

R-11-191

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS, OF MANATEE COUNTY, FLORIDA, ACCEPTING THE AGREEMENT FROM THE FLORIDA DEPARTMENT OF COMMUNITY AFFAIRS, DIVISION OF EMERGENCY MANAGEMENT FOR THE ANNUAL UPDATE OF THE STATE HAZARDOUS MATERIALS EMERGENCY RESPONSE PLAN; AND, AUTHORIZING THE CHAIRMAN OR IN HER ABSENCE THE VICE CHAIRMAN TO EXECUTE ALL APPROPRIATE DOCUMENTS.

WHEREAS, the Florida Department of Community Affairs, Division of Emergency Management and the Manatee County Board of County Commissioners recognize the significant threat that hazardous materials incidents post to the residents and the environment of Manatee County; and

WHEREAS, safeguarding the lives and property of its residents is an innate responsibility of the governing body of each county in the State of Florida; and


WHEREAS, the 1996 Legislature authorized funding to support county hazardous materials emergency planning through the Florida Department of Community Affairs;

NOW THEREFORE BE IT RESOLVED, by the Board of County Commissioners of Manatee County, Florida, that:

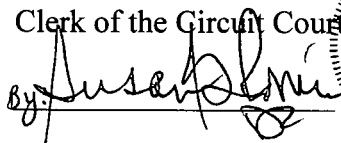
1. The Board of County Commissioners authorizes the acceptance of the agreement from the Florida Department of Community Affairs, Division of Emergency Management; and
2. Authorizes the Chairman or in her absence the Vice Chairman to execute all appropriate documents with regard to the acceptance of Agreement.

ADOPTED with a quorum present and voting this 6th day of September 2011.

BOARD OF COUNTY COMMISSIONERS OF
MANATEE COUNTY, FLORIDA

By: 
Chairman, Board of County Commissioners

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

By: 



Attachment A

PURPOSE, REQUIREMENTS, SCOPE AND SCHEDULE OF DELIVERABLES AND SCHEDULE OF PAYMENTS

Purpose

To update the hazards analysis for all facilities listed in Attachment B, which have reported to the State Emergency Response Commission the presence of those specific Extremely Hazardous Substances designated by the U.S. Environmental Protection Agency in quantities at or above the Threshold Planning Quantity. The data collected under this Agreement will be used to comply with the requirements of the Emergency Planning and Community Right-To-Know Act's planning requirements.

Requirements

- A. The Recipient shall submit a list of facilities within the geographical boundaries of the County listed on Attachment B that are suspected of not reporting to the State Emergency Response Commission the presence of Extremely Hazardous Substances in quantities at or above the Threshold Planning Quantity, as designated by the U. S. Environmental Protection Agency.
- B. The completed hazards analysis shall comply with the site-specific hazards analysis criteria outlined in this Attachment for each facility listed in Attachment B. The primary guidance documents are Attachment D (Hazards Analysis Contract Checklist and CAMEO Guide) to this Agreement and the U.S. Environmental Protection Agency's "Technical Guidance for Hazards Analysis". All hazards analyses shall be consistent with the provisions of these documents. Any variation from the procedures outlined in these documents must be requested in writing and approved by the Division.
- C. Conduct an on-site visit at each Attachment B facility to ensure accuracy of the hazards analysis. Each applicable facility's hazards analysis information shall be entered into the U.S. Environmental Protection Agency's CAMEO_{fm} version 2.2. Each facility hazards analysis shall include, but is not limited to, the following items:
 1. Facility Information
 - (a) Provide the Facility name (per Attachment B)
 - (b) Facility address
Provide the physical address (no Post Office Box) of the facility.
 - (c) Facility Identification
Provide the State Emergency Response Commission Code identification number (per Attachment B) and the geographic coordinates (latitude and longitude in decimal degrees).
 - (d) Facility Emergency Coordinator
Provide the name, title and telephone number (daytime and 24-hour) of the designated facility emergency coordinator.

(e) **Transportation Routes**

List the main routes used (from the County line to the facility) to transport chemicals to and/or from the facility.

(f) **Evacuation Routes**

Based on wind direction from the North, South, East and West, identify the route(s) from the facility to exit the Vulnerable Zone(s).

