing assistance to the councils will:
  - a. Provide a point of contact for local council members, Area APD staff and APD headquarters staff, to serve as a fiscal/budgetary liaison for routine accounting and purchasing processes, in accordance with state expenditure requirements and agency specific guidelines. (Please refer to Attachments C, D and E.)

Routine accounting and purchasing processes includes:

- i. Processing local council member invoices, including but not limited to; APD Area management approved travel advances and travel vouchers, requests for volunteer reimbursements and vendor invoices initiated by the local FCC member or APD Area staff. Invoice processing for local FCC activities shall follow established accounting procedures administered by the APD Bureau of Financial Services.
- ii. Providing purchasing assistance through APD staff assigned access to MFMP for commodities and services requiring a purchase requisition.
- iii. Providing administrative assistance to process required travel document approvals through local Area management in accordance with established accounting procedures administered by the APD Bureau of Financial Services.
- iv. Adhering to specific resource guidelines provided by assigned headquarters staff with respect to FCC allowable and unallowable costs.
- v. Communicating with assigned headquarters staff concerning FCC budgetary, fiscal and/or purchasing issues requiring clarification.
- vi. Reviewing all financial reports received from headquarters staff regarding FCC expenditure activity and reconciling expenditure detail reports provided by headquarters staff. Disbursement errors shall be corrected through established accounting procedures administered by

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the APD Bureau of Financial Services. (Please refer to Attachments A.1 through A.5 for financial reporting format.)

- vii. Maintaining files representing items obligated or paid against the local council budget, providing estimated costs and information on expected receipt of goods or services to the Area staff or FCC member who initiated a purchasing request.
- viii. Other administrative, fiscal or purchasing assistance not referenced above shall be authorized by the Area Administrator as deemed appropriate within Area agency staff resources.

**C. Guidelines for Fiscal Compliance by Family Care Council Members**

1. Guidelines for fiscal compliance will be provided to FCC Council members and Area staff per this operating procedure and any attachments thereto, through:
  - a. Routine dissemination from the APD headquarters staff member assigned to the FCC to local and executive board council members, APD FCC liaisons and assigned Area staff;
  - b. A direct request from Council members or Area staff to the APD headquarters staff member assigned to the FCC;
  - c. A current copy provided by the APD FCC liaison during new member orientation and training; or,
  - d. Posting the approved Operating Procedure and attachments to the APD intranet site for APD staff access.
2. FCC members shall comply with the specific expenditure guidelines provided by the agency (Please refer to Attachments C, D and E), and assist Area staff and headquarters staff providing support to the Council by:
  - a. Providing all required documents requested by Area staff in a timely manner to facilitate invoice processing.
    - i. Examples of required documents are, but are not limited to:
      - 1) The APD/State travel reimbursement request form, prior travel approval or exemption document and corresponding receipts for costs related to approved FCC travel.

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- 2) The APD/State form and corresponding receipts for volunteer reimbursement requests.
  - b. Providing information requested by assigned Area staff for proper completion of their tasks on behalf of the local councils.
  - c. Providing information requested by assigned headquarters staff for proper completion of their tasks on behalf of the local councils and FCCF executive committee.
  - d. Communicating with assigned APD Area and headquarters staff on any fiscal, budgetary or purchasing activity for which a member requires further clarification.
  - e. Abiding by state expenditure requirements, including the use of private funding obtained by the councils in compliance with s. 393.502, F.S.
3. Agency executive management may, through consultation with the FCCF executive committee, advise the local Councils concerning level of spending based on the availability of state funds. It is the intent of the APD to support the primary functions of the Councils in compliance with s. 393.502, F.S.

**V. ATTACHMENTS**

*Attachment A – Family Care Council Financial Reports:*

- A.1 – FCC Schedule of Allotment Balances (SAB) Report (for each location)*
- A.2 – FCC Detailed Monthly Expenditure Report (for each location)*
- A.3 – FCC Encumbrance Balance Report (for each location)*
- A.4 – FCCF Schedule of Allotment Balances (SAB) Report (statewide)*
- A.5 – FCCF Quarterly Expenditure Report (statewide)*

*Attachment B – Budget Amendment Transfer Request Form*

*Attachment C – Expenditure Guidelines and Usage - FCC Allowable and Unallowable Costs*

*Attachment D – DFS Reference Guide for State Expenditures (Abridged)*

*Attachment E – APD Specific Instructions for Family Care Councils*

- E.1 – Reimbursement of FCC Volunteer Transport Costs*

**ATTACHMENT A.1 - FCC Schedule of Allotment Balances (SAB) Report**



**Family Care Council - Schedule of Allotment Balances (SAB) for the Month of (Month Name) 20XX  
Expenditures by Area/Location by Expenditure Group for Fiscal Year 20XX - XX  
Area (Area number) - Location (City Name)**

Budget Entity	Category	Fund	OCA	Area	Expenditure Group	Allotments as of XX/XX/XX	EXP-MTD (Month)	EXP-YTD as of XX/XX/XX	Encumb BAL	Avail BAL as of XX/XX/XX
				XX	Expenditure Group 1	\$\$\$\$\$				\$\$\$\$\$
					Expenditure Group 2		0.00	0.00	0.00	0.00
					Expenditure Group 3		0.00	0.00	0.00	0.00
					Expenditure Group 4		0.00	0.00	0.00	0.00
					Expenditure Group 5		0.00	0.00	0.00	0.00
										0.00
					<b>Total Area XX:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

XX/XX/XXXX	Approved Budget FY 20XX-XX:	\$\$\$\$\$
XX/XX/XXXX	Listed Budget Transfers (1st):	0.00
XX/XX/XXXX	Listed Budget Transfers: (2nd):	0.00

**Current Budget (Allotment): 0.00**



**ATTACHMENT A.3 - FCC Encumbrance Balance Report**



**Family Care Council - Encumbrance Balances  
As of (Month Name) XX, 20XX  
Area XX**

Encumb BAL as of XX/XX/XX	Area	Org Code	Budget Entity	Fund	Category	OCA	Description	Encumb Number	Last Activity Date	Object Code	Object Code Title	Vendor Number	Vendor Name (Long)	Vendor Name (Short)

**0.00**

**ATTACHMENT A.4 - FCCF Schedule of Allotment Balances (SAB) Report**



**Family Care Council of Florida  
Schedule of Allotment Balances (SAB) as of Month XX, 20XX  
OCA = FCC02**

AREA	Location	EXPENDITURE GROUP	Allotments as of XX/XX/XX	EXP-MTD (Month)	EXP-YTD as of XX/XX/XX	Encumb BAL	Avail BAL as of XX/XX/XX	NOTES
XX	(City)	Budget	\$\$\$\$\$	0.00	0.00	0.00	\$\$\$\$\$	Explanatory information to clarify displayed data.
		Expenditure Group 1	0.00	0.00	0.00	0.00	0.00	
<b>Area XX Total</b>			<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
XX	(City)	Budget	\$\$\$\$\$	0.00	0.00	0.00	\$\$\$\$\$	
<b>Area XX Total</b>			<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
XX	(City)	Budget	\$\$\$\$\$	0.00	0.00	0.00	\$\$\$\$\$	
		Expenditure Group 1	0.00	0.00	0.00	0.00	0.00	
		Expenditure Group 4	0.00	0.00	0.00	0.00	0.00	
<b>Area XX Total</b>			<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
XX	(City)	Budget	\$\$\$\$\$	0.00	0.00	0.00	\$\$\$\$\$	
		Expenditure Group 1	0.00	0.00	0.00	0.00	0.00	
		Expenditure Group 2	0.00	0.00	0.00	0.00	0.00	
		Expenditure Group 3	0.00	0.00	0.00	0.00	0.00	
<b>Area XX Total</b>			<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
XX	(City)	Budget	\$\$\$\$\$	0.00	0.00	0.00	\$\$\$\$\$	
		Expenditure Group 4	0.00	0.00	0.00	0.00	0.00	
<b>Area XX Total</b>			<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
XX	(City)	Budget	\$\$\$\$\$	0.00	0.00	0.00	\$\$\$\$\$	
		Expenditure Group 7	0.00	0.00	0.00	0.00	0.00	
		Expenditure Group 9	0.00	0.00	0.00	0.00	0.00	
<b>Area XX Total</b>			<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
XX	(City)	Budget	\$\$\$\$\$	0.00	0.00	0.00	\$\$\$\$\$	
		Expenditure Group 1	0.00	0.00	0.00	0.00	0.00	
		Expenditure Group 6	0.00	0.00	0.00	0.00	0.00	
		Expenditure Group 7	0.00	0.00	0.00	0.00	0.00	
		Expenditure Group 12	0.00	0.00	0.00	0.00	0.00	
<b>Area XX Total</b>			<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Grand Total</b>			<b>\$\$\$\$\$\$\$\$</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	





**ATTACHMENT B - Budget Amendment Transfer Request Form**

**APD MANUAL BUDGET AMENDMENT TRANSFER REQUEST FORM 20XX - XX**

CENTRAL OFFICE BUDGET USE ONLY		Transaction Codes:
BUDGET AMENDMENT #:	<u>APD-67-##-11-###</u>	_____
PREPARED BY:	_____	_____
DATE:	_____	_____
BUDGET OFFICE APPROVAL:	_____	_____
DATE:	_____	_____

*(Include all TR codes that apply.)*

DATE OF REQUEST: XX/XX/XXXX

AREA/DDC: Area XX

CENTRAL OFFICE APPROVAL: \_\_\_\_\_

**FLAIR DESCRIPTION FIELD**

NOTE: ## Alpha/Numeric Character Field

FROM (-)										TO (+)							
Line #	TR	BUDGET ENTITY	CATEGORY	FUND ID	OCA	CONTRACT	ORG CODE	EO	AMOUNT	BUDGET ENTITY	CATEGORY	FUND ID	OCA	CONTRACT	ORG CODE	EO	AMOUNT
									0.00								0.00
1)																	
2)																	
3)																	
4)																	
5)																	
6)																	
7)																	
8)																	

(\*\* ADD LINES AS NEEDED ABOVE THIS POINT)

**JUSTIFICATION:**

Local Family Care Councils receive a base budget each fiscal year. Once each local council forecasts its annual spending, a budget donation to the Family Care Council of Florida's HQ budget is made to support statewide FCC initiatives and costs. The above allotment adjustment IS requested to transfer budget from local Area xx FCC to the Central Office budget that supports FCCF expenditures.

CONTACT NAME(s) / PHONE(#'s): (Name) & (Telephone number, including area code)

\*\*\*\*\* ALL FIELDS MUST BE COMPLETED \*\*\*\*\*



## Expenditure Object Code Classifications for Family Care Council Allowable and Unallowable Costs

Expenditure Object Codes are used to identify the type of services, materials, or other charges for which monies are expended. Object Codes are 6 digit codes that allow the user to identify specific types of expenditures within the broader classification. For the purpose of informing the Family Care Council (FCC) of allowable and unallowable costs, five (5) major expenditure classifications are defined. Please note that asterisks following numbers represent the higher object group classification under which more specific designations are available within the object group.

- 1\*\*\*\*\* - Personal Services/Independent Contractors
- 2\*\*\*\*\* - Current Charges and Obligations
- 3\*\*\*\*\* - Materials and Supplies
- 4\*\*\*\*\* - Other Charges
- 5\*\*\*\*\* - Property

### What can FCC buy?

The following Object Code groups are defined in more detail for the purpose of identifying allowable and unallowable costs associated with state funds provided the Family Care Council (FCC). The Object Code groups are shown at the level used by most state agencies with guidelines and descriptions based on information from the state's accounting manual. Unallowable costs are designated with a "No" symbol, with allowable costs displayed with a "Star" symbol. FCC members are encouraged to become familiar with these state accounting object code titles, descriptions and general usage to facilitate communication with Area staff providing purchasing and fiscal support to the FCC.





Description and Usage Guidelines	Object Code	Object Code Title
----------------------------------	-------------	-------------------

**1\*\*\*\*\* Personal Services - Salary & Benefits for State Employees, Other Personal Services (OPS) Employees**






This group of object codes covers state employment related costs. The FCC is prohibited from utilizing state funds for employment related expenditures. These costs are considered unallowable for the FCC.	110000	SALARIES AND WAGES
	121000	O.P.S.-TEMPORARY EMPLOYMENT
	124000	STUDENT OR GRADUATE ASSISTANTS
	15****	EMPLOYER CONTRIBUTIONS
	16****	INSURANCE CONTRIBUTIONS

**ATTACHMENT C - Expenditure Guidelines and Usage - FCC Allowable and Unallowable Costs**

Description and Usage Guidelines	Object Code	Object Code Title
<b>131*** Independent Contractors - Professional Fees</b>		
 <p>Consulting Services and Transcription and Translation services are allowable costs for FCC. These services are appropriate for a specific occurrence of a short term nature.</p>	131300	CONSULTING SERVICES
	131400	COURT REPORTING, TRANSCRIPTION & TRANSLATION SVS
 <p>Legal Fees or Medical Services are unallowable costs for FCC. The council is prohibited from utilizing state funds for any legal matters, and are not approved to incur costs related to medical services for agency customers.</p>	131600	LEGAL FEES AND ATTORNEYS' SERVICES
	131700	MEDICAL SERVICES
<b>132*** Independent Contractors - General Fees</b>		
 <p>Training Services in support of the functions of the FCC are allowable costs. These services are appropriate for a specific occurrence of a short term nature.</p>	132800	TRAINING SERVICES
 <p>General Services related to facility maintenance, temporary employment services, computer systems operations, or other services as listed are not related to the functions of the FCC and are therefore unallowable costs.</p>	132100	CUSTODIAL AND JANITORIAL SERVICES
	132200	TEMPORARY EMPLOYMENT SERVICES
	132300	ENTERTAINMENT SERVICES
	132400	EXAMINATION AND TESTING SERVICES
	132500	INVESTIGATIVE SERVICES
	132600	RESEARCH SERVICES
	132700	INFORMATION TECHNOLOGY SERVICES
132900	LAWN CARE, GROUNDS KEEPING & LANDSCAPING SVS	

