

## Section I

### Notice of Development of Proposed Rules and Negotiated Rulemaking

**DEPARTMENT OF ENVIRONMENTAL PROTECTION**

RULE NOS.:	RULE TITLES:
62-710.500	Registration and Notification
62-710.510	Record Keeping and Reporting
62-710.800	Permits for Used Oil Processing Facilities
62-710.901	Forms

**PURPOSE AND EFFECT:** The purpose and effect of this rule development will be to amend rules identified in the Department's 2018-2019 Regulatory Plan as needing to be amended to increase efficiency and improve coordination with other programs by adopting updated forms.

**SUBJECT AREA TO BE ADDRESSED:** The subject areas to be addressed in this rulemaking include the used oil management regulations in Chapter 62-710, F.A.C.

**RULEMAKING AUTHORITY:** 120.53(1), 403.061, 403.704, FS.

**LAW IMPLEMENTED:** 403.704, 403.707, 403.754, 403.760, 403.769, 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:** Julie Rainey, Department of Environmental Protection, MS 4560, Blair Stone Road, Tallahassee, Florida 32399-2400, phone (850)245-8713, or email at Julie.c.rainey@floridadep.gov

**THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS AVAILABLE AT NO CHARGE FROM THE CONTACT PERSON LISTED ABOVE.**

**DEPARTMENT OF ENVIRONMENTAL PROTECTION**

RULE NOS.:	RULE TITLES:
62-730.150	General
62-730.171	Transfer Facilities
62-730.186	Universal Pharmaceutical Waste
62-730.220	Applications for Permits and Other Authorizations
62-730.900	Forms

**PURPOSE AND EFFECT:** The purpose and effect of this rule development will be to amend rules identified in the Department's 2018-2019 Regulatory Plan as needing to be amended to increase efficiency and improve coordination with other programs by adopting updated forms.

**SUBJECT AREA TO BE ADDRESSED:** The subject areas to be addressed in this rulemaking include the state hazardous waste regulations in Chapter 62-730, F.A.C.

**RULEMAKING AUTHORITY:** 120.53, 403.061, 403.0611, 403.087, 403.0877, 403.151, 403.704, 403.72, 403.721, 403.722, 403.7234, 403.8055, FS.

**LAW IMPLEMENTED:** 120.52, 120.53, 120.54, 120.55, 403.061, 403.0611, 403.0875, 403.0877, 403.091, 403.151, 403.704, 403.707, 403.72, 403.721, 403.722, 403.7222, 403.723, 404.7234, 403.727, 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:** Julie Rainey, Department of Environmental Protection, MS 4560, Blair Stone Road, Tallahassee, Florida 32399-2400, phone (850)245-8713 or email at Julie.c.rainey@floridadep.gov  
**THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS AVAILABLE AT NO CHARGE FROM THE CONTACT PERSON LISTED ABOVE.**

**DEPARTMENT OF ENVIRONMENTAL PROTECTION**

RULE NO.:	RULE TITLE:
62-737.400	Requirements and Management Standards for Handlers and Transporters of Spent Universal Waste Lamps and Devices

**PURPOSE AND EFFECT:** The purpose and effect of this rule development will be to amend rules identified in the Department's 2018-2019 Regulatory Plan as needing to be amended to increase efficiency and improve coordination with other programs by adopting an updated form.

**SUBJECT AREA TO BE ADDRESSED:** The subject areas to be addressed in this rulemaking include the management of spent mercury-containing lamps and devices destined for recycling in Chapter 62-737, F.A.C.

**RULEMAKING AUTHORITY:** 403.061, 403.7186, FS.

**LAW IMPLEMENTED:** 403.704, 403.7186, 403.721, 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:** Julie Rainey, Department of Environmental Protection, MS 4560,

Blair Stone Road, Tallahassee, Florida 32399-2400, phone (850)245-8713, or email at Julie.c.rainey@floridadep.gov  
 THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS AVAILABLE AT NO CHARGE FROM THE CONTACT PERSON LISTED ABOVE.

**DEPARTMENT OF CHILDREN AND FAMILIES**

**Agency for Persons with Disabilities**

**RULE NOS.:** **RULE TITLES:**  
 65G-4.001 Definitions for Behavior Services: Practice and Procedure

65G-4.0011 Recognized Certification Organizations for Behavior Analysts

65G-4.002 Service Delivery.

**PURPOSE AND EFFECT:** The purpose and effect of the rule development is to clarify and update the language regarding behavior analysis services and to update the language to reflect current industry standards. This Notice of Rule Development is an update to one published on 2/27/19, with additional information for participation in the workshop.

**SUBJECT AREA TO BE ADDRESSED:** The subject areas to be addressed in the rule development are the behavior analysis services.

**RULEMAKING AUTHORITY:** s. 393.501, 393.13(4)(g)3., 393.17, FS.

**LAW IMPLEMENTED:** 393.13(4)(g), 393.17, FS.

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

**DATE AND TIME:** March 18, 2019, 1:00 p.m.

**PLACE:** In person workshop: Agency for Persons with Disabilities, 4030 Esplanade Way, Room 301, Tallahassee, Florida 32399-0950 or by Teleconference: Call: 1-888-585-9008; Conference Room number: 385-440-506

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 Brown-Blake, Agency for Persons with Disabilities, 4030 Esplanade Way, Tallahassee, Florida 32399-0950, (850)922-9399, Kathleen.Brown-Blake@apdcares.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).

**THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS:** Kathleen Brown-Blake, Agency for Persons with Disabilities, 4030 Esplanade Way, Tallahassee, Florida 32399-0950, (850)922-9399, Kathleen.Brown-Blake@apdcares.org

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

**DEPARTMENT OF CHILDREN AND FAMILIES**

**Agency for Persons with Disabilities**

**RULE NOS.:** **RULE TITLES:**  
 65G-8.001 Definitions  
 65G-8.002 Approved Emergency Procedure Curriculum  
 65G-8.003 Reactive Strategy Policy and Procedures  
 65G-8.004 Initial Assessments  
 65G-8.005 Authorizations for Specific Reactive Strategies

65G-8.006 Limitations on Use and Duration of Reactive Strategies

65G-8.007 Seclusion and Restraint

65G-8.0075 Restraint

65G-8.008 Chemical Restraint

65G-8.009 Prohibited Procedures

65G-8.010 Documentation and Notification

65G-8.011 Access to Rules

65G-8.012 Enforcement

**PURPOSE AND EFFECT:** The purpose and effect of the amendments is to update the rule language regarding reactive strategies to reflect current industry standards. This Notice of Rule Development is an update to one published on 2/27/19, with additional information for participation in the workshop.

**SUBJECT AREA TO BE ADDRESSED:** The subject area to be addressed is an update to the rule language regarding reactive strategies to reflect current industry standards.

**RULEMAKING AUTHORITY:** 393.501, 393.13(4)(h)2., 916.1093(2), FS.

**LAW IMPLEMENTED:** 393.14(4)(h)2., 916.1093(2), FS.

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

**DATE AND TIME:** March 18, 2019, 1:00 p.m.

**PLACE:** In person workshop: Agency for Persons with Disabilities, 4030 Esplanade Way, Room 301, Tallahassee, Florida 32399-0950 or by Teleconference: Call: 1(888)585-9008; Conference Room number 385-440-506

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 Brown-Blake, Agency for Persons with Disabilities, 4030 Esplanade Way, Tallahassee, Florida 32399-0950, (850)922-9399, Kathleen.Brown-Blake@apdcares.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).

**THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS:** Kathleen Brown-Blake, Agency for Persons with Disabilities, 4030 Esplanade Way, Tallahassee, Florida 32399-0950, (850)922-9399, Kathleen.Brown-Blake@apdcares.org

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS AVAILABLE AT NO CHARGE FROM THE CONTACT PERSON LISTED ABOVE.

## 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  
 2A-2.016      Human Trafficking Relocation Assistance  
 2A-2.017      Forms  
 2A-2.018      Emergency Responder Death Benefits

**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:** The rule amendments reflect changes in definitions, benefits and documentation requirements.

**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. This proposed rulemaking will not have an adverse impact or effect regulatory costs in excess of \$1million within five years as established in Section 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, 960.03, 960.196, 960.14 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 of Victim Compensation, Department of Legal Affairs, PL- 01, The Capitol, Tallahassee, FL 32399-1050

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 a signed and dated, the current Bureau of Victim Compensation Claim Form which can be found at www.myfloridalegal.com. The application form entitled BVC100 Bureau of Victim Compensation Claim Form is incorporated in rule 2A-2.017, F.A.C.

(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 as a crime in section 960.03(3), F.S., ~~which results in physical, psychological, psychiatric, or mental injury, or death for which an eligible applicant 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) through (10) No change.

(11) “Guardian” means:

(a) A parent, or step-parent, of a minor child;

(b) No change.

(12) through (13) No change.

(14) “Medical/Dental Equipment 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 applicant has already paid for with personal funds.~~

(15) through (16) No change

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

(18) No change.

(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 ~~forcible~~ ~~forceable~~ felony.

(20) “Relocation assistance” ~~means is for~~ compensable expenses ~~limited to 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 ~~for which include~~ airfare, bus, taxi, ridesharing services, train, fuel or vehicle rental; emergency food and clothing.

(21) through (23) No change.

(24) “Victim/applicant” is either a person who meets the definition of victim pursuant to section 960.03(14), Florida Statutes, or a person who submits an application on behalf of a minor, deceased, or incompetent person who meets the definition of victim pursuant to section 960.03(14), Florida Statutes ~~a person as defined in section 960.65, F.S.~~

(25) No change.

(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 ~~verified 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 10-1-14, \_\_\_\_\_.

2A-2.002 Victim Compensation Claims.

(1) 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 or (850)414-5779; or emailed to VCIntake@myfloridalegal.com, or submitted via the department’s web-portal located at <https://vanext.myfloridalegal.com/>. The application entitled BVC100 Bureau of Victim Compensation Claim Form is incorporated in subsection 2A-2.017(1), F.A.C. The application must include the following information:

(a) through (l) No change.

(m) The following persons can file a claim:

1. No change.

2. Surviving spouse, parent, step-parent, adult child or sibling of a deceased victim,

3. through 4 No change.

