

R-97-257

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF MANATEE COUNTY, FLORIDA AUTHORIZING THE PROVISION OF PAYMENT OF EXPENSES INCURRED DURING THE FLASH FLOOD EVENT OF OCTOBER 31, 1997; WHICH WAS DECLARED A STATE OF EMERGENCY BY THE GOVERNOR; HOWEVER IT WAS NOT NECESSARY FOR THE BOARD TO CONVENE AS SPECIFIED IN ORDINANCE 93-24.

WHEREAS, the flooding event was significant to Manatee County due to the uncertainty of the forecasted storm track by the National Weather Service in Ruskin and copious amounts of rain which caused flooding to low lying areas throughout the county coupled with tornado sightings over Manatee County; and

WHEREAS, pursuant to the provision of Manatee County Ordinance 87-24, Section 3 paragraph (5), the governor has delegated necessary powers to the Board, the Board is authorized to issue such orders, proclamations, and rules having the force and effect of law as are deemed necessary and appropriate to provide for the health, welfare, and safety of the residents of Manatee County, to provide for the orderly management of the emergency disaster and to mitigate the potential effects of the emergency disaster, and

WHEREAS, the provision of payment for meals as defined in Manatee County Ordinance 93-24 specifically applies to declared emergencies, and

WHEREAS, the circumstances requiring EOC staff to maintain emergency operations during the October 31 flash flood event to mitigate the affects to property and flooded roadways throughout Manatee County; and

WHEREAS, on November 4, 1997, the Governor of the State of Florida requested assistance through the Small Business Administration (SBA); SBA issued Disaster Declaration #2986, declaring Manatee County a disaster area as a result of damages caused by extensive flash flooding resulting from severe rains on October 31, 1997.

NOW, THEREFORE BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MANATEE COUNTY, FLORIDA, that:

Payment is authorized for expenses incurred in the amount of \$266 69 to the vendors providing meals to the EOC staff and \$108 00 for provision of meals for the crews working late serving the community during the October 31, 1997 flash flood event.

Adopted with a quorum present and voting this 9th day of December, 1997.

BOARD OF COUNTY COMMISSIONERS OF
MANATEE COUNTY, FLORIDA
By: *Terrence M. Shore*
Chairman

ATTEST: R.B. SHORE
Clerk of the Circuit Court
R.B. Shore
02

Vendor Name: Olive GARDEN restaurant
 Address 4480 West 14th Street
 City Bradenton FL 34207 Phone 754-2370

Class & Sub _____ Number _____
DIRECT EXPENDITURE VOUCHER

THE ARTICLES OR SERVICES REQUESTED ARE NECESSARY TO PROPERLY CONDUCT THE ACTIVITIES OF THIS AGENCY AND HAVE BEEN PROVIDED FOR IN THE BUDGET. AND FUNDS ARE AVAILABLE IN MY BUDGET TO COVER THIS PROCUREMENT. ALSO, THESE ITEMS ARE NOT ON BID, CONTRACT OR IN COUNTY STORES INVENTORY. MAXIMUM ALLOWED - \$500.00

I hereby certify that the materials or services have been received, inspected and found satisfactory for the purpose for which they were purchased.

AUTHORIZED BY DEPT. HEAD _____ DATE 4 Nov 97
 DEPT. DIV. Public Safety - Enforcement

RECEIVED BY Janet Williams DATE 11/3/97
 INVOICING SLIP NO. 0

CONTACT PERSON PHONE NO. 3530
 FREIGHT: PREPAID & ADDED _____ VENDOR DELIVERY _____ COUNTY PICKUP _____

Item No.	Generic Description	Brand/Mfg.	Mfg./Catalog Number	QTY.	Unit	Unit Price	Amount
1	6 pens Sprinter			6	ea	22.95	137.70
2	6 pens inkjet			6	ea	5.95	35.70
3	6 Juwila Solvade			6	ea	11.95	71.70
The FCC workers during their work went 10/31/97.							