**ATTACHMENT C - Expenditure Guidelines and Usage - FCC Allowable and Unallowable Costs**

Description and Usage Guidelines	Object Code	Object Code Title
<b>133*** - 139*** Independent Contractors - Fees for Services</b>		
 <p>Notice of a FCC public meeting or event in a local publication is considered a public service announcement and allowable. Independent Contractor-Not Otherwise Classified can be used for a specific, one-time service related to functions of the FCC, and no other object code matches. The vendor name and/or description in the accounting record provides clarification of the expenditure.</p>	133300	PUBLIC SERVICE NOTICES AND ANNOUNCEMENTS
	133900	OTHER ADVERTISING SERVICES
	139900	INDEPENDENT CONTRACTOR-NOT OTHERWISE CLASSIFIED
 <p>Legal and official advertisements shall be handled through the agency's General Counsel's Office to comply with specific legal requirements and are not applicable to FCC. Employment advertising is not allowable for FCC. Promotional ads are generally used for state enterprise related endeavors and are not applicable to FCC activities and therefore unallowable.</p>	133100	LEGAL AND OFFICIAL ADVERTISEMENTS
	133200	EMPLOYMENT ADVERTISING/ANNOUNCEMENTS
	133400	PROMOTIONAL ADVERTISING
 <p>This portion of the Fees for Services object codes are used for APD operational or infrastructure related activities. These services are not applicable to FCC and are considered unallowable costs.</p> <p>Privatized Services are related to state expenditures for a function that was formerly performed by the state. This service classification is not applicable to FCC.</p>	134100	SECURITY SERVICES
	134200	MAILING AND DELIVERY SERVICES
	134400	APPRAISAL AND SURVEY SERVICES
	134500	BANKING SERVICES
	134600	MEDIATION SERVICES
	134700	COLLECTIONS SERVICES
	134800	LINEN AND LAUNDRY SERVICES
	134900	FINGERPRINTING & BACKGROUND CHECK SERVICES
135 ***	NONRESIDENT ALIEN-INDEPENDENT CONTRACTOR	
139800	PRIVATIZED SERVICES	

**ATTACHMENT C - Expenditure Guidelines and Usage - FCC Allowable and Unallowable Costs**

Description and Usage Guidelines	Object Code	Object Code Title
----------------------------------	-------------	-------------------

**2\*\*\*\*\* - Current Charges and Obligations**



<p>Communication costs, such as cell phone and computer/internet access, as well as postage/freight, and printing/reproduction are allowable costs related to activities of the FCC. Any costs incurred for communication charges must be in association with equipment purchased by the state in support of FCC activities. (Please refer to instructions in Attachment D - DFS Reference Guide for State Expenditures for personal cell phones used for FCC activities.)</p>	221000	TELEPHONE
	221100	CELLULAR TELEPHONES
	223000	INFORMATION TECHNOLOGY COMMUNICATIONS
	225000	POSTAGE
	227000	FREIGHT
	230000	PRINTING AND REPRODUCTION



<p>Costs for repairs and maintenance are related to state agency infrastructure or commodities owned by the state. The FCC would not be required to repair/maintain an item, and therefore these costs are unallowable costs. Client care and subsistence is also unallowable for FCC.</p>	241000	REPAIRS AND MAINTENANCE - COMMODITIES
	242000	REPAIRS AND MAINTENANCE - SERVICES
	243000	REPAIRS AND MAINTENANCE-NON-CONTRACTED SERVICES
	25 ****	CLIENT CARE AND SUBSISTENCE

**26 \*\*\*\* - Current Charges Travel**






<p>Local travel costs and costs to attend FCCF statewide meetings are allowable costs (please see Attachment E - APD Specific Instructions for Family Care Councils). Object Codes displayed are examples of expenditure classifications used for travel costs.</p> <p>Travel advances are an allowable cost and can be requested by using the appropriate forms and submitting the request through Area Administration for approval and final processing.</p>	261000	IN-STATE TRAVEL
	261100	PER DIEM - IN STATE
	261200	MEALS - CLASS A&B - IN STATE
	261300	MILEAGE - IN STATE
	261400	IN STATE TRAVEL-HOTEL
	261500	IN STATE TRAVEL-AIRFARE
	261800	IN STATE TRAVEL-TRAINING
	269000	TRAVEL ADVANCES
	269800	TRAVEL ADVANCE-TRAINING






<p>Out-of-state travel for FCC members is allowed only through prior approval of the APD agency director and the Governor.</p>	262***	OUT OF STATE TRAVEL
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**ATTACHMENT C - Expenditure Guidelines and Usage - FCC Allowable and Unallowable Costs**

Description and Usage Guidelines	Object Code	Object Code Title
<b>27**** - 28**** - Current Charges Utilities - Moving Expenses</b>		
 <p>Utility costs for facilities owned or used by the state are not related to FCC activities and are unallowable. In addition, moving expenses for relocation costs of state employees are unallowable for FCC.</p>	27****	CURRENT CHARGES UTILITIES (VARIOUS)
	28****	EMPLOYEE MOVING EXPENSES
<b>3***** - Materials and Supplies</b>		
 <p>Normal office supplies and materials needed for FCC activities, such as pens, paper, notebooks, etc., are allowable costs. Computer equipment and peripherals are allowable costs (please see Attachment E - APD Specific Instructions for Family Care Councils). Allowable items that are not classified as office supplies (e.g. display banner) would be classified as Other Material and Supplies.</p>	380000	OFFICE SUPPLIES CONSUMABLE
	381000	OFFICE SUPPLIES NON-CONSUMABLE
	391000	INFORMATION TECHNOLOGY SUPPLIES
	392000	EMP/VOLUNTEER REIMBURSEMENT OTHER THAN TRAVEL
	393000	APPLICATION SOFTWARE (LICENSES)
	399000	OTHER MATERIAL AND SUPPLIES
 <p>Expenditures related to the operation and maintenance of state owned facilities, equipment and vehicles are not related to the FCC's purpose and are therefore considered unallowable.</p>	31****	BEDDING AND OTHER TEXTILES
	32****	BUILDING AND CONSTRUCTION MATERIALS
	33****	PURCHASES FOR RESALE
	34****	EDUCATIONAL, MEDICAL AND AGRICULTURAL SUPPLIES
	35****	FOOD PRODUCT SUPPLIES
	36****	BUILDING MAINTENANCE AND HEATING SUPPLIES
37****	MOTOR FUELS AND LUBRICANTS	

**ATTACHMENT C - Expenditure Guidelines and Usage - FCC Allowable and Unallowable Costs**

Description and Usage Guidelines	Object Code	Object Code Title
<b>4***** - Other Charges</b>		
 <p>Costs related to room and equipment rentals for FCC meetings or events are allowable costs. Registration fees, subscriptions and dues are allowable only to the extent that these costs are directly related to the primary functions of the FCC.</p> <p>Other Current Charges is used when other object codes are inappropriate to describe the expenditure. The vendor name and/or description in the accounting record provides clarification of the expenditure.</p>	43****	RENTAL OF BUILDINGS AND LAND
	44****	RENTAL OF EQUIPMENT
	461800	REGISTRATION FEE WITH NO TRAVEL EXPENSE
	492000	SUBSCRIPTIONS
	493000	DUES
	499000	OTHER CURRENT CHARGES
 <p>These object code classifications are related to specific state operations and are not applicable to the FCC and are considered unallowable for FCC.</p>	41****	INSURANCE AND SURETY BONDS
	42****	PENSIONS AND BENEFITS
	45****	LOTTERY
<b>5***** - Property</b>		
 <p>This object expenditure group is used for property purchases above \$1,000 or hardback-covered publications for distribution to the public. Property expenditures in this object group are not related to FCC purpose or activities and are considered unallowable.</p>	51****	TANGIBLE PERSONAL PROPERTY
	56****	REAL PROPERTY

**NOTE:** *This document has been abridged from its original format on the DFS website. This document contains general state expenditure guidelines and is to be used as a reference tool for the Family Care Councils. Information as shown has not been changed from its original content. Information is provided alphabetically by expenditure type or special reference, and covers topics that may be relevant to FCC activities*

**Department of Financial Services**

A large, stylized map of Florida in a reddish-brown hue, filled with various scenic images of the state, including palm trees, a beach, a lighthouse, and a city skyline.

# **Reference Guide For State Expenditures**

*Division of Accounting and Auditing  
Bureau of Auditing  
200 East Gaines Street  
Tallahassee, Florida 32399-0355*



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## **INTRODUCTION**

### **Authority**

Article IV, Section 4(c), of the Constitution of the State of Florida states, “The Chief Financial Officer shall serve as the Chief Fiscal Officer of the State, and shall settle and approve accounts against the State.”

The powers and duties of the Chief Financial Officer (CFO) are set forth in Chapter 17, Florida Statutes (F.S.). Section 17.03(1), F.S., requires that the CFO of this State, using generally accepted auditing procedures for testing or sampling shall examine, audit, and settle all accounts, claims, and demands against the State. Section 17.29, F.S., gives the CFO the authority to prescribe any rule he or she considers necessary to fulfill his or her constitutional and statutory duties, which include but are not limited to, procedures or policies related to the processing of payments from any applicable appropriation.

### **Mission of the Bureau of Auditing**

The mission of the Bureau is to provide reasonable assurance to the taxpayers of Florida that funds disbursed from the State Treasury are valid obligations of the State and are in general compliance with applicable laws and rules.

### **Purpose**

The purpose of this manual is to provide state agencies guidance regarding the requirements applicable to the disbursement of funds from the State Treasury, regardless of the payment methods (warrant, EFT, P-card). This reference guide does not cover all possible situations; some will need to be addressed on a case-by-case basis through consultation with the Bureau of Auditing.

## DEFINITIONS

**Actual Point of Origin** - the geographic location where the travel begins.

**Agency Head** - with respect to an agency headed by a collegial body, the executive director or chief administrative officer of the agency.

**Agreements** - for the purpose of this document, agreements include Purchase Orders, Direct Orders, Memorandums of Understanding (MOU), Memorandums of Agreement (MOA), Contracts, Grants, etc.

**Appropriation** - a legal authorization to make expenditures for specific purposes within the amounts authorized in the appropriations act.

**Approved Operating Budget or Approved Budget** - the plan of operations consisting of the original approved operating budget and statement of intent.

**Artist** - an individual or group of individuals who profess and practice a demonstrated creative talent and skill in the area of music, dance, drama, folk art, creative writing, painting, sculpture, photography, graphic arts, craft arts, industrial design, costume design, fashion design, motion pictures, television, radio, or tape and sound recording, or in any other related field.

**Authorized Person:**

- (1) A person other than a public officer or employee as defined herein, whether elected or commissioned or not, who is authorized by an agency head to incur travel expenses in the performance of official duties.
- (2) A person who is called upon by an agency to contribute time and services as consultant or adviser.
- (3) A person who is a candidate for an executive or professional position.

**Best Value** - the highest overall value to the State based on objective factors that include, but are not limited to, price, quality, design, and workmanship

**Bureau** - the Bureau of Auditing.

**Commodity** - any of the various supplies, materials, goods, merchandise, food, equipment and other personal property, including a mobile home, trailer or other portable structure with floor space of less than 5,000 square feet, purchased, leased or otherwise contracted for by the State and its agencies. "Commodity" also includes interest on deferred-payment commodity contracts approved pursuant to s. 287.063, F.S., entered into by an agency for the purchase of other commodities. However, commodities purchased for resale are excluded from this definition. Further, a prescribed drug, medical supply or device required by a licensed health care provider as a part of providing health services involving examination, diagnosis, treatment, prevention, medical consultation or administration for clients at the time the service is provided is not considered to be a "commodity." Printing of publications shall be considered a commodity when let per contract pursuant to s. 283.33, F.S., whether purchased for resale or not.

**Common Carrier** - train, bus, commercial airline operating scheduled flights or rental car of an established rental car firm.

**Compensation** - the total amount paid for professional services.

**Chief Financial Officer or Department** - the State of Florida, Department of Financial Services or its head, the Chief Financial Officer, and the terms shall have the same meaning and be used interchangeably.

**Conference** - the coming together of persons with a common interest or interests for the purpose of deliberation, interchange of views or for the removal of differences or disputes and for discussion of their common problems and interests. The term also includes similar meetings such as seminars and workshops, which are large formal group meetings that are programmed and supervised to accomplish intensive research, study, discussion and work in some specific field or on a governmental problem or problems. A conference does not mean the coming together of agency or interagency personnel.

**Continuing Appropriation** - an appropriation automatically renewed without further legislative action, period after period, until altered or revoked by the Legislature.

**Contractor** - a person who contracts to sell commodities or contractual services.

**Contract Summary Form** - Summary of Contractual Services Agreement/Purchase Order Form.

**Contractual Service** - the rendering by a contractor of its time and effort rather than the furnishing of specific commodities. The term applies only to those services rendered by individuals and firms who are independent contractors, and such services may include, but are not limited to: evaluations; consultations; maintenance; accounting; security; management systems; management consulting; educational training programs; research and development studies or reports on the findings of consultants engaged there under; and professional, technical, and social services. "Contractual service" does not include any contract for the furnishing of labor or materials for the construction, renovation, repair, modification or demolition of any facility, building, portion of building, utility, park, parking lot or structure or other improvement to real property entered into pursuant to Chapter 255, F.S., and rules adopted there under.

**Convention** - an assembly of a group of persons representing persons and groups, coming together for the accomplishment of a purpose of interest to a larger group or groups. A convention does not mean the coming together of agency or interagency personnel.

**Cost Analysis** – an agency's documented review in accordance with s. 216.3475, F.S., of a provider's detailed budget to determine that all costs are reasonable, necessary and allowable by state law. A cost analysis is to be completed for service agreements in excess of Category Two, which are awarded on a non-competitive basis.

**Disbursement** - the payment for an expenditure.

**Emergency Notice** - notification of less than twenty-four (24) hours prior to scheduled departure.

**Emergency Situation** - circumstances in which there is an immediate danger or a threat of immediate danger to the public health, safety, or welfare or of other substantial loss to the State requiring emergency action.

**Employee Cardholder (Cardholder)** - an employee filling an FTE or OPS position within a state agency for whom an account is established by the Card Provider upon request by the Agency Purchasing Card Administrator through the State of Florida Accounting and Information Resource system Purchasing Card Module. An Employee Cardholder is designated and authorized by the state agency to be the sole user of an assigned Purchasing Card to make purchases within preset limits, on behalf of the state agency; appointed officers and others not on an entity's payroll, are non-employees, and not considered an Employee Cardholder.

**Exceptional Purchase** - any purchase of commodities or contractual services excepted by law or rule from the requirements for competitive solicitation including, but not limited to, purchases from a single source; purchases upon receipt of less than two responsive bids, proposals, or replies; purchases made by an agency, after receiving approval from the department, from a contract procured, pursuant to s. 287.057(1), (2), or (3), F.S., by another agency; and purchases made without advertisement in the manner required by s. 287.042(3)(b), F.S.

**Expenditure** - the creation or incurring of a legal obligation to disburse money.

**Expense** - the usual, ordinary and incidental expenditures by an agency or the judicial branch including, but not limited to, such items as contractual services, commodities and supplies of a consumable nature, current obligations and fixed charges and excluding expenditures classified as Operating Capital Outlay (OCO). Payments to other funds or local, state or federal agencies are included in this budget classification of expenditures.

**Extension** - an increase in the time allowed for a contract period due to circumstances which, without fault of either party, make performance impracticable or impossible, or which prevent a new contract from being executed, with or without a proportional increase in the total dollar amount, with any increase to be based on the method and rate previously established in the contract.

**Firm** - any individual, firm, partnership, corporation, association or other legal entity permitted by law to practice architecture, engineering or surveying and mapping in the State.

**Foreign Travel** - travel outside the United States.

**Invoice** - a written document submitted to a purchaser showing the quantity, price, terms, nature of delivery and other particulars of goods or services sold or services rendered.

