

Section I
Notice of Development of Proposed Rules
and Negotiated Rulemaking

DEPARTMENT OF EDUCATION

State Board of Education

RULE NO.: RULE TITLE:

6A-1.09401 Student Performance Standards

PURPOSE AND EFFECT: The purpose of this rule development is to include a financial literacy strand in the Next Generation Sunshine State Standards for social studies. In addition, the Next Generation Sunshine State Standards for English and mathematics will now include access points to provide access to the general education curriculum for students with significant cognitive disabilities and English language learners will now have English language proficiency standards to become fully proficient in both social and academic English. **SUBJECT AREA TO BE ADDRESSED:** Standards for social studies, English language development and access points for English language arts and mathematics.

RULEMAKING AUTHORITY: 1001.02, 1003.41 FS.

LAW IMPLEMENTED: 1001.03, 1003.41 FS.

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE NOTICED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE REGISTER.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Mary Jane Tappen, Executive Vice Chancellor, K-12 Public Schools, at Mary.Tappen@fldoe.org. To request a rule development workshop, please contact: Cathy Schroeder, Agency Clerk, (850)245-9661 or e-mail: cathy.schroeder@fldoe.org or go to <https://app1.fldoe.org/rules/default.aspx>

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS AVAILABLE AT: <https://app1.fldoe.org/rules/default.aspx>.

DEPARTMENT OF EDUCATION

State Board of Education

RULE NO.: RULE TITLE:

6A-6.0786 Model Forms for Charter School Applicants and Sponsors.

PURPOSE AND EFFECT: The purpose of this rule development is to revise the timeline for a sponsor to propose an initial draft of the charter contract to the charter school and to implement and incorporate the standard charter school contract.

SUBJECT AREA TO BE ADDRESSED: Standard Charter School Contract.

RULEMAKING AUTHORITY: 1002.33(27) FS.

LAW IMPLEMENTED: 1002.33(21) FS.

A RULE DEVELOPMENT WORKSHOP WILL BE HELD AT THE DATES, TIMES AND PLACES SHOWN BELOW:

DATES AND TIMES: June 10, 2014, 9:00 a.m. – 11:00 a.m.; June 10, 2014, 3:00 p.m. – 5:00 p.m.; June 11, 2014, 12:00 Noon – 2:00 p.m.; and June 12, 2014, 2:00 p.m. – 4:00 p.m.

PLACES: June 10, 2014, 9:00 a.m. – 11:00 a.m., Nova Southeastern University, Abraham S. Fischler School of Education, N. Miami Beach Campus, 1750 NE 167th Street, Room 210AB, North Miami Beach, FL 33162. June 10, 2014, 3:00 p.m. – 5:00 p.m., Wattenbarger Conference Center (Room CBP103), Palm Beach State College, 4200 S. Congress Ave., Lake Worth, FL 33461; June 11, 2014, 12:00 Noon – 2:00 p.m., Nova Southeastern University, Orlando Student Educational Center, 4850 Millenia Blvd., Room 300, Orlando, FL 32839; and June 12, 2014, 2:00 p.m. – 4:00 p.m., Florida Department of Education, Turlington Building, 325 W. Gaines Street, Room 1721, Tallahassee, FL 32399

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Adam Emerson, Charter School Director, Office of Independent Education and Parental Choice, 325 W Gaines Street, Suite 1044, Tallahassee, Florida 32399-0400. To comment on this rule development, please contact: Cathy Schroeder, Agency Clerk, Department of Education, (850)245-9661 or e-mail: cathy.schroeder@fldoe.org or go to <https://app1.fldoe.org/rules/default.aspx>

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS AVAILABLE AT: <https://app1.fldoe.org/rules/default.aspx>.

DEPARTMENT OF EDUCATION

Commission for Independent Education

RULE NO.: RULE TITLE:

6E-2.002 Institutional Licensure

PURPOSE AND EFFECT: To consider amending the licensure requirements and authority for institutions that hold a Provisional License. Consideration includes, but is not limited to, amending the financial requirements, including requiring bonding, the training requirements and the authority to award credentials.

SUBJECT AREA TO BE ADDRESSED: Institutional Licensure.

RULEMAKING AUTHORITY: 1005.22(1)(e), 1005.31(2), (3) FS.

LAW IMPLEMENTED: 1005.22(1)(o), (2)(d), 1005.31, 1005.32, 1005.33 FS.

A RULE DEVELOPMENT WORKSHOP WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW:

DATE AND TIME: May 28, 2014, 2:00 p.m.

PLACE: Mission Inn Resort and Club, 10400 County Road 48, Howey-In-The-Hills, Florida

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: The Commission for Independent Education, 325 West Gaines Street, Suite 1414, Tallahassee, Florida 32399-0400. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Samuel L. Ferguson, Executive Director, Commission for Independent Education, 325 West Gaines, Street, Suite 1414, Tallahassee, Florida 32399-0400

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS NOT AVAILABLE.

AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid

RULE NO.: RULE TITLE:
59G-4.002 Medicaid Provider Reimbursement Schedules

PURPOSE AND EFFECT: The purpose of the amendment to Rule 59G-4.002, F.A.C., is to incorporate by reference the Florida Medicaid Provider Reimbursement Schedules. The amendment records effective dates for reimbursement schedules and the addition of two fee schedules: hospice physician and independent laboratory services.

SUBJECT AREA TO BE ADDRESSED: Medicaid Provider Reimbursement Schedules.

An additional area to be addressed during the workshop will be the potential regulatory impact the amendment to Rule 59G-4.002, F.A.C., will have as provided for under Sections 120.54 and 120.541, Florida Statutes.

RULEMAKING AUTHORITY: 409.919 FS.

LAW IMPLEMENTED: 409.902, 409.905, 409.906, 409.907, 409.908, 409.912, 409.913 FS.

A RULE DEVELOPMENT WORKSHOP WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW:

DATE AND TIME: Tuesday, June 10, 2014, 2:00 p.m. – 3:00 p.m.

PLACE: Agency for Health Care Administration, 2727 Mahan Drive, Building 3, Conference Room D, Tallahassee, Florida 32308-5407

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 48 hours before the workshop/meeting by contacting: Kathleen Core at the Bureau of Medicaid Services, (850)412-4221. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: Kathleen Core, Medicaid Services, 2727 Mahan Drive, Mail Stop 20, Tallahassee, Florida 32308-5407, telephone: (850)412-4221, e-mail: kathleen.core@ahca.myflorida.com

Please note that a preliminary draft of the reference material, if available, will be posted prior to the workshop at <http://ahca.myflorida.com/Medicaid/review/index.shtml>.

Comments will be received until 5:00 p.m. on Tuesday, June 17, 2014.

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

59G-4.002 Medicaid Provider Reimbursement Schedules.

(1) Medicaid providers who render advanced registered nurse practitioner, birth center, chiropractic, dental, hearing, independent laboratory, licensed midwife, optometric, outpatient hospital laboratory, physician, physician assistant, podiatry, registered nurse first assistant, and visual services are reimbursed according to the following fee schedules, which are incorporated by reference below:

~~(a) Advanced Registered Nurse Practitioner Fee Schedule, Effective July 1, 2012~~

~~(a)(b) Advanced Registered Nurse Practitioner Fee Schedule, Effective January 1, 2014 2013~~

~~(c) Advanced Registered Nurse Practitioner Fee Schedule, Effective July 1, 2013~~

~~(d) Birthing Center Fee Schedule, Effective July 1, 2012~~

~~(b)(e) Birthing Center Fee Schedule, Effective January 1, 2014 2013~~

~~(f) Birthing Center Fee Schedule, Effective July 1, 2013~~

~~(g) Chiropractic Services Fee Schedule, Effective July 1, 2012~~

~~(c)(h) Chiropractic Services Fee Schedule, Effective January 1, 2014 2013~~

~~(i) Chiropractic Services Fee Schedule, Effective July 1, 2013~~

- ~~(j) Dental General Fee Schedule, Effective July 1, 2012~~
~~(d)(k) Dental General Fee Schedule, Effective January 1, 2014 2013~~
 (l) Dental General Fee Schedule, Effective July 1, 2013
 (m) Dental Injectable Fee Schedule, Effective July 1, 2012
~~(e)(n) Dental Injectable Fee Schedule, Effective January 1, 2014 2013~~
 (o) Dental Injectable Fee Schedule, Effective July 1, 2013
~~(p) Dental Oral/Maxillofacial Surgery Fee Schedule, Effective July 1, 2012~~
 (f)(q) Dental Oral/Maxillofacial Surgery Fee Schedule, Effective January 1, 2014 2013
~~(r) Dental Oral/Maxillofacial Surgery Fee Schedule, July 1, 2013~~
 (s) Hearing Services Fee Schedule, Effective July 1, 2012
~~(g)(t) Hearing Services Fee Schedule, Effective January 1, 2014 2013~~
 (u) Hearing Services Fee Schedule, Effective July 1, 2013
 (h) Hospice Physician Services Fee Schedule (FSrates), Effective July 1, 2013
 (i) Independent Laboratory Services Fee Schedule, Effective January 1, 2013
~~(v) Licensed Midwife Fee Schedule, Effective July 1, 2012~~
 (j)(w) Licensed Midwife Fee Schedule, Effective January 1, 2014 2013
~~(x) Licensed Midwife Fee Schedule, Effective July 1, 2013~~
~~(y) Optometric Services Fee Schedule, Effective July 1, 2012~~
 (k)(z) Optometric Services Fee Schedule, Effective January 1, 2014 2013
~~(aa) Optometric Services Fee Schedule, Effective July 1, 2013~~
~~(bb) Outpatient Hospital Laboratory Fee Schedule, Effective January 1, 2013~~
 (cc) Physician Anesthesia Fee Schedule, Effective July 1, 2012
 (l)(dd) Physician Anesthesia Fee Schedule, Effective January 1, 2014 2013
 (ee) Physician Anesthesia Fee Schedule, Effective July 1, 2013
~~(ff) Physician Assistant Fee Schedule, Effective July 1, 2012~~
 (m)(gg) Physician Assistant Fee Schedule, Effective January 1, 2014 2013
 (hh) Physician Assistant Fee Schedule, Effective July 1, 2013
 (n)(ii) Physician Durable Medical Equipment Fee Schedule, Effective January 1, 2014 July 1, 2013
 (jj) Physician Evaluation and Management Fee Schedule, Effective July 1, 2012
 (o)(kk) Physician Evaluation and Management Fee Schedule, Effective January 1, 2014 2013
~~(H) Physician Evaluation and Management Fee Schedule, Effective July 1, 2013~~
~~(mm) Physician Immunization Fee Schedule, Effective July 1, 2012~~
 (p)(nn) Physician Immunization Fee Schedule, Effective January 1, 2014 2013
~~(oo) Physician Immunization Fee Schedule, Effective July 1, 2013~~
~~(pp) Physician Laboratory Services Fee Schedule, Effective July 1, 2012~~
 (q)(qq) Physician Laboratory Services Fee Schedule, Effective January 1, 2014 2013
~~(rr) Physician Laboratory Services Fee Schedule, Effective July 1, 2013~~
~~(ss) Physician Medical Fee Schedule, Effective July 1, 2012~~
 (r)(tt) Physician Medical Fee Schedule, Effective January 1, 2014 2013
~~(uu) Physician Medical Fee Schedule, Effective July 1, 2013~~
~~(vv) Physician Pediatric Surgery Fee Schedule, Effective July 1, 2012~~
 (s)(ww) Physician Pediatric Surgery Fee Schedule, Effective January 1, 2014 2013
~~(xx) Physician Pediatric Surgery Fee Schedule, Effective July 1, 2013~~
 (t)(yy) Physician Primary Care Rate Increase Fee Schedule, Effective January 1, 2014 2013
~~(zz) Physician Primary Care Rate Increase Fee Schedule, Effective July 1, 2013~~
~~(aaa) Physician Radiology Services Fee Schedule, Effective July 1, 2012~~
 (u)(bbb) Physician Radiology Services Fee Schedule, Effective January 1, 2014 2013
~~(ccc) Physician Radiology Services Fee Schedule, Effective July 1, 2013~~
~~(ddd) Physician Surgical Fee Schedule, Effective July 1, 2012~~
 (v)(eee) Physician Surgical Fee Schedule, Effective January 1, 2014 2013
~~(fff) Physician Surgical Fee Schedule, Effective July 1, 2013~~
 (ggg) Podiatry Fee Schedule, Effective July 1, 2012
 (w)(hhh) Podiatry Fee Schedule, Effective January 1, 2014 2013
 (iii) Podiatry Fee Schedule, Effective July 1, 2013
~~(jjj) Regional Perinatal Intensive Care Center (RPICC) Neonatal Services Fee Schedule, Effective July 1, 2012~~