5. Non-relative applying for funeral benefits on behalf of a deceased victim when no family member is available to pay for funeral expenses to apply, or

6. No change.

7. Mitigating or special circumstances, pursuant to s. 960.065(3), Florida Statutes, only exist when an eligible minor victim, who cannot otherwise apply on their own behalf, has no qualified applicant available to apply on the minor victim’s behalf. In such cases, payments will only be made to treatment providers and no funds shall be paid directly or indirectly to the applicant.

(2) Documentation.

(a) No change.

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

(c) No change.

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

(e) Required information:

1. Completed, ~~and~~ signed, ~~and~~ dated application.

2. through 6 No change.

(3) Reporting Time. When the crime was reported to the proper authorities beyond the 72- hour reporting requirement, the victim/applicant must provide an explanation for the late reporting which demonstrates good cause for the delay. Alternatively, BVC103 Reporting Time Explanation Form, which is incorporated in subsection 2A-2.017(11), F.A.C., may be used by the victim/applicant in lieu of submitting other written explanation.

(a) Good cause is demonstrated when the victim/applicant was unaware that a crime had occurred; when the victim/applicant was not emotionally, mentally, or physically able to report the incident; when the victim/applicant believed that the proper authorities had been contacted and a report was filed; when the victim is/was a minor at the time of the incident; when the victim/applicant expressed feelings of ~~or~~ shame, remorse, or embarrassment which prevented them from contacting the proper authorities; fear of retaliation or retribution by the offender, the offender’s family, or the offender’s acquaintances; or when a language or cultural barrier precludes effective communication with the proper authorities.

(4) No change.

(a) Good cause is demonstrated when the record shows the victim/applicant was pursuing other means of recourse; when the victim/applicant was not emotionally, mentally, or physically able to file the claim; when the victim/applicant was unaware that a compensation program exists; or when a

language or cultural barrier hinders the access needed to file the claim within one year of the date of 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)(b) or (c), 960.07(3) or 960.07(4), F.S., applies.

(5) Penalty Assessments.

(a) An establishment assessment of non-cooperation must be based on information obtained in writing from a proper authority ~~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) through (e) No change.

(6) Benefits.

(a) No change.

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

1. through 2 No change.

3. ~~In order to be eligible, 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:~~

~~a. Victim/patient'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, 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.~~

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

~~d. Physician's signature and date signed.~~

(c) Wage loss benefits:

1. No change.

2. Lost wages will be paid at 66.667 percent based on the victim/applicant'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 ("GAWW") established by the Department of Financial Services.

3. The victim or applicant must have been gainfully employed or accruing reemployment assistance benefits at the time of the crime.

4. No change.

~~a. Pay stub; eEarnings statement(s); documentation from the employer 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 documentation return, schedule C (if self-employed); unemployment compensation (reemployment assistance) benefits statement; or a BVC405 Victim Compensation Wage Loss Employment Report, which is incorporated in subsection 2A-2.017(14), F.A.C.~~

b. Statement from treating physician ~~including:~~

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

~~(II) Type of injury, diagnostic code(s) for the injury;~~

~~(III) Dates victim was not able to work as a result of the crime;~~

~~(IV) Physician's name, mailing address, email address, telephone number, fax number, and federal identification number, and medical license number; and,~~

~~(V) Physician's signature and date signed.~~

~~e. Employment report from the victim/applicant's employer(s) that includes:~~

~~(I) Employee's name, job title, and social security number (or other identifier);~~

~~(II) Date hired and date terminated (if applicable);~~

~~(III) Dates victim or applicant missed work as a result of the crime.~~

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

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

~~(VI) 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, signature and date.~~

5. No change.

(d) Loss of support benefits:

1. are available to eligible dependents of a deceased victim or intervenor who was employed, was receiving reemployment assistance, or had applied for and would have been eligible for unemployment compensation benefits (reemployment assistance), at the time of the crime. Benefits for loss of support are calculated by determining the earnings lost for a period of three years. The gross average weekly wage is multiplied by 52 weeks then multiplied by 3 years, to equal the total loss of support benefit up to the maximum benefit amount in the Schedule of Benefits listed below. Persons eligible for this benefit are include:

- ~~1.a.~~ Surviving spouse,
- ~~2.b.~~ Dependent parent, sibling, and child(ren); and,
- ~~3.e.~~ A person who was dependent for his or her principal support on the deceased victim.

~~2. Proof of dependency is established based on:~~

- ~~a. The deceased victim's federal income tax return,~~
- ~~b. Marriage certificate,~~
- ~~c. Birth certificate,~~
- ~~d. Copy of approval for Social Security Administration survivor benefits, or~~

~~e. When the applicant can provide actual documentation that joint expenses exceed the applicant'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) No change.
- (f) Mental health treatment (inpatient and outpatient) expenses;

1. 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 the timeframes established on the Schedule of Benefits one year after the date of the crime.

2. through 5. No change.

6. A surviving spouse, parent, step-parent, child or sibling of a deceased victim may receive mental health grief counseling. When more than one applicant applies, each adult applicant shall be eligible for benefits up to the maximum benefit amount on the Schedule of Benefits, receive no more than \$5,000.00 of the total benefit not to exceed \$10,000.00 per claim.

7. When a minor receiving mental health treatment care reaches the age of 18, the maximum adult benefit level applies of \$2,500.00 per claim is applied to the entire claim. If that benefit amount has already been paid, no further mental health or grief counseling benefits are available.

8. through 9. (g) 3. No change.

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

5. through 6. No change.

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

74. Costs for interpreter services for eligible victims with (foreign) language barriers and/or hearing impairment which allows victims to receive assistance in obtaining benefits and medical or mental health with regard 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.

~~(h)2.~~ 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.

- (i) No change.
- (7) Documentation Requirements –

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

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

- 1. No change.
- 2. Full legal name, date of birth, social security or other government-issued identification number (if applicable), and relationship to victim,
- 3. through 12 No change.

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

- 1. through 4. No change.
- ~~5. A child abuse investigation report completed by a Department of Children and Families or child protection team,~~
- 56. A written communication from any Federal Law Enforcement agency,

67. A cybercrime investigator may certify a crime for purposes of section 960.197, F.S., or

78. A completed form BVC430 Law Enforcement Information Reporting Form which is incorporated in subsection 2A-2.017(9), F.A.C.

- (d) through (e) No change.
- (f) Acceptable documentation for crime-related wage loss:

1. Documentation from the employer 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:

- a. Victim/applicant's name,
- b. Job title,
- c. Date hired,
- d. Date terminated, if applicable,
- e. Dates missed from work as a result of the crime,
- f. Average number of hours the victim/applicant worked per week,
- g. Total number of hours missed from work as a result of the crime,
- h. Hourly wage or average weekly wage (rate of pay),

- i. Company name, address, and telephone number; and,
- j. 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:

a. The victim/applicant’s ~~pay stub or individual earnings statement(s) showing loss of dates and income from work as a result of the crime,~~

b. Unemployment compensation (reemployment assistance) benefits statement,

c. ~~Recent federal income tax return, or~~

d. ~~Quarterly federal income tax report~~ Documentation for the quarter or year immediately preceding ~~preceeding~~ the date of the crime (if self-employed).

3. Oral or electronic confirmation shall be obtained from the employer for the first forty hours ~~five days~~<sup>2</sup> of wage loss. Subsequent loss is compensable only upon receipt of written document requested herein.

4. Alternatively, BVC405 Victim Compensation Wage Loss Employment Report, which is incorporated in subsection 2A-2.017(14), F.A.C., may be submitted in lieu of other documentation.

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

e. Physician’s signature and date signed.

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

1. Income tax returns showing earnings for one to three years preceding the date of the crime. If the claim will exhaust the maximum allowable benefit using just the year prior to the date of the crime, then only one year of tax documentation is necessary. If not, two or three years of prior tax documents for the years preceding the date of the crime are required to calculate the gross average weekly wage.

2. Reemployment assistance statements may be used in combination with tax documentation to calculate the gross average weekly wage.

3. Alternatively, the Victim Compensation Wage Loss Employment Report (BVC403), which is incorporated in subsection 2A-2.017, may be submitted to document earnings preceding the crime.

1. Deceased victim’s pay stub or individual earnings statement,

~~2. Unemployment compensation (reemployment assistance) benefits statement,~~

~~3. Recent federal income tax return, or~~

~~4. Verification of earnings from the employer’s human resources director or other authorized human resources supervisor, employee administrative services supervisor, chief financial officer, chief executive officer, president, or owner.~~

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

1. The deceased victim’s federal income tax return,

2. Marriage certificate,

3. Birth or death certificate,

4. Copy of approval for Social Security Administration survivor benefits,

5. A court order for support, or

6. When establishing principal dependency, the applicant may provide actual documentation that joint expenses exceed the applicant’s income and that the expenses had been paid by the deceased. Acceptable documentation includes certified copies of financial records, leases, mortgages or other forms of mutual indebtedness for a minimum of one year preceding the occurrence of the crime.

(i) Acceptable documentation for crime-related disability benefits includes an assessment in writing by a licensed physician ~~and~~ which must document the disability rating ~~be~~ in accordance with the American Medical Association’s Guide to Evaluation of Permanent Impairment or the Florida Permanent Impairment Rating Guide. Alternatively, a BVC409 Victim Compensation Treatment Disability Statement, which is incorporated in subsection 2A-2.017(8), F.A.C., may be submitted in lieu of other documentation. The documentation must include the following:

1. Victim’s full name, date of birth, and other identifying information (e.g., social security number), ~~Victim’s name and date of birth~~

2. through 6. No change

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

(j) No change.