**Legislative Budget Request** - a request to the Legislature, filed pursuant to s. 216.023, F.S., or supplemental detailed requests filed with the Legislature, for the amounts of money such agency or branch believes will be needed in the performance of the functions that it is authorized, or which it is requesting authorization by law, to perform.

**Meal Allowance** - the amount authorized by s. 112.061(6)(b), F.S., for each meal during the travel period.

**Merchant** - a vendor who accepts the State of Florida Purchasing Card.

**Most Economical Class Of Transportation** - the class having the lowest fare available.

**Most Economical Method Of Travel** - the mode of transportation (state-owned vehicle, privately-owned vehicle, common carrier, etc.) designated by an agency head in accordance with criteria prescribed by s. 112.061(7), F.S.

**Non-Business Day** - for a public officer or employee, a weekend or an authorized state holiday; for an authorized person it means a day on which such person was not scheduled to be performing service or contributing time to an agency.

**Officer or Public Officer** - an individual who in the performance of his or her official duties is vested by law with sovereign powers of government and who is either elected by the people or commissioned by the Governor and has jurisdiction extending throughout the State, or any person lawfully serving instead of either of the foregoing two classes of individuals as initial designee or successor.

**Official Headquarters** - the geographic location specified by s. 112.061(4), F.S.

**Operating Capital Outlay (OCO)** - an appropriation category for the purchase of equipment, fixtures and other tangible personal property of a non-consumable and nonexpendable nature, the value or cost of which is \$1,000 or more and the normal expected life of which is one (1) year or more, and hardback bound books that are circulated to students or the general public, the value or cost of which is \$25 or more, and hardback-covered bound books, the value or cost of which is \$250 or more.

**Per Diem Rate** - the amount authorized by s. 112.061(6)(a), F.S.

**Personal Time** - the time outside the regular work hours of a business day, a non-business day or a day for which the officer or employee had prior approval for a leave of absence.

**Person with Disabilities** - any person diagnosed as having a physical disability, including but not limited to blindness, or the loss of one or more life functions leaving that person mobility-impaired (or sensory-impaired) requiring the use of trained animal companions or prosthetic equipment including, but not limited to, crutches, walkers, canes, or wheelchairs.

**Point of Origin** - the geographic location of a traveler's official headquarters or the geographic location where travel begins, whichever is lesser distance from the destination. (Refer to Attorney General Opinion 75-275)

**Professional Services** - pursuant to s. 287.055, F.S., those services within the scope of the practice of architecture, professional engineering, landscape architecture or registered surveying and mapping, as defined by the laws of the State, or those performed by any architect, professional engineer, landscape architect, or registered surveyor and mapper in connection with his or her professional employment or practice.

**Purchasing Card (PCard)** - restricted use, non-revolving credit card or plastic issued with respect to a state agency account requested through set up by the Agency Purchasing Card Administrator in the State of Florida Accounting and Information Resource system Purchasing Card Module.

**Purchasing Card Transaction** - a charge, credit, accounting correction or other activity associated with any state agency employee cardholder, which is transmitted by the Card Provider through an Electronic Data Interchange 811-Billing Statement to the Department of Financial Service, and represents the state agency electronic invoice. Transactions represent the acquisition of and/or payment for a commodity, group of commodities, contractual service or actual travel expenses otherwise reimbursable to the authorized person (traveler) pursuant to s. 112.061, F.S., using the Purchasing Card.

**Responsible Vendor** - a vendor who has the capability in all respects to fully perform the contract requirements and the integrity and reliability that will assure good-faith performance.

**State Term Contract** - a term contract that is negotiated and executed by the Department of Management Services and that is used by agencies and eligible users pursuant to s. 287.056, F.S.

**Term Contract** - an indefinite quantity contract to furnish commodities or contractual services during a defined period.

**Travel Day** - a period of 24 hours consisting of four quarters of 6 hours each.

**Travel Period** - a period of time between the time of departure and time of return.

**Voucher** - a standard Florida Accounting Information Resource (FLAIR) voucher schedule as prescribed by the Chief Financial Officer complete with invoices and such other supporting documentation necessary to authenticate the recording of a transaction into the accounting records of an agency which will also serve as an official request by an agency to the Bureau of Auditing for a payment in satisfaction of an obligation incurred by an agency.



### **AMERICANS WITH DISABILITIES ACT**

*The Americans with Disabilities Act (ADA), PL 101-336, requires that agencies, as employers, make several determinations when an applicant or employee requests "reasonable accommodation" for a disability and provide the "reasonable accommodation." The ADA provides that records related to an individual's disability must be kept confidential. In order to comply with the requirements of the ADA and still maintain some measure of accountability for State funds expended, the need for purchasing items necessary for an agency to comply with the ADA should be documented in the following manner.*

*When a payment is requested pursuant to the American with Disabilities Act (ADA), the payment request shall include a signed statement from the agency head or designee certifying that:*

- 1. An employee of the agency, an applicant for a position or other covered person has requested a "reasonable accommodation" pursuant to ADA to assist him/her in performing his/her duties, applying for a position or other covered activity.*
- 2. The agency has determined that the individual is a "qualified individual with a disability" as defined in the ADA.*
- 3. The agency has determined that the purchase of the item in question is a "reasonable accommodation" pursuant to ADA for that employee, applicant or person.*
- 4. The agency will maintain all records related to this purchase for seven years and make those records available for review to those persons authorized to review such records.*

*The ADA provides that records related to an individual's disability must be kept confidential; therefore, payment information related to providing a "reasonable accommodation" shall contain a file number or other code by which the voucher can be readily traced to the confidential records maintained by the agency.*

### **AWARDS**

*When requesting payment for individual awards, the employee's name must be provided.*

#### **Satisfactory Service Awards**

*Pursuant to s. 110.1245, F.S., each department head is authorized to incur expenditures for giving awards in the following situations:*

- 1. Retiring state employees whose service has been satisfactory may be awarded suitable framed certificates, pins and other tokens of appreciation and recognition. Awards may not exceed \$100 each, plus applicable taxes.*
- 2. Each department head is authorized to incur expenditures to award suitable framed certificates, pins, or other tokens of recognition to state employees who demonstrate satisfactory service in the agency or to the State, in appreciation and recognition of such service. Such awards may not cost in excess of \$100 each, plus applicable taxes.*
- 3. Any appointed member of a state board or commission, whose service to the State has been satisfactory, upon the expiration of the board or commission member's final term in the position may be awarded suitable framed certificates, plaques or other tokens of appreciation and recognition not to exceed \$100 each, plus applicable taxes.*

### **Employee Gathering for Awards Presentation – State Owned Space**

While there may be benefits in bringing employees together to witness the presentation of awards, in terms of improved employee motivation and morale, such benefits are often difficult to measure. Agencies are encouraged to consider the full costs of such events against the benefits derived from such costs, and reevaluate the decision to hold such events at taxpayer expense. The cost of such a gathering can be calculated in terms of the time involved in such an event and the salaries of the employees participating. This includes not only the time of those actually attending the event (time spent going to the location of the event, at the event and returning to their workstations), but also the time spent by employees in arranging such events and in notifying employees of the time and location of the event. In addition to the salary (including overtime and compensatory time), there may be costs associated with travel that must be included.

### **Rental Space and Travel Costs**

The cost of renting space for the purpose of gathering employees together for the sole purpose of witnessing the presentation of awards or the travel costs incurred for the sole purpose of attending an awards presentation event are **not allowable state expenditures**. However, travel expenses for award winners to travel to an awards presentation event may be paid by state funds.

### **Volunteer Recognition**

Pursuant to s. 110.503(5), F.S., each department or agency using the services of volunteers is authorized to incur expenditures not to exceed \$100 each, plus applicable taxes for suitable framed certificates, plaques or other tokens of recognition to honor, reward or encourage volunteers for their service.

Pursuant to s. 110.504(6), F.S., incidental recognition benefits or incidental non-monetary awards may be furnished to volunteers serving in state departments to award, recognize or encourage volunteers for their service. The awards may not cost in excess of \$100 each plus applicable tax.

### **BUSINESS CARDS**

State agencies should review the necessity of business cards for its employees and limit the purchase of business cards to those employees who actually need the cards to carry out their official duties and responsibilities. Gold sealed cards may be purchased for employees filling Selected Exempt, Senior Management and equivalent or higher positions. The more economical one-color cards may be purchased for other employees who need cards.

Payment request for business cards other than the most economical one-color cards must include information showing that the employee for whom the cards are being purchased is filling a Selected Exempt, Senior Management, or equivalent position.

### **CELL PHONES AND OTHER COMMUNICATIONS**

#### **General**

Charges for Universal Service Support (also known as Universal Community Charges or Federal Universal Service Fees) may be paid from state funds. These are NOT taxes, therefore the State of Florida is not exempt.

The State of Florida and its political subdivisions are exempt from federal communication tax on communications services defined as local telephone services, toll telephone services and teletypewriter exchange services. Federal communication tax included on invoices for such services should be deleted from the invoices prior to processing of payment.

### **Cellular Telephones - State Owned**

Cellular telephones should only be used for conducting official state business when a conventional telephone is not readily available. State agencies should have established internal controls over the use of state-owned or leased cellular telephones to ensure that payments relating to the cellular telephones serve a specific authorized public purpose. Billing options should be reviewed to determine that the most economical option is selected considering the specific usage requirements of the cellular telephone user.

Personal use of state-owned or leased cellular telephones should be discouraged. In the event that personal calls are made or received, there should be procedures in place to ensure that payment is received for the personal use prior to payment to the service provider while observing the requirements of s. 215.422 F.S. This may be accomplished by:

1. Having the employee provide a personal check or money order made payable to the service provider for the personal portion of the invoice. If the personal portion of the invoice is less than one dollar (\$1), agencies will not be required to obtain payment from the employee. The payment should be mailed to the service provider along with the State's portion.
2. If an agency elects to make payment in full to the service provider, the employee should provide a personal check or money order made payable to the state agency. The personal check or money order should be deposited in the appropriate state account prior to the mailing of the state warrant.

If the plan is based on actual usage, the employee would pay the charge for the personal call plus any applicable taxes.

If the plan includes a specific number of minutes allowed for a specified fee, the following instructions are to be used to calculate the amount the employee would reimburse the state agency for personal calls. When the plan minutes allowed are **not exceeded**, the employee would pay the prorated per minute rate. Divide the number of plan minutes allowed by the monthly fee to determine the prorated per minute rate. For example, if a plan has a monthly fee of thirty dollars (\$30) for 200 minutes, the employee would pay 15 cents (\$30/200) for every minute of personal usage on the state cell telephone.

When the plan minutes allowed **are exceeded**, the employee would pay the excess per minute rate for every minute of personal usage on the state cell telephone.

### **Cellular Telephones - Personal**

Reimbursement to employees for occasional use of personal cellular telephones to conduct official state business will be made only when substantiated by documentation showing that the call was necessarily made for the official state business of the agency. If the business call made on the employee's personal cellular telephone **does not** result in additional charges to the employee, reimbursement for the business call is disallowed. However, if the state business call results in additional charges, the employee may be reimbursed up to the per-minute rate charged, plus applicable taxes, for the excess minutes incurred as a result of usage for official state business. Employees will be required to provide a statement certifying that the calls were necessary and were for official state business. No payment will be made for any portion of the employee's personal monthly charges, taxes on the basic monthly fee, or charges related to obtaining documentation listing individual telephone calls.

If it is necessary for an employee to consistently use his or her personal telephone to conduct the duties and responsibilities of a state agency, then the agency should consider providing use of a state cellular telephone.

### **Purchasing Card Transactions – Cellular Telephones**

Agencies may use purchasing cards to pay the monthly usage and airtime fees for state-owned or leased

cellular telephones and pagers.

If agencies elect to use purchasing cards to pay cellular telephone vendors, the payments to the card provider must be paid in full. Reimbursement of personal calls should be documented either in the Purchasing Card Module or with the purchasing card reconciliation report.

### **COURT REPORTER SERVICES**

Court reporting services and fees must be in compliance with ss. 287.059(14) and (15), F.S.

### **CREDIT CARD FEES**

Annual fees may not be paid to any credit card company.

### **EXECUTIVE ORDERS**

The Governor has the authority to sign executive orders under s. 252.36, F.S. All executive orders have the full force and effect of law. Most executive orders are for emergencies dealing with hurricanes, tropical storms, wildfires, floods, tornadoes, citrus canker and other states of emergency. An executive order may suspend the purchasing rules and regulations.

### **EXPENSE, OCO, OR FCO DETERMINATION**

Determination of whether a purchase should be made from an expense, OCO, or FCO appropriation is based on the cost of the functional unit. A functional unit is defined as a collection of items purchased at the same time that must be combined or used together to achieve a particular purpose. For example, when purchasing computer hardware, a functional unit would include the central processing unit with RAM, hard drive, monitor, keyboard, external drives, and mouse. Total system upgrades or the adding of new components costing \$1,000 or greater should be paid from OCO appropriations. However, upgrades, repairs or replacements of individual components may be made from expense appropriations if the cost of the item is less than \$1,000. Additionally, actual cost to restore a functional unit to its original condition may be paid from expense appropriations.

Another example is the purchase of modular furniture. Modular furniture must be purchased from OCO or FCO appropriations, if the cost of each functional unit exceeds \$1,000. If wall panels are to be used as part of a modular work station, the cost of the entire functional work station unit would determine whether the payment is made from expense, OCO, or FCO appropriations. Reconfigurations should be paid from expense appropriations.

If originally purchased from an FCO appropriation, the replacement unit may be purchased using OCO funds or expense, depending on the cost.

### **INVOICES**

#### **General**

Agencies shall only schedule those disbursements or transfers of funds authorized by law. If such authority is not apparent, the agency must cite the law which either provides the authority to expend funds for the purpose under consideration or necessarily implies the authority to carry out the authorized duty or function. **The requirement for legal authority may not be satisfied by demonstrating that the requested disbursement or transfer has been done or approved previously.**

All invoices scheduled for the disbursement or transfer of funds must be submitted in accordance with Rule 69I-40, F.A.C., and scheduled using the standard format prescribed by the Department of Financial Services. The information listed in this section provides general guidelines that are common to all expenditures.

### **Invoice Requirements**

The following requirements apply to all invoices submitted for payment.