~~(x)(kkk)~~ Regional Perinatal Intensive Care Center (RPICC) Neonatal Services Fee Schedule, Effective January 1, 2014 ~~2013~~

~~(lll) Regional Perinatal Intensive Care Center (RPICC) Neonatal Services Fee Schedule, Effective July 1, 2013~~

~~(mmm) Regional Perinatal Intensive Care Centers (RPICC) Obstetrical Services Fee Schedule, Effective July 1, 2012~~

~~(v)(nnn)~~ Regional Perinatal Intensive Care Centers (RPICC) Obstetrical Services Fee Schedule, Effective January 1, 2014 ~~2013~~

~~(ooo) Regional Perinatal Intensive Care Centers (RPICC) Obstetrical Services Fee Schedule, Effective July 1, 2013~~

~~(ppp) Registered Nurse First Assistant Fee Schedule, Effective July 1, 2012~~

~~(z)(qqq)~~ Registered Nurse First Assistant Fee Schedule, Effective January 1, 2014 ~~2013~~

~~(rrr) Registered Nurse First Assistant Fee Schedule, Effective July 1, 2013~~

~~(sss) Visual Services Fee Schedule, Effective July 1, 2012~~

~~(aa)(ttt)~~ Visual Services Fee Schedule, Effective January 1, 2014 ~~2013~~; and

~~(uuu) Visual Services Fee Schedule, Effective July 1, 2013.~~

(2) The fee schedules are available from the Medicaid fiscal agent's Web site at <http://mymedicaid-florida.com>. Select Public Information for Providers, then Provider Support, and then Fee Schedules.

Rulemaking Authority 409.919 FS. Law Implemented 409.902, 409.905, 409.906, 409.907, 409.908, 409.912, 409.913 FS. History—New 8-18-05, Amended 11-30-05, 4-16-06, 10-11-06, 3-27-07, 7-25-07, 9-29-08, 4-28-09, 2-11-10, 1-31-11, 7-16-13, 5-21-14, _____.

Section II Proposed Rules

DEPARTMENT OF LEGAL AFFAIRS

Division of Victim Services and Criminal Justice Programs

RULE NOS.:	RULE TITLES:
2A-2.0001	Definitions
2A-2.002	Victim Compensation Claims
2A-2.013	Property Claims
2A-2.014	Domestic Violence Relocation Assistance
2A-2.015	Sexual Battery Relocation Assistance

PURPOSE AND EFFECT: The proposed rule amendments are intended to clarify definitions, documentation requirements, amend benefits, and procedures for claims filed pursuant to the Crimes Compensation Act.

SUMMARY: This rule provides clarification of the definitions, documentation requirements, and procedures for claims for victim compensation, property loss, domestic violence relocation assistance, sexual battery relocation assistance, and

mental health treatment for victims of child pornography, minor victims who are witnesses to specific crimes, and victims of forcible felony offenses. It increases benefits for crime scene cleanup and reorganizes the benefits section for clarification. The rule provides for the creation of Rule 2A-2.0001, F.A.C., Definitions for clarification.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND LEGISLATIVE RATIFICATION: The Agency has determined that this will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of \$200,000 in the aggregate within one year after the implementation of the rule. A SERC has not been prepared by the Agency.

The Agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated regulatory costs or if no SERC is required, the information expressly relied upon and described herein: During discussion of the economic impact of this rule the Department, based upon the expertise and experience of its members, determined that a Statement of Estimated Regulatory Cost (SERC) was not necessary and that these rule amendments will not require ratification by the Legislature. This proposed rulemaking will not have an adverse impact or effect regulatory costs in excess of \$1 million within five years as established in Sections 120.541(2)(a)1., 2., and 3., F.S.

Any person who wishes to provide information regarding a statement of estimated regulatory costs, or provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

RULEMAKING AUTHORITY: 960.045(1)(b), 960.13(9)(b) FS.

LAW IMPLEMENTED: 960.065, 960.07, 960.12, 960.13, 960.15, 960.16, 960.17, 960.18, 960.195, 960.198, 960.199 FS. IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAR.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Michelle Crum, Chief, Bureau of Victim Compensation, Department of Legal Affairs, PL-01, The Capitol, Tallahassee, Florida 32399-1050, (850)414-3300

THE FULL TEXT OF THE PROPOSED RULE IS:

2A-2.0001 Definitions.

(1) "Actual loss" means the total amount of treatment bills, medical/dental support services, lost wages, disability, funeral expenses, loss of support, and other related out-of-pocket losses, which are compensable by the Crimes Compensation Trust Fund.

(2) “Application” refers to the current Bureau of Victim Compensation Claim Form which can be found at www.myfloridalegal.com.

(3) “Bureau” means the Bureau of Victim Compensation (BVC) within the Division of Victim Services and Criminal Justice Programs of the Office of the Attorney General.

(4) “Compensable crime” is an offense as defined in Section 960.03(3), F.S., which results in physical, psychological, psychiatric, or mental injury, or death for which an eligible claimant seeks benefits for economic loss, medical/dental/mental health treatment, funeral or burial costs, or disability benefits that are not payable by another source.

(5) “Crime scene cleanup” means the removal and disposal of biohazardous and/or biochemical substances following a violent crime that occurs in the private residence or conveyance of the victim and must be performed by a government authorized facility.

(6) “Division” means the Division of Victim Services and Criminal Justice Programs within the Department of Legal Affairs.

(7) “Domestic violence” is defined in Section 741.28(2), F.S.

(8) “Economic loss” means wage loss, loss of support and disability.

(9) “Family or household member” is defined in Section 741.28(3), F.S.

(10) “Forcible felony” is defined in Section 776.08, F.S.

(11) “Guardian” means:

(a) A parent of a minor child

(b) A person who has been appointed by the court to act on behalf of a ward’s person or property, or both;

(c) A court-appointed guardian of funds for a minor;

(d) A relative who has temporary legal custody of a minor for treatment expenses; or

(e) A personal representative on behalf of a mentally incompetent person with a durable power of attorney that preceded the incompetence.

(12) “Habitual felony offender” is defined in Section 775.084(1)(a), F.S.

(13) “Habitual violent felony offender” is defined in Section 775.084(1)(b), F.S.

(14) “Medical/Dental Support” means prescriptions, eyeglasses, contact lenses, dentures or any other prosthetic device which needs to be purchased or replaced as a result of the crime and which the claimant has already paid for with personal funds.

(15) “Occurrence” means the date the crime incident actually happened.

(16) “Physical injury” means bodily harm or hurt, excluding mental distress, fright, or emotional disturbance.

(17) “Proper authorities” includes child protection teams, law enforcement, prosecuting attorneys, and the Department of Children and Families.

(18) “Provider” means the entity that provides goods or services to or on behalf of the victim.

(19) “Psychiatric injury” and “psychological injury” mean emotional injury. These terms are used interchangeably and satisfy the requirement for physical injury pursuant to Section 960.03, F.S., if inflicted by a forceable felony.

(20) “Relocation assistance” is for compensable expenses which include interim shelter; moving company charges; deposits which include natural gas and utilities deposits for unoccupied residences, housing, or apartment deposits; short term storage facility charges; prepaid cellular services with limited prepaid service; transportation expenses which include airfare, bus, taxi, train or vehicle rental; emergency food and clothing.

(21) “Resident” means one who maintains his or her primary dwelling in Florida. Residency is governed by a person’s intent, as evidenced by all surrounding facts and circumstances. Military personnel stationed in Florida and students shall be deemed residents.

(22) “Treatment” includes services rendered in accordance with a religious method of healing, e.g., religious practitioner and cultural healing practices that use herbal remedies.

(23) “Unjust enrichment” means the offender will benefit directly or indirectly from victim compensation assistance paid to the victim/applicant, or the victim’s total payments from victim compensation and collateral sources will exceed the victim/applicant’s compensable monetary losses due to the crime upon which the application is based.

(24) “Victim/applicant” is a person as defined in Section 960.65, F.S.

(25) “Violent career criminal” is defined in Section 775.084(1), F.S.

(26) “Mental Injury” means an injury to the intellectual or psychological capacity of a child abuse victim as evidenced by a discernible and substantial impairment in the ability of the child to function within the normal range and behavior as testified to in criminal child abuse proceedings under oath by a psychologist licensed under Chapter 490, F.S., a physician who is licensed under Chapter 458 or 459, F.S., and has completed an accredited residency in psychiatry, or a physician who has obtained expert witness certification pursuant to Section 458.3175, F.S.

Rulemaking Authority 960.045(1) FS. Law Implemented 960.03, 960.05, 960.065, 960.07, 960.12, 960.13(5)(a), 960.15, 960.16, 960.17, 960.18, 960.195, 960.198, 960.199 FS. History-
New _____.

2A-2.002 Victim Compensation Claims.

~~(1) Definitions.~~

~~(a) "Actual loss" means the total amount of treatment bills, medical/dental support services, lost wages, disability, funeral expenses, loss of support, and other related out of pocket losses, which are compensable by the Crimes Compensation Trust Fund.~~

~~(b) "Bureau" means the Bureau of Victim Compensation (BVC) within the Division of Victim Services and Criminal Justice Programs of the Office of the Attorney General.~~

~~(c) "Compensable crime" is an offense as defined in Section 960.03(3), F.S., which results in physical, psychological, psychiatric, or mental injury, or death for which an eligible claimant seeks benefits for economic loss, medical/dental/mental health treatment, funeral or burial costs, or disability benefits that are not payable by another source.~~

~~(d) "Crime scene cleanup" means the removal and disposal of biohazardous and/or biochemical substances following a violent crime that occurs in the private residence or conveyance of the victim and must be performed by a government authorized facility.~~

~~(e) "Division" means the Division of Victim Services and Criminal Justice Programs within the Department of Legal Affairs.~~

~~(f) "Domestic violence" is defined in Section 741.28(2), F.S.~~

~~(g) "Economic loss" means wage loss, loss of support and disability.~~

~~(h) "Family or household member" is defined in Section 741.28(3), F.S.~~

~~(i) "Foreible felony" is defined in Section 776.08, F.S.~~

~~(j) "Guardian" means:~~

- ~~1. A person who has been appointed by the court to act on behalf of a ward's person or property, or both;~~
- ~~2. A court appointed guardian of funds for a minor;~~
- ~~3. A relative who has temporary custody of a minor for treatment expenses; or~~
- ~~4. A personal representative on behalf of a mentally incompetent person with a durable power of attorney that preceded the incompetence.~~

~~(k) "Habitual felony offender" is defined in Section 775.084(1)(a), F.S.~~

~~(l) "Habitual violent felony offender" is defined in Section 775.084(1)(b), F.S.~~

~~(m) "Medical/Dental Support" means prescriptions, eyeglasses, contact lenses, dentures or any other prosthetic device which needs to be purchased or replaced as a result of the crime and which the claimant has already paid for with personal funds.~~

~~(n) "Occurrence" means the date the crime incident actually happened.~~

~~(o) "Physical injury" means bodily harm or hurt, excluding mental distress, fright, or emotional disturbance.~~

~~(p) "Proper authorities" includes child protection teams, law enforcement, state attorneys, and the Department of Children and Families.~~

~~(q) "Provider" means the entity that provides goods or services to or on behalf of the victim.~~

~~(r) "Psychiatric injury" and "psychological injury" mean emotional injury. These terms are used interchangeably.~~

~~(s) "Resident" means one who maintains his or her primary dwelling in Florida. Residency is governed by a person's intent, as evidenced by all surrounding facts and circumstances. Military personnel stationed in Florida and students shall be deemed residents.~~

~~(t) "Treatment" includes services rendered in accordance with a religious method of healing, e.g., religious practitioner and cultural healing practices that use herbal remedies.~~

~~(u) "Unjust enrichment" means the offender will benefit directly or indirectly from victim compensation assistance paid to the victim, or the victim's total payments from victim compensation and collateral sources will exceed the victim's compensable monetary losses due to the crime upon which the application is based.~~

~~(v) "Violent career criminal" is defined in Section 775.084(1), F.S.~~

~~(w) "Mental Injury" means an injury to the intellectual or psychological capacity of a child abuse victim as evidenced by a discernible and substantial impairment in the ability of the child to function within the normal range and behavior as testified to in criminal child abuse proceedings under oath by a psychologist licensed under Chapter 490, F.S., a physician who is licensed under Chapter 458 or 459, F.S., and has completed an accredited residency in psychiatry, or a physician who has obtained expert witness certification pursuant to Section 458.3175, F.S.~~

~~(1)(2) Application. An application for victim compensation should be mailed to the Office of the Attorney General, Bureau of Victim Compensation, PL-01, the Capitol, Tallahassee, FL 32399-1050 or faxed to (850)414-6197 (850)487-1595, (850)487-2625, or (850)414-5779; or emailed to VCIntake@myfloridalegal.com. The application must include the following information:~~

~~(a) Name, date of birth, mailing address, telephone number, if any, where victim/applicant claimant can be reached during the day, and email address, if any, for the victim/and applicant to receive correspondence, and the victim/applicant's current occupation, if employed for the individual on whose behalf benefits are sought.~~

(b) Optional demographic data for statistical purposes, including race, ~~and~~ gender, and national origin.