(k) The schedule of benefits for claims timely filed pursuant to the Crimes Compensation Act, includes:

BENEFIT TYPE	Maximum Benefit Amount (up to)	Timeframe Within Which Loss Must Be Incurred from Date of Crime (up to)

Wage Loss	\$15,000.00 at a rate of 66.667% or GAWW	one year
Parental Wage Loss	\$15,000.00 at a rate of 66.667% or GAWW	one year
Loss of Support	\$25,000.00	n/a
Disability	\$15,000.00	n/a
Catastrophic Disability	\$50,000.00	n/a
Crime Scene Cleanup	\$1,500.00	7 days
Medical/Dental Treatment	\$10,000.00 at a rate of 66.667%	one year
Mental Health Injured Minor (until age 18)	\$10,000.00 at a rate of 66.667%	n/a
Mental Health Inpatient Crisis Stabilization	\$10,000.00 at a rate of 66.667%	7 days
Mental Health Injured Adult Victim	\$5,000.00 at a rate of 66.667%	one year
Mental Health Minor Witness	\$5,000.00 at a rate of 66.667%	one year
Mental Health Minor Victim Mental Injury	\$10,000.00 at a rate of 66.667%	(until age 18)
Mental Health Adult or Minor Victim of Forcible Felony (non-injury)	\$5,000.00 at a rate of 66.667%	one year
Grief Counseling (surviving spouse, parent, step-parent, child, step-child, sibling, step-sibling, or other dependent of a deceased victim; combined total benefit cannot exceed \$10,000.00 payout)	\$10,000.00 (\$5,000.00 each adult applicant) at a rate of 66.667%	one year
Funeral/Burial	\$7,500.00	n/a
Property Loss	\$500.00	date loss discovered

Domestic Violence Relocation	\$1,500.00 ( <del>two increments up to \$750 each</del> )	receipts submitted within 45 days
Sexual Battery Relocation	\$1,500.00 ( <del>two increments up to \$750.00 each</del> )	receipts submitted within 45 days
Human Trafficking Relocation	\$1,500.00 ( <del>two increments up to \$750 each</del> )	receipts submitted within 45 days
Sexual Battery Forensic Examinations	\$500.00	date of exam
<u>Emergency Responder Death Benefit</u>	<u>\$50,000.00</u>	<u>n/a</u>

(1) Total benefits paid on a single claim cannot exceed \$15,000.00 when the victim is not deceased, or catastrophically injured, \$25,000.00 when the victim is deceased, or \$50,000.00 when the victim has sustained a catastrophic injury as defined in section 960.03(1), F.S. as a direct result of the crime., or was an emergency responder killed in the line of duty. Benefits paid to medical, mental health, or grief counseling treatment providers shall be paid at a rate of 66.667% or less depending on the availability of funds. Property loss cannot exceed \$500.00 on any one claim, and a lifetime maximum of \$1,000.00 on all claims. Benefits paid for relocation claims cannot exceed \$1,500.00 on any one claim, and a lifetime maximum of \$3,000.00 for the same relocation claim type.

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, 10-1-14, 9-23-15, 2-29-16, 6-30-16, 10-29-17, \_\_\_\_\_.

2A-2.013 Property Claims.

(1) An application for property loss victim compensation 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.com, or submitted via the department’s web-portal. The application entitled BVC100 Bureau of Victim Compensation Claim Form is incorporated in subsection 2A-2.017(1), F.A.C.

(2) For a faxed application to be timely submitted, the transmittal cover page must ~~include the name of the victim and~~ must bear a faxed date stamp that is within the statutory filing time.



(3) Proof of disability predating the crime is required for persons between 18 and 60 years of age. Acceptable documentation includes written statements from the Department of Veteran Affairs, the Social Security Administration, or the victim's treating physician. Alternatively, the victim may submit form BVC410 Property Loss Disability Verification Form, which is incorporated in subsection 2A-2.017(13), F.A.C.

(4) The criminal or delinquent act must be reported to law enforcement within 72 hours from the time that the event is known to have occurred. When the act is reported later than 72 hours after the incident occurred, the victim/applicant must provide an explanation for the reporting delay which demonstrates good cause. Acceptable explanations for good cause include:

(a) through (f) No change.

(g) The victim, ~~because of their age or disability~~, was physically unable to report the incident within 72 hours.

(5) When a claim is received later than one year but less than two years after the crime, the victim/applicant must provide an explanation for the late filing demonstrating good cause for the delay. Alternatively, a BVC102 Filing Time Explanation Form, which is incorporated in subsection 2A-2.017(10), F.A.C., may be used by the victim/applicant in lieu of submitting other written explanation.

(a) Good cause is demonstrated when the record shows the victim/applicant was pursuing other means of recourse; when the victim/applicant was not emotionally, mentally, or physically able to file the claim; when the victim/applicant was unaware that a compensation program exists; or when a language or cultural barrier hinders the access needed to timely file the claim.

(b) A claim filed more than two years after the occurrence of the crime will be considered untimely.

~~(6)(5)~~ The law enforcement report must identify and assign a value to the property for which compensation is sought. Alternatively, the law enforcement report must identify the property, and acceptable documentation of replacement costs for actual damage may be provided by the victim if the value or estimated damage is not known at the time the law enforcement report is made.

~~(7)(6)~~ Acceptable documentation of replacement costs includes a receipt for purchase of replacement item, official published advertisement, or written estimate from a retail establishment for the cost of an equivalent item. The written estimate must be on company letterhead and must include the retailer's name, address, and an email or website address, if any.

~~(8)(7)~~ Definitions:

(a) No change.

(b) "Activities of daily living" for purposes of section 960.195, F.S., means the basic tasks of everyday life, ~~such as eating, bathing, dressing, toileting, and communicating.~~

(c) through (i) No change.

~~(9)(8)~~ Compensation may be paid for the cost of the item, plus tax, delivery and installation, up to a maximum of \$500.00 per claim and a \$1,000.00 lifetime maximum on all property loss claims. Victims/Applicants may apply and be eligible for issuance of the insurance waiver provision identified in section 624.128, F.S., regardless of the amount previously compensated.

~~(10)(9)~~ Objects can be valued only at replacement cost, regardless of sentimental value.

~~(11)(10)~~ Compensation is limited to items that are lawful tangible personal property of the victim.

(a) No change.

(b) No change.

~~(12)(11)~~ A "claim" may be filed for each incident in which a tangible loss is incurred as the result of criminal or delinquent acts. Multiple property losses and ongoing victimization within a reasonable period of time qualify as a single incident, and thus, only one claim may be filed.

~~(13)(12)~~ The victim/applicant must cooperate with the proper authorities in investigating and/or prosecuting known offenders. Upon learning that the victim/applicant has not cooperated, the department shall deny, reduce, or withdraw any award for compensation.

Rulemaking Authority 960.045(1)(b) FS. Law Implemented 960.195 FS. History—New 7-1-10, Amended 10-1-14, 2-29-16, 10-29-17, \_\_\_\_\_.

2A-2.014 Domestic Violence Relocation Assistance.

(1) To be eligible for domestic violence relocation assistance, the victim must contact and application must be made through a certified representative in the State of Florida at a certified domestic violence center, certified by the Florida Coalition Against Domestic Violence. The center must certify the application according to the requirements of section 960.198, F.S. A BVC106DV Domestic Violence Relocation Certification Worksheet must accompany the application BVC100 Bureau of Victim Compensation Claim Form for assistance. The application and certification forms 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; emailed to VCIntake@myfloridalegal.com; or submitted via the department's web portal. Failure to submit a properly completed certification will result in denial of benefits. The application entitled BVC100 Bureau of Victim Compensation Claim Form is incorporated in subsection 2A-2.017(1), F.A.C..

The BVC106DV Domestic Violence Relocation Certification Worksheet is incorporated in subsection 2A-2.017(2) F.A.C.

(2) A certified domestic violence center representative is a person who 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 2 years after completion of specialized training. Training certification is withdrawn when the domestic violence center representative resigns or is terminated from their existing position.

~~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.com, or submitted via the department's web portal. 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. The application entitled BVC100 Bureau of Victim Compensation Claim Form is incorporated in subsection 2A-2.017(1), F.A.C. The BVC106DV Domestic Violence Relocation Certification Worksheet is incorporated in subsection 2A-2.017(2), F.A.C.~~

(3) through (6) No change.

(7) The BVC106DV Domestic Violence Relocation Certification Worksheet requires the victim to ~~The victim must:~~

(a) Provide a brief summary describing how funding would be used to execute the safety measures outlined in their safety plan;

(b)(a) Identify how the domestic violence relocation assistance funds will be used by specifying the dollar amount requested for compensable relocation assistance expenses;

(c)(b) Certify that he or she will comply with section 960.198, F.S. and verify understanding that criminal prosecution for fraud under Section 960.18 F.S., may be pursued if he or she makes false representations to receive money;

(d)(e) Affirm that they have created a safety plan with a center representative which included using ~~Use~~ the funds to relocate to a safe environment;

(e)(d) Agree to Accept the funds at the center within 30 days of payment issuance;

(f)(e) Agree to Ssubmit receipts, via email to VCIntake@myfloridalegal.com, or via fax to (850)414-6167 or (850)414-5779, which must be received by the department within 45 days of payment issuance; and,

(g)(f) Affirm understanding that a determination of claim eligibility constitutes an award for the amount certified up to the maximum specified on the Schedule of Benefits located in subsection 2A-2.002(7), F.A.C., and will count toward the maximum lifetime benefit amount established pursuant to Section 960.198 F.S.; 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.

(h)(g) Duly swear to cooperate with proper authorities, including but not limited to the state attorney, statewide and federal prosecutors, all law enforcement agencies, and the department Verify understanding that he or she must cooperate with the proper authorities; and,

(i)(h) Acknowledge that the department shall deny, reduce, or withdraw any award if receipts are not received by the department within 45 days of payment issuance, or if receipts do not reflect compensable acceptable relocation assistance expenses expenditures; or if the victim fails to cooperate with proper authorities; and-

(j) Affirm understanding that any monies paid on an award which is denied, reduced, or withdrawn pursuant to this section must be repaid to the department. Any outstanding unpaid amounts will be deducted from any future relocation awards.

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

(8)(9) By certifying the victim's need for relocation assistance using the BVC106DV Domestic Violence Relocation Certification Worksheet the domestic violence center representative The Office of the Attorney General authorized applicant assistant must:

(a) No change.

(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; and attach acceptable proof of crime with the application and certification being submitted;

(c) through (d) No change.

