

DEP 55-222 ADVANCE PAYMENT JUSTIFICATION FORM

B. Document, if applicable, how the goods or services are essential to the operation of the Department and why they are available only if advance payment is made:

N/A

DEP 55-222 ADVANCE PAYMENT JUSTIFICATION FORM

C. Identify the procurement method used to select the vendor.

CCNA

3. The following information required for advances to Governmental Entities and Non-Profits pursuant to 216.181, Florida Statutes. (Limited to GAA Authorized, Statutorily Authorized, and Grant & Aid Appropriation Categories 05XXXX or 14XXXX)

A. The entity acknowledges the requirement to invest advance funds in an interest bearing account and to remit interest earned to the Department on a quarterly basis.

Provide a description of how the entity intends to invest the advanced funds and track the interest earned on the advanced funds:

The funds will not be invested. They will be used immediately to pay invoices for consultants and/or subcontractors.

Remittances must: 1) be identified as interest earnings on advances, 2) must identify the applicable DEP Agreement (or Contract) No., and 3) be forwarded to the following address:

Florida Department of Environmental Protection
Bureau of Finance and Accounting
Receipts Section
P.O. Box 3070
Tallahassee, Florida 32315-3070

DEP 55-222 ADVANCE PAYMENT JUSTIFICATION FORM

3. The recipient must provide an estimated budget for each quarter covered by the agreement. The summary information should include salaries, fringe benefits, overhead, contracts (specify services to be contracted out), equipment, if authorized (specify items to be purchased), supplies, travel, and other costs.

A sample summary format is provided below. The summary should include the breakdown for each quarter of the agreement period.

Description	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
Salaries	n/a	n/a	n/a	n/a
(identify personnel/titles)	n/a	n/a	n/a	n/a
Fringe Benefits	n/a	n/a	n/a	n/a
Contractual Services	796,250	796,250	796,250	796,250
(list services and estimated costs)	n/a	n/a	n/a	n/a
Equipment	n/a	n/a	n/a	n/a
(identify each item and cost)	n/a	n/a	n/a	n/a
Supplies	n/a	n/a	n/a	n/a
Travel	n/a	n/a	n/a	n/a
Other (specify)	n/a	n/a	n/a	n/a
Overhead/Indirect	n/a	n/a	n/a	n/a
Total:	796,250	796,250	796,250	796,250

Certification Statement

The forgoing information is presented to the Florida Department of Environmental Protection in support of our request for advance payment. I certify that the information provided accurately reflects the financial issues facing the entity at this time.

By: _____ 10/25/2024 _____

Type Name of Signatory: Sean O'Keefe Date

Title: Chief Financial Officer or designee Town Manager

DEP Program Area Review/Approval

Recommendation: **Approve Request** **Deny Request**

By: _____ Date: _____

Type Name of Signatory: Angela Knecht

Title: Division Director Bureau: Division: Water Restoration Assistance