(g) **Historical Accident Record**

Describe any past releases or incidents that have occurred at the facility. Include date, time, chemical name, quantity and number of persons injured or killed (this information is available from the facility). If it is determined that a facility does not have a historical accident record, that shall be noted.

2. **Hazard Identification**

(a) **Chemical identities**

Provide proper chemical name, Chemical Abstract Service (CAS) number and natural physical state (according to exhibit C of the Technical Guidance for Hazards Analysis) for each Extremely Hazardous Substance present at the facility at any time up to one year prior to the site visit.

(b) **Maximum quantity on-site**

Express in exact pounds (not range codes) the maximum quantity of each Extremely Hazardous Substance the facility has on-site at any time up to one year prior to the site visit.

(c) **Amount in largest container or interconnected containers**

Express in pounds the amount of each Extremely Hazardous Substance stored in the largest container or interconnected containers (this is the release amount used to determine the Vulnerable Zone).

(d) **Type and design of storage container or vessel**

Indicate the storage method of each Extremely Hazardous Substance, i.e., drum, cylinder, tank, and their respective capacities (It is helpful to indicate system types such as manifold versus vacuum as well).

(e) **Nature of the hazard**

Describe the type of hazard (i.e., fire, explosion) and health effects (acute and chronic) most likely to accompany a spill or release of each Extremely Hazardous Substance.

3. Vulnerability Analysis

(d) Extent of the Vulnerable Zone

For each Extremely Hazardous Substance present at a facility, provide the estimated geographical area (vulnerable zone) that may be subject to concentrations of an airborne Extremely Hazardous Substance at levels that could cause irreversible acute health effects or death to human populations following an accidental release.

(b) Estimate Facility Population

Provide an estimate of the maximum number of employees present at the facility at any given time, i.e. if the facility is unmanned except for routine maintenance by only one person then, the number of employees present at any given time shall be noted as one.

© Critical Facilities

Identify each critical facility by name and each critical facility's maximum expected occupancy, within each vulnerable zone, which are essential to emergency response or house special needs populations (schools, day cares, public safety facilities, hospitals, etc.). If there are no critical facilities within the vulnerable zone, that shall be noted.

(d) Estimate Total Exposed Population

Provide an estimate of the total exposed population (facility employees + general population + critical facilities), within each vulnerable zone, that would be affected in a worst case release scenario.

4. Risk Analysis (the three ratings {Risk Assessment} at the bottom of the CAMEO *fm* Scenario Page will meet the four requirements below)

(d) Probability of release

Rate the probability of release as Low, Moderate, or High based on observations at the facility. Considerations should include history of previous incidents and current conditions and controls at the facility.

(b) Severity of consequences of human injury

Rate the severity of consequences if an actual release were to occur

© Severity of consequences of damage to property

Rate the potential damage to the facility, nearby buildings and infrastructure if an actual release were to occur.

(d) Severity of consequences of environmental exposure

Rate the potential damage to the surrounding environmentally sensitive areas, natural habitat and wildlife if an actual release were to occur.

- D. Identify those facilities in Attachment B for which a hazards analysis was not submitted. Supporting documentation shall be submitted to the Division which lists the facilities for which a hazards analysis was not completed. In addition to the facility name and the State Emergency Response Commission Code identification number, supporting documentation should indicate:
1. Facility has closed or is no longer in business.
 2. Facility is not physically located in the County (indicate appropriate County location, if known).
 3. Facility does not have Extremely Hazardous Substance(s) on-site or Extremely Hazardous Substance(s) are below the Threshold Planning Quantity. These facilities require:
 - (a) A Statement of Determination from the facility representative for the previous reporting year; or
 - (b) A letter from the facility representative fully explaining why the Extremely Hazardous Substance(s) is/are not now present at or above the Threshold Planning Quantity and a date when the Extremely Hazardous Substance(s) was/were removed from the facility.