(c) A statement indicating if victim is disabled or deceased as a result of the crime.

(d) Agency name, name of agency representative, mailing address, telephone number, and email address for the person or agency assisting the victim/applicant ~~claimant~~ with the victim compensation claim.

(e) Current occupation information including the nName, mailing address, telephone number, and email address for the victim's employer(s), if the victim was employed at the time of the crime.

(f) Applicants submitting an application on behalf of an incompetent adult must have their application signature witnessed by a Notary Public who's commission is current on the date the signature is captured.

~~(g)(4)~~ For loss of support, the name(s) and date(s) of birth of the deceased victim's.

1. Surviving spouse;
2. Dependent parent, sibling, or child(ren); ~~or and~~
3. Other person who was dependent on the decedent for his or her principal support.

~~(h)(5)~~ Insurance information, including the company (carrier) name, mailing address, telephone number, email address, and policy number, and explanation of benefits statements for the following:

1. State and federal programs (i.e., Medicare, Champus, Erisa, Medicaid);
2. Homeowner's, automobile, and ~~major~~ medical insurance;
3. Health maintenance organization;
4. Funeral or burial insurance, and
5. Disability and/or wage replacement coverage.

~~(i)(4)~~ Name, mailing address, telephone number, fax number, and email address of the attorney who is (or will be) handling civil litigation that has been (or will be) filed as a result of the crime.

~~(j)(4)~~ Crime information:

1. Date of occurrence, ~~location~~ and type of crime;
2. Date reported to law enforcement, the state attorney, or the Department of Children and Families;
3. Whether crime was reported within 72 hours after occurrence;
4. Official name of the agency to which crime was reported;
5. Law enforcement report number;
6. Name, ~~email address, and telephone number~~ of the law enforcement officer assigned to the case; and
7. Name of offender and status in the criminal justice system, including court case number.

~~(k)(4)~~ Statements asserting serious financial hardship, authorizing release of information, and acknowledging repayment requirements and subrogation obligations.

~~(l)(4)~~ Printed name and signature of the adult who is filing the claim.

~~(m)(4)~~ The following persons can file a claim:

1. Victim or intervenor;
2. Surviving spouse, parent, adult child or sibling of a deceased victim;
3. Guardian applying on behalf of a minor victim, incompetent person, surviving minor child of a deceased victim, or surviving minor sibling of a deceased victim.

4. Relative applying on behalf of a deceased victim when there is no other source for payment of funeral expenses;

5. Non-relative applying for funeral benefits on behalf of a deceased victim when no family member is available to apply ~~(for funeral expenses only)~~; or

6. Other person applying for loss of support benefit who was dependent for his or her principal support upon a deceased victim or intervenor ~~(loss of support benefit only)~~.

~~(2)(3)~~ Documentation.

(a) The victim/applicant ~~claimant~~ has the ultimate responsibility to provide information and documentation needed to support eligibility and benefits payment.

(b) The victim/applicant ~~claimant~~ must provide updated address and contact information, which shall be considered the address of record. Failure to update this information will result in denial of the claim and a loss of appeal rights.

(c) When the claim is received, the victim/applicant shall ~~claimant may be asked to~~ provide specifically requested specific medical and financial information, if applicable.

(d) When an incomplete claim is received, the department will notify the claimant at their address of record of the information needed for eligibility determination and benefits.

(e) Required information:

1. Completed and signed application ~~claim form~~.
2. Report from law enforcement, state attorney, or Department of Children and Families documenting that:
 - a. A compensable crime occurred;
 - b. The victim did not contribute to the infliction of his or her injury or death; and
 - c. The victim did not act unlawfully.
3. Proof of crime-related expenses (includes itemized bills from treatment providers).
4. Proof of third-party payments such as insurance, restitution, judgments or settlements (i.e., copy of insurance explanation of benefits, settlement agreements, court documents for restitution and judgments).

5. Proof of time missed from work as verified in writing by the treating physician and the human resources director or other authorized human resources supervisor, employee administrative services supervisor, chief financial officer, chief executive officer, president, or owner ~~chief executive or chief financial officer of the victim's employer. The director of personnel or director of human resources may serve as designees for the chief executive officer or chief financial officer.~~

6. Proof of the disability incurred as a result of the crime as verified in writing by the treating physician or a copy of the victim's social security disability benefits approval document.

~~(3)~~(4) Filing Time. When a claim is received later than one year after the crime and less than two years after the incident, the victim/applicant claimant must provide an explanation for the late filing which must demonstrate good cause for the delay.

(a) Good cause is demonstrated when the record shows the victim/applicant claimant was pursuing other means of recourse or when the victim/applicant claimant was not emotionally, mentally, or physically able to file the claim within one year after the date of the crime.

(b) No explanation is acceptable for an adult filing a claim more than two years after the occurrence of the crime, unless Section 960.07(2)(c), 980.07(3)(b), 960.07(4), or 960.197(1)(b), F.S., applies.

~~(4)~~(5) Penalty Assessments.

(a) An assessment of non-cooperation must be based on information obtained from the highest jurisdiction at the time of the assessment. If an arrest has been made and the criminal case is at the prosecution stage, the assessment of non-cooperation must be based on information obtained from the assistant state attorney. If the case is open at the local law enforcement agency, the assessment of non-cooperation must be based on information obtained from the law enforcement agency.

(b) Non-cooperation is established when the law enforcement agency or assistant state attorney informs the department in writing that the victim:

1. Failed to appear when requested by law enforcement or after proper notice from the state attorney;
2. Failed to testify or assist in the investigation and prosecution;
3. Gave false or misleading information regarding the crime without recanting; or
4. Aided the offender in his or her defense.

(c) Contributory misconduct is based on information in writing from a determination by law enforcement or the state attorney that the victim's conduct contributed to his or her injury or death. ~~The direct causal relationship between the actions of the victim and the offender must be documented by the assistant state attorney or the law enforcement agency.~~

(d) Penalty assessments, if imposed, will be applied only to payments made directly to the victim or ~~applicant claimant~~ at the rate of 25 percent of the amount otherwise payable.

~~(5)~~(6) Benefits.

(a) Collateral sources must be exhausted before the amount of any compensable benefit is determined, except loss of support.

(b) Disability benefits are available for eligible victims who suffered a permanent disability as a result of the crime.

1. The disability allowance is calculated at \$250 per percentage point for disability ratings of one through ten percent, and \$500 per percentage point for disability ratings of eleven percent and above.

2. Pre-existing disability is not compensable.

~~3.~~(e) In order to be eligible, a ~~A~~ physician must provide a written statement documenting the disability rating in accordance with the Florida Uniform Guide to Permanent Impairment Rating Schedule or the American Medical Association Guide to the Evaluation of Permanent Impairment. The disability statement from the treating physician must include the following:

~~i.~~1. Victim/patient's full name, date of birth, and other identifying information (e.g., social security number, patient account number);

~~ii.~~2. Type of injury, diagnostic code(s) for the injury, whether the victim suffered a permanent disability as a result of the crime, and the permanent impairment to the body as a whole expressed as a percentage.

~~iii.~~3. Physician's name, mailing address, email address, telephone number, fax number, ~~and~~ federal or state identification number, and medical license number.

~~iv.~~4. Physician's signature and date signed.

~~(d) The disability allowance is calculated at \$250 per percentage point for disability of one through ten percent, and \$500 per percentage point for disability ratings of eleven percent and above.~~

~~(e) Pre-existing disability is not compensable.~~

~~(c)~~(f) Wage loss benefits:

1. Aa ~~are~~ available to eligible victims/applicants or claimants who missed time from work because they are/~~were~~ unable to work as a result of the injuries sustained as a result of the crime. Wage loss benefits are also available to the victim's parent, when he or she misses time from work to provide immediate care to the minor victim.

~~2.~~(g) Lost wages will be paid at 66.667 percent based on the victim/applicant's claimant's actual gross average weekly wage or the minimum or maximum gross average weekly wage provided by the Department of Financial Services for workers' compensation benefits. In no case may the wage loss payment exceed the maximum gross average weekly wage established by the Department of Financial Services.

~~3.(h)~~ The victim or applicant claimant's must have been gainfully employed at the time of the crime.

~~4.(i)~~ The following is needed to calculate wage loss benefits:

~~i.1-~~ Pay stub; earnings statement; official notice to the Bureau which specifies the rate of pay, number of hours worked each week, job title, and date of hire; or most recent federal income tax return, schedule C (if self-employed).

~~ii.2-~~ Statement from treating physician including:

a. Victim's full name, date of birth, and other identifying information (e.g., social security number, patient account number);

b. Type of injury, diagnostic code(s) for the injury;

c. Dates victim was not able to work as a result of the crime;

d. Whether victim requires future treatment directly related to the injury;

e. Physician's name, mailing address, email address, telephone number, fax number, and federal identification number, and medical license number; and

f. Physician's signature and date signed.

~~iii.3-~~ Employment report from the victim/applicant's claimant's employer(s) that includes:

a. Employee's name, job title, and social security number (or other identifier).

b. Date hired and date terminated (if applicable).

c. Dates victim or applicant claimant missed work as a result of the crime.

d. Average number of hours worked per week, hourly rate (including tips, commissions, etc.), and average weekly wage if amount varies by week.

e. Name(s) of employer(s), name of immediate supervisor, business mailing address, email address, supervisor's telephone number and fax number.

f. Printed name and title of the human resources director or other authorized human resources supervisor, employee administrative services supervisor, chief financial officer, chief executive officer, president, or owner; and employer's chief executive or chief financial officer or authorized designee, signature and date.

~~5.(j)~~ When the victim was not employed at the time of the crime but was receiving unemployment compensation (reemployment assistance) benefits, and because of the crime injuries the victim is not able to work or actively seek employment and is thereby no longer eligible to receive unemployment compensation benefits, the payment for lost wages will be based on the victim's non-discounted unemployment compensation benefit amount.

~~(k)~~ Oral or electronic confirmation shall be obtained for the first five days' wage loss. Subsequent loss is compensable only upon receipt of written document requested herein.

~~(d)(4)~~ Loss of support benefits:

1. are Aavailable to eligible dependents of a deceased victim who was employed, or had applied for and would have been eligible for unemployment compensation benefits (reemployment assistance), at the time of the crime. Persons eligible for this benefit include:

~~i.1-~~ Surviving spouse;

~~ii.2-~~ Dependent parent, sibling, and child(ren); and

~~iii.3-~~ A person who was dependent for his or her principal support on the deceased victim.

~~2.(m)~~ Proof of dependency is established based on:

~~i.1-~~ The deceased victim's federal income tax return;

~~ii.2-~~ Marriage certificate;

~~iii.3-~~ Birth certificate;

~~iv.4-~~ Copy of approval for Social Security Administration survivor benefits; or

~~v.5-~~ When the applicant claimant can provide actual documentation that joint expenses exceed the applicant's claimant's income and that the expenses had been paid by the deceased. Acceptable documentation includes certified copies of financial records, lease, mortgage or other forms of mutual indebtedness for a minimum of one year preceding the occurrence of the crime.