1. An invoice submitted for payment must be a legible copy. The original invoice is maintained by the agency. If an agency is filing a copy of the invoice as its original, it must contain the statement "original invoice not available, agency records show that this obligation has not been previously paid" with the signature of the person certifying the statement. Thermo fax copies, because of their temporary nature, shall not be filed as the original at the agency. It should be copied on a standard photocopy machine.
2. Invoices for commodities must clearly reflect a description of the item or items, number of units and cost per unit. Numerical code descriptions alone will not be accepted.
3. Invoices for services must also clearly reflect the specific deliverables that must be provided and accepted prior to payment.
  - i. Invoices for fixed unit rate agreements must show the number of units and cost per unit.
  - ii. Invoices for agreements paid out on a reimbursement basis or a fixed rate for a specific time period, e.g. quarterly, monthly, etc., must identify the deliverables provided or be supported by documentation (such as a progress report) that clearly reflects the deliverables provided during the invoice period. Documentation must evidence that the minimum performance standards were met.
4. No balances for prior purchases will be paid unless supported by an invoice.
5. A statement will not be paid unless it can be clearly shown that the vendor intended it to be used as an invoice that meets all invoice requirements.
6. All invoices shall be processed in accordance with s. 215.422, F.S., and the rules set forth in Rule 69I-24, F.A.C.
7. Invoices that are split payments require information showing the distribution of charges between funds for such invoice and a cross-reference of the statewide document numbers for all related vouchers.
8. Invoices and other supporting documentation included in a voucher must be grouped by vendor and arranged in the same order as the vendors are listed on the voucher schedule. If the voucher includes multiple invoices from the same vendor, the voucher must include a calculator tape or other evidence showing that the total of the invoices is equal to the amount shown on the voucher schedule.
9. Acronyms and non-standard abbreviations for programs or organizational units within an agency should not be used in the supporting documentation unless an explanation is also included.

### **Invoice Requirements – Purchasing Card Transactions**

*In general, a purchasing card transaction should be supported by a receipt (See “Receipt Requirements—Purchasing Card Transactions” for additional information.). When a receipt is not available from the merchant/vendor/provider, a vendor statement or invoice may be used if it meets the following criteria:*

- *It is clearly intended to be used as a receipt.*
- *It provides the same information as a receipt.*
- *It contains clear evidence that goods or services have been received. NOTE: The receiving function may be performed through MFMP as long as all receiving requirements are met.*
- *It does not include payment for a prior unpaid balance.*
- *If paid by telephone and no written payment acknowledgement is available, the cardholder should document the following information on the invoice/statement:*
  - *Payment date*
  - *Payment by purchasing card*
  - *Payment confirmation number, if available*

**NOTE: A quotation used alone does not substitute for a receipt. If it provides clarifying information, a quotation may be provided along with an invoice.**

### **LOBBYIST**

*Section 11.062(1), F. S., prohibits the use of state funds by the executive or judicial branch to pay a person that is not an employee, for the purpose of lobbying the Florida Legislature. Funds for salaries, travel expenses, and per diem may be used for lobbying purposes of full time employees of an agency, but funds may not be used to retain, by contract, an outside lobbyist.*

*Section 11.062(2)(a), F. S., states, “a department of the executive branch, a state university, a community college, or a water management district may not use public funds to retain a lobbyist to represent it before the legislative or executive branch.”*

*Full-time employees of a department of the executive branch, a state university, a community college, or a water management district may register as lobbyist to represent their respective employers before the legislative or executive branch. Except as full time employees, they may not accept any public funds from a department of the executive branch, a state university, a community college, or a water management district for lobbying.*

*This does not prohibit a department of the executive branch, a state university, a community college, or a water management district from retaining a lobbyist for purposes of representing the entity before the executive or legislative branch of the Federal Government.*

### **MEMBERSHIP DUES/LICENSE FEES**

*Pursuant to s. 216.345, F.S., public funds may be expended for the purpose of paying professional and/or organizational membership dues upon approval by the agency head or designee, provided that the membership is essential to the statutory duties and responsibilities of the state agency.*

*Payment of individual membership dues may be paid from state funds when it has been certified by the professional or other organization that it does not accept institutional memberships and the membership is essential to the statutory duties of the organization. Payment of membership dues shall not be paid for maintenance of an individual's professional or trade status except in cases where agency or branch membership is necessary and more economical.*

**Unless specifically authorized by law, the following items related to professional and occupational items will not be paid:**

1. *Florida or other Bar dues.*
2. *Professional license fees.*
3. *Occupational license fees.*
4. *Driver license fees.*
5. *Other fees for licenses required for an individual to perform his or her official duties.*
6. *Tuition for fees designed to help an individual pass the examination for any of the above licenses, unless the training is directly related to the person's current official duties.*
7. *Tuition or fees for continuing education classes for the sole purpose of maintaining any of the above licenses.*
8. *Examination fees for professional, occupational or other licenses required for a person to perform his or her official duties.*

*Payment information maintained at the agency pertaining to the payment of membership dues must contain a statement that the records of the organization, as they pertain to the public agency from which or on whose behalf the payments are made, shall be public records pursuant to s. 119.01 (3), F.S.*

#### **MYFLORIDAMARKETPLACE (MFMP)**

*In addition to the processing requirements contained herein, MFMP transactions must also adhere to the following requirements:*

- *Each vendor invoice must have its own Invoice Reconciliation (IR).*
- *Electronic invoices for services submitted through the Ariba Supplier Network must include the vendor's dates of service in the comment field.*
- *Required supporting documentation must be scanned and attached to the Invoice Reconciliation or Direct Order as appropriate.*
- *For contractual service and grant payments processed through MyFloridaMarketPlace, agencies must provide the amount paid to date and the contract manager's written certification as shown on the Contract Summary Form. The Contract Summary Form may be attached to the Invoice Reconciliation to provide this information or the contract manager's certification statement (contained on the Contract Summary Form) and the paid to date information may be entered in the MyFloridaMarketPlace comment field by the contract manager along with his/her name. Alternately, this information may be provided on the invoice itself.*
- *If the Master Agreement functionality is used, the following information must be provided:*
  1. *Start and End Date of agreement*
  2. *Maximum Commitment Amount*
  3. *Method of Procurement*
  4. *Historical Amount Spent*
  5. *Description to include scope of work, deliverables, and financial consequences*
  6. *Contract Type*
- *If a Direct Order is issued, the following information must be provided:*
  1. *Start and End Date*

2. *Line items, including adequate description of required services (including scope of work, deliverables, and financial consequences) , units, and price/method of payment*
3. *Method of procurement*
4. *State contract number, where appropriate*
5. *Paid to date information*

### **NOTARY**

*Reimbursement for the cost of notary commission and seal may be made, if it can be shown that such is for the benefit of the state agency. Such documentation must be submitted with the payment request.*

### **PAYMENT PROCESSING**

*Each payment request submitted to the Bureau of Auditing must include:*

- *Invoice (for more information, see “Invoices”)*
- *Authorization to incur the expenditure (PO, DO, Contract, Grant, Etc.)*
- *Procurement method (and related documentation with initial payment request)*
- *Documentation evidencing the receipt of good and services*
- *Additional documentation that shows compliance with applicable laws and rules.*

### **POSTAGE**

*The purchase of postage for postage meters shall include the number of the postage meter. Stamp purchases must show the quantity and denomination. Bulk mail permit shall indicate the permit number. Such documentation shall be submitted with each payment request.*

### **PROHIBITED EXPENDITURES**

*Per Rule 69I-40.103, F.A.C., expenditures from state funds for items listed below are prohibited unless “expressly provided by law”:*

- *Congratulatory telegrams.*
- *Flowers and/or telegraphic condolences.*
- *Presentment of plaques for outstanding service.*
- *Entertainment for visiting dignitaries.*
- *Refreshments such as coffee and doughnuts.*
- *Decorative items (globe, statues, potted plants, picture frames, etc).*
- *Greeting Cards: Per s. 286.27, F.S., use of state funds for greeting cards is prohibited.*

*An expenditure of state funds must be authorized by law and the expenditure must meet the intent and spirit of the law authorizing the payment. The payment of items used generally for the personal convenience of employees, (example: portable heaters, fans, refrigerators, microwaves, clocks for private offices, coffee pots and supplies, etc.), and which are not apparently necessary in order for a state agency to carry out its statutory duties must provide justification for the purchase of these items or perquisite approval. State funds cannot be expended to satisfy the personal preference of employees (example: an agency may not purchase more expensive office furniture or equipment than is necessary to perform its official duties because the employee prefers a more expensive item).*

*Each voucher must contain documentation which shows the legal authority for the requested payment if the authority is not obvious from the face of the voucher.*



### **PROMOTIONAL ITEMS**

Payment requests for the purchase of promotional items must cite the statutory authority and/or document that the expenditure is included in the agency's approved budget from which the payment is being made.

### **PURCHASING CARD TRANSACTIONS**

Unless otherwise stated in this Reference Guide, purchasing card transactions are subject to the same rules and regulations as any other agency purchase and disbursement. For more information about purchasing card transactions, see specific topic sections.

### **RECEIPT OF GOODS OR SERVICES-DOCUMENTATION REQUIREMENTS**

#### ***FLAIR and MFMP Transactions***

**Commodities purchases** require a receiving report that contains the following information:

- Agency name
- Purchase Order/Direct Order/Contract number
- Vendor name
- Description of item(s)
- Quantity received
- Date received
- Signature of person receiving item(s)

**Payment requests related to agreements for services** require the contract manager's written certification that services were satisfactorily received in accordance with the agreement terms and that payment is due.

The receiving report or contract manager's written certification must accompany the payment request.

**NOTE - Commodity purchases made through MFMP, which have been receipted through the MFMP receiving function, do not require a receiving report. Contractual service transactions in MFMP require the contract manager's certification.**

#### ***Purchasing Card Transactions***

The following requirements apply to all receipts supporting purchasing card transactions.

1. Original receipts supporting transactions are maintained by the agency. Thermo fax documents, because of their temporary nature, shall not be filed as the original at the agency. They should be copied on a standard photocopy machine and the copies should contain the statement "original receipt was a thermo fax document; agency records show that this obligation has not been previously paid."
2. Receipts must clearly reflect a description of the goods or services acquired, number of units, and cost per unit. The combination of several documents to provide the description, number of units, and cost per unit may be used (i.e., quote sheets, packing slips, web page screen-prints, cash register receipts, charge slips). Numerical code descriptions alone are not acceptable.
3. (a) All receipts for commodities shall be signed and dated by the cardholder to indicate the receipt, inspection, and acceptance of the goods or services. (b) Receipts for services require clear evidence that services were **satisfactorily** received.

4. Acronyms and non-standard abbreviations for programs or organizational units within an agency should not be used in the supporting documentation unless an explanation is also included.

**NOTE: A statement or invoice will not be acceptable unless it meets the criteria contained in the Purchasing Card requirements of the “Invoices” section.**

## TAXES

### *Sales Taxes On Purchases By State Agencies*

Pursuant to s. 212.08(6), F.S., state agencies are not liable for the payment of Florida sales tax. Exemption certificates may be obtained from the Department of Revenue.

However, the sales tax exemption does not apply when a state employee pays for a purchase on behalf of the State, even though that employee is subsequently reimbursed by the state agency.

Also, state agencies are liable for sales taxes on purchases made out-of-state for use out-of-state.

### *Purchasing Card Transactions- Sales Tax*

Pursuant to s. 212.08(6), F.S., state agency purchases made from Florida vendors are exempt from Florida sales tax. The Department of Revenue has issued a Consumer's Certificate of Exemption for the Purchasing Card Program. The exemption number is printed on the face of the purchasing card and should be sufficient information for the vendor to honor the tax-exempt status. However, a copy of the consumer's certificate of exemption may be obtained from:

Purchasing Card Section  
Bureau of Auditing  
Department of Financial Services  
200 East Gaines Street  
Tallahassee, Florida 32399-0355  
[PcardReporting@myfloridacfo.com](mailto:PcardReporting@myfloridacfo.com)

It is the responsibility of the cardholder to make the Florida vendor aware of the tax exemption. In the event the vendor refuses to grant the tax exemption, the cardholder may allow the tax to be charged on his/her purchasing card.

DFS believes it is not cost effective for an agency to seek a credit from the vendor for the Florida sales tax charges when the amount is \$100 or less. However, an agency may elect to establish a lower dollar amount for seeking a credit for the tax.

## TRAVEL

### *General Information*

Expenditures properly chargeable to travel include registration payments, reimbursements of mileage for use of a privately-owned vehicle, per diem and subsistence allowance, common carrier transportation and other expenses incidental to travel which are authorized by law. Section 112.061, F.S., and Rule 69I-42, F.A.C., govern travel expenses.

Requests for travel reimbursement payments must include:

- The travel voucher;

- *Itemized hotel receipts, if applicable;*
- *Applicable transportation receipts for common carrier travel;*
- *Applicable incidental receipts;*
- *In the case of a conference or convention, the benefits to the State must be provided along with the pages of the agenda that itemizes the registration cost.*

### ***Automated Travel Systems***

*An agency desiring to implement an automated travel system must get approval in advance from the Bureau of Auditing.*

- *A tentative implementation schedule for the travel application must be provided to the Bureau of Auditing.*
- *System documentation of the travel application should be available for review by the Bureau of Auditing.*
- *A user manual must be provided to the Bureau of Auditing.*
- *The travel application must be piloted with DFS prior to certification and submission of electronic vouchers to FLAIR.*
- *Any subsequent modifications must be reviewed and approved in advance by the Bureau of Auditing to ensure all edits are in place.*

*In order to be approved, the system must meet the systems-related fiscal and internal control requirements listed below:*

- *All DFS system and audit edits must be programmed into the travel application and specific agency internal controls established by agency management to ensure compliance with all Florida Statutes, rules, and regulations. (A copy of the system and audit edit requirements is available from the Department of Financial Services, Bureau of Auditing, 200 East Gaines Street, Tallahassee Florida 32399-0355.*
- *The Federal Travel Per Diem rates should be programmed into the travel application*
- *All agency-specific exception processes programmed into the travel application must be documented. These exceptions must be provided in writing to the Bureau of Auditing.*

### **AGENCIES DESIRING TO IMPLEMENT AN AUTOMATED TRAVEL SYSTEM MUST MEET THE SYSTEMS-RELATED FISCAL AND INTERNAL CONTROL REQUIREMENTS LISTED BELOW:**

1. *The policy of the Bureau of Auditing is to limit the number of travel applications system platforms deployed in state agencies and certified by the Bureau of Auditing. However, to the extent that this directive cannot be met, each agency developing or purchasing an automated travel system must notify the Bureau of Auditing of its plans in advance.*
2. *All DFS system and audit edits must be programmed into the travel application and specific agency internal controls established by agency management to ensure compliance with all Florida Statutes, rules and regulations. (A copy of the system and audit edit requirements may be requested from the Department of Financial Services, Bureau of Auditing, 200 East Gaines Street, Tallahassee Florida 32399-0355.*

3. *As an enhancement, each agency should plan to program the Federal Travel Per Diem rates into their travel application as soon as possible.*
4. *All agency-specific exception processes programmed into the travel application must be documented. These exceptions must be provided in writing to the Bureau of Auditing.*
5. *System documentation of the travel application should be available for review by the Bureau of Auditing.*
6. *A user manual must be provided to the Bureau of Auditing.*
7. *A tentative implementation schedule for the travel application must be provided to the Bureau of Auditing.*
8. *The travel application and any subsequent modifications must be reviewed and approved in advance by the Bureau of Auditing to ensure all edits are in place.*
9. *The travel application must be piloted with DFS prior to certification and submission of electronic vouchers to FLAIR.*

## **Conferences and Conventions**

### **Registration Fees**

*If the agency engages an instructor to perform training sessions for its employees, the fee will be a contractual service. However, if an employee enrolls in a workshop/seminar, etc., which is routinely offered to the public, the fee will be a registration fee.*

*Registration fees will not be paid for intra-agency or interagency meetings, seminars and workshops. All expenses related to such gatherings must be processed as a regular expenditure of the appropriate agency. However, registration fees may be paid to universities, DMS or other agencies for routine training classes conducted for employees of other agencies.*

*Reimbursement for registration fees and travel expenses in connection with attendance at conferences or conventions will not be paid unless:*

1. *The main purpose of the convention or conference is directly related to the statutory duties and responsibilities of the agency.*
2. *The duties and responsibilities of the traveler is related to the objectives of the convention or conference.*
3. *The activity provides a direct benefit supporting the work and public purpose of the person attending.*

*Vouchers submitted for payment of the registration fee or for a conference or convention must include a statement of the benefits to the State, a copy of those pages of the agenda that itemizes the registration fee and a copy of the travel voucher or a statement that no travel costs were incurred, if applicable. These vouchers should be scheduled as "pay and charge".*

### **Meals Included in Registration Fee or Provided by Hotel or Airline**

*When a meal is included in a registration fee, the meal allowance must be deducted from the reimbursement claim, even if the traveler decides for personal reasons not to eat the meal. As provided in Attorney General Opinion 81-53, a continental breakfast is considered a meal and must be deducted if included in a registration fee for a convention or conference. Pursuant to s. 112.061(8)(a) 5, F.S., actual*

*expenses for banquets and other meal functions that are not a part of a basic registration fee may be reimbursed if participation in such event will directly enhance the public purpose of the agency.*

*In the case where a meal is provided by a hotel or airline, the traveler will be allowed to claim the meal allowance provided by law.*

### **Food Purchases Related Conference/Conventions/Workshops**

Food purchases for a conference or convention or in connection with the rental of a meeting room for agency workshops or meetings are **prohibited** unless expressly provided by law. Also, the negotiated price for the rental of a room should not include food and beverages.