E. On-Site Visits

1. Conduct a detailed on-site visit, within the period of this Agreement, of all the facilities listed in Attachment B, to confirm the accuracy and completeness of information in the hazards analysis.
2. Submit a completed Hazards Analysis Site Visit Certification Form (Attachment E) in **electronic format** to the Division for each facility visited or contacted.
 - (a) **On-Site visit exception for sulfuric acid**
 - (1) For the facilities listed on Attachment B that report the presence of only sulfuric acid, the recipient shall conduct an initial on-site visit within the period of Agreement.
 - (2) After the initial on-site visit has been conducted by the Recipient, another on-site visit is not required in subsequent Agreements unless the facility reports the presence of another extremely hazardous substance.
 - (3) In Agreements subsequent to the initial on-site visit, the Recipient shall contact the facility representative by email or telephone to verify the presence of any extremely hazardous substance(s).
 - (4) If a facility representative reports the presence of any extremely hazardous substance other than sulfuric acid in Agreements subsequent to the initial on-site visit period of Agreement, the Recipient shall conduct an on-site visit during the period of Agreement and in subsequent Agreements.

(b) On-Site visit form exception for sulfuric acid

- (1) For facilities listed on Attachment B that report the presence of only sulfuric acid, an initial on-site visit is required within the period of Agreement and an on-site visit form (Attachment E) signed and dated by the facility representative and the Recipient shall be submitted to the Division.
 - (2) If the facility representative reports the presence of only sulfuric acid in Agreements subsequent to the Agreement period in which the initial on-site visit was conducted, the Recipient shall submit an on-site visit form (Attachment E) to the Division. The on-site visit form shall be signed by the Recipient and identify the date the Recipient contacted the facility representative.
 - (3) If a facility representative reports the presence of an extremely hazardous substance other than sulfuric acid in Agreements subsequent to the Agreement period in which the initial site visit was conducted, the Recipient shall conduct an on-site visit and submit an on-site visit form (Attachment E) to the Division. The on-site visit form shall be signed and dated by the Recipient and the facility representative.
3. Submit a site plan map in electronic format to the Division and in sufficient detail to identify:
- (a) Location of major building(s)
 - (b) Location and identification of EHS container(s)
 - (c) Location of major street(s) and entrance(s)
 - (d) North arrow
 - (e) State Emergency Response Commission Code identification number
- F. Ensure that the Hazards Analysis information is reflected in the County Local Mitigation Strategy.

Scope and Schedule of Deliverables

Deliverable 1:

On or before November 1, 2011, the Recipient shall submit fifty (50) percent of the completed hazards analyses of the Attachment B facilities to the Division for review and approval.

Deliverable 2:

On or before February 1, 2012, the Recipient shall submit the final fifty (50) percent of the completed hazards analyses of the Attachment B facilities to the Division for review and approval.

Deliverable 3:

- A. On or before May 15, 2012, the Recipient shall provide the Division one (1) copy (in electronic format) of each approved hazards analysis. A complete copy of each approved hazards analysis shall be submitted to the applicable Local Emergency Planning Committee and a copy of the transmittal document shall be submitted to the Division.
- B. The Recipient shall notify all Attachment B facilities and applicable first responder agencies of the availability of the hazards analyses information, and make that information available upon request and submit proof of said notifications to the Division.
- C. As appropriate, participate in a technical assistance training session provided by the Division.

Schedule of Payments

	<u>Payment</u>
Deliverable #1 - 45% of the Agreement Amount	<u>\$3,885.30</u>
Deliverable #2 - 45% of the Agreement Amount	<u>\$3,885.30</u>
Deliverable #3 - 10% of the Agreement Amount	<u>\$863.40</u>

Each payment shall be made upon satisfactory completion of the deliverable above and upon receipt of an acceptable Financial Invoice (Attachment C).