~~(e)(n)~~ Funeral/burial expenses are compensable and may be paid to the service provider or reimbursed to the claimant when the claimant has already paid the bill. The claimant must be shown to be the party who paid the funeral expenses or the party responsible for the unpaid funeral expense.

~~(f)(o)~~ Mental health treatment (inpatient and outpatient) expenses:

1. are Compensable when the treatment is directly related to the crime and when such services are rendered by a person qualified to provide mental health counseling pursuant to Chapter 458, 490, or 491, F.S., and when such treatment is rendered within one year after the date of the crime.

~~2.(p)~~ Inpatient mental health care is limited to acute, crisis stabilization up to seven days.

~~3.(q)~~ Minors who saw or heard the crime incident and who suffered a psychological or psychiatric injury as a result of the crime, but were not physically injured, may receive mental health care, when the law enforcement report reflects that the minor was present at the crime scene.

4. Minors younger than 18 years of age who were the victim of a felony or misdemeanor offense of child abuse that resulted in a mental injury, as defined in Section 827.03, F.S., but who were not physically injured, are eligible for mental health treatment benefits.

~~5.(t)~~ Persons who suffered a psychological or psychiatric injury as a direct result of a forcible felony may receive mental health care, when the law enforcement report identifies the individual as a victim of the crime. This is the only benefit available to adult victims who did not suffer a physical injury or death.

~~6.(s)~~ A surviving minor child of a deceased victim, or a minor victim who was physically injured, may receive mental health care. When multiple applicants qualify for this benefit, payment is limited to \$7,500 per claim.

~~7.(r)~~ A surviving spouse, parent, adult child or sibling of a deceased victim may receive mental health care, provided total treatment/mental health benefits do not exceed \$7,500 per claim.

~~8.(q)~~ When a minor receiving mental health treatment care reaches the age of 18, the adult benefit level of \$2,500 per claim is applied to the entire claim. If that benefit amount has already been paid, no further benefits are available.

9. Out-of-pocket reimbursement to the victim/applicant for payment to mental health service providers is payable at 100 percent, not to exceed total benefit limits, except when the offender would be unjustly enriched directly or indirectly. In that event, reimbursement is not compensable.

10. Reimbursement for transportation costs to mental health treatment appointments requires the submission of an itemized bill by the treating provider and a reasonable estimate of the mileage between the victim/applicant's residence. Rental car charges may be compensable for travel to another city for mental health treatment. A traveler who uses an indirect route for personal convenience must bear any extra costs; reimbursement for expenses shall be based only on such charges as would have been incurred by a usually-traveled route.

~~(g)(v)~~ Treatment (medical/dental/non-medical remedial treatment care) costs are compensable.

~~1.(w)~~ Treatment expenses include any financial obligation or monetary outlay for crime-related medical or non-medical remedial care and other services necessary as a result of the crime for which the victim/applicant claimant is responsible for payment.

~~2.(x)~~ If the provider rejects payment in full from the department, the funds may be paid to the victim/applicant claimant, who is then responsible for the bill.

3. Out-of-pocket reimbursement to the victim/applicant for payments to medical providers is payable at 100 percent, not to exceed total benefit limits, except when the offender would be unjustly enriched directly or indirectly. In that event, reimbursement is not compensable.

~~(y)~~ Out of pocket reimbursement to the claimant for payments to providers is payable at 100 percent, not to exceed total benefit limits, except when the offender would be unjustly enriched directly or indirectly. In that event, reimbursement is not compensable.

~~4.(z)~~ Crime-related medical expenses of a deceased adult victim incurred prior to his or her death are compensable only when an eligible applicant claimant has (or has assumed) financial responsibility for the expense.

5. Medically necessary equipment (e.g., wheelchairs, oxygen tanks) and prosthetics that are damaged during the crime. When the item was damaged during the crime, the law enforcement report must specifically identify what happened to the items.

6. Reimbursement for transportation costs to medical/dental treatment appointments requires the submission of an itemized bill by the treating provider and a reasonable estimate of the mileage between the victim/applicant's residence. Rental car charges may be compensable for travel to another city for medical/dental treatment. A traveler who uses an indirect route for personal convenience must bear any extra costs; reimbursement for expenses shall be based only on such charges as would have been incurred by a usually-traveled route.

~~(h)(aa)~~ Other reimbursable costs are:

1. Costs for interpreter services for eligible victims with (foreign) language barriers and/or hearing impairment with regard to treatment services. These costs are included in the respective maximum benefit amounts and must be identified on an itemized bill. This does not apply to interpreter costs incurred for court-related activities.

~~2. Medically necessary equipment (e.g., wheelchairs, oxygen tanks) and prosthetics that are damaged during the crime. When the item was damaged during the crime, the law enforcement report must specifically identify what happened to the items.~~

~~3. Transportation costs to medical appointments. An itemized bill (receipt) for transportation is needed in order for the claimant to receive reimbursement. Rental car charges may be compensable for travel to another city for medical/dental treatment. A traveler who uses an indirect route for personal convenience must bear any extra costs; reimbursement for expenses shall be based only on such charges as would have been incurred by a usually-traveled route.~~

2.4. Crime scene cleanup costs for the removal and disposal of biohazardous and/or biochemical substances following a violent crime that occurs in the private residence or conveyance of the victim. These services must be performed by

a government-authorized facility within seven days after law enforcement officially releases the scene as a site closed for investigation ~~the occurrence of the crime.~~

~~(i)(bb)~~ When the maximum benefit amount has been reached, no further benefits are available, regardless of whether that occurs prior to or after the effective date of these rules.

~~(cc) Minors younger than 18 years of age who were the victim of a felony or misdemeanor offense of child abuse that resulted in a mental injury, as defined in Section 827.03, F.S., but who were not physically injured, may be eligible for mental health treatment benefits.~~

~~(6)(7)~~ Documentation Requirements –

(a) The victim/applicant claimant shall provide documentation needed to support a determination of eligibility for benefits under this rule. Failure to provide the requested information shall result in denial of the claim.

(b) A claim for compensation must include the type of benefits requested and the following:

1. Personal identification information for applicant claimant and victim, if different;

2. Full legal name, date of birth, social security or other government-issued identification number, and relationship to victim;

3. Mailing address, including city, state and zip code where department correspondence can be received, which shall be the address of record;

4. Email address, if any, and telephone number, if any, where victim/applicant claimant can be reached during the day; and

5. Indication of whether victim was disabled before the crime occurred.

6. Referral information, if applicable:

a. Name of person who assisted victim/applicant claimant in completing the application;

b. Name of organization assisting the victim/applicant claimant;

c. Organization’s mailing address, including city, state and zip code;

d. Email address, if any, and telephone number, if any, for person assisting victim/applicant claimant.

7. Employment information, if applicable:

a. Supervisor’s name and title;

b. Legal name of company or business;

c. Employer’s mailing address, including city, state and zip code; and

d. Supervisor’s email address, if any, and telephone number, if any.

8. An individual federal income tax return with W-2 or schedule C attachments, as appropriate.

9. Insurance and other third party payer information:

a. Name of insured;

b. Type of policy and policy number;

c. Name of insurance company;

d. Insurance company’s mailing address, including city, state and zip code;

e. Name of insurance company adjuster or claims representative; and

f. Email address and telephone number for contact person at insurance company.

10. Crime information:

a. Date ~~and location (street address, city, county, state)~~ of crime;

b. Date crime was reported to the law enforcement or other proper authority and report number;

c. Name of law enforcement agency where crime was reported;

d. Type of crime;

e. Name of law enforcement officer ~~and badge/identification number~~;

f. Name of offender;

g. Offender’s status;

h. Name of assistant state attorney handling case; and

i. Court case number.

11. Affirmative statement signed by victim/applicant claimant that the information provided is true and correct to the best of his or her knowledge.

12. A contractual agreement signed by the victim/applicant claimant or attorney to:

a. Reimburse the department according to the provisions of Section 960.16, F.S.;

b. Authorize release of information pursuant to Sections 960.05(2)(k), (l), (m) and (n), F.S.; and

c. Affirm whether the victim wants to invoke confidentiality pursuant to Section 119.071, F.S.

(c) Acceptable documentation for proof that a compensable crime occurred shall include:

1. A law enforcement report that affirms a crime occurred, regardless of whether an offender can be identified;

2. An affidavit charging an individual with a crime filed by law enforcement;

3. An information charging an individual with a crime filed by a state attorney;

4. An indictment by a grand jury;

5. A child abuse investigation report completed by a Department of Children and Families or child protection team member;

6. A written ~~Or~~ communication from the United States Federal Bureau of Investigations; or for victims of human trafficking.

7. An OAG cybercrime investigator may certify a crime for purposes of Section 960.197, F.S.

(d) When there is an original law enforcement report showing a compensable crime occurred, the claim should be determined eligible, without regard to the offense to which the offender eventually pled or was convicted of, provided the remaining eligibility criteria are met.

(e) Itemized bills must be submitted before payment to a provider or reimbursement to the victim/applicant claimant can be considered pursuant to Sections 960.13, 960.197, and 960.28, F.S. The itemized bill (invoice) should be prepared using industry standard forms (e.g., CMS-1450, 1500, J400), or on the provider's letterhead and must include the following information:

1. Service provider/facility's name, street address, city, state and zip code, email address, and telephone number (including area code);
2. Organization/treatment facility's mailing address;
3. Federal tax identification number;
4. Beginning and ending date(s) of service;
5. Name and address of individual being billed for services rendered;
6. Revenue code, description of service, CPT or equivalent code, service date, service units, and total charges;
7. Diagnosis code, diagnosis, or nature of injury; and
8. First and last name of attending medical professional and license number.

(f) Acceptable documentation for crime-related wage loss ~~include~~:

1. Documentation signed by the company's human resources director or other authorized human resources supervisor, employee administrative services supervisor, chief financial officer, chief executive officer, president, or owner which specifies the following:

- i. Victim/applicant's name;
- ii. Job title;
- iii. Date hired;
- iv. Date terminated, if applicable;
- v. Dates missed from work as a result of the crime;
- vi. Average number of hours the victim/applicant worked per week;
- vii. Total number of hours missed from work as a result of the crime;
- viii. Hourly wage or average weekly wage;
- ix. Company name, address, and telephone number; and
- x. Supervisor's name and telephone number, if applicable.

2. If the documentation requirements specified in subparagraph 1. above cannot be obtained, the following documentation shall be accepted:

i. The victim/applicant's ~~claimant~~ pay stub or individual earnings statement showing loss of dates from work as a result of the crime;

ii. ~~2.~~ Unemployment compensation (reemployment assistance) benefits statement;

iii. ~~3.~~ Recent federal income tax return; or

iv. ~~4.~~ Quarterly federal income tax report; ~~or~~

5. Document signed by the company's chief executive or chief financial officer, on the employer's letterhead; and

6. Document signed by a licensed physician or licensed mental health professional must be confirmed with the employer.

3. Oral or electronic confirmation shall be obtained from the employer for the first five days' wage loss.

Subsequent loss is compensable only upon receipt of written document requested herein.

(g) Acceptable documentation for crime-related loss of support includes the following:

1. Deceased victim's pay stub or individual earnings statement,
2. Unemployment compensation benefits statement,
3. Recent federal income tax return,
4. Verification of earnings from the employer on the employer's letterhead and signed by the company's financial or chief executive officer, or

~~5. Pension or retirement statement.~~

(h) Proof of dependency may be established by a copy of a court order for support, birth certificate, marriage certificate, or federal income tax return.

(i) Acceptable documentation for crime-related disability benefits includes an assessment in writing by a licensed physician and must be in accordance with the American Medical Association's Guide to Evaluation of Permanent Impairment or the Florida Permanent Impairment Rating Guide. The documentation must include the following:

1. Victim's name and date of birth;
2. Type of injury and diagnostic code(s);
3. Permanent whole body disability rating pursuant to Section 440.15(3)(b), F.S.;

4. Verification that the victim has reached maximum medical improvement, or that the percentage of disability will not change after maximum medical improvement has been reached;

5. Guide used to assess the whole body permanent disability percentage;

6. Subsection of Section 960.03(1), F.S. for which the victim qualifies for catastrophic losses, if applicable; and

7. Attending physician’s name, mailing address, telephone number, federal identification number, medical license number and signature.

