



Schedule I Series

Administrative Trust Fund - 2021

Schedule ID Request for Creation, Re-Creation, Retention, Termination, or Modification of a Trust Fund

Tobacco Settlement Trust Fund – 2122

Schedule ID Request for Creation, Re-Creation, Retention, Termination, or Modification of a Trust Fund

Federal Grants Trust Fund – 2261

Schedule ID Request for Creation, Re-Creation, Retention, Termination, or Modification of a Trust Fund

Grants and Donations Trust Fund – 2339

Schedule ID Request for Creation, Re-Creation, Retention, Termination, or Modification of a Trust Fund

Operations and Maintenance Trust Fund – 2516

Schedule ID Request for Creation, Re-Creation, Retention, Termination, or Modification of a Trust Fund

**SCHEDULE ID: REQUEST FOR CREATION, RE-CREATION, RETENTION, TERMINATION,
OR MODIFICATION OF A TRUST FUND**

Department:	Elder Affairs
Fiscal Year	2020 - 2021
Fund Name:	Administrative Trust Fund
FLAIR #:*	65-2-021
Name Position Telephone No. of Person Completing Form:	Lynn Griffin, Revenue Management Manager, 850-414-2357
Type of Action Requested : (Check one)	<input type="checkbox"/> Exempt From Termination <input type="checkbox"/> Re-create without modification (last action was initial create) <input checked="" type="checkbox"/> Retain without modification <input type="checkbox"/> Re-create/Retain with modification (last action was re-create) <input type="checkbox"/> Create New Fund <input type="checkbox"/> Terminate Existing Fund

* Enter ONLY the six-digit code. Not applicable for requests to **Create** trust fund.

For All Trust Funds scheduled for review this year, answer questions 1-6.

1	Cite the statutory authority for the trust fund (Florida Statutes or, if none, Laws of Florida). Give the statutory purpose, if stated, for the trust fund.	Chapter 2000-33, LOF; (744.534 F.S.;744.1083 F.S.; 744.7021 F.S.) This trust fund is used for the Public Guardianship Program and to deposit indirect earnings, public request and telephone fees.
2	List the specific sources of receipts to the trust fund and the statutory references for those receipts.	F.S.; Public Guardianship program fees - (744.534 F.S.; 744.1083 F.S.;744.7021 F.S.) Indirect receipts, public records request fees and telephone fees are also deposited into this trust fund.
3	If state or federal law requires or prohibits specific expenditures from the trust fund, list the requirements or prohibitions and the statutory citations for them.	Not Applicable
4	If any source of receipts is federal, describe any restrictions on those receipts that are inconsistent with how the state does business.	Not Applicable
5	If this trust fund could be combined with other agency trust funds that accomplish a similar purpose, list those trust funds.	Not Applicable
6	If General Revenue funding supports the same programs or activities that the trust fund supports, provide a justification.	Not Applicable

For Trust Funds that the agency believes are **Exempt from Termination** answer question 7.

7	If this trust fund is exempt from termination according to Article III, section 19(f)(3) of the <i>Florida Constitution</i> , list the specific exemptions that apply.	Not Applicable
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For Trust Funds that the agency recommends should be **Re-created/Retained with or without modification** answer questions 8 and 9 and attach draft legislation as requested.

8	Give the specific reasons that continuation (re-creation after initial creation or retention after subsequent re-creation) of this trust fund is necessary. List agency activities (based on the activity detail report) supported by the trust fund.	Chapter 2000-33, LOF - This trust fund receives fees associated with Public Guardianship, indirect earnings, public records request fee and telephone fees. This trust fund needs to be recreated for the receipts of fees and the expenditures of them.
9	Describe any modifications the agency is requesting when this fund is re-created/retained. Attach draft legislation to accomplish the requested change.	No Modifications

For Trust Funds that the agency recommends should be **Terminated** answer question 10 and attach draft legislation as requested.

10	Explain how the current cash balance and all current receipts of the trust fund will be distributed. Attach draft legislation that removes reference to the trust fund from the statutes.	Not Applicable
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For **New** Trust Funds that the agency recommends should be **Created** answer questions 11-13 and attach draft legislation as requested.