ATTACHMENT B - MANATEE COUNTY - SECTION 302 FACILITIES LIST

2011 - 2012

SERC #	Facility Name/Address	Contact	County	Mailing Address
33619	AG MART PRODUCE - TAYLOR FARM 13805 TAYLOR GRADE ROAD DUETTE, FL 33834-7810	LEE TIMMERMAN 813-763-0524	MANATEE	
25697	AIRGAS SOUTH - SARASOTA #34 6735 33rd STREET EAST SARASOTA, FL 34243	GEORGE GOODE 941-751-4847	MANATEE	6735 33rd STREET EAST SARASOTA, FL 34243
10274	ARIS HORTICULTURE -DBA KEEPSAKE PLANTS, INC- PARRISH 11601 ERIE ROAD PARRISH, FL 34219-	BOB WIEZKE 941-356-3837	MANATEE	
38081	BRADENTON COUNTRY CLUB INC 4646 9 AVENUE WEST BRADENTON, FL 34209	RENZE BERG 941-792-1600	MANATEE	4646 9 AVENUE WEST BRADENTON, FL 34209
5559	CITY OF BRADENTON - WTP 5600 NATALIE WAY BRADENTON, FL 34203-	941-727-6360	MANATEE	
36047	CONCESSION GOLF CLUB 7700 LINDRICK LANE BRADENTON, FL 34202	TERRY KENNELLY 941-322-1386	MANATEE	
3571	CROP PRODUCTION - PARRISH 12120 US HIGHWAY 301 NORTH AT FORT HOMER ROAD PARRISH, FL 34219-	MICHAEL WITTEN 863-860-8453	MANATEE	
15396	FALKNER FARMS---15396 35100 STATE ROAD 64 MYAKKA CITY, FL 34251-	JOHN FALKNER 941-322-2016	MANATEE	35100 STATER ROAD 64 E MYAKKA CITY, FL 34251
20983	FARM OP 15 - FARM 2 33705 STATE ROAD 62 DUETTE, FL 33834-	LARRY MOSS 941-776-1387	MANATEE	33705 STATE ROAD 62 DUETTE, FL 33834
20984	FARM OP 15 - FARM 3 10250 COUNTY ROAD 39 DUETTE, FL 33834-	LARRY MOSS 941-776-1387	MANATEE	INTERSECTION OF COUNTY ROAD 39 AND STATE ROAD 62 DUETTE, FL 33834

ATTACHMENT B - MANATEE COUNTY - SECTION 302 FACILITIES LIST

2011 - 2012

SERC #	Facility Name/Address	Contact	County	Mailing Address
30395	FARM OP 15 - FARM 4 4850 DUETTE ROAD DUETTE, FL 33834-	LARRY MOSS 941-776-1387	MANATEE	4850 DUETTE ROAD DUETTE, FL 33884
31344	FARM OP 15 - FARM L3 22105 STATE ROAD 62 PARRISH, FL 34219	LARRY MOSS 941-776-1387	MANATEE	22105 STATE ROAD 62 DUETTE, FL 33834
7654	FELTON C WALKER JR FARMS---7654 26300 STATE ROAD 62 ELLENTON, FL 34222-	FELTON WALKER 813-645-3839	MANATEE	POST OFFICE BOX 1132 RUSKIN, FL 33575
6729	FLORIDA ANODIZING AND COLORING 6220 17 STREET EAST BRADENTON, FL 34203	Terry McNish 941-758-3355	MANATEE	6220 17th Street East Bradenton, FL 34203
3530	FLORIDA POWER AND LIGHT - MANATEE POWER PLANT 19050 STATE ROAD 62 PARRISH, FL 34219-	JOHN JONES 561-691-7056	MANATEE	
32013	FLOWERS BAKING OF BRADENTON 6490 PARKLAND DRIVE BRADENTON, FL 34205	TIM SPRANGER 941-758-5656	MANATEE	6490 PARKLAND DRIVE SARASOTA, FL 34243
7305	FOUR STAR TOMATO - LONG CREEK FARM 73 AVENUE EAST MYAKKA CITY, FL 34251-	BRUCE SHACKELFORD 941-747-8780	MANATEE	73RD AVENUE EAST MYAKKA CITY, FL 34251
7306	FOUR STAR TOMATO - RUTLAND RANCH FARM 18650 COUNTY ROAD 675 NORTH PARRISH, FL 34219-	BRUCE SHACKELFORD 941-747-8780	MANATEE	18650 COUNTY ROAD 675 NORTH PARRISH, FL 34219
33783	G AND D FARMS 37381 STATE ROAD 62 DUETTE, FL 33834-	PHILLIP STANALAND 813-323-4374	MANATEE	37381 HIGHWAY 62 DUETTE, FL
3539	GENERAL ELECTRIC - BRADENTON SERVICE CENTER 2001 US HIGHWAY 301 NORTH PALMETTO, FL 34221-	Lisa Dooley 941-723-6492	MANATEE	2001 U S HIGHWAY 301 PALMETTO, FL 34221