(j) Acceptable documentation for crime scene cleanup services includes an itemized bill which provides the following:

1. Service provider/facility’s name, street address, city, state and zip code, email address, and telephone number (including area code);
2. Federal tax identification number;
3. Date(s) of service;
4. Date of occurrence of incident for which services are provided;
5. Name and address of individual being billed for services rendered; and

6. Description of service, service date, service units, and total charges.

7. Documentation must prove that services were performed within seven days from the crime incident, or be accompanied by documentation from law enforcement proving that services were performed within seven days after law enforcement released the scene as a site closed for investigation. Provider’s W-9 form for initial payment or when requested, if not available through the Department of Financial Services;

(k) The schedule of benefits for claims timely filed pursuant to the Crimes Compensation Act, except Sections 960.197 and 960.28, F.S., includes:

	Benefit	Maximum benefit amount	Timeframe within which loss must be incurred after the date of the crime
1.	Wage loss		
a.	Victim	\$15,000	one year
b.	Parent	\$15,000	one year
2.	Disability	\$15,000	n/a
3.	Loss of Support	\$25,000	n/a
4.	Catastrophic Injury	\$30,000	n/a
5.	Mental Health Treatment (per claim)	\$7,500	(varies)
a.	Minor (until age 18) when victim is deceased	\$7,500	n/a
b.	Adult when victim is deceased	\$2,500	one year
c.	Adult or minor, inpatient crisis stabilization (7 days)	\$7,500	one year
d.	Adult victim	\$2,500	one year
e.	Minor victim (until age 18)	\$7,500	n/a
f.	Minor witness	\$2,500	one year
g.	Victim of forcible felony	\$2,500	one year
h.	Victim of child pornography	\$7,500	n/a
i.	Minor victim mental injury	\$7,500	n/a
6.	Medical/Dental Treatment	\$7,500	one year
7.	Funeral/Burial	\$5,000	n/a
8.	Crime Scene Cleanup	\$1,500 \$500	seven days
9.	Property Loss	\$500	date of the crime

(l) Total benefits paid on a single claim or after July 1, 2010, cannot exceed the \$15,000 when the victim is not deceased, or catastrophically injured, \$25,000 when the victim is deceased, or \$30,000 when the victim has sustained a catastrophic injury as defined in Section 960.03(1), F.S.

Rulemaking Authority 960.045(1), 960.13(9)(b) FS. Law Implemented 960.065, 960.07, 960.12, 960.13, 960.15, 960.16, 960.17, 960.18, 960.195, 960.198 FS. History—New 1-1-92, Amended 11-1-92, 9-13-94, 1-8-96, 6-25-96, 10-1-96, 9-24-97, 8-17-99, 2-3-00, 10-23-01, 5-13-03, 1-16-08, 7-1-10, 11-19-12,_____.

2A-2.013 Property Claims.

(1) An application for victim compensation shall ~~must~~ be mailed to the Office of the Attorney General, Bureau of Victim Compensation, PL-01, The Capitol, Tallahassee, FL 32399-1050 ~~or~~ faxed to (850)414-6197 (850)487-1595, (850)487-2625, or (850)414-5779; or emailed to VCIntake@myfloridalegal.com.

(2) through (3) No change.

(4) The criminal or delinquent act ~~crime~~ must be reported to law enforcement within 72 hours from the time that the event is known to have occurred.

(5) through (8) No change.

(9) Compensation is limited to items that are lawful tangible personal property of the victim claimant.

(10) through (11) No change.

Rulemaking Authority 960.045(1)(b) FS. Law Implemented 960.195 FS. History—New 7-1-10, Amended _____.

2A-2.014 Domestic Violence Relocation Assistance.

(1) No change.

(2) A certification must accompany the application for assistance. The claim and certification ~~shall~~ should be mailed ~~or faxed~~ to the Office of the Attorney General, Bureau of Victim Compensation, PL-01, The Capitol, Tallahassee, FL 32399-1050; faxed to (850)414-6197 or (850)414-5779; or emailed to VCIntake@myfloridalegal.com ~~or facsimile (850)487-1595, (850)487-2625, or (850)414-5779~~. Failure to submit a properly completed certification will result in denial of benefits. A certification must be obtained from and completed by a certified domestic violence center that has been designated by the Office of the Attorney General to assist in the certification process. Domestic violence center representatives are qualified to certify applications up to two years after completion of specialized training.

(3) Application for relocation assistance must be received by the Office of the Attorney General, Bureau of Victim Compensation department ~~department~~ within 30 days immediately following the occurrence of the domestic violence offense.

(4) through (5) No change.

~~(6) Proper authority for purposes of Section 960.198, F.S., means a child protection team, law enforcement, state attorney, and the Department of Children and Families.~~

~~(6)(7)~~ The victim must cooperate with proper authorities law enforcement, except when:

(a) The victim has already moved outside the geographical vicinity where he or she resided with the abuser and has no means of providing sworn testimony by phone or in person;

(b) The victim is planning to leave the vicinity and cannot be available to assist proper authorities law enforcement;

(c) The victim is in fear of the abuser; or

(d) A language barrier precludes effective communication with proper authorities.

~~(7)(8)~~ The victim must:

(a) Identify how the domestic violence relocation assistance funds will be used;

(b) Certify that he or she will comply with Section 960.198(2), F.S.;

~~(c) Affirm that he or she is not residing with and will not in the future reside with the abuser;~~

~~(c)(d)~~ Use the funds to relocate to a safe environment;

~~(d)(e)~~ Accept the funds at the center within 30 days of issuance;

~~(e)(f)~~ Submit receipts to the department within 45 days of receipt of the funds; and

~~(f)(g)~~ Acknowledge that criminal prosecution for fraud under Section 960.18, F.S., may be pursued if he or she has made false representations to receive the money.

~~(g)~~ Verify understanding that he or she must cooperate with the proper authorities; and

~~(h)~~ Acknowledge that the department shall deny, reduce, or withdraw any award if receipts are not submitted within 45 days, or if receipts do not reflect acceptable relocation expenditures.

~~(8)(9)~~ An applicant assistant is a center representative who has completed specialized training provided by the the Office of the Attorney General department ~~department~~ and is authorized to assist the victim in filing a claim for domestic violence relocation assistance.

~~(9)(10)~~ The Office of the Attorney General OAG ~~OAG~~ authorized applicant assistant must:

(a) ~~Ceertify immediate need and~~ compliance with the provisions of Section 960.198(2), F.S.

(b) Affirm that the victim/applicant has been notified of all applicable rules and regulations, and that failure to comply with those requirements shall result in a withdrawal of the award;

(c) Verify that the crime incident documented by the proper authorities was domestic violence committed by a family or household member pursuant to Section 741.28, F.S.;

(d) Verify that the domestic violence occurred within 30 days of issuing the certification, it is within 30 days prior to the offender's release from incarceration which is documented by the attached Department of Corrections order, or there is a present need to relocate the victim due to the threat of further domestic violence as specified by the attached written documentation from a law enforcement officer or the assistant state attorney;

(e) Verify that the victim/applicant has cooperated with the proper authorities;

(f) Verify the victim/applicant was notified that if funds are awarded, he or she must accept the funds at the center within 30 days of issuance;

(g) Acknowledge understanding that if the award is not picked up by the victim/applicant within 30 days of issuance, their certification of the attached application will be revoked;

(h) Verify that an Office of the Attorney General authorized applicant assistant must witness the victim's acceptance of payment and forward a signed Notification of Possible Recoupment and/or Prosecution for Fraud Form to the department; and

(i) The victim/applicant has provided personal identification

~~(10)(11)~~ It is the responsibility of the center to obtain and review personal identification documentation before certifying a victim's need for assistance. The center is not required to forward any personal identification documentation to the department.

~~(11)(12)~~ The certification shall include the victim's name and date of birth; the applicant's name and date of birth, if applicable, and the certified domestic violence center applicant assistant's name, mailing address, email address, telephone number and fax number, ~~and the contract number assigned to the domestic violence center by the Department of Children and Families.~~

~~(12)(13)~~ If approved, the award will be made payable to the victim and mailed to the respective certified domestic violence center. The victim must accept the funds at the certified domestic violence center within 30 days of issue. An ~~The~~ applicant assistant must witness the acceptance of payment.

~~(13)(14)~~ Monies payable under Section 960.198, F.S., may be made in the form of a bank card, voucher, check, or state warrant.

~~(14)(15)~~ Any attempt to spend funds for unauthorized goods or services will result in withdrawal of the award. Any expense not directly related to relocation is an unauthorized expenditure.

~~(15)(16)~~ If the victim has not accepted the funds at the center within 30 days of issue, the center shall return the funds to the department and ~~withdraw the certification of immediate need~~ will be revoked.

~~(16)(17)~~ Upon receipt of the returned funds by the department, eligibility will be rescinded ~~withdrawn~~. This action does not in any way create further appeal rights.

Rulemaking Authority 960.045(1)(b) FS. Law Implemented 960.198 FS. History—New 7-1-10, Amended _____.

2A-2.015 Sexual Battery Relocation Assistance.

(1) No change.

(2) A certified rape crisis center representative is one who has completed specialized training provided by the Office of the Attorney General, Bureau of Victim Compensation department and is authorized to assist the victim in filing a claim for sexual battery relocation assistance. Rape crisis center representatives are qualified to certify applications up to two years after completion of specialized training. Training certification is withdrawn when the crisis center representative resigns or is terminated from their existing position.

(3) No change.

(4) The certification worksheet shall include the victim's name and date of birth; the applicant's name and date of birth, if different from the victim; and the certified rape crisis center

representative's name, mailing address, email address, telephone number, and fax number ~~includes the certified rape crisis center's name, mailing address, telephone number, facsimile number; the printed name and signature of the individual who administered the application and the date the worksheet was signed; a checklist detailing victim/applicant acknowledgments and their printed name, signature, and date; and a brief summary detailing the victim's safety plan.~~

(5) By certifying the worksheet, the rape crisis center ~~the~~ representative affirms the following:

(a) ~~that~~ The victim reported the crime to the proper authorities and is in need of assistance for relocating based on a reasonable fear resulting from the sexual battery crime;

(b) The victim is cooperating the cooperation of the victim with the state attorney, all law enforcement agencies, and the department;

(c) ~~that~~ The victim/applicant has provided personal identification;

(d) ~~that~~ A certified representative will be available to witness the victim's acceptance of payment and forward a signed Notification of Recoupment Form to the department; and

(e) ~~that documentation is included which affirms that~~ The victim has developed a safety plan.

(f) If the award is not picked up by the victim/applicant within 30 days of issuance, their certification of the attached application will be revoked;

(g) A crisis center representative must witness the victim's acceptance of payment and forward a signed Notification of Possible Recoupment and/or Prosecution for Fraud Form to the department.

(6) A certification must accompany the application for assistance. The claim and certification shall be mailed to the Office of the Attorney General, Bureau of Victim Compensation, PL-01, the Capitol, Tallahassee, FL 32399-1050; faxed to (850)414-6197, or (850)414-5779; or emailed to VCIntake@myfloridalegal. The claim and certification should be mailed to the Office of the Attorney General, Bureau of Victim Compensation, PL 01, The Capitol, Tallahassee, FL 32399 1050; transmitted by facsimile to (850)487 1595, (850)487 2625, (850)414 5779, (850)414 5405, or (850)414-6197; or emailed to VCIntake@myfloridalegal.com. Failure to submit a properly completed certification will result in denial of benefits.

(7) through (8) No change.

(9) Proper authority for purposes of Section 960.199, F.S., means a child protection team, law enforcement, state attorney, or the Department of Children and Families.

~~(9)~~(10) The victim claimant/applicant must:

(a) Contact the proper authorities, report the crime, fully comply with the requests of proper authorities law enforcement and the Office of the Attorney General, Bureau of Victim Compensation this office, and cooperate with the prosecution of known offenders. Exceptions for not cooperating with both the investigating and prosecuting agencies are as follows:

1. The victim has already moved outside the geographical vicinity where he or she resided at the time of the crime with the offender and has no means of providing sworn testimony by phone or in person;

2. The victim is in fear of the offender and this fear has been communicated to law enforcement or the Assistant State Attorney from the outset;

3. A language barrier precludes effective communication with proper authorities law enforcement; or

4. Child victims of sexual battery crimes whose guardian refuses to cooperate.

(b) through (i) No change.