### **Direct Billing Travel Cards**

Prior approval by the Chief, Bureau of Auditing, DFS, 200 East Gaines Street, Tallahassee Florida 32399-0355 shall be obtained by agencies desiring to use direct billing travel cards. The approval request must be in writing and accompanied by a copy of the proposed contract. The proposed contract for the direct-billing travel card must include a clause stating that the State is not liable for payment.

### **Direct Payment**

Direct payment of travel expenses may be made in situations that result in a cost savings to the State pursuant to s. 112.061(13), F.S. Avoidance of sales tax shall not be considered a cost savings to the State. Evidence of prior approval granted by the agency head or his designee detailing the cost savings shall be included with the payment information. The payment shall be vouchered and processed in the same manner as common carrier payments. Examples of criteria for cost savings include discount for earlier payment, documented savings in processing costs or free use of a hotel meeting room if the agency has a need for such room. These vouchers should be scheduled as "pay and charge."

Direct payment to vendors for the meals and lodging of an employee required to travel on emergency notice must be vouchered in favor of the vendor with the traveler as sub-vendor listing the traveler's name, social security number and cost. Any required receipts along with a copy of the travel voucher must be included with the original voucher maintained at the agency. The payment information should clearly state that payments to vendors are requested due to the employee being required to travel on emergency notice.

### **Emergency Situations**

When a public officer, employee or authorized person away from his or her official headquarters on personal time is required to travel because of an emergency situation, the following shall apply:

1. The traveler may be reimbursed for travel expenses incurred by him/her in traveling from their actual point of origin to their point of destination, which may be their official headquarters.
2. If personal circumstances necessitate the traveler to return to their actual point of origin after the emergency situation has ended rather than returning to or staying at their official headquarters, the traveler may be reimbursed their travel expenses to return.

For example, an individual on personal time in California whose official headquarters is Tallahassee is required to travel back to Tallahassee because of an emergency situation. If due to personal circumstances the individual is required to travel back to California after the emergency situation has ended instead of remaining in Tallahassee, the individual may be reimbursed their travel expenses to return to California.

3. If the traveler is able to return to or remain at their official headquarters, they may only be reimbursed the excess of their necessary travel expenses for the emergency situation over what they would have incurred for their own personal convenience. Detail of the cost shall be provided showing the net cost of what the traveler would have incurred against their actual cost of returning.

4. The traveler's reimbursement request of travel expenses claimed from an actual point of origin rather than their official headquarters shall contain an explanation of the emergency situation that necessitated their travel from such point.
5. If an authorized traveler has incurred certain unrecoverable costs associated with personal plans and is unable to carry out such plans due to an emergency situation, such costs that are not recoverable may be reimbursed by the agency. Requests for reimbursement must provide the circumstances of the emergency situation.

Requests for reimbursement of the emergency situations stated above must be presented in writing to the Bureau Chief, Bureau of Auditing, DFS, 200 East Gaines Street, Tallahassee, Florida 32399-0355 prior to being vouchered for payment.

### **Foreign Travel**

Travel costs of authorized travelers for foreign travel should be reimbursed at the current rates as specified in the U.S. Department of State, Office of Allowances' federal publication "Per Diem Allowances for Travel in Foreign Areas" and must comply to Office of Allowances' "Standardized Regulations (DSSR)" and GSA's Office of Government-wide Policy "Federal Travel Regulations". The current website is: [http://aoprals.state.gov/content.asp?content\\_id=184&menu\\_id=78](http://aoprals.state.gov/content.asp?content_id=184&menu_id=78).

Rates for foreign travel shall not begin until the date and time of arrival in the foreign country from the United States and shall terminate on the date and time of departure from the foreign country to the United States.

Reimbursement allowances for lodging and meals while traveling in foreign areas are listed in the monthly publication "Maximum Travel Per Diem Allowances for Foreign Areas" (See Travel Exhibit 1 located at the end of this section.) Note: Please refer to the above reference website for current rates. The amounts listed in the column labeled "Maximum Lodging Amount" are the maximum amounts that may be claimed for lodging. Receipts are required for reimbursement of lodging costs. If the actual lodging expense of the traveler is less than the maximum amount listed, the lesser amount will be reimbursed.

Incidental expenses must be claimed and supported as provided in s. 112.061(8), F.S., and Rule 69I-42.010, F.A.C.

Meal allowance amounts are found in the column labeled "M&IE Rate" (See Travel Exhibit 2 located at the end of this section.) Note: Please refer to the above referenced website for current rates. An adjustment must be made to the amount listed in this column because this amount includes an allowance for incidental expenses. Since incidental expenses are reimbursed as stated in the above paragraph, the amount allowed for incidental expenses must be deducted from the total amount shown in the M&IE column. Receipts are not required for meal expense reimbursement. The meals and incidentals expense breakdown is located in Chapter 301-Federal Travel Regulation, Appendix B.

Example: Rome, Italy

Maximum Lodging Amount (lodging receipts required) \$232

Meals and Incidental Expense (M&IE) \$134

M&IE Rate Breakdown:

Breakfast	\$ 20
Lunch	34
Dinner	<u>53</u>
	107

Incidentals	<u>27</u>
<b>Total</b>	<b>134</b>

The total daily allowance for meals would be: \$134 less \$27 for incidentals = \$107

When a traveler goes from one foreign location to another, reimbursement for meals and lodging shall be based on the allowance listed for the referenced location during the meal or lodging period. For example: If the traveler departed Rome at 3:00 p.m. for Paris, the Rome allowance for breakfast and lunch would be used and the Paris allowance for dinner and lodging would be used.

The State of Florida per diem rate (currently \$80), may not be combined with reimbursement of foreign travel costs pursuant to the allowances under the federal guidelines for the same travel day. The two methods of reimbursement, state per diem and foreign allowances, cannot be claimed on the same travel day.

### **Hotel and Auto Rental Receipts**

Itemized receipts for hotel expenses must be included as supporting documentation to the Voucher for Reimbursement of Travel Expenses when reimbursement for such expenses is being claimed for **both foreign and domestic travel**. While justification will not be required by the Bureau of Auditing in all cases where hotel expenses for in-state travel exceeds \$150 per night (room rate only), authorized travelers are reminded that the most economical use of hotel is required in all situations (in-state and out-of-state travel). Travelers should be prepared to justify situations where hotel costs appear excessive for the areas in which the traveler is staying.

In the event a hotel receipt is lost and the hotel cannot provide a duplicate, the traveler shall provide a certification that the receipt was lost. The certification must include detailed hotel charges, the dates and location of travel, the name of the hotel and the city in which the traveler stayed.

Receipts for auto rental are also required when such expenses are being claimed.

### **Hotel Costs Shared By Multiple Travelers**

When multiple travelers share the hotel room and the hotel bill is paid by one of the travelers, the traveler paying the bill shall request reimbursement for the total amount of the bill. When multiple travelers have separate rooms and one traveler pays the hotel bill for all, the traveler paying the hotel bill shall request reimbursement for the total amount on his or her travel reimbursement request. The voucher should be scheduled as a "pay and charge." The traveler whose hotel bill is being paid must file a travel voucher with the authorizing agency and state on his travel voucher "hotel room compliments of John Doe."

If two travelers share a hotel room and split the bill, each traveler may claim one-half of the hotel bill on his/her travel reimbursement request.

In each of the above situations, each traveler shall provide an explanation of the circumstances and submit his/her travel reimbursement request to the Bureau of Auditing together or provide copies of the approved travel reimbursement requests of the other travelers. The travelers shall be on the same method of travel for reimbursement purposes.

### **Incidental Travel Expenses**

The following information shall be required with the traveler's reimbursement request when claiming reimbursement for incidental expenses pursuant to Rule 69I-42.010 F.A.C.

1. Receipts for taxi fares in excess of \$25 on a per-fare basis.



2. Receipts for storage, parking fees or tolls in excess of \$25 on a per transaction basis. Such fees are not allowed on a weekly or monthly basis unless it can be established that such method results in a savings to the State.
3. A statement that communication expenses were business related. This includes fax charges. Please note: personal telephone calls made to a traveler's family are not a reimbursable communication expense (Attorney General Opinion 75-7).
4. Receipts for dry-cleaning, laundry and pressing expenses when official travel extends beyond seven days and such expenses are necessarily incurred to complete the official business portion of the trip.
5. Receipts for baggage fees are required. Baggage fees for more than one bag must be justified.
6. Receipts for passport and visa fees required for official travel.
7. Receipts for necessary fees charged to purchase traveler's checks for official travel expenses.
8. Receipts for fee charged to exchange currency necessary to pay official travel expenses.
9. Receipts for costs of maps necessary for conducting official state business.
10. Receipts or canceled checks for registration fees paid by the traveler.
11. Other travel expenses may be reimbursed if deemed to be in the best interest of the State and have approval of the Bureau of Auditing.

The following do not require a receipt.

1. Tips paid to taxi drivers that do not exceed fifteen percent of the taxi fare.
2. Tips paid for mandatory valet parking not to exceed \$1 per incident.
3. Portage paid shall not exceed \$1 per bag not to exceed \$5 per incident. Portage charges exceeding \$5 per incident will require additional justification. Examples of an incident will be if the traveler's bags are taken into the airport from the vehicle, then are carried from the airport to the vehicle upon reaching the destination, etc. The number of bags must be included on the travel reimbursement request.
4. Photocopy charges that are business related.

Hotel safe charges are reimbursable by state funds only if the charges are mandatory by the hotel.

Expenses related to lost keys or keys locked in a vehicle due to employee negligence are not reimbursable from public funds.

Limousine services should not be used instead of taxi service unless it can be shown that it is the most economical method.

### **Meals, Food, Beverages, and Travel Expenses For Emergency Operation And Relief Staff During Times Of Disaster/Emergency Assistance**

The standardized language in the Governor's Executive Order provides the State Coordinating Officer with the discretion to approve the suspension of s. 112.061, F.S., to the extent that the suspension is related to the delivery of disaster/emergency assistance. Under the suspension, the State Coordinating Officer is

provided with the discretion to purchase meals, food, and beverages for the staff operating the Emergency Operation Center on a 24- hour basis during an emergency. The State Coordinating Officer's decision to approve the suspension of s. 112.061, F.S., must be made only after consultation with the Governor or his authorized staff.

Following the suspension of s. 112.061, F.S., each agency should adhere to the following guidelines:

1. The food service should not exceed the per diem amounts and the service should be carefully controlled.
2. Each agency head should be allowed to determine when food should be made available to the agency's workers.
3. Each agency is responsible for the payment of its bills and seeking federal reimbursement.
4. In order to insure the workers' health, all catered food should be from a licensed establishment meeting health inspection standards.

These guidelines are flexible depending upon the facts of each emergency. The agency head must approve any departure from the guidelines.

### **Per Diem and Subsistence Allowances**

#### **Computation of Travel Time for Reimbursement**

For purposes of calculating the per diem and subsistence allowances provided in s. 112.061(6), F.S., the following guidelines are prescribed:

1. Class A travel is continuous travel of 24 hours or more away from official headquarters. The travel day for Class A is based on a calendar day (midnight to midnight).
2. Class B travel is continuous travel of less than 24 hours which involves overnight absence away from official headquarters. The travel day for Class B travel begins at the same time as the travel period.
3. Class C travel is short or day trips in which the traveler is not away from his/her official headquarters overnight. **Class C allowances are currently NOT authorized to be reimbursed.**

Subsistence Allowance is as follows:

1. Breakfast - \$6.00 (When travel begins before 6 a.m. and extends beyond 8 a.m.)
2. Lunch - \$11.00 (When travel begins before 12 noon and extends beyond 2 p.m.)
3. Dinner - \$19.00 (When travel begins before 6 p.m. and extends beyond 8 p.m. or when travel occurs during nighttime hours due to special assignment.)

#### **Class C Allowances - Taxable Income**

When provided for in statute, Class C travel meal allowance is defined as taxable income and must be shown as a separate item on the travel voucher. Employee Class C travel should be deducted from the total claimed and processed through the Bureau of State Payrolls via the employee travel function of the State Payroll System.

### **Calculation of Per Diem and Subsistence Allowances**

Allowable rates for per diem are provided for in s. 112.061(6), F.S. All claims for per diem and subsistence must be within the limitations set forth in this section of the statutes. All travelers are allowed the authorized per diem for each day of travel or if actual expenses exceed the allowable per diem, the amount allowed for meals as provided in s. 112.061(6) (b), F.S., plus actual expenses for lodging at a single occupancy rate. Per diem shall be calculated using four six-hour periods (quarters) beginning at midnight for Class A or when travel begins for Class B travel. **Travelers may only switch from actual to per diem while on Class A travel on a midnight to midnight basis.** A traveler on Class A or B travel who elects to be reimbursed on a per diem basis is allowed \$20.00 for each quarter from the time of departure until the time of return.