ATTACHMENT B - MANATEE COUNTY - SECTION 302 FACILITIES LIST

2011 - 2012

SERC #	Facility Name/Address	Contact	County	Mailing Address
36214	GULFSTREAM NATURAL GAS SYSTEM - COMPRESSOR STATION 420 4610 BUCKEYE ROAD PALMETTO , FL 34221	ERIC RAYMOND 941-723-7104	MANATEE	1905 Intermodal Cir Suite 310 Palmetto, FL 34221
3535	HELENA CHEMICAL - PALMETTO 1408 20 AVENUE EAST PALMETTO, FL 34221-	DALE WILLIS 941-722-3253	MANATEE	1408 20TH AVENUE EAST PALMETTO, FL 34221
3536	HENDRIX AND DAIL 7610 US HIGHWAY 41 NORTH PALMETTO, FL 34221-0961	Steve Lyerly 941 722-5587	MANATEE	7610 US Hwy 41 North Palmetto, FL 34221
20364	HUNSADER FARMS - LOCATIONS A B AND C 5100 COUNTY ROAD 675 BRADENTON, FL 34211-9476	MICHAEL HUNSADER 941-322-6320	MANATEE	
5346	JEFFREY ALLEN - BRADENTON 2808 29 AVENUE EAST BRADENTON, FL 34208-	David L Shofter 941-752-1629	MANATEE	6917 74 Street Circle E Bradenton, FL 34203
36278	LOCKHEED MARTIN - SARASOTA 1600 TALLEVAST ROAD SARASOTA, FL 34243	RICK SHELTON 941-351-2221	MANATEE	
3547	MANATEE COUNTY PUBLIC WORKS - WTP 17915 WATERLINE ROAD BRADENTON, FL 34212	MARK SIMPSON 941-792-8811	MANATEE	
9790	MANATEE FRUIT - WHITE BARN NEAR 40 AVENUE WEST AND 115 STREET WEST BRADENTON, FL 34205-	941-722-3279	MANATEE	
29436	OSPREY MANAGEMENT - 9000 TOWN CENTER BLDG 9000 TOWN CENTER PARKWAY BRADENTON, FL 34202-	Jodi Whitworth 941-812-2965	MANATEE	1819 Main Street, Suite 106 Sarasota, FL 34236
7530	PACIFIC TOMATO GROWERS - FARM 1 18500 COUNTY ROAD 675 PARRISH, FL 34219-	MICHAEL BENISHEK 941-722-3291	MANATEE	503 10TH STREET WEST PALMETTO, FL 34221
36176	S M R FARMS - CITRUS GROVE 4715 LORRAINE ROAD BRADENTON, FL 34211	STEVE JOHN 941-812-9982	MANATEE	

ATTACHMENT B - MANATEE COUNTY - SECTION 302 FACILITIES LIST

2011 - 2012

SERC #	Facility Name/Address	Contact	County	Mailing Address
7831	SAFFOLD FARMS - FLORIDA POWER PROPERTY 13700 SAFFOLD ROAD PARRISH, FL 34219-	SHELLY SAFFOLD 941-776-2074	MANATEE	
32120	SAFFOLD FARMS - PACKINGHOUSE ROAD 23301 PACKINGHOUSE ROAD PARRISH, FL 34219	SHELLY SAFFOLD 941-776-2074	MANATEE	
7830	SAFFOLD FARMS - RUTLAND PROPERTY 26355 STATE ROAD 62 PARRISH, FL 34219-	SHELLY SAFFOLD 941-776-2074	MANATEE	
38079	SARA BAY COUNTRY CLUB INC 7011 WILLOW STREET SARASOTA, FL 34243	PAUL BARONE 941-889-9231	MANATEE	
38248	TARA GOLF AND COUNTRY CLUB 6602 DREWRY'S BLUFF BRADENTON, FL 34203	TONY GREISING 941-756-7775 941-730-8289	MANATEE	6602 DREWRY'S BLUFF BRADENTON, FL 34203
38105	TERRA CEIA BAY CLUBHOUSE AND GOLF 2802 TERRA CEIA BAY BOULEVARD PALMETTO, FL 34221	WHITING PRESTON 941-722-3279	MANATEE	
2452	TROPITONE FURNITURE 1401 COMMERCE BOULEVARD SARASOTA, FL 34243-5014	Paul Louis Sleasman 941-328-6156	MANATEE	1401 Commerce Blvd Sarasota, FL 34243
13715	VERIZON - PARRISH CO FL4222B01 12225 US HIGHWAY 301 NORTH PARRISH, FL 34219	JAMES MCELMAN 813-483-2673	MANATEE	