(e) Verify that the victim/applicant has cooperated with the proper authorities which includes the state attorney investigating and prosecuting known offenders;

(f) Acknowledge understanding that they or another certified representative must witness the victim's/applicant's acceptance of payment and forward a signed BVC421DV Notification of Possible Recoupment and/or Prosecution for Fraud Form to the department. The BVC421DV Notification of Possible Recoupment and/or Prosecution for Fraud Form is incorporated in subsection 2A-2.017(5), F.A.C.;

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

~~(h)(g)~~ Acknowledge that if the payment is not collected, the department will rescind eligibility and revoke certification of the application; 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;

(i) Verify that the victim/applicant has provided personal identification which was reviewed prior to certifying the application; and,

(j) Verify that the victim has developed a safety plan.

~~(9)(10)~~ It is the responsibility of the center representative 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.

~~(10)(11)~~ Proof of a domestic violence crime which meets the definition of section 741.28(2), F.S., 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 Information Reporting Form contains a checklist of the eligibility criteria and shortened narrative detailing the incident, and is incorporated by reference in subsection 2A-2.017(9), F.A.C.

~~(11)(12)~~ The BVC106DV Domestic Violence Relocation Certification Worksheet ~~certification~~ shall include the victim's name and date of birth; the applicant's name and date of birth, if applicable; the last four digits of the victim/applicant's social security number for authentication purposes; and the certified domestic violence center representative's applicant assistant's name, mailing address, email address, telephone number and fax number.

~~(12)(3)~~ If approved, the award will be made payable to the victim as a reimbursement or advance based on the written estimate provided on the BVC106DV Domestic Violence Relocation Certification Worksheet. Payments will be 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 payment issuance. A certified domestic violence center representative An applicant assistant must witness the acceptance of payment, and must complete and submit a. The BVC421DV Notification of Possible Recoupment and/or Prosecution for Fraud Form to the

department. The BVC421DV Notification of Possible Recoupment and/or Prosecution for Fraud Form is incorporated in subsection 2A-2.017(5), F.A.C., and reiterates the importance of utilizing funds for approved expenditures in accordance with the obligations acknowledged on the certification worksheet. The following must be signed by the victim/applicant:

(a) The victim/applicant acknowledges understanding that they must comply with the obligations set forth in Section 960.198, F.S.:

~~(b)~~ The victim/applicant agrees attests to the fact that they will fully comply with the requests of the proper authorities, and in prosecuting known offenders, and that failure to cooperate will result in a denial of eligibility and withdrawal of the award;

~~(c)(b)~~ The victim/applicant agrees to submit receipts for approved expenses which must be received by the department within 45 days from payment issuance. The victim/applicant agrees to spend the award and submit receipts for approved expenditures listed on the certification worksheet. They affirm understanding that eEfforts to recoup the monies will be initiated if the necessary documentation is not received by the department within 45 days from payment issuance;

~~(d)(e)~~ The victim/applicant is aware that the victim/applicant will be required to repay any efforts to recoup monies not used for compensable relocation assistance expenses, will be initiated if for which receipts are not timely received submitted, or if the victim fails to cooperate as required in section (b) above;

~~(e)~~ The victim/applicant understands that no additional benefits of any type can be approved by the department until the award authorized for the purpose of relocating is verified by proper submission of compensable relocation assistance receipts;

~~(f)~~ The victim/applicant agrees to spend the award for compensable relocation assistance expenses;

~~(g)(d)~~ The victim/applicant is aware that they will face possible criminal prosecution for fraud under Section 960.18, F.S., if false representations to receive the money or use the funds for purposes other than relocating as identified on their safety plan are proven; and;

~~(h)(e)~~ The victim/applicant acknowledges receipt of the funds in the amount of the payment as approved by the Office of the Attorney General, Bureau of Victim Compensation; and

~~(f)~~ The victim/applicant is aware that no additional benefits of any type can be approved until the department receives proof of compensable receipts.

~~(i)~~ The victim/applicant acknowledges that any monies which are not repaid pursuant to this subsection will be deducted against any future relocation awards.

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

warrant, or any other method determined by the Office of the Attorney General, Bureau of Victim Compensation. Awards will be administered based on the availability of funds. The department shall determine how those funds are disbursed.

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

~~(14)(16) If the victim has not accepted the funds at the center within 30 days of payment issuance, the center shall return the funds to the department and certification of immediate need will be revoked.~~

~~(15)(17) Upon receipt of the returned funds by the department, eligibility will be rescinded.~~

Rulemaking Authority 960.045(1)(b) FS. Law Implemented 960.198 FS. History—New 7-1-10, Amended 10-1-14, 2-29-16, 10-29-17, \_\_\_\_\_.

#### 2A-2.015 Sexual Battery Relocation Assistance.

(1) To be eligible for sexual battery relocation assistance, the victim must contact and make an application be made through a certified representative in the State of Florida at a rape crisis center in the State of Florida which has been certified by the Florida Counsel Against Sexual Violence. A BVC106RS Sexual Battery Relocation Certification Worksheet from the rape crisis center must accompany the application BVC100 Bureau of Victim Compensation Claim Form for assistance. Failure to submit a properly completed certification worksheet will result in denial of benefits. The BVC100 Bureau of Victim Compensation Claim Form and BVC106RS Sexual Battery Relocation Certification Worksheet shall be mailed to the Office of the Attorney General, Bureau of Victim Compensation, PL-01, The Capitol, Tallahassee, FL 32299-1050; faxed to (850)414-6197 or (859)414-5779, or emailed to VCIntake@myfloridalegal.com, or submitted via the department's web portal. Failure to submit a properly completed certification will result in denial of benefits. The application entitled BVC100 Bureau of Victim Compensation Claim Form is incorporated in subsection 2A-2.017(1), F.A.C.. The BVC106RS Sexual Battery Relocation Certification Worksheet is incorporated in subsection 2A-2.017(3), F.A.C.

(2) No change.

~~(3) A certification worksheet from the rape crisis center must accompany the application for assistance. The certification worksheet can only be obtained from the certified rape crisis center. Failure to submit a properly completed certification worksheet will result in denial of benefits.~~

~~(3)(4) The 106RS Sexual Battery Relocation eCertification wWorksheet shall include the victim's name and date of birth; the applicant's name and date of birth, if different from the victim; the last four digits of the victim/applicant's social~~

security number for authentication purposes; and the certified rape crisis center representative's name, mailing address, email address, telephone number, and fax number.

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

~~(a) 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 with the state attorney, all law enforcement agencies, and the department;~~

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

~~(d) A certified representative will be available to 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;~~

~~(e) 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 and the claim will be denied;~~

~~(6) 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, or submitted via the department's web portal. Failure to submit a properly completed certification will result in denial of benefits. The application entitled BVC100 Bureau of Victim Compensation Claim Form is incorporated in subsection 2A-2.017(1), F.A.C. The BVC106RS Sexual Battery Relocation Certification Worksheet is incorporated in subsection 2A-2.017(3), F.A.C.~~

~~(4)(7) When an application for relocation is received later than one year after the crime and but less than two years after the crime incident, the victim/applicant claimant must provide a good cause explanation for the late filing.~~

~~(a) through (b) No change.~~

~~(5)(8) No change.~~

~~(6)(9) The BVC106RS Sexual Battery Relocation Certification Worksheet requires the victim to victim/applicant must:~~

~~(a) Provide a brief summary describing how funding would be used to execute the safety measures outlined in their safety plan; Contact the proper authorities, report the crime, fully comply with the requests of proper authorities and the Office of the Attorney General, Bureau of Victim Compensation, and cooperate with the prosecution of known offenders. Exceptions for not cooperating with both the investigating and prosecuting agencies are as follows:~~

~~(b) Identify how the relocation assistance funds will be used by specifying the dollar amount requested for compensable relocation assistance expenses;~~

(c) Certify that he or she will comply with Section 960.199, F.S., and verify understanding that criminal prosecution for fraud under section 960.18, F.S., may be pursued if he or she makes false representations to receive money;

(d) Affirm that they have created a safety plan with a center representative which includes using the funds to relocate to a safe environment;

(e) Duly swear to cooperate with the proper authorities including but not limited to the state attorney, statewide and federal prosecutors, all law enforcement agencies, and the department. Acceptable good cause explanations for not cooperating with the investigating and prosecuting agencies are as follows:

1. through 3. No change.

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

~~(b) Specify how the sexual battery relocation assistance funds will be used and use monies awarded for that purpose;~~

~~(c) Certify that he or she will comply with section 960.199 F.S.;~~

~~(f)(d) Affirm that he or she is not currently residing with and will not in the future reside with the offender;~~

~~(g)(e) Certify that the request to the department for relocation assistance is a last resort that follows all other funding sources;~~

~~(h)(f) Submit receipts, via email to VCIntake@myfloridalegal.com, or via fax to (850)414-6197 or (850)414-5779, which must be received by the department within 45 days from the date the payment was issued;~~

~~(i)(g) Verify that the sexual battery was committed in the victim's place of residence or in a location that would lead the victim to reasonably fear for his or her continued safety in the place of residence; and;~~

~~(j)(h) Accept the funds at the center within 30 days of payment issuance;~~

~~(i) 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.~~

(k) Affirm understanding that a determination of claim eligibility constitutes an award for the amount certified up to the maximum specified on the Schedule of Benefits located in subsection 2A-2.002, F.A.C., and will count toward the maximum lifetime benefit amount established pursuant to Section 960.199(1), F.S.

(l)(j) Acknowledge that the department shall deny, reduce, or withdraw any award if receipts are not received by the department within 45 days of payment issuance, ~~or~~ if receipts do not reflect compensable relocation assistance expenses or if the victim fails to cooperate with proper authorities; and-

(m) Affirm understanding that monies paid on any award which is denied, reduced, or withdrawn pursuant to this

subsection must be repaid to the department. Any outstanding unpaid amounts will be deducted from any future relocation awards.