### **Volunteer Travel Allowances**

See "Volunteers."

### **Per Diem or Subsistence Allowance - Mileage Limitations**

A traveler may not claim per diem or lodging reimbursement for overnight travel within 50 miles (one-way) of his or her headquarters or residence unless the circumstances necessitating the overnight stay are fully explained by the traveler and approved by the agency head.

### **Reimbursement Of Travel Expenditures By Individuals With Disabilities**

When a payment reimbursement request is made for travel expenses in excess of those ordinarily authorized pursuant to s. 112.061, F.S., and Rule 69I-42, F.A.C., and such excess travel expenses were incurred to permit the safe travel of an individual with disabilities, those excess expenses will be paid to the extent that the expenses were reasonable and necessary to the safe travel of the individual. All claims for reimbursement shall be submitted in accordance with the instructions in the "Americans with Disabilities Act" section of this reference guide.

## **Transportation**

### **General**

Transportation expenses incurred in connection with the performance of an activity, which serves a public purpose authorized by law to be performed by the agency, may be paid directly to common carriers or to individual travelers. The traveler must use the most direct route. If the traveler uses an indirect route for his/her convenience, any extra cost must be borne by the traveler. The agency head should designate the most economical method of travel for each trip, keeping in mind the following conditions:

1. The nature of the business.
2. The most efficient and economical means of travel (considering time of the traveler, cost of transportation and per diem or subsistence required).
3. The number of persons making the trip and the amount of equipment being transported. If the class of travel is other than the most economical method of travel, the agency head must authorize the expense in writing and describe the circumstances requiring such travel. This documentation shall be attached to the travel voucher.

### **Common Carrier**

Travelers whose transportation is by common carrier shall make use of any state term aircraft or auto rental contract which may be in effect at the time. Failure to use state term contracts will require justification to be provided with the reimbursement information. Justification must be as allowed by the state term contracts.

Aircraft travel for which a state term contract does not exist must be the most economical rate and class available. Exceptions will be allowed only when fully justified. Any cost in excess of state term contracts that is not fully justified will be borne by the traveler. Travelers will not be reimbursed for use of a car larger than the B-car class on the rental car contract because of the size or stature of the individual unless the requirements of the ADA are met.

### **Hybrid Car Rentals**

Agency heads or their designees may authorize the rental of hybrid cars for official travel when it has been determined to be the most economical method of travel. Each agency should develop a written policy for determining when the use of hybrid cars is appropriate. Documentation must be retained on file at the agency to support the agency's decision.

### **Direct Billing - Common Carrier**

Common carrier charges may be billed directly to the agency pursuant to Rule 69I-42.007(6), F.A.C., or the traveler may pay his or her common carrier charges and request reimbursement. Request for reimbursement of common carrier charges billed directly to the agency shall be vouchered separately by the agency in favor of the vendor with the traveler as sub-vendor (pay and charge voucher). The traveler's social security number, name and cost of common carrier transportation shall be listed separately and properly object coded. Sufficient information must be included with the original voucher maintained by the agency, which relates to the common carrier charges. Common carrier charges paid by the traveler shall be included on the traveler's reimbursement request.

### **Discounted Airline Ticket and Ticket Cancellation and Exchange Penalty Tickets**

Penalties for cancellation of discounted airline tickets may be paid from state funds only if the cause for cancellation is in the best interest of the State. The cost of unused nonrefundable tickets or cancellation penalties incurred are allowable for the convenience of the State and if the traveler has to cancel a trip due to illness of the traveler or death of a member of the traveler's immediate family, for which an employee is authorized to use sick or administrative leave. For non-employees, the cost of non-refundable tickets or cancellation penalties may be paid in circumstances which the traveler would have been authorized to use sick or administrative leave if they had been a state employee. If a ticket is canceled for the convenience of the traveler, the cancellation penalty may not be reimbursed from state funds. Agencies and travelers should carefully evaluate the circumstances and risk of cancellation prior to purchase of discounted tickets.

Vouchers submitted for payment of unused nonrefundable tickets, cancellation penalties or exchange penalties must include documentation indicating that the costs were necessarily incurred in conducting state business or the costs were incurred because of the illness of the traveler or the illness or death of a member of the traveler's immediate family. Documentation verifying that the unused ticket has been submitted to the agency must also be included in the voucher requesting payment.

### **Lost Airline Tickets**

Charges related to lost airline tickets are only allowable if the agency provides justification as to why the expenditure is necessary in order for the agency to carry out its statutory responsibilities. Tickets lost because of employee negligence are not considered allowable charges against the State.

### **Overbooking or Other Action by a Common Carrier**

If additional costs are incurred by a traveler due to overbooking or any other action of an airline or other common carrier and the traveler chooses to have such cost paid directly or indirectly by the State, **then any compensation, in whatever form, received by the traveler from the common carrier for his inconvenience, shall accrue to the benefit of the State.** In such instances, if the traveler is allowed to elect the form of compensation, the decision shall be based on the best interest of the State. In determining if additional costs are incurred in such situations, the compensation to the traveler (overtime pay, etc.), if applicable, as well as travel costs (additional per diem, meals, lodging, etc.) must be taken into consideration.

If no additional costs are incurred or the additional costs are borne by the traveler, then any compensation from the common carrier for the traveler's inconvenience shall accrue to the traveler.

### **Transportation-Privately-Owned Vehicles**

Agency heads may authorize the use of privately-owned vehicles for official travel in lieu of publicly-owned vehicles or common carriers. The traveler is entitled to a mileage allowance at a fixed rate of 44.5 cents per mile. When calculating mileage reimbursement, the amount must be rounded down. Reimbursement for expenditures relating to the operation, maintenance and ownership of a vehicle shall not be allowed when privately-owned vehicles are used on public business.

Travelers shall not be paid a mileage allowance for travel between their residence and their headquarters or regular work location (See Attorney General Opinion 82-34). If travel begins more than one hour before or one hour after the traveler's regular work hours, the point of origin may be the traveler's residence, provided that miles claimed may not exceed the miles actually driven.

## **Mileage Allowances**

### **Travelers Gratuitously Transported**

Mileage or transportation expenses allowed or allowable are intended to reimburse travelers for expenses incurred in conducting official state business. Therefore, no traveler who is entitled to mileage or transportation expense shall be allowed either mileage or transportation expense when he/she is gratuitously transported by another traveler. The traveler's payment information shall indicate complimentary travel.

### **Travelers Piloting Personal or Rented Aircraft**

If a traveler is piloting his/her own aircraft, he/she may claim either the mileage rate specified in s. 112.061(7), F.S., or the lesser of the state contract fare and the most economical commercial direct airfare available for the same trip.

If a rented aircraft is used, and additional travelers are passengers on the aircraft, the pilot may be reimbursed for the lesser of the actual cost to rent the aircraft or the total of the airfare that would have been paid by the pilot and the passengers for the most economical commercial direct airfare for the same trip.

In both situations, if there is no state contract fare and no direct commercial airfare available between the points of travel, reimbursement is limited to the mileage rate specified in s. 112.061(7), F.S., or the most economical commercial airfare closest to the point of origin and the point of destination.

### **Passengers on Private Aircraft**

A passenger on a private aircraft may be reimbursed for the actual amount charged and paid up to:

*The mileage rate specified in s. 112.061(7), F.S., or the lesser of the state contract fare or the cost of the most economical direct commercial airfare available for the trip. If no direct commercial flight is available the most economical commercial airfare closest to the point of origin and the point of destination may be used.*

*A traveler on a private aircraft shall be reimbursed the actual amount charged and paid for the fare for such transportation up to the cost of the lesser of the state contract fare and the most economical direct commercial airline ticket for the same flight, even though the owner or pilot of such aircraft is also entitled to transportation expense for the same flight. If there is no state contract fare and no direct commercial flight, then reimbursement may be up to the most economical commercial flight closest to the point of origin and the point of destination.*

### **Rented Aircraft**

If a rented aircraft is used, the reimbursement claimed by any traveler on the aircraft may not exceed a pro rata share of the actual cost of renting the aircraft and the reimbursement is subject to the limitations provided in subsections (II) and (III) of this section.

The most economical direct airfare means a commercial flight between the same points of travel as a private flight. For example, if a rented aircraft is traveling from Miami to Tampa, then the traveler would be entitled to reimbursement up to the amount of the most economical commercial flight from Miami to Tampa.

### **Monthly Mileage Allowances**

Agency heads may grant monthly allowances in fixed amounts for use of privately owned vehicles on official business in lieu of individual trips. Such allowance may be changed at any time and shall be made on the basis of a signed statement of the traveler filed before the allowance is granted or changed, or at least annually thereafter. The statement must show the places and distances for an average typical month's travel on official business, and the amounts that would be allowed under the approval rate per mile for the travel shown on the statements, if payment had been made based upon 44.5 cents per mile. A copy of the average typical months travel must be submitted with each request for payment of the monthly allowance. These payments must be directed to the Bureau of State Payrolls.

## **Travel Advances**

### **Advance Requests**

Advances may be made or authorized by an agency head or his designee to cover anticipated cost of travel to travelers. Such advancements may include the costs of subsistence and travel of any person transported in the care or custody of the traveler in the performance of his/her duties. A travel advance may not exceed 80 percent of the estimated travel expense payable to the traveler. An exception may be made to take advantage of a substantially discounted common carrier ticket. The travel advance may be an amount equal to 100 percent of the cost of the substantially discounted ticket plus 80 percent of the remaining estimated travel expenses. Other exceptions to the 80 percent restriction may be made if approved by the Bureau of Auditing. Requests for such approval must be in writing and must clearly demonstrate that the increased travel advance is in the best interest of the State. Approval will be in writing and must be included as documentation in the travel advance request for payment.

Travel advances shall not be requested earlier than 10 workdays before the travel period begins unless the traveler can provide justification of circumstances that may make this necessary. It is the responsibility of the authorizing agency to ensure that the traveler does not have more than one outstanding advance at any time. Some exceptions to having more than one outstanding advance include discounted airline tickets and multiple advances for extended trips.

### **Application for Advance on Travel Expenses**

The Application for Advance on Travel, Form DFS-AA-25, or other approved form shall be used by all state officers, employees and authorized persons when requesting an advance for travel expenses to be incurred. This form is available at [http://www.myfloridacfo.com/aadir/bureau\\_audit.htm](http://www.myfloridacfo.com/aadir/bureau_audit.htm).

### **Travel Advance Settlement**

The traveler must complete a travel reimbursement voucher form when the travel period has ended and submit it to the authorizing agency within ten workdays of the traveler's return to headquarters. The travel reimbursement request shall reference the statewide document number of the original advance. The travel expenses payable to the traveler shall be reconciled to the travel advance. If the travel advance exceeds the actual amount payable, then the traveler shall reimburse the agency within ten workdays of their return to headquarters. If the amount payable to the traveler exceeds the travel advance, the traveler shall receive the net amount owed in the form of a warrant from the agency.

Travel advances made from an approved revolving fund must be settled through the revolving fund. The revolving fund shall not be reimbursed for the advance until the advance has been settled pursuant to Rule 69I-23.005(4)(e), F.A.C.

### **Travel Forms**

Section 112.061(11), F.S., requires DFS to provide uniform Travel Authorization and Voucher Reimbursement forms. Rule 69I-42.003(3), F.A.C., provides for the use of the Application for Advance on Travel Expenses. All officers, employees and authorized persons must use the forms authorized or furnished by DFS or DFS approved automated systems when requesting authorization to attend a conference or convention, an advance for travel, or reimbursement of travel expenses. Agencies desiring to use an alternative form or automated system to meet the unique needs of the agency shall first obtain the approval of the Bureau of Auditing. However, forms or systems must comply with the requirements of s. 112.061(11), F.S. Requests shall be submitted to:

**Department of Financial Services  
Bureau of Auditing  
200 East Gaines Street  
Tallahassee, Florida 32399-0355**

### **The Authorization to Incur Travel Expense**

Travel authorization shall be completed for each person requesting approval for the performance of travel to a conference or convention on the approved Form DFS-AA-13 (available at [http://www.myfloridacfo.com/aadir/bureau\\_audit.htm](http://www.myfloridacfo.com/aadir/bureau_audit.htm)) or other approved form or means. It is not necessary to submit the travel authorization to the Bureau of Auditing. A statement disclosing the benefits to the State must be included with the information submitted to the Bureau of Auditing for reimbursement of expenses incurred in connection with a conference or convention. All travel authorization requests shall contain evidence of approval by the agency head or his or her designee.

### **The Voucher for Reimbursement of Travel Expenses**

The request for reimbursement of travel expenses must be made on the approved form DFS-AA-15 (available at [http://www.myfloridacfo.com/aadir/bureau\\_audit.htm](http://www.myfloridacfo.com/aadir/bureau_audit.htm)) or other approved means (i.e., computer file). All travel reimbursement requests submitted for reimbursement shall include evidence of approval by the official authorizing the travel. The traveler and the official authorizing the travel must sign the travel voucher either manually or by electronic means. Travel vouchers on file at the agency must contain original signatures in written or electronic form.

In the effort to reduce identity theft, state agencies are authorized, at their discretion, to omit an authorized traveler's social security number (SSN) on the Voucher for Reimbursement of Travel Expenses. The agency must ensure procedures and security measures are in place to correctly identify the authorized traveler. However, the taxpayer's federal identification number (SSN) is still required for entering the transaction into the State's accounting system (Florida Accounting Information Resource-FLAIR).

### **Purchasing Card Transactions - Travel**

#### **Airline Tickets**

Agencies may process purchasing card transactions for airline ticket in advance of the completion of the cardholder's travel.

### **Convenience Fees - Tolls**

The agency may pay the convenience fee related to a rental car tolling service only if the following conditions are met:

1. an agency supplied transponder was not available to the traveler;
2. the toll was paid at a toll plaza that did not accept cash.

Documentation must be maintained in the agency's file to support the payment of the convenience fee.

### **Co-traveler's Travel Costs**

A cardholder shall not use his/her purchasing card to pay for any travel expenses incurred by anyone other than the cardholder or allow another individual to use his/her purchasing card to pay for such expenses. (For example: a cardholder cannot use his/her purchasing card to pay for travel expenses or make airline/hotel/car rental reservations for another employee.)

However, a cardholder can place a co-traveler's travel expenses on his/her purchasing card if the co-traveler's purchasing card has been ordered, but not yet been issued. The appropriate information shall be properly recorded in the Purchasing Card Module so the individual travel costs can be associated with the cardholder and the co-traveler. The cardholder's social security number must remain in the "sub-vendor" field. The detail information can be recorded as line items so individual travel expenses can be distributed for the cardholder and co-traveler as follows:

- The travel expenses in the individual "amount" fields,
- The travelers' names in the individual "description" fields,
- The purpose of the trip in the individual "commodity description" fields.

The total transaction will appear under the cardholder's name in FLAIR; however, the distribution of the transaction will be in the information warehouse to identify the individual travel costs.