FLORIDA SALES TAX EXEMPT. CERT. NO. 03 - 00008 - 02 - 51. MAXIMUM ALLOWED - \$500.00
 FET EXEMPT. CERT. NO. 59 - 78 - 0089 K. TOTAL \$ 245.10

Item No.	Amount	Account	Item No.	Amount	Account
1-3	245.10	001-627001-315321-0000			

FCN _____ DIST _____ FINANCE USE ONLY

Vendor No. _____ Req No. _____ PO No. _____ Voucher No. _____

Vendor Invoice No. _____ Memo _____

Amount \$ _____ Disc Dollars \$ _____ Disc % _____ Check No. _____

ACCOUNT NUMBER	AMOUNT	+/-	ACCOUNT NUMBER	AMOUNT	+/-
_____	\$ _____		_____	\$ _____	
_____	\$ _____		_____	\$ _____	
_____	\$ _____		_____	\$ _____	
_____	\$ _____		_____	\$ _____	
_____	\$ _____		_____	\$ _____	
_____	\$ _____		_____	\$ _____	
_____	\$ _____		_____	\$ _____	
_____	\$ _____		_____	\$ _____	
2811	\$ _____		_____	\$ _____	



NAME: _____ 6:30

TABLE #: _____ CHECK #: _____

Gst. #	Beverage	Appetizer	Entrees/Desserts
			25.00
			17.16

THE OLIVE GARDEN
OCT 31 1027 1 15 10064 6:22 PM

Server : SKOS
Cashier : SKOS
Check : 2684

STORED ORCER

TG PAN SPAG-HEAT	22.95
TG PAN SPAG-HEAT	22.95
TG PAN SPAG-HEAT	22.95
TG PAN SPAG-HEAT	22.95
TG PAN SPAG-HEAT	22.95
TG PAN SPAG-HEAT	22.95
TG PAN ADD MEATBALLS	5.95
TG PAN ADD MEATBALLS	5.95
TG PAN ADD MEATBALLS	5.95
TG PAN ADD MEATBALLS	5.95
TG PAN ADD MEATBALLS	5.95
TG PAN ADD MEATBALLS	5.95
TG JUMBO GARD SALAD	11.95
TG JUMBO GARD SALAD	11.95
TG JUMBO GARD SALAD	11.95
TG JUMBO GARD SALAD	11.95
TG JUMBO GARD SALAD	11.95

TIME

Tax 87.16
TAKE OUT 262.26

17.16
245.10

GRATUITY NOT INCLUDED UNLESS
PARTIES OF 8 OR MORE
LA PROPINA NO ESTA INCLUIDA A MENOS QUE
SEAN 8 PERSONAS O MAS

MODIFIED

THE OLIVE GARDEN
(407)245-4000

INVOICE NUMBER
№ 894353

GUEST BILLING ADDRESS
Manatee Spr

REMIT TO:
Olive Garden Restaurant
4420 W. 14th St.
Bradenton, FL 34207
(813) 756-2370
THE OLIVE GARDEN
P.O. BOX 3600
ORLANDO, FLORIDA 32891-8015
HOTEL PLEASE REFERENCE INVOICE NUMBER ON RESERVANCE
ADVISE AND MAIL YELLOW INVOICE WITH CHECK

DATE	STORE NUMBER	TERMS	DESCRIPTION	PAYABLE ON RECEIPT	QUEST CHECK NUMBER	NUMBER OF GUESTS
			16 @ 22.95 Pan Spicy Pan Meatballs 105.95		5284	2
			11.95 cover			
			<i>Henry J. Davdino</i>			
			<i>No tax</i>			
TOTAL DUE						245.10
GUEST SIGNATURE				MANAGER SIGNATURE		
				<i>Henry J. Davdino</i>		

COPIES: WHITE—GUEST; YELLOW—GUEST; MAIL WITH CHECK; PINK—STORE; GOLDENROD—HOME OFFICE

OPFR 108 (4 99)

OPFR 108

MANATEE COUNTY EMERGENCY OPERATIONS CENTER

FOOD CONSUMPTION LOG

INCIDENT NAME Severe weather 10/31/97 DATE 10/31/97
 MEAL DINNER TIME 6:30 PM.
 COST OF MEAL PER PERSON 9.88
 MEAL PURCHASED FROM Olive Garden
 MEAL CONSISTS OF Spaghetti + meatballs, Salad + Bread
Soft drinks Kash + Karry

please print clearly

TIME	NAME	AGENCY
7:08 PM	Ed Straight	ECC
1908	Jeffrey Bliss	ECC
1909	Alvin Donato	RC
19:07	Jay Moses	M.R.
1911	MSO DISPATCH (6)	MSO
1912	Jesse Davis	MCPWD
1910	Steve Litschman	MSO
1910	Stephen Gasic	PPD
1915	Henry Sheffield	BRADEN RIVER
1920	Wenya Tucker	EMS/ECC
1920	TAT Simonet	MCSO
1930	Karen Windon	MCEM
1925	Carly Myers	Volunteer
1940	Olivia G. K. P.	Sweetland
1940	Robt McPherson	Red Cross
1940	FRAN WANSUI	" "

