

RESOLUTION 24-

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF ALACHUA COUNTY, FLORIDA, ESTABLISHING A PROJECT TO BE ENTITLED "MARC UNIT GRANT FY 2023"; RECOGNIZING REVENUES AND EXPENDITURES; PROVIDING AN EFFECTIVE DATE.

WHEREAS, it is necessary to establish a new project entitled "MARC UNIT GRANT FY 2023" to account for the receipt and disbursement of funds from the State of Florida, Department of Financial Services grant award; and,

WHEREAS, it is necessary to budget revenues and expenditures in the 2024 MARC UNIT GRANT (Fund 083) Project; and,

WHEREAS, the grant award provides reimbursement for replacement of communications equipment; and,

WHEREAS, the grant award is in the amount of \$105,000.00.

WHEREAS, the State requires the same level of approval, the Chair, on all future grant documents (grant reports, amendments, budget changes, etc.); and,

WHEREAS, the State will allow the individuals to be designated as authorized agents having signature authority.

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

1. That establishment of the MARC UNIT GRANT (Fund 083) project be, and the same is hereby, approved.

2. That the fiscal year 2024 budget is amended for the MARC Unit Grant (Fund 083) and is hereby established as reflected in the budget amendment attached hereto, Exhibit A.

3. By adoption of this resolution and the attached budget amendment, the Board of County Commissioners of Alachua County, Florida, hereby appropriates and permits the expenditure of the funds described therein.

4. That the Alachua County Commission Chair designates individuals as authorized agents having signature authority for all future MARC Unit Grant FY2023 documents (grant reports, modifications, etc.) as authorized on the Grant Agreement Point of Contact Information Update Exhibit B.

5. This designation of signature authority shall not exceed the authority designated in County policy and procedures.

6. That this resolution shall take effect immediately upon its adoption.

DULY ADOPTED in regular session, this _____ day of _____, A.D., 2024.

BOARD OF COUNTY COMMISSIONERS OF
ALACHUA COUNTY, FLORIDA

By: _____
Mary C. Alford , Chair

ATTEST:

J. K. "Jess" Irby, Clerk

APPROVED AS TO FORM

(SEAL)

Alachua County Attorney

ALACHUA COUNTY BOCC Journal Report

EXHIBIT A

Department	Number/ Status	Journal Type	Sub Ledger	G/L Date	Description	Source	Reference	Reclassification Journal Type
5400 - Fire Rescue Services Dept					BCC - Establish Budget for 2023 MARC Unit Grant Award (R0883)			
	2024-00001108 Open	BA	GL	01/22/2024				
G/L Date	G/L Account Number	Account Description		Description		Source	Increase Amount	Decrease Amount
01/22/2024	083.54.5410.331.2000	Intergovernmental Revenues Public Safety		BCC - Establish Budget for 2023 MARC Unit Grant Award (R0883)			105,000.00	
		Project: 2245401 - SHSGP FY23 Marc Unit Award R0883						
01/22/2024	083.54.5410.522.46.00	Repairs and Maintenance Services Repairs And Maintenance Svcs		BCC - Establish Budget for 2023 MARC Unit Grant Award (R0883)			5,000.00	
		Project: 2245401 - SHSGP FY23 Marc Unit Award R0883						
01/22/2024	083.54.5410.522.52.00	Operating Supplies Operating Supplies		BCC - Establish Budget for 2023 MARC Unit Grant Award (R0883)			100,000.00	
		Project: 2245401 - SHSGP FY23 Marc Unit Award R0883						
Number of Entries: 3							\$210,000.00	\$0.00



STATE OF FLORIDA

DIVISION OF EMERGENCY MANAGEMENT

Ron DeSantis
Governor

Kevin Guthrie
Director

GRANT AGREEMENT POINT OF CONTACT INFORMATION UPDATE

SUBRECIPIENT: Alachua County Board of County Commissioners

AGREEMENT #: R0883

NEW PRIMARY POINT OF CONTACT: AS OF: _____

NAME & TITLE: Mary C. Alford, Chair

ADDRESS: 12 SE 5th Street

CITY/STATE/ZIP: Gainesville, Florida 32601

PHONE: _____ FAX: _____ CELL: _____

E-MAIL ADDRESS: malford@alachuacounty.us

SIGNATURE: _____

ALTERNATE POINT OF CONTACT

NAME & TITLE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ FAX: _____ CELL: _____

E-MAIL ADDRESS: _____

Restrictions (if any): _____

**AUTHORIZED AGENT (or current POC)

NAME & TITLE: Donna Guirate, Senior Administrative Assistant

ADDRESS: PO Box 5038

CITY/STATE/ZIP: Gainesville, Florida 32627-5038

PHONE: 352-384-3125 FAX: _____ CELL: _____

E-MAIL ADDRESS: dguirate@alachuacounty.us

SIGNATURE: _____

****PLEASE SEND COPY OF RESOLUTION DESIGNATING INDIVIDUAL AS THE
AUTHORIZED AGENT HAVING SIGNATURE AUTHORITY**

PLEASE E-MAIL COMPLETED FORM TO YOUR GRANT MANAGER