### **Multiple Registration Fees**

Attendees' registrations should be separate transactions, even if the registrations are paid with the same purchasing card. However, if a vendor charges multiple registrations on one transaction, the cardholder or approver should distribute the transaction in the Purchasing Card Module. The attendee's name is required in the "description" field and the name of the conference/convention/trainer is required in the "commodity description" field. These details will be in the information warehouse to ensure the integrity of the State's accounting records. If there are more than 20 co-attendees, a journal entry must be made in the State's accounting records to appropriately associate the registrations with the attendees.

### **Travel Vouchers**

If a traveler uses the purchasing card while performing official travel and no reimbursement is due to the traveler, a travel voucher is not required, unless the purchasing card was used to purchase fuel. Each agency is responsible for implementing procedures to document that the purchasing card is used only for approved travel for authorized public purposes. This may be documented in the "State of Florida Purchasing Card Charges" section of the traveler's Voucher for Reimbursement of Travel Expenses or on the Authorization to Incur Travel Expenses form (Form DFS-AA-13) or other approved form, including electronic form, which meets the requirements of s. 112.061(3)(a), F.S. Use of the Authorization to Incur Travel Expenses form is mandatory for conferences and convention travel, pursuant to s. 112.061(11), F.S.



**VOLUNTEERS**

*A volunteer is a person who, of his or her own free will, provides goods or services to any state agency or nonprofit organization with no monetary or material compensation. Every state agency, through the agency head, is authorized to recruit, train, and accept the services of volunteers to assist in programs administered by the agency.*

*The following sections in the Florida Statutes provide specific information regarding volunteers:*

*Section 110.501, F.S. - Definitions of volunteer types.*

*Section 110.502, F.S. - Information on the status of volunteers.*

*Section 110.503, F.S. - Responsibilities of agencies using the services of volunteers.*

*Section 110.504, F.S. - Volunteer benefits.*

OP 15-011 ATTACHMENT E – AGENCY FOR PERSONS WITH DISABILITIES (APD)  
SPECIFIC INSTRUCTIONS FOR FAMILY CARE COUNCILS (FCC) – FINANCIAL MATTERS

Document Name	Version	Date
Attachment E: APD Specific Instructions for Family Care Councils – Financial Matters	1.0	09/2011
Attachment E-1: Request for Reimbursement of Transport Costs	1.0	09/2011

This document is provided to Family Care Council (FCC) members and supporting agency staff to address specific APD fiscal and purchasing processes. These specific topics and corresponding instructions are at the request of the Family Care Council Florida (FCCF) and approved by agency management.

This document will be updated and redistributed as needed, without reissuance of OP 15-011. This document will be dated and numbered to allow for tracking of the most current guidelines disseminated to the FCC and agency staff as required in OP 15-011.

**1. Bureau of Financial Services – Memos, Letters and Notices.**

- a. Correspondence concerning, but not limited to: year-end purchasing deadlines, certified forward processing guidelines, changes in specific disbursement processes, etc. that relate to financial matters are to be forwarded to the APD headquarters FCC fiscal liaison staff member. Information pertinent to the FCC and FCCF will be communicated to council members through the headquarters FCC fiscal liaison to facilitate timely compliance by FCC members.
- b. FCC members will follow processing procedures through their supporting Area office, and APD Area staff will provide assistance to the local FCC members as required in OP 15-011.
- c. The following APD Bureau of Financial Services headquarters staff is available for clarification:  
**For specific disbursement (payment) information:**  
[Sue\\_Taylor@apd.state.fl.us](mailto:Sue_Taylor@apd.state.fl.us), (850) 922-9979, or  
[Jean\\_Morris@apd.state.fl.us](mailto:Jean_Morris@apd.state.fl.us), (850) 922-2029.  
**For specific purchasing information:**  
[Vickie\\_Woodward@apd.state.fl.us](mailto:Vickie_Woodward@apd.state.fl.us), (850) 414-8879,  
[Ashley\\_Bridges@apd.state.fl.us](mailto:Ashley_Bridges@apd.state.fl.us), (850) 921-0425

**2. Information Technology Purchases: Computers, Peripherals, Software, or Other Equipment.**

- a. Computer or other equipment used to enable the FCC members to succeed in the Council's purpose is an allowable cost. APD executive management has approved the FCC to purchase computers, software, peripherals, or other related equipment with state funds.
- b. Purchasing any equipment must include a justification of how the purchase will support FCC activities as defined in section 393.502, F.S. Purchases shall be processed through My Florida Market Place (MFMP), and include the justification statement in MFMP, or as an attached document. Example: *“This purchase supports activities related to the purpose and scope of the Family Care Councils as established in Chapter 393, F.S., and is an allowable cost. The (list equipment) will be used for (list functions).”*
- c. Computers or other peripheral equipment for FCC will not require prior approval through an ITR (Information Technology Request). Equipment can be purchased outside of an existing state term contract vendor, as long as it is at or below the state term contract amount.
- d. Software and its installation will be the responsibility of the Council member. Software does not need to adhere to the agency's IT software requirements.
- e. Data kept on the computers must be HIPAA compliant.
- f. Computers or any other equipment purchased with state funds is the property of the agency. If the equipment will no longer be used by the FCC member, or requires replacement, the equipment will be returned to the agency IT staff member assigned to each Area for final disposition.
- g. Any council member (or area staff on their behalf) can contact APD IT headquarters staff concerning recommended equipment, vendor from who to purchase the equipment for the best cost savings, and expected performance of the equipment. The APD IT staff member to contact for this information is [Ken\\_Peacock@apd.state.fl.us](mailto:Ken_Peacock@apd.state.fl.us).

OP 15-011 ATTACHMENT E – AGENCY FOR PERSONS WITH DISABILITIES (APD)  
SPECIFIC INSTRUCTIONS FOR FAMILY CARE COUNCILS (FCC) – FINANCIAL MATTERS

**3. Transportation – Local Transport Services**

- a. Transport service for nonmember self-advocates attending local FCC meetings or events is an allowable cost. Transport service costs can be reimbursed to nonmember self-advocates who contribute to the outcomes of local FCC meetings in support of the purpose and objectives of the Council.
- b. **Attachment E.1** – Reimbursement of FCC Volunteer Transport Costs (APD Volunteer Reimbursement Request Form) is to be completed at the meeting site, approved by the local FCC Chairperson, and forwarded to the APD Area staff responsible for invoice processing. Transport costs exceeding \$25.00 will require a receipt.

**4. Travel**

- a. Family Care Council authority to travel is defined under section 393.502, F.S. **Policy for approval of travel authorizations and related instructions will be under the direction of the APD Chief of Staff, or other person delegated by the agency director.** FCC members are to abide by the most current travel memos or letters disseminated through the agency. The APD staff member to contact concerning travel authorization is [Stephanie\\_Rogers@apd.state.fl.us](mailto:Stephanie_Rogers@apd.state.fl.us), (850) 414-6558.
- b. Area office staff members are to assist FCC members with the completion and submittal of all forms needed, such as authorization to travel, travel advances and travel reimbursements. All travel related forms are to be approved by the APD Area Administrator before submitting for processing. Initial travel requests for Authorization to Travel are to be submitted by Area staff to [Stephanie Rogers](mailto:Stephanie_Rogers@apd.state.fl.us), Agency for Persons with Disabilities, External Affairs, 4030 Esplanade Way, Suite 360, Tallahassee, FL 32399.
- c. Approved travel reimbursement, or travel advance forms are to be submitted to the APD Disbursements Unit at the following address: Agency for Persons with Disabilities, Bureau of Financial Services, Disbursements Unit, 4030 Esplanade Way, Suite 315, Tallahassee, FL 32399-0950.

APD Disbursement Unit staff members to contact concerning travel forms or other information are: [Sue\\_Taylor@apd.state.fl.us](mailto:Sue_Taylor@apd.state.fl.us) (850) 922-9979, or [Jean\\_Morris@apd.state.fl.us](mailto:Jean_Morris@apd.state.fl.us) (850) 922-2029.

**OP 15-011 ATTACHMENT E – AGENCY FOR PERSONS WITH DISABILITIES (APD)  
SPECIFIC INSTRUCTIONS FOR FAMILY CARE COUNCILS (FCC) – FINANCIAL MATTERS**

**5. Other**

- a. FCC members and Area staff can contact the APD headquarters FCC Fiscal Liaison for assistance and/or clarification on items related to financial or budgetary issues. The APD headquarters FCC Fiscal Liaison staff member to contact is [Debra\\_Lynn@apd.state.fl.us](mailto:Debra_Lynn@apd.state.fl.us), (850) 922-9759.



agency for persons with disabilities  
State of Florida

**Volunteer Reimbursement Request**  
**Reimbursement of Transport Costs for FCC Volunteer**

**DATE OF SERVICE:** \_\_\_\_\_

This is to request reimbursement of transport costs for the below listed individual who has participated in a local Family Care Council (FCC) meeting as a volunteer self advocate. The participation of the listed individual has been deemed appropriate by the local FCC Chair member, and contributes to the purpose of the Family Care Council as provided in Section 393.502, F.S. <sup>1</sup>

**THE FOLLOWING INFORMATION IS REQUIRED TO PROCESS PAYMENT [PLEASE PRINT]:**

**PAYEE NAME:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
(Complete Address)

\_\_\_\_\_

**TRANSPORT SERVICE:** \_\_\_\_\_  
(For informational purposes)

**AMOUNT PAID: \$** \_\_\_\_\_ (not to exceed \$25.00 without receipt.)

**APPROVED:** \_\_\_\_\_  
(Local FCC Chairperson)

**DATE:** \_\_\_\_\_ **Receipt Provided? Yes** \_\_\_ **No** \_\_\_

*FLAIR Codes - For Area Fiscal Office Use Only:*

Area Office	Org Code	OCA	EO	Object Code	Amount **
		<b>FCC02</b>	<b>EX</b>	<b>392000</b>	<b>\$</b> _____

Amount reimbursed is not to exceed \$25.00 per transport fare without receipt.

<sup>1</sup> S. 393.502, F.S. states: "Purpose.—The purpose of the local family care councils shall be to advise the agency, to develop a plan for the delivery of family support services within the local area, and to monitor the implementation and effectiveness of services and support provided under the plan."

## **Appendix H:**

# **FCC Travel Guidelines**

Attachments:

State Expenditures Quick Reference Guide

Authorization to Incur Travel Form

Voucher for Reimbursement of Travel Expenses

Vicinity/Map Mileage Log

Application for Advance of Travel Expense

Reimbursement Voucher for Expenses Other Than Travel

## State Expenditure Quick Reference Guide

According to section 393.502 (6), F.S., council members serve on a voluntary basis without payment for their services with the exception of reimbursement for per diem and travel expenses.

The Family Care Councils are required to comply with state expenditure guidelines and must follow the procedures for all purchases and travel as specified in the “*APD Operating Protocol: Agency Fiscal and Purchasing Support to the Family Care Council*” (Appendix G). The following guidelines are summarized to provide a quick reference for FCC members.

### TRAVEL

#### Travel Authorization

All travel must be authorized in advance by APD. An “*Authorization to Incur Travel Expenses*” form (Form DFS-AA-13) must be completed and approved prior to making any travel arrangements.

#### Travel Reimbursement

If the traveler is requesting reimbursement for their expenses, they must submit the “*Voucher for Reimbursement of Traveling Expenses*” form (Form DFS-AA-15). It is very important that travelers keep **receipts for all expenditures** (except meals) including hotel, parking, tolls, airfare, and car rental.

#### Mileage

Travel by personal vehicle will be reimbursed at the state rate of \$0.445 per mile. Mileage must be recorded and submitted on the “*Vicinity/Map Mileage Log*” (Form C676 VM). Date, hours, beginning and ending odometer readings, and mileage to and from must all be recorded for each trip, including full addresses of all destinations. City to city mileage will be reimbursed as listed on the Florida Department of Transportation Official Mileage Viewer website, <http://www2.dot.state.fl.us/CityToCityMileage/viewer.aspx>. If the city is not listed, travelers must include a print out of MapQuest mileage to with travel reimbursement paperwork.

#### Rental Car

The State of Florida has a rental car contract with Avis Rent A Car. Travelers are required to use compact cars (Class B). To make reservations, you may call 1-800-338-8211 and request the State of Florida representative or access their website at



[www.avis.com](http://www.avis.com). The State of Florida contract reference number is AWD: A113400. Also, gasoline purchases are reimbursable for rental cars only. Receipts are to be submitted along with the travel reimbursement voucher.

**Hotel and Meal Reimbursement**

A traveler will be reimbursed actual hotel expenditures and maximum meal allowance pursuant to s. 112.061, Florida Statutes. The maximum allowable rate is \$150, including taxes. If the room rate is over \$150 per night, a written justification must be provided. Additional expenses incurred (e.g. rental car, tolls, etc.) may be reimbursed with appropriate receipts. **NOTE:** A traveler will only be reimbursed for overnight stay if the distance traveled is greater than 50 miles from headquarters.

- Hotel Costs Shared By Multiple Travelers
  - When multiple travelers share the hotel room and the bill is paid by one of the travelers, the traveler paying the bill will be reimbursed for the total amount of the bill. The traveler whose bill is being paid must file a reimbursement voucher and state on the voucher *“hotel room compliments of John Doe”*.
  - If two travelers share a hotel room and split the bill, each traveler may claim one-half (½) of the hotel bill on their travel reimbursement voucher.

Receipts for meals are not necessary as these are reimbursed at a set rate (see chart below). Overnight travel is required to claim meals. There is no meal allowance for same day trips.

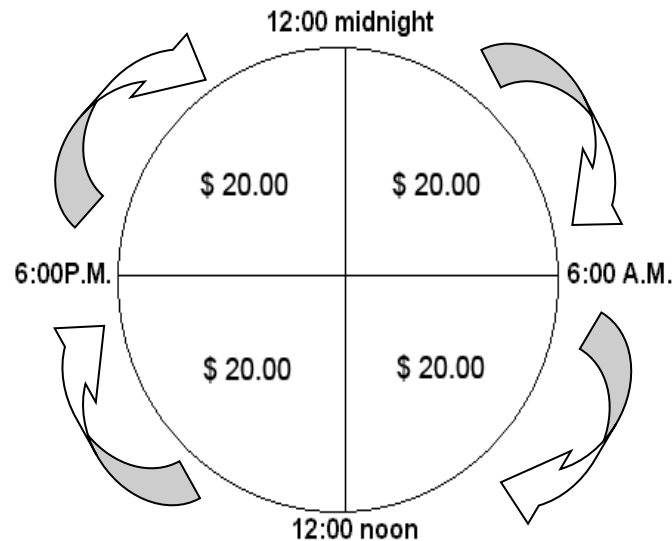
**Incidental Travel Expenses**

Tips and gratuities for baggage and taxi (not meals) are reimbursable not to exceed \$1.00 per bag and a total of \$5.00 per instance. Receipts are always required regardless of how much is spent. These **receipts must be submitted to APD** within **5 days** of the last day of travel.