MANATEE COUNTY EMERGENCY OPERATIONS CENTER

FOOD CONSUMPTION LOG

INCIDENT NAME Severe Weather 10/31/97 DATE 10/31/97

MEAL DINNER TIME 6:30 PM

COST OF MEAL PER PERSON 9.88

MEAL PURCHASED FROM Olive Garden

MEAL CONSISTS OF Spaghetti Meatballs Salad & bread
soft drinks from Kask N Karry.

please print clearly

TIME	NAME	AGENCY
7:00 pm	[unclear]	Public Safety
7:15 pm	Steve Mital	Public Safety
7:25 pm	Brian [unclear]	EMERGENCY MGMT
7:25 pm	Matthew [unclear]	Transportation
7:25/27 pm	[unclear]	Transportation
7:25 pm	[unclear]	Public Safety
7:25 PM	[unclear]	Public Safety Dept
7:25 pm	[unclear]	Boca Raton Herald
7:25 pm	[unclear]	Public Safety
7:59 pm	Thomas Verde	Public Safety
7:59 PM	Nancy DANDINO	EMERGENCY MGMT.

COUNTY OF DEWEEBEE, MISSISSIPPI
BOARD OF COUNTY COMMISSIONERS
CLERK OF CIRCUIT COURT
MARSHEE COUNTY FINANCE DEPARTMENT
P.O. BOX 1000
BRADENTON, FLORIDA 34209

254092

Vendor Name: Wish N. N. Store #1765
Address: P.O. Box 51407
City: Mobile, AL 33651 Phone: _____

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AUTHORIZED BY DEPT. HEAD: [Signature] DATE: 4/11/97

DEPT. NO.: Police City - FDNC. Mobile

I hereby certify that the materials or services have been received, inspected and found satisfactory for the purpose for which they were purchased.

RECEIVED BY: [Signature] DATE: 4/3/97

CONTACT PERSON PHONE NO.: 3530

FREIGHT PREPAID & ADDED _____ VENDOR DELIVERY _____ COUNTY PICKUP _____

Item No.	Generic Description	Brand/Mfg.	Mfg./Catalog Number	QTY.	Unit	Unit Price	Amount
1	Suit clerks for FPC workers Sweet water cont. 10/3/97						21.59

FLORIDA SALES TAX EXEMPT. CERT. NO. 03 - 00008 - 02 - 51. MAXIMUM ALLOWED -- \$500.00 TOTAL \$ 21.59
F.T.E. EXEMPT. CERT. NO. 59 - 79 - 0099 K.

Item No.	Amount	Account	Item No.	Amount	Account
1	21.59	001.007001.525321.00000			

FCN _____ DIST _____ FINANCE USE ONLY
Vendor No. _____ Req No. _____ PO No. _____ Voucher No. _____
Vendor Invoice No. _____ Memo _____
Amount \$ _____ Disc Dollars \$ _____ Disc % _____ Check No. _____

ACCOUNT NUMBER	AMOUNT	+/-	ACCOUNT NUMBER	AMOUNT	+/-
	\$			\$	
	\$			\$	
	\$			\$	
	\$			\$	
	\$			\$	
	\$			\$	
	\$			\$	
	\$			\$	
	\$			\$	
	\$			\$	
2816	\$			\$	
	\$			\$	

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	10
MASTERS CARD	1.00
	00
SMART BUY SWINGS	1.99
SMART BUY SWINGS	2.00
SMART BUY SWINGS	2.00
SMART BUY SWINGS	2.00
SMART BUY SWINGS	2.00
	00
MR. HERRICK	1.99
MR. HERRICK	1.99
MR. HERRICK	1.99
MR. HERRICK	1.99
MR. HERRICK	1.99
SMART BUY SWINGS	1.99
SMART BUY SWINGS	1.99
SMART BUY SWINGS	1.99
SMART BUY SWINGS	1.99
SMART BUY SWINGS	1.99
SMART BUY SWINGS	1.99
SMART BUY SWINGS	1.99
TAX	0.00
BAL	21.59
	21.59
	00

YOU SAVED 1.99
BY PURCHASING SMART BUYS
AVAILABLE EVERY WEEK AT
KASH 'N' KARRY

... ..
... ..
... ..