~~(10)(11)~~ Proof of a sexual battery crime must come from a proper authority. A BVC430 Law Enforcement Information Reporting Form may be used instead of a complete law enforcement report to prove a crime occurred. The BVC430 Law Enforcement Reporting Form contains a checklist of the eligibility criteria and shortened narrative detailing the incident, and is available only from the Office of the Attorney General, Bureau of Victim Compensation this department.

~~(11)(12)~~ The law enforcement report, information from the Assistant State Attorney, report from the Child Protection Team or a report from the Department of Children and Families identifying a crime was committed that meets the definition of Section 794.011, F.S., is required for a claim to be found eligible. Only sexual battery crimes will be considered compensable for purposes of this benefit.

~~(12)(13)~~ It is the responsibility of the center to obtain and review personal identification documentation before certifying a victim's need for assistance. The center is not required to forward any personal identification documentation to the Office of the Attorney General, Bureau of Victim Compensation department.

~~(13)(14)~~ If approved, the award will be made payable to the victim as a reimbursement or advance based on a written estimate. Payments will be forwarded to the respective certified rape crisis center. Awards will be administered based on the availability of funds. The department shall determine how those funds are disbursed. Monies paid may be made in the form of a bank card, voucher, check, electronic transmittal, state warrant, or any other method approved by the Office of the Attorney General, Bureau of Victim Compensation department.

~~(14)(15)~~ A certified rape crisis center representative must witness the acceptance of payment. The certified representative will be responsible for having the victim acknowledge and sign a notification of possible recoupment before providing the award to the victim. Any attempt to spend funds for unauthorized goods or services will result in withdrawal of the award. Any expense not directly related to relocation is an unauthorized expenditure. If a recoupment notice is issued because receipts were not acceptable or were not submitted, then additional benefits on any claim will be suspended for that individual by this department until the recouped amount has been satisfied.

~~(15)(16)~~ If the victim has not accepted the funds at the center within 30 days of issue, the center shall return the funds to the department and withdraw the certification. Upon receipt of the returned funds by the department, eligibility will be withdrawn. This action does not in any way create further appeal rights.

Rulemaking Authority 960.045(1)(b) FS. Law Implemented 960.199 FS. History—New 11-19-12, Amended.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Michelle Crum, Chief, Bureau of Victim Compensation
NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Attorney General Pam Bondi
DATE PROPOSED RULE APPROVED BY AGENCY HEAD: May 19, 2014
DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: April 28, 2014

Section III Notice of Changes, Corrections and Withdrawals

DEPARTMENT OF EDUCATION

State Board of Education

RULE NO.: 6A-2.0010
RULE TITLE: Educational Facilities

NOTICE OF CORRECTION

Notice is hereby given that the following correction has been made to the proposed rule in Vol. 40, No. 97, May 19, 2014 issue of the Florida Administrative Register. The meeting will be held at the Florida State College at Jacksonville, Nassau Center, 76346 William Burgess Blvd., Building 30, Yulee, FL 32097.

DEPARTMENT OF EDUCATION

State Board of Education

RULE NO.: RULE TITLE:
6A-6.0252 Use of Prescribed Pancreatic Enzyme
Supplements

NOTICE OF CORRECTION

Notice is hereby given that the following correction has been made to the proposed rule in Vol. 40, No. 98, May 20, 2014 issue of the Florida Administrative Register. The meeting will be held at the Florida State College at Jacksonville, Nassau Center, 76346 William Burgess Blvd., Building 30, Yulee, FL 32097.

DEPARTMENT OF HEALTH

Board of Orthotists and Prosthetists

RULE NO.: RULE TITLE:
64B14-7.007 Mediation

NOTICE OF WITHDRAWAL

Notice is hereby given that the above rule, as noticed in Vol. 40, No. 71, April 11, 2014 issue of the Florida Administrative Register has been withdrawn.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Office on Homelessness

RULE NOS.: RULE TITLES:
65I-1.001 Definitions
65I-1.002 Eligibility Factors Other Than Income
65I-1.003 Determination of Eligibility Based on
Income
65I-1.004 Income
65I-1.005 Verification
65I-1.006 Program Administration
65I-1.007 Eligible Payments
65I-1.008 Ineligible Payments
65I-1.009 Type and Amount of Assistance

NOTICE OF WITHDRAWAL

Notice is hereby given that the above rule, as noticed in Vol. 39, No. 217, November 6, 2013 issue of the Florida Administrative Register has been withdrawn.

**Section IV
Emergency Rules**

NONE

Section V

**Petitions and Dispositions Regarding Rule
Variance or Waiver**

DEPARTMENT OF HEALTH

Board of Clinical Laboratory Personnel

RULE NO.: RULE TITLE:
64B3-5.003 Technologist

NOTICE IS HEREBY GIVEN that on April 14, 2014, the Board of Clinical Laboratory Personnel received a petition for variance or waiver for Andrea Plante. Petitioner is seeking a variance or waiver of paragraph 64B3-5.003(3)(a), Option 3, Florida Administrative Code, which sets forth the education, training/experience and examination requirements for a specialty licensure as a medical technologist.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Adrienne Rodgers, Executive Director, Board of Clinical Laboratory Personnel, 4052 Bald Cypress Way, Bin #C07, Tallahassee, Florida 32399-3257, (850)245-4355 or at MQA_ClinicalLaboratoryPersonnel@doh.state.fl.us.

Comments on the petition should be filed with the Board of Clinical Laboratory Personnel, within 14 days of publication of this notice.

DEPARTMENT OF HEALTH

Board of Clinical Laboratory Personnel

RULE NO.: RULE TITLE:
64B3-5.003 Technologist

NOTICE IS HEREBY GIVEN that on April 17, 2014, the Board of Clinical Laboratory Personnel received a petition for variance or waiver for Melanie Passon. Petitioner is seeking a variance or waiver of paragraph 64B3-5.003(3)(a), Option 3, Florida Administrative Code, which sets forth the education, training/experience and examination requirements for a specialty licensure as a medical technologist.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Adrienne Rodgers, Executive Director, Board of Clinical Laboratory Personnel, 4052 Bald Cypress Way, Bin #C07, Tallahassee, Florida 32399-3257, (850)245-4355 or at MQA_ClinicalLaboratoryPersonnel@doh.state.fl.us.

Comments on the petition should be filed with the Board of Clinical Laboratory Personnel within 14 days of publication of this notice.

WATER MANAGEMENT DISTRICTS
 South Florida Water Management District
 RULE NO.: RULE TITLE:

40E-6.011 Policy and Purpose

NOTICE IS HEREBY GIVEN that on May 20, 2014, the South Florida Water Management District (“District”), received a petition for waiver from R.J. Holdings, LLC, Application No. 14-0505-1, for utilization of Works or Lands of the District known as the C-10 Canal for a proposed concrete pad, portable/removable shade canopy with viewing tables and davit structures within Works and Lands of the District; Section 33, Range 50 South, Township 42 East, Broward County. The petition seeks relief from subsections 40E-6.011(4) and (6), Fla. Adm. Code, which governs the placement of above-ground permanent and/or semi-permanent encroachments within 40’ top of canal bank within the Works or Lands of the District.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Juli Russell at (561)682-6268 or email at jurussel@sfwmd.gov. The District will accept comments concerning the petition received by end of business on the 14th day at the South Florida Water Management District, 3301 Gun Club Road, MSC 1414, West Palm Beach, FL 33406, Attn: Juli Russell, Office of Counsel.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES
 Family Safety and Preservation Program

RULE NO.: RULE TITLE:

65C-15.017 Personnel

NOTICE IS HEREBY GIVEN that on May 7, 2014, the Department of Children and Families received a petition for waiver of subsection 65C-15.017(3), Florida Administrative Code, from Children’s Home Society of Florida and Christopher Rosario. Subsection 65C-15.017(3), F.A.C., states Agency staff responsible for performing casework services shall have a bachelor’s or master’s degree in social work or related area of study from an accredited college or university is required.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Agency Clerk, Department of Children and Families, 1317 Winewood Blvd., Bldg. 2, Room 204, Tallahassee, FL 32399-0700.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES
 Family Safety and Preservation Program

RULE NO.: RULE TITLE:

65C-15.017 Personnel

NOTICE IS HEREBY GIVEN that on April 29, 2014, the Department of Children and Families, received a petition for waiver of subsection 65C-15.017(1), Florida Administrative Code, from Florida United Methodist Children’s Home and Becky Dotson. Subsection 65C-15.017(1), F.A.C., requires the Director shall have a master’s degree in social work or a related

area of study from an accredited college or university and at least two years experience in human services or child welfare programs.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Agency Clerk, Department of Children and Families, 1317 Winewood Blvd., Bldg. 2, Room 204, Tallahassee, FL 32399-0700.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES
 Family Safety and Preservation Program

RULE NO.: RULE TITLE:

65C-13.011 Minimum Standards for Licensure of Family Foster Homes, Family Emergency Shelter Homes and Family Group Homes (Repealed)

NOTICE IS HEREBY GIVEN that on April 30, 2014, the Department of Children and Families, received a petition for waiver of subsection 65C-13.011(1), Florida Administrative Code, from Camelot Community Care and Linda & David Fernley. Subsection 65C-13.011(1), F.A.C., states swimming pools must have a barrier on all four sides of at least four feet. The barrier may consist of the house plus a fence on the remaining sides or fence enclosing the pool.

A copy of the Petition for Variance or Waiver may be obtained by contacting: Agency Clerk, Department of Children and Families, 1317 Winewood Blvd., Bldg. 2, Room 204, Tallahassee, FL 32399-0700.

Section VI

Notice of Meetings, Workshops and Public Hearings

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Division of Agricultural Environmental Services

The Pest Control Enforcement Advisory Council announces a public meeting to which all persons are invited.

DATE AND TIME: July 2, 2014, 10:00 a.m. – 2:30 p.m.

PLACE: Mid-Florida Research and Education Center, 2725 Binion Road, Apopka, Florida 32703, (407)884-2034

WebEx: <https://suncom.webex.com/suncom/j.php?ED=278196847&UID=1859798652&RT=MiMxMQ%3D%3D>

Teleconference information: 1(888)670-3525, attendee access code: 880 293 4969

GENERAL SUBJECT MATTER TO BE CONSIDERED: To address the business of the council.

A copy of the agenda may be obtained by contacting: Mr. Dale Dubberly at (850)617-7984, email: Dale.Dubberly@FreshFromFlorida.com or weblink: <http://consensus.fsu.edu/DACS/pest-control.html>.

For more information, you may contact: Mr. Dale Dubberly, Chief of the Bureau of Entomology and Pest Control; 3125 Conner Boulevard, Suite N, MS C41, Tallahassee, FL 32399-1650, (850)617-7984.

STATE BOARD OF ADMINISTRATION

Florida Prepaid College Board

The Florida Prepaid College Board announces a public meeting to which all persons are invited.

DATE AND TIME: Thursday, June 12, 2014, 8:30 a.m. or soon thereafter until completion

PLACE: Broward College, FAU/Broward College Higher Education Center, Building #33, Board Room #1208, 111 East Las Olas Blvd., Ft. Lauderdale, Florida 33301

GENERAL SUBJECT MATTER TO BE CONSIDERED: To conduct meetings of the regular business of the Florida Prepaid College Board Investment Committee; the Florida Prepaid College Board; and the Florida Prepaid College Foundation Board.

A copy of the agenda may be obtained by contacting: <http://www.myfloridaprepaid.com/> or by calling (850)488-8514.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by faxing a written request to the Florida Prepaid College Board at (850)488-3555. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

EXECUTIVE OFFICE OF THE GOVERNOR

The Florida Gubernatorial Fellows Board of Directors announces a telephone conference call to which all persons are invited.

DATE AND TIME: Thursday, June 12, 2014, 2:00 p.m. – 3:30 p.m.

PLACE: Via conference call: US toll-free: 1(888)670-3525, participant password: 3822432866#

GENERAL SUBJECT MATTER TO BE CONSIDERED: Gubernatorial Fellows Budget for 2014-2015 academic year, fundraising agreement update, Directors Update on Class X of Florida Gubernatorial Fellows.