~~(7)(10) 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. The BVC430 Law Enforcement Information Reporting Form is incorporated in subsection 2A-2.017(9), F.A.C.~~

~~(8)(11) The law enforcement report or 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.~~

~~(9)(12) It is the responsibility of the center representative 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.~~

~~(10)(13) By certifying the victim's need for relocation assistance using the BVC106RS Sexual Battery Relocation Certification Worksheet, the rape crisis center representative ~~The Office of the Attorney General authorized applicant assistant~~ must:~~

~~(a) Notify the victim/applicant about all applicable rules and regulations, and that failure to comply with those requirements shall result in a denial of the award;~~

~~(b)(a) Certify the application meets the requirements compliance with the provisions of section 960.199, F.S.;~~

~~(c)(b) Verify that the crime incident was identified by the proper authorities as a sexual battery defined by section 794.011, F.S.;~~

~~(d)(e) Verify that the victim is in need of relocation assistance based on a reasonable fear for their continued safety at their current residence due to the sexual battery crime;~~

~~(e)(d) Verify that the victim is cooperating with the proper authorities, ~~the department, and~~ which includes the state attorney in investigating and prosecuting known offenders;~~

~~(f)(e) Affirm that the victim/applicant provided personal identification documentation which was reviewed prior to certifying the application;~~

~~(g)(f) Verify that the victim has developed a safety plan;~~

~~(h)(g) Acknowledge understanding that they or another representative must witness the victim's acceptance of payment~~

and forward a signed Notification of Recoupment and/or Prosecution for Fraud Form to the department; and,

~~(i)(4)~~ Verify that they have notified the victim/applicant that if funds are awarded, he/she must accept the funds at the center within 30 days of payment issuance. If the payment is not collected, they authorize the department to rescind eligibility and revoke their certification of that application.

~~(11)(14)~~ If approved, the award will be made payable to the victim as a reimbursement or advance based on ~~the~~ a written estimate provided on the certification worksheet. 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~~ the Office of the Attorney General, Bureau of Victim Compensation.

~~(12)(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. The BVC421RS Notification of Possible Recoupment and/or Prosecution for Fraud Form is incorporated in subsection 2A-2.017(6), F.A.C., and reiterates the importance of utilizing funds for approved expenditures in accordance with the obligations acknowledged on the certification worksheet. The following must be signed agreed ~~to~~ by the victim/applicant:

(a) The victim/applicant acknowledges ~~Acknowledge~~ understanding that they must comply with the obligations set forth in section 960.199, F.S.;

(b) The victim/applicant agrees ~~Affirm~~ that they will fully comply with the requests of proper authorities; and will cooperate with prosecuting known offenders; and that failure to cooperate will result in a denial of eligibility and a withdrawal of the award;

(c) The victim/applicant ~~Agrees~~ to submit receipts for approved expenses ~~as listed on the Sexual Battery Relocation Certification Worksheet. Receipts~~ which must be received by the department within 45 days from payment issuance. Efforts to recoup the monies will be initiated if the necessary documentation is not received by the department within 45 days from payment issuance;

(d) The victim/applicant is aware ~~Affirm understanding that efforts to recoup the monies will be initiated that the victim/applicant will be required to repay any monies for which if the necessary documentation is not received by the department within 45 days of payment issuance, or if receipts are not timely received do not reflect compensable relocation expenditures, or if the victim fails to cooperate with proper authorities as required in subsection (b) above;~~

(e) The victim/applicant understands that no additional benefits of any type can be approved by the department until the award authorized for the purpose of relocating is verified by proper submission of compensable relocation assistance receipts;

(f) The victim/applicant agrees to spend the award for approved relocation assistance expenses;

(g)(e) The victim/applicant is aware ~~Understand~~ that they will face possible criminal prosecution for fraud under section 960.18, F.S., if they have made false representations to receive the money or ~~do not~~ use the funds for purposes other than relocating as identified on in accordance with their safety plan are proven:-

~~(f) The victim/applicant is aware that no additional benefits of any type can be approved until the department receives proof of compensable expenses.~~

(h) The victim/applicant acknowledges receipt of the funds in the amount of the payment as approved by the Office of the Attorney General, Bureau of Victim Compensation; and

(i) The victim/applicant acknowledges that any monies which are not repaid pursuant to this subsection will be deducted against any future relocation awards.

~~(13)(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 certification will be revoked and withdraw the certification. Upon receipt of the returned funds by the department, eligibility will be rescinded ~~withdrawn~~.

Rulemaking Authority 960.045(1)(b) FS. Law Implemented 960.199 FS. History—New 11-19-12, Amended 10-1-14, 2-29-16,\_\_\_\_\_.

2A-2.016 Human Trafficking Relocation Assistance.

(1) To be eligible for human trafficking relocation assistance, the victim’s need for assistance must be certified by a certified rape crisis center or domestic violence center representative, except in cases that exceed the two-year filing requirement and are certified by a state attorney, or statewide or federal prosecutor who has jurisdiction over the crime. ~~The certification~~ BVC106HT Human Trafficking Relocation Certification Worksheet must accompany the application.

(2) through (4) No change.

(5) For a faxed application to be timely submitted, the transmittal cover page ~~must include the name of the victim and~~ must bear a faxed date stamp that is within 45 days immediately following the crime or threat.

(6) “Urgent assistance” is defined as 45 days directly following the crime, a subsequent event directly related to the crime, or an identifiable threat by a human trafficking offender, as defined in section 787.06(3)(b), (d), (f), or (g), F.S., Both the crime and identifiable threat must be communicated to the proper authorities.

(7) No change.

(8) The BVC106RS Human Trafficking Relocation Certification Worksheet shall include the victim's name and date of birth; the applicant's name and date of birth, if applicable; the last four digits of the victim/applicant's social security number for authentication purposes; and the certified domestic violence or rape crisis center representative's name, mailing address, email address, telephone number, and fax number, ~~a statement describing how funding will be used to execute the safety measures outlined in the victim's safety plan; identification of each relocation expense; and the following victim/applicant acknowledgements~~. The BVC106HT Human Trafficking Relocation Certification Worksheet requires the victim to:

(a) Provide a brief summary describing how funding would be used to execute the safety measures outlined in their safety plan;

(b) Identify how the human trafficking relocation assistance funds will be used by specifying the dollar amount requested for compensable relocation assistance expenditures;

~~(c)(a) The victim/applicant will~~ eComply with section 960.196, F.S., and understands that criminal prosecution for fraud shall be pursued if they make false representations to receive money pursuant to section 960.18, F.S.;

~~(b)(d) Verify that they are not currently residing~~ The victim/applicant will not in the future live with any offender involved in the human trafficking offense;

~~(e) Affirm that they have created a safety plan with a certified domestic violence or rape crisis center representative which includes using the funds to relocate to a safe environment;~~

~~(f) Attest to understanding that funds must be accepted at the center within 30 days of payment issuance;~~

~~(e) The victim/applicant agrees to provide the department with itemized receipts which must be received within 45 days of payment issuance;~~

~~(g)(d) The victim~~ aAcknowledges understanding that receipts must be emailed to VCIntake@myfloridalegal.com, or faxed to (850)414-6197 or (850)414-5779, which must be received by the department within 45 days of payment issuance; to be considered for any additional awards.

~~(h)(e) The victim/applicant~~ Verify understandings that the department shall deny, reduce, or withdraw any award for compensation if receipts are not received within 45 days of payment issuance, ~~or~~ if receipts do not reflect compensable relocation assistance expenses expenditures necessary for relocation, or if the victim fails to cooperate with proper authorities;

~~(i)(f) The victim/applicant~~ aAttests to the fact that they require financial assistance for relocating based on an urgent need to escape from an unsafe environment directly resulting

from the human trafficking offense as described in section 787.06(3)(b), (d), (f), or (g), F.S.;

~~(j)(g) The victim/applicant must~~ dDuly swear to cooperate with the proper authorities, including but not limited to the state attorney, statewide and federal prosecutors, all law enforcement agencies, and the department;

~~(h) The victim/applicant must acknowledge that the application is being made within one year from the date of crime. If not, the victim/applicant must provide a good cause explanation.~~

~~(k) Affirm understanding that a determination of claim eligibility constitutes an award for the amount certified up to the maximum specified on the Schedule of Benefits located in subsection 2A-2.002, F.A.C., and will count toward the maximum lifetime benefit amount established pursuant to Section 960.196(1), F.S.; and~~

~~(l) Verify understanding that monies paid on any award which is denied, reduced, or withdrawn pursuant to this subsection must be repaid to the department. Any outstanding unpaid amounts will be deducted from any future relocation awards.~~

(9) through (10) No change.

(11) By certifying the victim's need for relocation assistance using the BVC106HT Human Trafficking Relocation Certification Worksheet, ~~worksheet~~ the certified rape crisis center representative, certified domestic violence center representative, state attorney, or statewide prosecutor affirms the following:

~~(a) The application meets the requirements of Section 960.196, F.S.;~~

(a) through(d) renumbered (b) through (c) No change.

~~(f)(e) Acknowledge understanding that they or another A~~ 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;

~~(g)(f) The victim/applicant was notified that if funds are awarded, he/she must accept the funds at the center/office within 30 days of payment issuance. If the payment is not collected, they acknowledge that the department will rescind eligibility and revoke their certification of that application or have the certification rescinded;~~

~~(h)(g) The victim/applicant has cooperated with the proper authorities, which includes the state attorney, in investigating and prosecuting known offenders;~~

~~(j)(h) The victim/applicant has been notified of all applicable rules and regulation, and that failure to comply with those requirements shall result in a denial withdrawal of the award and a denial of the claim.~~

(12) through (14) No change.

(15) A certified representative from the certifying center or office must witness the victim/applicant's acceptance of

payment and will be responsible for having the victim/applicant acknowledge and sign a Notification of Possible Recoupment and/or Prosecution for Fraud Form before providing the award to the victim/applicant. The distributing representative must forward same to the Office of the Attorney General, Bureau of Victim Compensation.

(16) No change.