<b>Meal</b>	<b>Traveler Must Depart Before</b>	<b><u>AND</u> Return After</b>	<b>To Claim Meal Allowance of</b>
To claim <b><u>Breakfast</u></b>	6 AM	8 AM	\$6.00
To claim <b><u>Lunch</u></b>	Noon	2 PM	\$11.00
To claim <b><u>Dinner</u></b>	6 PM	8 PM	\$19.00
To claim <b>ALL</b> meals	6 AM	8 PM	\$36.00

## Per Diem

Per Diem is an allowance for daily expenses in place of hotel and meal expenses. The maximum per diem allowed for each 24 hour period is \$80.00. Per Diem is computed at a rate of \$20.00 per quarter-hour (see chart below) and is received on the last day of travel for overnight trips or when a traveler chooses to lodge at the home of family member/friend rather than a hotel. Additional expenses incurred (e.g. rental car, tolls, etc.) may be reimbursed with appropriate receipts.



## Travel Advances

A traveler may request an advance to cover projected costs of travel if approved by APD. The advancement may include the costs of meals, airfare, hotel, rental car and other. The guidelines below must be followed when a travel advance is requested.

### Amount Advanced

- Travel advances shall not exceed 80 percent of the estimated travel expenses, which will ultimately be reimbursed to the traveler. An exception may be made to this 80 percent restriction in order to take advantage of a substantially discounted common carrier ticket. In the event such arrangement is made, the travel advance may be an amount equal to 100 percent of the cost of the substantially discounted common carrier ticket, plus 80 percent of the remaining estimated travel expenses.
- No advance will be authorized for less than \$100. A traveler may only have one travel advance outstanding at any time.

- The advance must be requested on the state approved form, “*Application for Advance of Travel Expenses*” (DFS-AA-25). This form must be submitted to APD for processing at least **three (3) weeks** prior to the date of travel.
- When the travel period has ended, the traveler will be required to complete and submit the travel reimbursement voucher within **five (5) days** of the last day of travel. The traveler shall complete the portion of the voucher, relating to the travel advance. The area office will then process the completed form in the following manner.
- The traveler must submit travel vouchers within **five (5) days** of the last day of travel even if there are no funds due to the traveler.

#### **1. Funds Due to Traveler**

The traveler will be required to deduct on the travel reimbursement voucher any travel advance made for the travel period. If the traveler is entitled to additional funds for the travel, the traveler shall receive the net amount owed for the travel performed.

#### **2. Funds Due to State**

If a traveler was advanced funds in excess of the travel expenses allowed for a particular travel period, the area office will obtain a refund from the traveler within 5 workdays of the traveler’s return and prepare a cash refund journal.

#### **3. Zero Funds Due to Traveler and State**

If the travel expenses claimed are equal to the amount of the advance, a travel reimbursement voucher must be submitted to the area office within 5 workdays of the traveler’s return to headquarters.

### **Travel Reimbursement for Individuals with Disabilities**

Reimbursement requests made for travel expenses in excess of those ordinarily authorized, which incur to permit the safe travel of an individual with disabilities, will be reimbursed by the agency to the extent that the expenses were reasonable and necessary. All such claims for reimbursement of excess travel expenses should be submitted in accordance with the requirement of the Americans with Disabilities Act (ADA) of 1990.

When a payment is requested pursuant to the ADA, which would not otherwise be a lawfully authorized use of state funds, the voucher must include a signed letter from the APD Director or his designee certifying that:

- The covered individual has requested a “reasonable accommodation” pursuant to the ADA, to assist him in performing his duties.
- The agency has determined that the individual is a “qualified individual with a disability” as defined in ADA.
- The agency will maintain all records related to this request for seven years and make those records available for review to persons authorized to review such records.

All vouchers related to providing a “reasonable accommodation” shall contain a file number or other code by which the voucher can be readily traced to the confidential records maintained by the agency pursuant to above.

## **PURCHASING AND REIMBURSEMENTS**

When purchasing anything, work closely with your APD office. There are specific rules for all state employees, and even though FCC consists of all volunteers, the same rules apply. To obtain our state budget funds we must follow state guidelines.

### **Incidentals**

- FCC chairs have occasion for need to purchase items (copies or supplies) to conduct business. APD vendors should be used when possible and request an exception from the APD Regional Operations Manager.

### **Prohibited Expenditures**

State agencies may only purchase items necessary to carry out statutory duties and should select items on an economically prudent and cost effective basis. Examples of disallowed purchases include, but are not limited to, the following

1. Congratulatory or condolence telegrams;
2. Plants, flowers, pictures, plaques, statuettes, globes, and other decorative items;
3. Entertainment for visiting dignitaries;
4. Refreshments such as coffee and doughnuts;
5. Convenience appliances such as heaters, fans, refrigerators, stoves, microwaves, dishwashers, coffee makers, smoke filters, etc.;
6. Greeting cards; and
7. More expensive office supplies, furniture, lamps, etc. not necessary to meet a legitimate need.

When in doubt about the appropriateness of a purchase, please verify with APD.

<b>STATE OF FLORIDA</b>		NAME			OFFICIAL LOCATION				DATE		
AUTHORIZATION TO INCUR TRAVEL EXPENSE		DIVISION External Affairs			UNIT		OFFICE PHONE NUMBER				
DEPARTURE DATE:		RETURN DATE:		CONTACT PHONE NUMBER WHILE IN TRAVEL STATUS							
DEPARTURE TIME:		RETURN TIME:									
<b>DESTINATION AND PURPOSE OF TRIP</b>			<b>ESTIMATED COST</b>								
			REGISTRATION FEE	PER DIEM	MEALS	AIRLINE	CAR RENTAL	GROUND TRANSPORTATION	MILEAGE	HOTEL	PARKING
<b>Total Estimated Cost:</b>		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Verify Funding Available</b>		Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>		<b>Mission Critical:</b>					
<b>Funding Source:</b>		<b>Please insert the travel purpose that is critical to the agency from the Director's Travel letter below.</b>									
<b>ORG:</b>		<b>EO:</b>		<b>OCA:</b>		<ul style="list-style-type: none"> <li>• Travel by the Florida Family Care Council staff and APD employees to attend meetings or conduct specific outreach initiatives as outlined in statute, or as directed by the External Affairs Director.</li> </ul>					
<b>EXPLANATION OF BENEFITS ACCRUING TO THE STATE OF FLORIDA.</b>											
I HEREBY CERTIFY THAT TRAVEL AS SHOWN ABOVE IS TO BE INCURRED IN CONNECTION WITH OFFICIAL BUSINESS OF THE STATE.											
SIGNED						APPROVED BY - UNIT SUPERVISOR					
Date						Date					
Budget Officer						APPROVED BY - AGENCY HEAD /DESIGNEE					
Date						Date					

**STATE OF FLORIDA  
VOUCHER FOR REIMBURSEMENT  
OF TRAVELING EXPENSES  
Agency for Persons with Disabilities**

Traveler: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mark One:  Regular Employee  OPS employee  Non-employee/Independent Contractor

SSN: \_\_\_\_\_  
 Headquarters: \_\_\_\_\_  
 City of Residence: \_\_\_\_\_  
 Special Shift Hours: \_\_\_\_\_

Date	Travel Performed From Point of Origin to Destination	Purpose or Reason (Name of Conference)	Hour of Departure and Hour of Return	Class A and B Meals	Per Diem or Actual Lodging Expenses	Class C Meals	Map Mileage Claimed	Vicinity Mileage Claimed		
			M							
			M							
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Column Total	Column Total	Column Total	Miles @	Column Total	SUMMARY TOTAL
			ϕ/mile		( )
					( )
					( )
					( )

TRAVELER'S SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Pursuant to Section 112.061(3)(a), Florida Statutes, I hereby certify or affirm that to the best of my knowledge the above travel was on official business of the state of Florida and was performed for the purpose(s) stated above.  
 SUPERVISOR'S SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE APPROVED: \_\_\_\_\_

TR _____ SEL _____	OBJECT	AMOUNT	OBJECT	AMOUNT	FOR FISCAL OFFICE USE:
	26		26		
	26		26		
ORG CODE _____ EO _____ VR _____ CF _____	26		26		
Payee's SSN _____ OCA _____	26		26		

**TRAVEL PERFORMED BY COMMON CARRIER OR STATE VEHICLE**

Form DFS-AA-15

NOTE: If travel was performed by Common Carrier and paid for personally, receipt must be furnished.

Date	Ticket Number or State Vehicle Number	From	To	Amount	Name of Common Carrier or State Agency owning vehicle

Benefits accruing to the State of Florida for travel incident to attendance at conferences or conventions:

**STATE OF FLORIDA PURCHASING CARD CHARGES**

*THIS SECTION REQUIRED TO BE COMPLETED ONLY WHEN TRAVEL RELATED EXPENSES ARE PAID BY USING THE STATE OF FLORIDA PURCHASING CARD.*

Date	Merchant / Vendor	Description of Item Acquired	Amount

*THIS SECTION REQUIRED TO BE COMPLETED ONLY WHEN NON-REIMBURSABLE ITEMS WERE PURCHASED USING THE STATE OF FLORIDA PURCHASING CARD.*

Date	Merchant / Vendor	Description of Item Acquired	Amount

TOTAL (this amount must appear on the line "Less non-reimbursable items included on purchasing card" on page one of this form)

**PAYMENT REQUIREMENTS:** Employee travel reimbursement requests have the same processing time and payment requirements as regular vendor invoices, including payment of interest penalties. If the date on which a travel voucher is received is not properly stamped on the voucher, the date received will default to the date prepared. F.S. 215.422(11)

**GENERAL INSTRUCTIONS:** Travel definitions, allowances, and limitations are detailed in **operating procedure CFOP 40-1**, Official Travel of C&F Employees and Non-Employees. Travel by Common Carrier requires initials of company be shown under map mileage. Travel by State Vehicle requires the word STATE and vehicle TAG NUMBER be shown under map mileage. Complimentary transportation requires the word COMP under map mileage and/or vicinity mileage. **Obtain paid receipts for all necessarily incurred traveling expenses regardless of exemption.**

**GENERAL INSTRUCTIONS**

Class A travel - Continuous travel of 24 hours or more away from official headquarters.  
 Class B travel - Continuous travel of less than 24 hours which involves overnight absences from official headquarters.  
 Class C travel - Travel for short or day trips where the traveler is not away from his official headquarters overnight.

Breakfast - when travel begins before 6 a.m. and extends beyond 8 a.m.  
 Lunch- - - when travel begins before 12 Noon and extends beyond 2 p.m.  
 Dinner - - - when travel begins before 6 p.m. and extends beyond 8 p.m. or when travel occurs during night-time hours due to special assignment.

NOTE: No allowance shall be made for meals when travel is confined to the city or town of official headquarters or immediate vicinity except assignments of official business outside the traveler's regular place of employment if travel expenses are approved and such special approval is noted on the travel voucher. Rate of Per Diem and Meals shall be those prescribed by Section 112.061, Florida Statutes.

**VICINITY MAP MILEAGE**

<b>Audited By/Date:</b>													
<b>Department:</b>							<b>Office Address:</b>						
<b>Pay To:</b>							<b>SSN:</b>						
<b>Home Address:</b>													
<b>Org 67</b>				<b>EO:</b>				<b>Date:</b>					
<b>BE:</b>				<b>FUND:</b>				<b>Category:</b>					
Date	Actual Point of Origin	Point of Destination	Purpose of Travel	If OnCall	Arrive Time	Depart Time	Begin Odometer	End Odometer	Map Mileage	Vicinity Mileage	Total Mileage	Incidental Type	Incidental Amount
<b>TOTAL(for ALL Pages):</b>										<b>Mileage (Map &amp; Vicinity)</b>		<b>Incidental \$</b>	

I certify that the above information supports the vicinity mileage claimed and the incidental expenses incurred by me as necessary in the performance of my official duties. This claim is true and correct in every material matter and conforms to every respect with the requirements of Section 112.061, Florida Statutes.

**Traveler's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Pursuant to Section 112.061 (3)(a), Florida Statutes, I certify that to the best of my knowledge the above travel was for official business of the State of Florida and performed for the purposes as stated above.

**Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**OFFICE OF THE STATE COMPTROLLER  
STATE OF FLORIDA**

**APPLICATION FOR ADVANCE OF TRAVEL EXPENSE**

Payee: \_\_\_\_\_ SSN#: \_\_\_\_\_

Headquarters: \_\_\_\_\_ Department: \_\_\_\_\_

Travel Period: \_\_\_\_\_ thru \_\_\_\_\_ Destination: \_\_\_\_\_  
(date) (date) (from) (to)

Purpose of Travel: \_\_\_\_\_

Justification: \_\_\_\_\_

**ESTIMATED COST OF TRAVEL (Does not include costs directly billed):**

\$ \_\_\_\_\_ per day X \_\_\_\_\_ days = \$ \_\_\_\_\_  
If the per day allowance exceeds \$50.00, an explanation must be furnished.

Mileage Private Vehicle – miles: \_\_\_\_\_ X \$0.29 = \$ \_\_\_\_\_

Incidental Expenses: Type \_\_\_\_\_

Type \_\_\_\_\_

Total Incidental Expenses \$ \_\_\_\_\_

Total Estimated Expenses \$ \_\_\_\_\_

**TOTAL TRAVEL ADVANCE ALLOWED**  
(Total Estimated Expenses X 80%) \$ \_\_\_\_\_

*I hereby certify that the above estimated expenses are anticipated to be incurred by me as necessary traveling expenses in the performance of my official duties; attendance at a conference or convention directly relates to the official duties of the Agency; any meals or lodging included in a registration fee have been deducted from this travel advance request. If the travel advance exceeds actual travel expenses incurred, I will refund to the State of Florida the remaining unexpended funds within 30 days after completion of the travel period.*

Employee Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_

Title: \_\_\_\_\_ Date Prepared: \_\_\_\_\_

*Pursuant to Section 112.061, Florida Statutes, I hereby certify or affirm that the above anticipated travel will be on official business of the State of Florida.*

Supervisor Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Date	Organization	EO	Object	Amount	Check #	Check Date

**APPROVED (DISTRICT FISCAL OFFICER):** \_\_\_\_\_

**REIMBURSEMENT VOUCHER**  
FOR EXPENSES OTHER THAN TRAVEL

Department: \_\_\_\_\_

Office: \_\_\_\_\_

Org. Code/EO: \_\_\_\_\_

Pay To: \_\_\_\_\_

SSN: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Receipts for all items \$1.00 and over must accompany this Voucher.

DATE	ITEM	PURPOSE	AMOUNT

I do solemnly swear (or affirm) that the amounts scheduled above are just and true in all respects and were expended by the Department, Agency or individual named for State purposes and the payment thereof has not been received.

Approved for \$ \_\_\_\_\_

\_\_\_\_\_  
(Signature)

By: \_\_\_\_\_

\_\_\_\_\_  
(Title)

Title: \_\_\_\_\_

\_\_\_\_\_  
(Date)