

BOARD OF COUNTY COMMISSIONERS

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COUNTY MANAGER



October 17, 2024

Florida Department of Environmental Protection
State Revolving Fund Program
Attn: Jessica Lee
3900 Commonwealth Boulevard MS3505
Tallahassee, FL 32399-3000

RE: SRF Loan Agreement #CW0302I Advanced Payment Request

Dear Ms. Lee,

Please accept this letter as a formal request for Bay County to receive advance payments on loan # CW0302I. The advance payments will help Bay County ensure the construction contractor is paid in a timely manner. The advance payments will not be invested but rather used to immediately pay any approved invoice relating to this loan.

Sincerely,

Tommy Hamm

Chairman

Board of County Commissioner



Florida Department of Environmental Protection
DEP 55-222 ADVANCE PAYMENT JUSTIFICATION FORM

Required Signatures: Original Ink

Use of this form is not required unless the advance requested requires the prior approval of the Florida Department of Financial Services (DFS). For advance requests that are equal to or less than the purchasing threshold of category two as defined in Section 287.017, Florida Statutes, and meet one of the advance payment requirements identified in Section 215.422(14), Florida Statutes, use of this form is waived. However, the purchase requisition or contract review form must clearly identify the criteria being met under 215.422(14), Florida Statutes that allows the advance to be made without prior DFS approval.

A letter requesting advance payment from the recipient, on its letterhead, must be attached. The DEP Program Area should forward this information to the Contract Disbursements Section at MS 78. The Contract Disbursements Section will forward requests for advance payment to DFS for review and legislature consultation, as appropriate.

Name/Address of the Vendor/Recipient:	Bay County Board of County Commissioners	
Contact Person/Phone No.:	Tommy Hamm 850-248-8140	
Agreement No./Purchase Order No. (if known):	CW0302I	
Commodities/Services/Project Description:		
Organizational Structure (i.e. local gov't, non-profit corporation, etc.):	Local Government	
Value of Purchase or Grant:	\$25,299,300	
Advance Payment Amount Requested:	\$\$25,299,300	
Period Advance Payment to Cover:	<input type="checkbox"/> 90 days startup <input checked="" type="checkbox"/> Full Contract Period <input type="checkbox"/> Quarterly <input type="checkbox"/> Other (specify):	
Indicate Statutory Authority:	<input type="checkbox"/> 215.422, F.S. <input checked="" type="checkbox"/> 216.181, F.S. x	
GAA Year and Line Item Info:	SFY:	Line Item:
1. Reason advance payment is required: Due to difficulty with cash flow and/or financial hardship, Bay County Board of County Commissioners requests advanced payment in order to make invoice payments in a timely manner.		
2. The following information is required for advances requested pursuant to 215.422, Florida Statutes (and the DFS's Reference Guide for State Expenditures) which exceed the purchasing threshold of category two as defined in 287.017, Florida Statutes.		
A. Document, if applicable, the cost savings to be incurred as a result of an advance payment that are equal or greater than the amount the State would earn by investing the funds and paying in arrears. Include the percent (%) savings to be realized. In calculating the percent savings as compared to the percent that can be earned by the State, information may be obtained from the DFS, Division of Treasury at (850) 413-3165 regarding the current Treasury earnings rate. N/A		

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B. Document, if applicable, how the goods or services are essential to the operation of the Department and why they are available only if advance payment is made:

N/A

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C. Identify the procurement method used to select the vendor.

N/A

3. The following information required for advances to Governmental Entities and Non-Profits pursuant to 216.181, Florida Statutes. (Limited to GAA Authorized, Statutorily Authorized, and Grant & Aid Appropriation Categories 05XXXX or 14XXXX)

A. The entity acknowledges the requirement to invest advance funds in an interest bearing account and to remit interest earned to the Department on a quarterly basis.

Provide a description of how the entity intends to invest the advanced funds and track the interest earned on the advanced funds:

The funds will not be invested. They will be used immediately to pay invoices for consultants and/or subcontractors.

Remittances must: 1) be identified as interest earnings on advances, 2) must identify the applicable DEP Agreement (or Contract) No., and 3) be forwarded to the following address:

Florida Department of Environmental Protection
Bureau of Finance and Accounting
Receipts Section
P.O. Box 3070
Tallahassee, Florida 32315-3070

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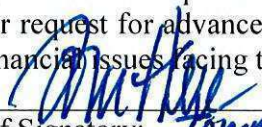
3. The recipient must provide an estimated budget for each quarter covered by the agreement. The summary information should include salaries, fringe benefits, overhead, contracts (specify services to be contracted out), equipment, if authorized (specify items to be purchased), supplies, travel, and other costs.

A sample summary format is provided below. The summary should include the breakdown for each quarter of the agreement period.

Description	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
Salaries	n/a	n/a	n/a	n/a
(identify personnel/titles)	n/a	n/a	n/a	n/a
Fringe Benefits	n/a	n/a	n/a	n/a
Contractual Services	n/a	n/a	n/a	n/a
(list services and estimated costs)	n/a	n/a	n/a	n/a
Equipment	n/a	n/a	n/a	n/a
(identify each item and cost)	n/a	n/a	n/a	n/a
Supplies	n/a	n/a	n/a	n/a
Travel	n/a	n/a	n/a	n/a
Other (specify)	n/a	n/a	n/a	n/a
Overhead/Indirect	n/a	n/a	n/a	n/a
Total:	n/a	n/a	n/a	n/a

Certification Statement

The forgoing information is presented to the Florida Department of Environmental Protection in support of our request for advance payment. I certify that the information provided accurately reflects the financial issues facing the entity at this time.

By: 
 Type Name of Signatory: Tommy Haman
 Title: Chief Financial Officer or designee

October 22, 2024
 Date

DEP Program Area Review/Approval

Recommendation: ☒ Approve Request ☐ Deny Request

By: _____ Date: _____

Type Name of Signatory: Angela Knecht

Title: Division Director Bureau: _____ Division: Water Restoration Assistance