(17) The BVC421HT Notification of Possible Recoupment and/or Prosecution for Fraud Form is incorporated in subsection 2A-2.017(7), F.A.C., and reiterates the importance of utilizing funds for approved expenditures in accordance with the obligations acknowledged on the certification worksheet. The following must be signed by the victim/applicant:

(a) The victim/applicant acknowledges understanding that they must comply with the obligations set forth in Section 960.196, F.S.;

(b)(a) The victim/applicant agrees to the fact that they will fully comply with the requests of the proper authorities, and in prosecuting known offenders, and that failure to cooperate will result in a denial of eligibility and a denial of the award;

(c)(b) The victim/applicant agrees to spend the award and submit receipts for approved expenses a expenditures listed on the cCertification wWorksheet. Receipts which must be received by the department within 45 days from payment issuance. Efforts to recoup the monies will be initiated if the necessary documentation is not received by the department within 45 days from payment issuance;

(d)(e) The victim/applicant is aware that the victim/applicant will be required to repay any monies not used for compensable relocation assistance expenses, that efforts to recoup monies will be initiated if for which receipts are not timely received within 45 days of payment issuance, or if the victim fails to cooperate with proper authorities as required in (b) above;

(e) The victim/applicant understands that no additional benefits of any type can be approved by the department until the award authorized for relocation is verified by the proper submission of compensable relocation assistance receipts;

(f) The victim/applicant agrees to spend the award for compensable relocation assistance expenses;

(g)(d) The victim/applicant is aware that they will face possible criminal prosecution for fraud if false representations to receive the money or use the funds for purposes other than relocating as identified on their safety plan are proven; and,

(h)(e) The victim/applicant acknowledges receipt of the funds in the amount of the payment as approved by the Office of the Attorney General, Bureau of Victim Compensation; and,

(i) The victim/applicant acknowledges that any monies which are not repaid pursuant to this subsection will be deducted against any future relocation awards.

(18) If the victim/applicant has not accepted the funds at the center or office within 30 days of issuance, the certified rape crisis or domestic violence center, state attorney, or statewide prosecutor shall return the funds to the department and ~~withdraw the certification of urgent need will be revoked.~~ Upon receipt of the returned funds by the department, eligibility will be rescinded.

~~(19) 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.~~

~~(19)(20)~~ By delegation or appointment by a state attorney, an assistant state attorney is qualified to complete the certification worksheet, certify the victim's cooperation, and witness payment acceptance.

~~(21) The victim/applicant must cooperate with proper authorities in investigating and/or prosecuting known offenders. Upon learning that the victim/applicant has not cooperated, the department shall deny, reduce, or withdraw any award for compensation.~~

Rulemaking Authority 960.045(1)(b) FS. Law Implemented 960.07(1), 960.07(2), 960.13(1), 960.13(2), 960.13(3), 960.196, 960.199 FS. History—New 10-20-14, Amended 2-29-16,\_\_\_\_\_.

#### 2A-2.017 Forms.

The Following Bureau of Victim Compensation forms can be obtained at [www.myfloridalegal.com](http://www.myfloridalegal.com) or by contacting the Office of the Attorney General, Bureau of Victim Compensation, PL-01 The Capitol, Tallahassee, FL 32399, (850)414-3300:

(1) Any person desiring to apply for Victim Compensation, Property Loss or relocation benefits shall submit a completed form BVC100, Bureau of Victim Compensation Claim Form revised (10/1807/45), adopted and incorporated by reference, <https://www.flrules.org/Gateway/reference.asp?No=Ref-06417>.

(2) Any person applying for domestic violence relocation shall submit, via a certified domestic violence center, a completed form BVC106DV Domestic Violence Relocation Certification Worksheet revised (10/1840/45), adopted and incorporated by reference, <https://www.flrules.org/Gateway/reference.asp?No=Ref-06418>. This certification must be obtained from and completed by a certified domestic violence center representative that has been designated by the Office of the Attorney General to assist in the certification process.

(3) Any person applying for sexual battery relocation shall submit, via a certified rape crisis center, a completed form



BVC106RS, Sexual Battery Relocation Certification Worksheet revised (10/18/15), adopted and incorporated by reference,

<https://www.flrules.org/Gateway/reference.asp?No=Ref-06419>. This certification must be obtained from and completed by a certified rape crisis center representative that has been designated by the Office of the Attorney General to assist in the certification process.

(4) Any person applying for human trafficking relocation shall submit, via a certified rape crisis or domestic violence center or state attorney, or statewide or federal prosecutor, a completed form BVC106HT, Human Trafficking Relocation Certification Worksheet revised (10/18/15), adopted and incorporated by reference, <https://www.flrules.org/Gateway/reference.asp?No=Ref-06420>. This certification must be obtained from and completed by a certified domestic violence or rape crisis center representative that has been designated by the Office of the Attorney General to assist in the certification process or a state attorney, or statewide or federal prosecutor.

(5) Any person receiving domestic violence relocation funds must submit, via a certified domestic violence center, form BVC421DV Notification of Possible Recoupment and/or Prosecution for Fraud revised (10/18/15), adopted and incorporated by reference, <https://www.flrules.org/Gateway/reference.asp?No=Ref-06421>.

(6) No change

(7) Any person receiving human trafficking relocation funds must submit, via a certified rape crisis or domestic violence center, state attorney, statewide or federal prosecutor, form BVC421HT Notification of Possible Recoupment and/or Prosecution for Fraud revised (10/18/15), adopted and incorporated by reference, <https://www.flrules.org/Gateway/reference.asp?No=Ref-06423>.

(8) through (15) No change.

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, 960.196, 960.198, 960.199 FS. History—New 2-11-16, Amended 10-29-17, \_\_\_\_\_.

2A-2.018 Emergency Responder Death Benefits.

(1) Application. The application entitled BVC100ER Emergency Responder Death Benefit Claim Form must be submitted and is incorporated in subsection 2A-2.017(15), F.A.C. An application for emergency responder death benefits 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 or (850)414-5779; emailed to VCIntake@myfloridalegal.com; or submitted via the department’s web-portal located at <https://vannext.myfloridalegal.com>.

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

1. through 4. No change.

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

~~56. A written communication from any Federal Law Enforcement agency, or,~~

~~7. A certification by a cybercrime investigator of a crime for purposes of section 960.197, F.S., or~~

~~68. A completed form BVC430 Law Enforcement Information Reporting Form which is incorporated in subsection 2A-2.017(9), F.A.C.~~

(3) through (4) No change.

Rulemaking Authority 960.045(1) FS. Law Implemented 960.194 FS. History—New 10-29-17, Amended \_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE:

Michelle Crum, Chief of Victim Compensation,

NAME OF AGENCY HEAD WHO APPROVED THE

PROPOSED RULE: Attorney General Ashley Moody

DATE PROPOSED RULE APPROVED BY AGENCY

HEAD: February 26, 2019

DATE NOTICE OF PROPOSED RULE DEVELOPMENT

PUBLISHED IN FAR: January 4, 2019

### Section III

#### Notice of Changes, Corrections and Withdrawals

##### DEPARTMENT OF HEALTH

##### Board of Dentistry

RULE NO.: RULE TITLE:

64B5-15.018 Initial Permit Fees for General Anesthesia, Pediatric Moderate Sedation, and Parenteral Moderate Sedation Permits

##### NOTICE OF WITHDRAWAL

Notice is hereby given that the above rule, as noticed in Vol. 45 No. 20, January 30, 2019 issue of the Florida Administrative Register has been withdrawn.

### Section IV

#### Emergency Rules

NONE

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

NONE

**Section VI**  
**Notice of Meetings, Workshops and Public**  
**Hearings**

**DEPARTMENT OF STATE**

Division of Cultural Affairs

The Florida Division of Cultural Affairs, Florida Council on Arts and Culture announces a public meeting to which all persons are invited.

DATE AND TIME: March 27, 2019, 9:00 a.m. until conclusion

PLACE: Florida State Capitol, 400 S. Monroe St., 22nd Floor, Tallahassee, FL 32399

GENERAL SUBJECT MATTER TO BE CONSIDERED:

Quarterly meeting of the Florida Council on Arts and Culture.

A copy of the agenda may be obtained by contacting: The Division of Cultural Affairs at (850)245-6470 or by visiting our website: [www.florida-arts.org/calendar](http://www.florida-arts.org/calendar).

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: Rachelle Ashmore at (850)245-6490 or at [Rachelle.Ashmore@dos.myflorida.com](mailto:Rachelle.Ashmore@dos.myflorida.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).

For more information, you may contact: The Division of Cultural Affairs website at <http://dos.myflorida.com/cultural> or call (850)245-6470.

**DEPARTMENT OF TRANSPORTATION**

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

DATE AND TIME: Tuesday, March 5, 2019, 5:30 p.m. – 7:30 p.m.

PLACE: First Assembly of God Church, 3757 N. Highway 1, Cocoa, FL 32926

GENERAL SUBJECT MATTER TO BE CONSIDERED: Financial Management (FPID) No.: 437116-1

Project Description: State Road (S.R.) 528 & U.S. 1 Drainage Improvements

The Florida Department of Transportation (FDOT) is conducting a public meeting to discuss proposed drainage

improvements to an existing ditch along State Road (S.R.) 528 from U.S. 1 to the Indian River Lagoon Drainage improvements will also restore proper water flow to the area, including across the Florida East Coast (FEC) railroad near the S.R. 528 and U.S. 1 interchange. The purpose of the open house is to present the potential improvement concept, and for interested persons to get involved with the project by providing feedback and comments to the department's design team.

During the open house, displays and other project information will be available for review. There also will be a looping presentation and staff will be available to discuss the project. Participants may provide public comments, verbal and/or written, at any time. If submitted by mail, please send your comments no later than March 19, 2019 to William Umlauf, P.E., 1511 East SR 434, Suite 1001, Winter Springs, FL 32708. Public participation is solicited without regard to race, color, national origin, age, sex, religion, disability or family status. Persons wishing to express their concerns relative to FDOT compliance with Title VI may do so by contacting Jennifer Smith, FDOT District Five Title VI Coordinator, via email at [Jennifer.Smith2@dot.state.fl.us](mailto:Jennifer.Smith2@dot.state.fl.us).

Persons who require accommodations under the Americans with Disabilities Act or persons who require translation services (free of charge) should contact Carol Hatfield, P.E., FDOT Project Manager, by phone at (386)943-5562, or via email at [Carol.Hatfield@dot.state.fl.us](mailto:Carol.Hatfield@dot.state.fl.us) at least seven days prior to the meeting. If you are hearing or speech impaired, please contact us by using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

A copy of the agenda may be obtained by contacting: N/A.

For more information, you may contact: Carol Hatfield, P.E., FDOT Consultant Project Manager, 719 South Woodland Boulevard, DeLand, FL 32720, Phone (386)943-5562, Email: [Carol.Hatfield@dot.state.fl.us](mailto:Carol.Hatfield@dot.state.fl.us) or William Umlauf, P.E., 1511 E. S.R. 434, Suite 1001, Winter Springs, FL 32708, Phone (407)433-3944, Email: [bumlauf@go-iei.com](mailto:bumlauf@go-iei.com).

**DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES**

The Department of Highway Safety and Motor Vehicles announces a public meeting to which all persons are invited.

DATE AND TIME: March 12, 2019, 1:00 p.m. – 2:00 p.m., ET

PLACE: Neil Kirkman Building, Conference Room B-202, 2900 Apalachee Parkway, Tallahassee, Florida 32399

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Motorist Modernization Advisory Board is meeting to receive an update on Phase 1 of the Motorist Modernization Program. System functionality and requirements will also be presented to the group for consideration and input.

**AGENDA**

- Roll Call

- Welcome
- Review and Approval of Last Meeting Minutes
- IV&V Update
- Stakeholder Outreach Update
- Policy and Decisions Review
- MM Phase I Program Update
- Financial Review
- Project Updates
- Communications Update
- Q&A
- Adjourn

Please join the meeting from your computer, tablet or smartphone

<https://global.gotomeeting.com/join/630034677>

You can also dial in using your phone

United States: 1(646)749-3129

United States (toll-free): 1(877)309-2073

Access Code: 630-034-677

Audio PIN: Shown after joining the meeting

A copy of the agenda may be obtained by contacting: The agenda is included above.

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: Terrence Samuel, 2900 Apalachee Parkway, Room D315, Tallahassee, FL 32399, (850)617-2100. 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 HIGHWAY SAFETY AND MOTOR VEHICLES**

The Department of Highway Safety and Motor Vehicles announces a public meeting to which all persons are invited.

DATE AND TIME: March 12, 2019, 2:30 p.m. – 4:00 p.m., ET

PLACE: Neil Kirkman Building, Conference Room B-202, 2900 Apalachee Parkway, Tallahassee, Florida 32399

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Motorist Modernization Advisory Board is meeting to discuss and provide guidance & recommendations on Phase 2 of the Motorist Modernization Program.

**AGENDA**

- Roll Call
- Welcome
- Review and Approval of Last Meeting Minutes
- IV&V Update
- Stakeholder Outreach Update
- Policy and Decisions Review
- MM Phase II Program Update
- Financial Review

- Project Updates
- Communications Update
- Q&A
- Adjourn

Please join the meeting from your computer, tablet or smartphone

<https://global.gotomeeting.com/join/630034677>

You can also dial in using your phone

United States: 1(646)749-3129

United States (toll-free): 1(877)309-2073

Access Code: 630-034-677

Audio PIN: Shown after joining the meeting

A copy of the agenda may be obtained by contacting: The agenda is included above.

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: Terrence Samuel, 2900 Apalachee Parkway, Room D315, Tallahassee, FL 32399, (850)617-2100. 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 Financial Emergency Board announces a public meeting to which all persons are invited.

DATE AND TIME: March 29, 2019, 11:00 a.m.

PLACE: City Commission Chambers, 215 N Perviz Avenue, Opa-locka, FL

GENERAL SUBJECT MATTER TO BE CONSIDERED: A meeting of the Financial Emergency Board for the City of Opa-locka to discuss the current state of the City's financial affairs and to consider action items related to the ongoing work of the Board.

A copy of the agenda may be obtained by contacting: Blair Mathers at (850)717-9264 or [blair.mathers@eog.myflorida.com](mailto:blair.mathers@eog.myflorida.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: Blair Mathers at (850)717-9264 or [blair.mathers@eog.myflorida.com](mailto:blair.mathers@eog.myflorida.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).

**REGIONAL PLANNING COUNCILS**

Tampa Bay Regional Planning Council

The Tampa Bay Regional Planning Council Executive Budget Committee announces a public meeting to which all persons are invited.

DATE AND TIME: March 11, 2019, 9:00 a.m.  
 PLACE: 4000 Gateway Centre Blvd., Ste. 100, Pinellas Park, Florida 33782  
 GENERAL SUBJECT MATTER TO BE CONSIDERED: To conduct the regular business of the Tampa Bay Regional Planning Councils Executive Budget Committee.  
 A copy of the agenda may be obtained by contacting: Wren Krahl, Wren@tbrpc.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 4 days before the workshop/meeting by contacting: Wren Krahl, Wren@tbrpc.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).  
 For more information, you may contact: Wren Krahl, Wren@tbrpc.org.

REGIONAL PLANNING COUNCILS

Tampa Bay Regional Planning Council  
 The Tampa Bay Regional Resiliency Coalition Steering Committee announces a public meeting to which all persons are invited.  
 DATE AND TIME: March 11, 2019, immediately after TBRPC Council meeting, or 12:00 Noon – 1:00 p.m.  
 PLACE: 4000 Gateway Centre Blvd., Ste. 100, Pinellas Park, Florida 33782  
 GENERAL SUBJECT MATTER TO BE CONSIDERED: To conduct the regular business of the Tampa Bay Regional Resiliency Coalition.  
 A copy of the agenda may be obtained by contacting: Wren Krahl, Wren@tbrpc.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 4 days before the workshop/meeting by contacting: Wren Krahl, Wren@tbrpc.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).  
 For more information, you may contact: Wren Krahl, Wren@tbrpc.org.

REGIONAL PLANNING COUNCILS

Tampa Bay Regional Planning Council  
 The Tampa Bay Regional Planning Council announces a public meeting to which all persons are invited.  
 DATE AND TIME: March 11, 2019, 10:00 a.m.  
 PLACE: 4000 Gateway Centre Blvd., Ste. 100, Pinellas Park, Florida 33782

GENERAL SUBJECT MATTER TO BE CONSIDERED: To conduct the regular business of the Tampa Bay Regional Planning Council  
 A copy of the agenda may be obtained by contacting: Wren Krahl, Wren@tbrpc.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 4 days before the workshop/meeting by contacting: Wren Krahl, Wren@tbrpc.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).  
 For more information, you may contact: Wren Krahl, Wren@tbrpc.org.

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: March 14, 2019, 2:00 p.m.  
 PLACE: Treasure Coast Regional Planning Council, 421 SW Camden Avenue, Stuart, FL 34994  
 GENERAL SUBJECT MATTER TO BE CONSIDERED: To conduct a meeting of Council's Comprehensive Economic Development Committee  
 A copy of the agenda may be obtained by contacting: Stephanie Heidt at (772)221-4060 or sheidt@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: Stephanie Heidt at (772)221-4060 or sheidt@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: Stephanie Heidt at (772)221-4060 or sheidt@tcrpc.org.

COMMISSION FOR THE TRANSPORTATION DISADVANTAGED

The Commission for the Transportation Disadvantaged announces a public meeting to which all persons are invited.  
 DATE AND TIME: March 19, 2019, 2:00 p.m. until completion  
 PLACE: 605 Suwannee St., Tallahassee, FL 32399, Burns Building - Auditorium

GENERAL SUBJECT MATTER TO BE CONSIDERED: To discuss regular Commission business.

Call in Number: Toll Free – 1(888)585-9008, Conference Room: 260-444-834

A copy of the agenda may be obtained by contacting: Julia Blanchard, 605 Suwannee Street, MS 49, Tallahassee Florida 32399, (850)410-5700 or 1(800)983-2435.

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: Julia Blanchard, 605 Suwannee Street, MS 49, Tallahassee Florida 32399, (850)410-5700 or 1(800)983-2435. 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: Julia Blanchard, 605 Suwannee Street, MS 49, Tallahassee Florida 32399, (850)410-5700 or 1(800)983-2435.

---

DEPARTMENT OF ELDER AFFAIRS

Office of Public and Professional Guardians

The Foundation of Indigent Guardianship, Inc. announces a telephone conference call to which all persons are invited.

DATE AND TIME: March 20, 2019, 10:00 a.m.

PLACE: Telephonic Conference Call

GENERAL SUBJECT MATTER TO BE CONSIDERED: FIG Quarterly Board Meeting.

A copy of the agenda may be obtained by contacting: Charles Alkire at Charles.alkire@verizon.net.

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 21 days before the workshop/meeting by contacting: 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

Division of State Employees' Insurance

RULE NO.: RULE TITLE:

60P-6.011 Shared Savings Program

The Department of Management Services announces a hearing to which all persons are invited.

DATE AND TIME: April 29, 2019, 11:00 a.m.

PLACE: Department of Management Services, 4050 Esplanade Way, Room 101, Tallahassee, FL 32399.

GENERAL SUBJECT MATTER TO BE CONSIDERED: This previously noticed hearing is cancelled.

A copy of the agenda may be obtained by contacting: NA

---

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Regulatory Council of Community Association Managers

The Regulatory Council of Community Association Managers announces a telephone conference call to which all persons are invited.

DATE AND TIME: May 17, 2019, 10:00 a.m.

PLACE: Conference Call 1(888)585-9008; Conference Room Number: 922133251#

GENERAL SUBJECT MATTER TO BE CONSIDERED: General Business.

A copy of the agenda may be obtained by contacting: The Council's website at MyFloridaLicense.com - Our businesses and Professions - Community Association Managers and Firms – Council Meeting Information.

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 Department of Business and Professional Regulation, Regulatory Council of Community Association Managers, 2601 Blair Stone Road, Tallahassee, FL 32399 or by calling (850)717-1980. 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: The Department of Business and Professional Regulation, Regulatory Council of Community Association Managers, 2601 Blair Stone Road, Tallahassee, FL 32399 or by calling (850)717-1980.

---

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Florida Real Estate Commission

The Florida Real Estate Commission announces a public meeting to which all persons are invited.

DATES AND TIMES: Monday, March 11, 2019, 10:00 a.m. ET; meeting will reconvene on Tuesday, March 12, 2019, 8:30 ET; and Wednesday, March 13, 2019, 8:30 a.m. ET

PLACE: Zora Neale Hurston Building, North Tower, Suite N901, 400 West Robinson Street, Orlando, Florida 32801.