W W H H O O L L E E K K E E S S A A L L E E
 W W H H O O L L E E S S A A L L E E
 W W H H H H H H O O L L E E K K E E S S A A L L E E
 W W H H H H O O L L E E S S A A L L E E
 W W H H H H O O L L L L L L E E K K E E S S A A L L L L L L E E K K E E

KASH 'N CARRY
 PO BOX 1529
 SALISBURY, NC 28145-1529

VALIDATE
 HERE

.....
 *
 * Key on register for slip number 440012 *
 *

Company Name/Agency COUNTY OF MARATEE 84
 Address PO BOX 1000
 Address
 City/State/Zip BRADENTON FL 34204 1000
 Contact Person
 Sales Use/Tax ID # 510202764853
 Type * ALL STATES EXCEPT LOUISIANA
 Voucher Number .76540012

Mary L. Sandline 10/21/87 2159
 Person Receiving Merchandise Amount Without Tax
 (Not Valid Without Signature)

STORE COPY

Note THANK YOU FOR SHOPPING WITH US

.CCCC N H AAAAA EEEE OOOO EEEE 8888 AAAA L EEEE
 C H HA AE EG E S A AL E
 C HHHH AAAAA EEEE O OOO EEE 8888 AAAA L EEEE
 C H HA AE EG GE LA AL E
 CCCC N HA AA R H OOOO EEEE 8888 A A LLLL EEEE

VALIDATE
HERE

Remit To
 KAMM 'N KARRY
 PO BOX 11407
 TAMPA, FL 33621-3407

.....
 *
 * Key on register for invoice number 440138 *
 * 440138 *
 *

Vendor Number ME120
 Invoice Number 1768440138
 440138
 Store Number 1745
 Date 10/11-1997
 Customer HAMILTON COUNTY GOVERNMENT
 Address P O BOX 1000
 Address
 City/State/Zip BRADENTON FL 34204
 Authorized Buyer PURCHASE ORDER
 Purchase/Disbursing Order # _____
 (if applicable)

Nancy L. Dandino 10/31/97 2159
 Signature of Authorized Buyer

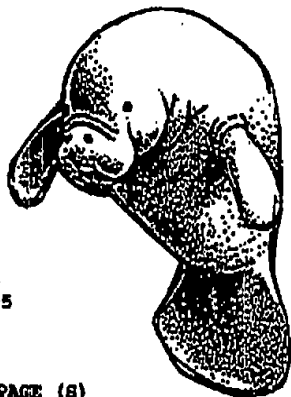
CUSTOMER COPY

Note THANK YOU FOR SHOPPING WITH US



MANATEE COUNTY GOVERNMENT

Transportation Department



TELEFAX COVER MEMO

TELEFAX (941) 795-3495
TELEFAX (IN-COUNTY) 5495

PLEASE DELIVER THE FOLLOWING PAGE (S)

TO: Nancy Dandino
ADDRESS: Emergency Mgmt
FROM: Ross / Jones EXTENSION _____
DATE: 11-26-97 TIME TRANSMITTED: 11:40 Am
SUBJECT: List of Employees - Food for Weather Emerg.
PLEASE CALL UPON RECEIPT _____ PLEASE HANDLE CONFIDENTIALLY _____

COMMENTS: _____

TOTAL NUMBER OF PAGES INCLUDING COVER MEMO: 2

IF YOU DO NOT RECEIVE ALL PAGES, PLEASE CALL AS SOON AS POSSIBLE.

2821

HAMPSHIRE COUNTY GOVERNMENT

MEMORANDUM

DATE: November 25, 1997
TO: Dottie Poindexter, Management Support Manager
FROM: Don Stillwell, Highway Maintenance Division Manager
SUBJECT: EMPLOYEE MEALS

The following employees were provided meals during their extended hours providing protective services as a result of inclement weather on October 31, 1997.

- Donald D. Stillwell *D.D. Stillwell*
- Kass Bessette *Kass Bessette*
- Ralph Steele *Ralph Steele*
- Michael Lutz *Michael Lutz*
- Joey Davis *Joey Davis*
- Andy Wheelers *Andy Wheelers*
- Leo Blackman *Leo Blackman*
- Robin Chin *Robin Chin*
- John Knight *Employee recognized with
signature unrecognizable*

Should you require additional information, please contact Kass at extension 3341.

DOS/KB

TRANSPORTATION - HIGHWAY DIVISION - 13341

2822

COPIES TO:
K. Bessette
AK
for audit
Perini

DATE *12/16/97*
BY *AK*