**Attachment C
FINANCIAL INVOICE FORM
FOR
HAZARDOUS MATERIALS HAZARDS ANALYSIS UPDATE**

RECIPIENT: Manatee County

AGREEMENT# 12-CP-03-08-51-01-202

	AMOUNT REQUESTED BY THE RECIPIENT	AMOUNT APPROVED BY THE DIVISION
1. First Payment (45% of contract amount) (50% Hazards Analyses completed/submitted)	\$ _____	\$ _____
2. Second Payment (45% of contract amount) (50% Hazards Analyses completed/submitted)	\$ _____	\$ _____
3. Final Payment(10% of contract amount) (approval, distribution & notification)	\$ _____	\$ _____
TOTAL AMOUNT	\$ _____	\$ _____

(To be completed by
the Division)

I certify that to the best of my knowledge and belief the billed costs are in accordance with the terms of the Agreement.

Signature of Authorized Official/Title

Date

TOTAL AMOUNT TO BE PAID AS OF _____ THIS INVOICE \$ _____ <u>(To be completed by the Division)</u>

Attachment D

HAZARDS ANALYSIS CONTRACT CHECKLIST AND CAMEO GUIDE

FACILITY INFORMATION	
	Facility Name (per Attachment B) (Facility page)
	Facility Physical address (Facility page)
	SERC Code identification number (per Attachment B, ex. SERC123456) (Department Field on Facility page)
	Latitude & Longitude in decimal/degrees (ex. 30.1917 - 84.3621) (Map Data tab on Facility page)
	Facility Emergency Coordinator name, title, phone # (including 24 hr. number) (Contact tab on Facility page)
	Transportation Route(s) (from county line to the facility) (Notes tab on Facility page)
	Evacuation Route(s) to exit the vulnerable zone (Notes tab on Facility page)
	Historical Accident Record (if none, please note) (Notes tab on Facility page)
	HAZARD IDENTIFICATION (for each Extremely Hazardous Substance on site)
	Proper chemical name(s) (Chemical in Inventory page(s))
	Chemical Abstract Service (CAS) number (Chemical in Inventory page(s))
	Natural physical state (ex. mixture, pure, liquid, solid, gas) (Chemical in Inventory page(s), Physical State and Quantity tab)
	Maximum quantity on-site in pounds (Chemical in Inventory page(s), Physical State and Quantity tab)
	Amount in largest container or interconnected containers (Chemical in Inventory page(s), Physical State and Quantity tab)
	Type and design of storage container(s) (ex. cylinder, steel drum, carboy etc.) (Chemical in Inventory page(s), Location tab)
	Nature of the hazard (ex. acute, chronic, fire, pressure etc.) (Chemical in Inventory page(s), Physical State and Quantity tab)
	VULNERABILITY ANALYSIS (for each Extremely Hazardous Substance on site)
	Estimate vulnerable zone (threat zone) radius (bottom of Scenario page(s))
	Facility Population (unmanned facilities minimum of one is required for maintenance personnel) (ID Codes tab on Facility page)
	Critical Facilities (name of facilities and max occupancy for each) [if none, please note] (Notes tab on Scenario page(s))
	Estimate Total Exposed Population(s) (facility + general population + critical facilities) (Notes tab on Scenario page(s))
	RISK ANALYSIS (for each Extremely Hazardous Substance on site) (Scenario page(s))
	The three ratings {Risk Assessment} at the bottom of the SCENARIO PAGE(S) will meet the four requirements below
	Rate probability of release (ex. low, medium or high)
	Rate severity of consequences of human injury (ex. low, medium or high)
	Rate severity of consequences of damage to property (ex. low, medium or high)
	Rate severity of consequences of environmental exposure (ex. low, medium or high)
	ON-SITE VISITS (for each facility and within the contract period)
	Completed hazards analysis site visit form (submitted electronically) (SERC code in file name, ex. SERC123456SV)
	Site plan map (submitted electronically) with sufficient detail to identify: (SERC code in file name, ex. SERC123456SP)
	Location of major building(s)
	Location of container(s) of Extremely Hazardous Substance(s)
	Location of major street(s) and entrance(s)
	North arrow

The data shall be submitted electronically in a CAMEO_{fm} version 2.2 zip file format.