A copy of the agenda may be obtained by contacting Ted Stratton, Executive Director at Ted.Stratton@eog.myflorida.com or (850)717-9224.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 2 days before the workshop/meeting by contacting Ted Stratton, Executive Director at Ted.Stratton@eog.myflorida.com or (850)717-9224.

If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

For more information, you may contact Ted Stratton, Executive Director at Ted.Stratton@eog.myflorida.com or (850)717-9224.

EXECUTIVE OFFICE OF THE GOVERNOR

The Florida Gubernatorial Fellows announces a telephone conference call to which all persons are invited.

DATE AND TIME: Thursday, May 29, 2014, 10:00 a.m.

PLACE: Via conference call: US toll-free: 1(888)670-3525, participant password: 3822432866#

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Fundraising agreement between the Volunteer Florida Foundation and The Florida Gubernatorial Fellows Program.

A copy of the agenda may be obtained by contacting Ted Stratton, Executive Director at Ted.Stratton@eog.myflorida.com or (850)717-9224.

For more information, you may contact Ted Stratton, Executive Director at Ted.Stratton@eog.myflorida.com or (850)717-9224.

REGIONAL PLANNING COUNCILS

Treasure Coast Regional Planning Council

The Treasure Coast Regional Planning Council announces a public meeting to which all persons are invited.

DATE AND TIME: May 29, 2014, 2:00 p.m.

PLACE: Stuart City Hall, 121 SW Flagler Avenue, Stuart, FL 34994

GENERAL SUBJECT MATTER TO BE CONSIDERED: Project Steering Committee and presentation of “work in progress” for the Regional Waterways Plan.

A copy of the agenda may be obtained by contacting: Kim DeLaney at (772)221-4060 or kdelaney@tcrpc.org.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 48 hours before the workshop/meeting by contacting: Kim DeLaney at (772)221-4060 or kdelaney@tcrpc.org. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact: Kim DeLaney at (772)221-4060 or kdelaney@tcrpc.org.

DEPARTMENT OF VETERANS' AFFAIRS

The Florida Department of Veterans' Affairs announces a public meeting to which all persons are invited.

DATE AND TIME: June 18, 2014, 2:00 p.m.

PLACE: Southern side of Tradition Parkway 1.06 miles west of the intersection of SW Tradition Parkway and SW Community Boulevard and 2.04 miles west of Interstate 95/Galin Boulevard Interchange, Port St. Lucie, Florida 34984

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Site Selection Committee will consider and tour this proposed site for possible selection as the location of the seventh State Veterans' Nursing Home. Board members will receive public comments relating to the site; however no Board discussions will be conducted concerning this review. This site visit will be held on an unimproved land parcel.

A copy of the agenda may be obtained by contacting: Connie Tolley, (727)518-3202 on or after June 11, 2014.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: Connie Tolley, (727)518-3202. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

DEPARTMENT OF VETERANS' AFFAIRS

The Florida Department of Veterans' Affairs announces a public meeting to which all persons are invited.

DATE AND TIME: June 19, 2014, 2:00 p.m.

PLACE: North side of St. Johns Avenue 1.9 miles west of State Road 19 and 0.2 miles west of the entrance to Putnam County Business Park (Wes Larson Boulevard) and directly across St. Johns Boulevard from The Children's Reading Center Charter School at 7901 St. Johns Avenue, Palatka, Florida 32177

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Site Selection Committee will consider and tour this proposed site for possible selection as the location of the seventh State Veterans' Nursing Home. Board members will receive public comments relating to the site; however no Board discussions will be conducted concerning this review. This site visit will be held on an unimproved land parcel.

A copy of the agenda may be obtained by contacting: Connie Tolley, (727)518-3202 on or after June 11, 2014.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: Connie Tolley, (727)518-3202. If you are hearing or speech impaired, please contact the agency using the Florida

Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

DEPARTMENT OF VETERANS' AFFAIRS

The Florida Department of Veterans' Affairs announces a public meeting to which all persons are invited.

DATE AND TIME: June 20, 2014, 9:30 a.m.

PLACE: Northeast corner of Southwest 80th Street and Southwest 80th Avenue, Ocala, Florida 34471

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Site Selection Committee will review and tour this proposed site for possible selection as the location of the seventh state veterans' nursing home. Board members will receive public comments relating to the site; however no Board discussions will be conducted concerning this review. This site visit will be held on an unimproved land parcel.

A copy of the agenda may be obtained by contacting: Connie Tolley, (727)518-3202 on or after June 11, 2014.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: Connie Tolley, (727)518-3202. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

DEPARTMENT OF MANAGEMENT SERVICES

Commission on Human Relations

The Florida Commission on Human Relations announces a telephone conference call to which all persons are invited.

DATE AND TIME: Friday, May 23, 2014, 3:00 p.m., EDT

PLACE: Call: 1(888)670-3525 and when prompted, enter 9988442611, followed by the # key

GENERAL SUBJECT MATTER TO BE CONSIDERED: The purpose of the emergency meeting is election of a new Vice Chairperson.

A copy of the agenda may be obtained by contacting: Casey Snipes at (850)488-7082, ext. 1001 or Casey.Snipes@fchr.myflorida.com.

ACCESS POINT: The FCHR office at 2009 Apalachee Parkway, Suite 100, Tallahassee, FL 32301, will serve as an access point for this meeting. Interested persons wishing to attend this meeting may also do so by appearing in person at this designated access point, at which location telephonic access to the meeting will be provided.

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact: Casey Snipes at (850)488-7082, ext. 1001 or Casey.Snipes@fchr.myflorida.com.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Construction Industry Licensing Board

The Construction Industry Licensing Board announces a telephone conference call to which all persons are invited.

DATE AND TIME: Tuesday, June 10, 2014, 10:00 a.m. or soon thereafter

PLACE: Conference call: 1(888)670-3525, conference code: 2938723619

GENERAL SUBJECT MATTER TO BE CONSIDERED: CE/Exams/Public Awareness committee meeting of the board.

A copy of the agenda may be obtained by contacting: Amanda Wynn, Senior Management Analyst Supervisor, 1940 North Monroe Street, Tallahassee, FL 32399-1039, (850)487-1395.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 7 days before the workshop/meeting by contacting: Amanda Wynn, Senior Management Analyst Supervisor, 1940 North Monroe Street, Tallahassee, FL 32399-1039, (850)487-1395. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact: Amanda Wynn, Senior Management Analyst Supervisor, 1940 North Monroe Street, Tallahassee, FL 32399-1039, (850)487-1395.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Construction Industry Licensing Board

The Construction Industry Licensing Board announces public meetings to which all persons are invited.

DATES AND TIMES: Wednesday, June 11, 2014, 12:00 Noon; Thursday, June 12, 2014, 8:00 a.m.; Friday, June 13, 2014, 8:00 a.m. or soon thereafter

PLACE: Courtyard Palm Beach Jupiter, 4800 Main Street, Jupiter, FL 33458

GENERAL SUBJECT MATTER TO BE CONSIDERED: General business, disciplinary and committee meetings of the board.

A copy of the agenda may be obtained by contacting: Amanda Wynn, Senior Management Analyst Supervisor, 1940 North Monroe Street, Tallahassee, FL 32399-1039, (850)487-1395.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 7 days before the workshop/meeting by contacting: Amanda Wynn, Senior Management Analyst Supervisor, 1940 North Monroe Street, Tallahassee, FL 32399-1039, (850)487-1395. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact: Amanda Wynn, Senior Management Analyst Supervisor, 1940 North Monroe Street, Tallahassee, FL 32399-1039, (850)487-1395.

DEPARTMENT OF HEALTH

Division of Health Access and Tobacco

The Drug Policy Advisory Council announces a public meeting to which all persons are invited.

DATE AND TIME: June 3, 2014, 3:00 p.m.

PLACE: Bldg. 4025 Esplanade Way, Room 301, Tallahassee FL 32399

GENERAL SUBJECT MATTER TO BE CONSIDERED: Florida Statute 397.333 Statewide Drug Policy Advisory Council designates that the council meet to discuss the problem of substance abuse in the state and to make recommendations to the Governor and Legislature for developing and implementing a state drug control strategy.

A copy of the agenda may be obtained by contacting Kevin Bist, Kevin.Bist@flhealth.gov, (850)245-4444, extension 2575.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 1 day before the workshop/meeting by contacting Kevin Bist, Kevin.Bist@flhealth.gov, (850)245-4444, extension 2575. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact Kevin Bist, Kevin.Bist@flhealth.gov, (850)245-4444, extension 2575.

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Family Safety and Preservation Program**

The Department of Children and Families announces a public meeting to which all persons are invited.

DATE AND TIME: Tuesday, June 3, 2014, 1:00 p.m. – 4:00 p.m.

PLACE: Florida Department of Children and Families, 1317 Winewood Boulevard, Bldg. 1, Secretary's Large Conference Room, Tallahassee, FL 32399

GENERAL SUBJECT MATTER TO BE CONSIDERED: Independent Living Services Advisory Council Meeting.

A copy of the agenda may be obtained by contacting: Rebecca Pengelley at becky_pengelley@dcf.state.fl.us or (850)717-4218.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 1 day before the workshop/meeting by contacting: Rebecca Pengelley at becky_pengelley@dcf.state.fl.us or (850)717-4218. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

For more information, you may contact: Rebecca Pengelley at becky_pengelley@dcf.state.fl.us or (850)717-4218.

FLORIDA HOUSING FINANCE CORPORATION

The Florida Housing Finance Corporation announces a hearing to which all persons are invited.

DATE AND TIME: June 5, 2014, 9:00 a.m. (Tallahassee local time)

PLACE: The offices of Florida Housing Finance Corporation, 227 North Bronough Street, Suite 5000, Tallahassee, Florida 32301

GENERAL SUBJECT MATTER TO BE CONSIDERED: To conduct a TEFRA hearing concerning the potential future issuance of tax-exempt bonds by Florida Housing to provide additional financing for the acquisition, construction or rehabilitation of the following multifamily residential rental development in the aggregate face amount, not to exceed the amount listed below:

Garden Vista Apartments fka Carol City Gardens, a 150-unit multifamily residential rental development located on or about 4601 NW 183rd Street, Miami Gardens, Miami-Dade County, Florida. The owner and operator of the development is Garden Vista Preservation, L.P., 60 Columbus Circle, New York, NY 10023 or such successor in interest in which Garden Vista Preservation, L.P., or an affiliate thereof, is a managing member, general partner and/or controlling stockholder. The prospective manager of the proposed development is TRG

Management Company, 2400 Commerce Pkwy., Suite 105, Weston, FL 33326. The tax-exempt bond amount is not to exceed \$10,500,000.00.

All interested parties may present oral comments at the public TEFRA hearing or submit written comments regarding the potential bond issuance for the development being financed. Written comments should be received by Florida Housing by 5:00 p.m. (Tallahassee local time), June 4, 2014, and should be addressed to the attention of Ken Reecy, Director of Multifamily Programs. Any persons desiring to present oral comments should appear at the hearing.

If requested in writing, a fact-finding hearing will be held in the county where the property is located. When possible, the local hearing will be held before the formal TEFRA hearing and comments received at the local hearing will be placed on record at the TEFRA hearing.

Any person requiring a special accommodation at this meeting because of a disability or physical impairment should contact Ken Reecy, Director of Multifamily Programs, Florida Housing Finance Corporation at (850)488-4197 at least five calendar days prior to the meeting. If you are hearing impaired, please contact Florida Housing using the Dual Party Relay System that can be reached at 1(800)955-8770 (Voice) and 1(800)955-8771 (TDD).

Any person who decides to appeal any decision made by Florida Housing with respect to any matter considered at this hearing, will need a record of the proceedings, and for such purpose may need to ensure that a verbatim record of the proceedings be made, which will include the testimony and evidence upon which the appeal is based.

A copy of the agenda may be obtained by contacting: Ken Reecy, Director of Multifamily Programs.

For more information, you may contact: Ken Reecy, Director of Multifamily Programs.

FLORIDA HOUSING FINANCE CORPORATION

The Florida Housing Finance Corporation announces a hearing to which all persons are invited.