**GENERAL SUBJECT MATTER TO BE CONSIDERED:** Official business of Commission – among topics include, but not limited to, are proposed legislation affecting Chapter 475, Part I, F.S., Chapter 61J2, F.A.C., budget discussions, escrow disbursement requests, recovery fund claims, education issues, petitions for declaratory statement, petitions for rule variance/waiver, disciplinary actions and real estate applications. Monday's session is to hold a discussion relating broker qualifications only. All or part of this meeting may be conducted as a teleconference in order to permit maximum participation of the Commission members or its counsel. All or part of this meeting may be conducted as a teleconference in order to permit maximum participation of the Commission members or its counsel.

A copy of the agenda may be obtained by contacting: Lori Crawford at [realpublicrecords@myfloridalicense.com](mailto:realpublicrecords@myfloridalicense.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 5 days before the workshop/meeting by contacting: Division of Real Estate, (407)481-5662. 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.

**DEPARTMENT OF HEALTH**

Division of Emergency Preparedness and Community Support  
The Department of Health/Legislative Committee Meeting announces a public meeting to which all persons are invited.

**DATE AND TIME:** This meeting takes place on March 15, 2019, 9:00 a.m. – 11:00 a.m. Eastern Time

**PLACE:** Please join my meeting from your computer, tablet or smartphone.

<https://global.gotomeeting.com/join/157654909>

You can also dial in using your phone.

(For supported devices, tap a one-touch number below to join instantly.)

United States (Toll Free): 1(866)899-4679

One-touch: tel: 1(866)899-4679, 157654909#

United States: (571)317-3116

One-touch: tel: (571)317-3116, 157654909#

Access Code: 157-654-909

Joining from a video-conferencing room or system?

Dial: 67.217.95.2##157654909

Cisco devices: 157654909@67.217.95.2

**GENERAL SUBJECT MATTER TO BE CONSIDERED:** EMS State Plan, Goals and Objectives

A copy of the agenda may be obtained by contacting: NA

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: Bonnie Anderson, (850)558-9544, [Bonnie.Anderson@flhealth.gov](mailto:Bonnie.Anderson@flhealth.gov).

**DEPARTMENT OF CHILDREN AND FAMILIES**

Refugee Services

The Tallahassee Refugee Task Force announces a public meeting to which all persons are invited.

**DATE AND TIME:** Tuesday, March 12, 2019, 10:00 a.m. – 11:30 a.m.

**PLACE:** Department of Children and Families, 1317 Winewood Blvd., Building 3, Room 202, Tallahassee, FL 32399

**GENERAL SUBJECT MATTER TO BE CONSIDERED:** The purpose of the Tallahassee Area Refugee Task Force meeting is to increase awareness of the refugee populations, share best practices, spot trends in refugee populations, build collaborations between agencies, help create good communication among service providers, get informed about upcoming community events, and discuss refugee program service needs and possible solutions to meeting those needs.

A copy of the agenda may be obtained by contacting: Theresa Leslie at (850)778-4065 or David Draper at (407)317-7335.

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: Theresa Leslie at (850)778-4065 or David Draper at (407)317-7335. 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: Theresa Leslie at (850)778-4065 or David Draper at (407)317-7335.

**DEPARTMENT OF CHILDREN AND FAMILIES**

Refugee Services

The Jacksonville Area Refugee Task Force announces a public meeting to which all persons are invited.

**DATE AND TIME:** Wednesday, March 13, 2019, 1:30 p.m. – 3:30 p.m.

**PLACE:** Jacksonville Baptist Association, 2700 University Boulevard South, Jacksonville, FL 32216

**GENERAL SUBJECT MATTER TO BE CONSIDERED:** The purpose of the Jacksonville Area Refugee Task Force meeting is to increase awareness of the refugee populations, share best

practices, spot trends in refugee populations, build collaborations between agencies, help create good communication among service providers, get informed about upcoming community events, and discuss refugee program service needs and possible solutions to meeting those needs.

A copy of the agenda may be obtained by contacting: LeAndra Stafford at (904)485-9540 or David Draper at (407)317-7335.

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: LeAndra Stafford at (904)485-9540 or David Draper at (407)317-7335. 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: LeAndra Stafford at (904)485-9540 or David Draper at (407)317-7335.

**DEPARTMENT OF ECONOMIC OPPORTUNITY**

Division of Community Development

The DEPARTMENT OF ECONOMIC OPPORTUNITY announces a public meeting to which all persons are invited.

DATE AND TIME: Wednesday, March 13, 2019, 10:00 a.m.

PLACE: Department of Economic Opportunity, Caldwell Building, 107 East Madison Street, Executive Room 114, Tallahassee, Florida 32399, Tele-conference Number: 1(888)585-9008, Conference Code: 717-433-638

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Florida Department of Economic Opportunity will be conducting a meeting with the Weatherization Assistance Program (WAP) Policy Advisory Council (PAC) for the development of the WAP State Plan for Program Year 2019-2020, which will be submitted to the United States Department of Energy on Friday, May 3, 2019.

A copy of the agenda may be obtained by contacting: Mr. Azhar Mahboob, Community Program Manager, Weatherization Assistance Program, Florida Department of Economic Opportunity, 107 East Madison Street, MSC 400, Tallahassee, Florida 32399-4120, phone: (850)717-8468, fax: (850)488-2488, email: Azhar.mahboob@deo.myflorida.com.

APPEALS INFORMATION: If a person decides to appeal any decision of the Florida Department of Economic Opportunity with respect to any matter considered at the public meeting, he or she will need a record of the proceeding, and for such purposes he or she may need to ensure that a record of the proceeding is made, which includes the testimony and evidence upon which the appeal is to be made.

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 agency at (850)717-8450. 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).

**FLORIDA ASSOCIATION OF CENTERS FOR INDEPENDENT LIVING**

The Florida Association of Centers for Independent Living announces a public meeting to which all persons are invited.

DATE AND TIME: Monday March 4, 1:00 p.m. – 2:00 p.m. ET

PLACE: teleconference 1(888)853-9372 code: 267511

GENERAL SUBJECT MATTER TO BE CONSIDERED: Matters related to the James Patrick Memorial .Work Incentive Personal Attendant Services and Employment Assistance Program

A copy of the agenda may be obtained by contacting: Kristen Herron at kristen@floridacils.org or (850)575-6004.

**Section VII**

**Notice of Petitions and Dispositions Regarding Declaratory Statements**

**DEPARTMENT OF FINANCIAL SERVICES**

Finance

NOTICE IS HEREBY GIVEN that the Florida Office of Financial Regulation has received the petition for declaratory statement from Coinsquare, LLC. The petition seeks the agency's opinion as to the applicability of Chapter 560, Florida Statutes, as it applies to the petitioner.

On 2/27/2019, the Florida Office of Financial Regulation (Consumer Finance) received a Petition for Declaratory Statement from Coinsquare, LLC. The petition seeks a declaratory statement from the Office whether its proposed business model (to develop a global electronic platform to facilitate the purchase and sale of digital assets. Buyers and sellers of Digital Assets will participate on the Platform subject to an agreement with the Company concerning the use of the Platform) falls under the Florida Money Transmitter Statute, Chapter 560, 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, Agency.Clerk@flofr.com.

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

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

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

NONE

Notice of Disposition of Petition for Administrative Determination has been filed 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**

NEIGHBORHOOD MEDICAL CENTER  
 Neighborhood Medical Center- RFQ Design/Build Renovation  
 Notice of Request for Qualifications  
 Neighborhood Medical Center  
 Design/Build Services for renovations to 2613 South Monroe  
 Street, Tallahassee, FL 32301  
 Neighborhood Medical Center, Inc. is seeking interested  
 Design/Build teams to submit qualifications for the renovation  
 of the above noted building. The project will require  
 transformation of this previous bank into a new medical center  
 location.

Schedule of Selection:

- Submission Deadline Friday, March 1
  - Selection Announcement no later than Friday, March 8
- Instructions and additional project information may be obtained at [www.neighborhoodmedicalcenter.org](http://www.neighborhoodmedicalcenter.org) or by calling Rebecca Harnden, Project Director at (850)491-3787.

**Section XII**  
**Miscellaneous**

DEPARTMENT OF STATE

Index of Administrative Rules Filed with the Secretary of State Pursuant to subparagraph 120.55(1)(b)6. – 7., F.S., the below list of rules were filed in the Office of the Secretary of State between 3:00 p.m., Thursday, February 21, 2019 and 3:00 p.m., Wednesday, February 27, 2019.

Rule No.	File Date	Effective Date
53ER19-11	2/21/2019	2/21/2019
53ER19-12	2/21/2019	2/21/2019
53ER19-13	2/21/2019	2/21/2019
53ER19-14	2/21/2019	2/21/2019
64B4-3.001	2/26/2019	3/18/2019
64B4-6.001	2/26/2019	3/18/2019
64B4-6.0025	2/26/2019	3/18/2019
64B4-6.004	2/26/2019	3/18/2019
64B4-6.0045	2/26/2019	3/18/2019
64B8-56.002	2/22/2019	3/14/2019
64B9-4.002	2/21/2019	3/13/2019
64B9-7.001	2/21/2019	3/13/2019

**LIST OF RULES AWAITING LEGISLATIVE  
 APPROVAL SECTIONS 120.541(3), 373.139(7)  
 AND/OR 373.1391(6), FLORIDA STATUTES**

Rule No.	File Date	Effective Date
60FF1-5.009	7/21/2016	**/**/*****
64B8-10.003	12/9/2015	**/**/*****
69L-3.009	12/5/2018	**/**/*****



DEPARTMENT OF ENVIRONMENTAL PROTECTION

Office of the Secretary

Florida State Clearinghouse

The state is coordinating reviews of federal activities and federally funded projects as required by subsection 403.061(42), F.S. This includes Outer Continental Shelf activities and other actions subject to federal consistency review under the Florida Coastal Management Program. A list of projects, comments and deadlines, and the address for providing comments, are available at: <https://fldep.dep.state.fl.us/clearinghouse/>. For information, call (850)717-9076. This public notice fulfills the requirements of 15 CFR 930.

---

DEPARTMENT OF HEALTH

Board of Nursing

Notice of Emergency Action

On February 27, 2019, State Surgeon General issued an Order Lifting Emergency Restriction of License with regard to the Linda Jean Wilson, L.P.N., License No.: PN 5177065. The Department orders that the Emergency Restriction of License be lifted.

---

**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.

---