Attachment E



FLORIDA STATE EMERGENCY RESPONSE COMMISSION FOR HAZARDOUS MATERIALS

HAZARDS ANALYSIS ON-SITE VISIT CERTIFICATION FORM

Name of Facility (Please print)

Name of County (Please print)

State Emergency Response Commission (SERC) Code

Name of Facility Representative (Please print)

Facility Representative Signature

Site Visit Date

Name of Inspector (Please print)

Inspector's Signature

Site Visit Date

The individuals signing above certify that a hazards analysis site visit was conducted on the above date.

Check if facility representative was informed about using FloridaHMIS.org for EPCRA on-line filing

Attachment F
Warranties and Representations

Financial Management

Recipient's financial management system must include the following:

- (1) Accurate, current and complete disclosure of the financial results of this project or program
- (2) Records that identify the source and use of funds for all activities. These records shall contain information pertaining to grant awards, authorizations, obligations, unobligated balances, assets, outlays, income and interest.
- (3) Effective control over and accountability for all funds, property and other assets. Recipient shall safeguard all assets and assure that they are used solely for authorized purposes.
- (4) Comparison of expenditures with budget amounts for each Request For Payment. Whenever appropriate, financial information should be related to performance and unit cost data.
- (5) Written procedures to determine whether costs are allowed and reasonable under the provisions of the applicable OMB cost principles and the terms and conditions of this Agreement.
- (6) Cost accounting records that are supported by backup documentation.

Competition

All procurement transactions shall be done in a manner to provide open and free competition. The Recipient shall be alert to conflicts of interest as well as noncompetitive practices among contractors that may restrict or eliminate competition or otherwise restrain trade. In order to ensure excellent contractor performance and eliminate unfair competitive advantage, contractors that develop or draft specifications, requirements, statements of work, invitations for bids and/or requests for proposals shall be excluded from competing for such procurements. Awards shall be made to the bidder or offeror whose bid or offer is responsive to the solicitation and is most

advantageous to the Recipient, considering the price, quality and other factors. Solicitations shall clearly set forth all requirements that the bidder or offeror must fulfill in order for the bid or offer to be evaluated by the Recipient. Any and all bids or offers may be rejected when it is in the Recipient's interest to do so.

Codes of conduct.

The Recipient shall maintain written standards of conduct governing the performance of its employees engaged in the award and administration of contracts. No employee, officer, or agent shall participate in the selection, award, or administration of a contract supported by public grant funds if a real or apparent conflict of interest would be involved. Such a conflict would arise when the employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated, has a financial or other interest in the firm selected for an award. The officers, employees, and agents of the Recipient shall neither solicit nor accept gratuities, favors, or anything of monetary value from contractors or parties to subcontracts. The standards of conduct shall provide for disciplinary actions to be applied for violations of the standards by officers, employees, or agents of the Recipient.

Business Hours

The Recipient shall have its offices open for business, with the entrance door open to the public, and at least one employee on site, from 8AM - 5PM Monday - Friday

Licensing and Permitting

All subcontractors or employees hired by the Recipient shall have all current licenses and permits required for all of the particular work for which they are hired by the Recipient.

Attachment G

**Certification Regarding
Debarment, Suspension, Ineligibility
And Voluntary Exclusion**

Subcontractor Covered Transactions

- (1) The prospective subcontractor of the Recipient, _____, certifies, by submission of this document, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

- (2) Where the Recipient's subcontractor is unable to certify to the above statement, the prospective subcontractor shall attach an explanation to this form.

SUBCONTRACTOR:

By: _____
Signature

Manatee County
Recipient's Name

Name and Title

12-CP-03-08-51-01-202
DCA Contract Number

Street Address

City, State, Zip

Date