DATE AND TIME: June 5, 2014, 9:30 a.m. (Tallahassee local time)

PLACE: The offices of Florida Housing Finance Corporation, 227 North Bronough Street, Suite 5000, Tallahassee, Florida 32301

GENERAL SUBJECT MATTER TO BE CONSIDERED: To conduct a TEFRA hearing concerning the potential future issuance of tax-exempt bonds by Florida Housing to provide additional financing for the acquisition, construction or rehabilitation of the following multifamily residential rental development in the aggregate face amount, not to exceed the amount listed below:

Pelican Cove, a 112-unit multifamily residential rental development located on or about 2460 NW 185 Terrace, Miami Gardens, Miami-Dade County, Florida. The owner and operator of the development is Pelican Cove Associates, Ltd., 2100 Hollywood Blvd., Hollywood, FL 33020 or such successor in interest in which Pelican Cove Associates, Ltd., or an affiliate thereof, is a managing member, general partner and/or controlling stockholder. The prospective manager of the proposed development is CSG Management Services, LLC, 2100 Hollywood Blvd., Hollywood, FL 33020. The tax-exempt bond amount is not to exceed \$11,900,000.00.

All interested parties may present oral comments at the public TEFRA hearing or submit written comments regarding the potential bond issuance for the development being financed. Written comments should be received by Florida Housing by 5:00 p.m. (Tallahassee local time), June 4, 2014, and should be addressed to the attention of Ken Reecy, Director of Multifamily Programs. Any persons desiring to present oral comments should appear at the hearing.

If requested in writing, a fact-finding hearing will be held in the county where the property is located. When possible, the local hearing will be held before the formal TEFRA hearing and comments received at the local hearing will be placed on record at the TEFRA hearing.

Any person requiring a special accommodation at this meeting because of a disability or physical impairment should contact Ken Reecy, Director of Multifamily Programs, Florida Housing Finance Corporation at (850)488-4197 at least five calendar days prior to the meeting. If you are hearing impaired, please contact Florida Housing using the Dual Party Relay System that can be reached at 1(800)955-8770 (Voice) and 1(800)955-8771 (TDD).

Any person who decides to appeal any decision made by Florida Housing with respect to any matter considered at this hearing, will need a record of the proceedings, and for such purpose may need to ensure that a verbatim record of the proceedings be made, which will include the testimony and evidence upon which the appeal is based.

A copy of the agenda may be obtained by contacting: Ken Reecy, Director of Multifamily Programs.

For more information, you may contact: Ken Reecy, Director of Multifamily Programs.

GULF CONSORTIUM

The Gulf Consortium Executive Committee announces a telephone conference call to which all persons are invited.

DATE AND TIME: June 2, 2014, 3:00 p.m. (ET)

PLACE: Dial-in number: 1(888)670-3525, participant passcode: 998 449 5298#

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Executive Committee of the Gulf Consortium will meet to review the meeting agenda for the June 20, 2014 Consortium meeting and to conduct other business. In accordance with Section 163.01, Florida Statutes, the location of the conference call is the Florida Association of Counties, 100 S. Monroe Street, Tallahassee, FL 32301.

A copy of the agenda may be obtained by contacting: Doug Darling at (850)922-4300 or ddarling@fl-counties.com or see www.FACRestore.com.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 3 days before the workshop/meeting by contacting: Doug Darling at (850)922-4300 or ddarling@fl-counties.com. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact Doug Darling at (850)922-4300 or ddarling@fl-counties.com or see www.FACRestore.com.

MRGMIAMI

The Florida Department of Transportation (FDOT), District Six, announces a public meeting to which all persons are invited.

DATE AND TIME: Thursday, May 29, 2014, 6:00 p.m. – 8:00 p.m.

PLACE: Dade Christian School, 6601 NW 167 Street, Miami, FL 33015

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Florida Department of Transportation (FDOT) District Six will hold a public meeting about a roadway project along NW 57 Avenue from W 84 Street to N.W. 186 Street in Miami-Dade County. The project identification number is 430803-1-52-01.

The proposed work includes: repaving and restriping the road along the length of the corridor; upgrade some pedestrian ramps; signing and pavement markings within the project limits; upgrade pedestrian signalization equipment (push buttons) and traffic signalization equipment (traffic loops); and

provide three traffic monitoring sites within the limits of the project. Construction is expected to begin in January 2016. The estimated construction cost is \$3.6 million.

The public meeting will be held as an open house and attendees are welcome to arrive any time between 6:00 p.m. and 8:00 p.m. to view the proposed plans and project displays. FDOT representatives will be available to discuss the project, answer questions, and receive comments on the proposed improvements.

A copy of the agenda may be obtained by contacting: Ms. Hong Benitez, P.E., FDOT Project Manager, by email at hong.benitez@dot.state.fl.us or by phone at (305)470-5471.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least seven (7) days before the workshop/meeting by contacting: Ms. Eman Gomaa, P.E., at (305)470-5219 or in writing at the Florida Department of Transportation, District Six, 1000 NW 111 Avenue, Room 6111-A, Miami, Florida 33172 or via email at eman.gomaa@dot.state.fl.us. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

For more information, you may contact: Public Information Specialist Alexandra Medina at (786)607-3002 or by email at amedina@mrgmiami.com.

Section VII
Notice of Petitions and Dispositions
Regarding Declaratory Statements

DEPARTMENT OF FINANCIAL SERVICES
 FSC – Financial Institution Regulation
 NOTICE IS HEREBY GIVEN that on May 16, 2014, Office of Financial Regulation has received the petition for declaratory statement from Florida International Administrators Association, Inc. The petition seeks the agency’s opinion as to the applicability of Chapter 663, Florida Statutes, as it applies to the petitioner.
 The petition seeks a declaratory statement from the Office on whether Petitioner’s members’ activities fall within the scope of certain provisions of Florida’s International Banking laws, Chapter 663, Florida Statutes.
 A copy of the Petition for Declaratory Statement may be obtained by contacting: Agency Clerk, Office of Financial Regulation, P. O. Box 8050, Tallahassee, Florida 32314-8050, (850)410-9889.

Please refer all comments to: Agency Clerk, Office of Financial Regulation, P. O. Box 8050, Tallahassee, Florida 32314-8050, (850)410-9889.

Section VIII
Notice of Petitions and Dispositions
Regarding the Validity of Rules

Notice of Petition for Administrative Determination has been filled with the Division of Administrative Hearings on the following rules:

NONE

Notice of Disposition of Petition for Administrative Determination has been filled with the Division of Administrative Hearings on the following rules:

NONE

Section IX
Notice of Petitions and Dispositions
Regarding Non-rule Policy Challenges

NONE

Section X
Announcements and Objection Reports of the
Joint Administrative Procedures Committee

NONE

Section XI
Notices Regarding Bids, Proposals and
Purchasing

DEPARTMENT OF ENVIRONMENTAL PROTECTION
 BID NO. BDC68-13/14 Blue Spring State Park – Campground Bathhouses

NOTICE OF INVITATION TO BID
 STATE OF FLORIDA

DEPARTMENT OF ENVIRONMENTAL PROTECTION
 BID NO. BDC68-13/14

The Department of Environmental Protection, Office of Operations, Bureau of Design and Construction is soliciting formal, competitive, sealed bids from Contractors licensed to work in the jurisdiction for the project listed below.

PROJECT NAME: Blue Spring State Park – Campground Bathhouses

SCOPE OF WORK: The Contractor shall provide the necessary labor, materials, equipment, supervision and permits required to construct two (2) campground bathhouses and four (4) new parking spaces.

Pursuant to Executive Order 07-126 and Section 255.252(3), F.S. the Department requires the proposed project be designed and constructed in accordance with green building standards where applicable.

PARK LOCATION: Blue Spring State Park, 2100 W. French Avenue, Orange City, Florida 32763, Volusia County.

PROJECT MANAGER: Ken Francis, 3800 Commonwealth Blvd., MS 520, Tallahassee, Florida 32399, telephone number: (407)884-2000.

INSTRUCTIONS: Documents for this bid will be available for download on Thursday May 22, 2014. Any firm desiring a Project Manual for this project may obtain directions by emailing: katie.parrish@dep.state.fl.us or david.matson@dep.state.fl.us. If preferred, a Compact Disk (CD) containing the plans and specifications can be obtained by calling the Contracts Section at (850)245-2630, (850)245-2620 or emailing the addresses above.

MINORITY BUSINESS REQUIREMENT: The Department of Environmental Protection supports diversity in its Procurement Program and requests that all sub-contracting opportunities afforded by this bid embrace diversity enthusiastically. The award of sub-contracts should reflect the full diversity of the citizens of the State of Florida. The Department will be glad to furnish a list of Minority Owned Firms that could be offered sub-contracting opportunities.

ADA REQUIREMENTS: Any person with a qualified disability shall not be denied equal access and effective communication regarding any bid/proposal documents or the attendance at any related meeting or bid/proposal opening. If accommodations are needed because of disability, please contact Katie Parrish with the Bureau of Design and Construction at (850)245-2630 at least five (5) workdays prior to openings. If you are hearing or speech impaired, please contact the Florida Relay Services by calling 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

E-VERIFY: Vendor/Contractor shall utilize the U.S. Department of Homeland Security’s E-Verify system to confirm the employment eligibility of all persons employed by the Vendor/Contractor during the term of the Contract to perform employment duties within Florida and all persons, including subcontractors, assigned by the Vendor/Contractor to perform work pursuant to the contract with the Department.

BID SUBMITTAL DUE DATE: No later than 2:00 p.m. (ET), Tuesday, June 24, 2014 to the following address: Florida Department of Environmental Protection, Bureau of Design and Construction, 3900 Commonwealth Blvd., MS 520, Tallahassee, Florida 32399-3000, Attention: Katie Parrish, Bureau of Design and Construction, (850)245-2630. (For hand delivery: Carr Building, Rm. 155, Reception Area) The Department reserves the right to reject any or all bids.

BID POSTING DATE: No later than 4:00 p.m. (ET), Monday June 30, 2014 unless extended by the Department for good cause.

NOTICE OF RIGHTS; Notice of Intent to Protest the Bid Specifications must be filed with (received by) the Agency Clerk, Lea Crandall, Department of Environmental Protection, Office of General Counsel, MS 35, 3900 Commonwealth Blvd., Tallahassee, FL 32399-3000, (850)245-2242, fax: (850)245-2303, Lea.Crandall@dep.state.fl.us during the 72-hour period after Bid Specifications are posted on the Vendor Bid System. Failure to file a Notice of Intent to Protest or a formal, written Protest in accordance with Rule 28-110, F.A.C., within ten days after the 72-hour period ends, as prescribed in Section 120.57(3), Florida Statutes, shall constitute a waiver of your right to an administrative hearing on the Bid Specifications under Chapter 120, Florida Statutes. Rules for bid protests can be found in Sections 120.569 and 120.57, F.S., and Chapter 28-110, Florida Administrative Code. A bid protester shall comply with these statutes and rules.

DEPARTMENT OF MILITARY AFFAIRS
 Construction and Roofing Projects at Camp Blanding, Starke, FL

**STATE OF FLORIDA, DEPARTMENT OF
 MILITARY AFFAIRS
 PUBLIC ANNOUNCEMENT
 Invitation to Bid**

The State of Florida, Department of Military Affairs (DMA), Construction & Facility Management Office (CFMO) requests bids from State of Florida registered, qualified and licensed Contractors for the following projects located at Camp Blanding Joint Training Center, Starke, FL:

- PROJECT NUMBER: 209014**
 Construction of MK-19 Artillery Range
- PROJECT NUMBER: 214018**
 Reroof eleven (11) buildings in 4600 Area
- PROJECT NUMBER: 214019**
 Reroof thirty-two (32) buildings in 4700 Area

PROJECT NUMBER: 214020

Reroof twenty-seven (27) buildings in 4800 Area

For complete information and submission requirements you must go to the MyFlorida.com Vendor Bid System at http://vbs.dms.state.fl.us/vbs/main_menu on or after May 23, 2014.

BID OPENING DATE: As stated in the advertisement on the Vendor Bid System.

MANDATORY SITE VISIT DATE: As stated in the advertisement on the Vendor Bid System.

POINT OF CONTACT: Department of Military Affairs, Construction & Facility Management Office, Contracting

Branch, (904)827-8544 or email: ng.fl.flarng.list.ngfl-cfmo-contracting@mail.mil.

**Section XII
Miscellaneous**

NONE

**Section XIII
Index to Rules Filed During Preceding
Week**

NOTE: The above section will be published on Tuesday beginning October 2, 2012, unless Monday is a holiday, then it will be published on Wednesday of that week.