11	Describe the purpose of the trust fund and identify its revenue sources. Attach draft legislation that meets the requirements of section 215.3207, <i>Florida Statutes</i> .	Not Applicable
12	Describe the specific impact on any other trust fund or the General Revenue Fund from the creation of this new trust fund.	Not Applicable
13	Describe the period of time for which this new trust fund will be needed, or the circumstances under which it will no longer be needed.	Not Applicable

**SCHEDULE ID: REQUEST FOR CREATION, RE-CREATION, RETENTION, TERMINATION,
OR MODIFICATION OF A TRUST FUND**

Department:	Elder Affairs
Fiscal Year	2020 - 2021
Fund Name:	Tobacco Trust Fund
FLAIR #:*	65-2-122
Name Position Telephone No. of Person Completing Form:	Lynn Griffin, Revenue Management Manager, 850-414-2357
Type of Action Requested : (Check one)	<input type="checkbox"/> Exempt From Termination <input type="checkbox"/> Re-create without modification (last action was initial create) <input checked="" type="checkbox"/> Retain without modification <input type="checkbox"/> Re-create/Retain with modification (last action was re-create) <input type="checkbox"/> Create New Fund <input type="checkbox"/> Terminate Existing Fund

* Enter ONLY the six-digit code. Not applicable for requests to **Create** trust fund.

For **All Trust Funds** scheduled for review this year, answer questions 1-6.

1	Cite the statutory authority for the trust fund (Florida Statutes or, if none, Laws of Florida). Give the statutory purpose, if stated, for the trust fund.	Chapter 2000-34, LOF; This trust fund was created within Department of Elderly Affairs for all proceeds from the Department of Financial Services Tobacco Settlement Clearing Trust Funds, as appropriated.
2	List the specific sources of receipts to the trust fund and the statutory references for those receipts.	The receipts into this trust fund are from the Tobacco Settlement Clearing Trust Fund at the Department of Financial Services. See 430.42. F.S. (2002)
3	If state or federal law requires or prohibits specific expenditures from the trust fund, list the requirements or prohibitions and the statutory citations for them.	Not Applicable
4	If any source of receipts is federal, describe any restrictions on those receipts that are inconsistent with how the state does business.	Not Applicable
5	If this trust fund could be combined with other agency trust funds that accomplish a similar purpose, list those trust funds.	Not Applicable
6	If General Revenue funding supports the same programs or activities that the trust fund supports, provide a justification.	Not Applicable

For Trust Funds that the agency believes are **Exempt from Termination** answer question 7.

7	If this trust fund is exempt from termination according to Article III, section 19(f)(3) of the <i>Florida Constitution</i> , list the specific exemptions that apply.	Not Applicable
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For Trust Funds that the agency recommends should be **Re-created/Retained with or without modification** answer questions 8 and 9 and attach draft legislation as requested.

8	Give the specific reasons that continuation (re-creation after initial creation or retention after subsequent re-creation) of this trust fund is necessary. List agency activities (based on the activity detail report) supported by the trust fund.	The Tobacco Settlement Trust Fund at Florida Department of Elder Affairs is used to receive and spend all funds transferred from the Department of Financial Services Tobacco Settlement Clearing Trust Fund. The funds are appropriated and spent in this Trust Fund.
9	Describe any modifications the agency is requesting when this fund is re-created/retained. Attach draft legislation to accomplish the requested change.	No Modifications

For Trust Funds that the agency recommends should be **Terminated** answer question 10 and attach draft legislation as requested.

10	Explain how the current cash balance and all current receipts of the trust fund will be distributed. Attach draft legislation that removes reference to the trust fund from the statutes.	Not Applicable
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For **New** Trust Funds that the agency recommends should be **Created** answer questions 11-13 and attach draft legislation as requested.

11	Describe the purpose of the trust fund and identify its revenue sources. Attach draft legislation that meets the requirements of section 215.3207, <i>Florida Statutes</i> .	Not Applicable
12	Describe the specific impact on any other trust fund or the General Revenue Fund from the creation of this new trust fund.	Not Applicable
13	Describe the period of time for which this new trust fund will be needed, or the circumstances under which it will no longer be needed.	Not Applicable

**SCHEDULE ID: REQUEST FOR CREATION, RE-CREATION, RETENTION, TERMINATION,
OR MODIFICATION OF A TRUST FUND**

Department:	Elder Affairs
Fiscal Year	2020 - 2021
Fund Name:	Federal Grants Trust Fund
FLAIR #:*	65-2-261
Name Position Telephone No. of Person Completing Form:	Lynn Griffin, Revenue Management Manager, 850-414-2357
Type of Action Requested : (Check one)	<input type="checkbox"/> Exempt From Termination <input type="checkbox"/> Re-create without modification (last action was initial create) <input checked="" type="checkbox"/> Retain without modification <input type="checkbox"/> Re-create/Retain with modification (last action was re-create) <input type="checkbox"/> Create New Fund <input type="checkbox"/> Terminate Existing Fund

* Enter ONLY the six-digit code. Not applicable for requests to **Create** trust fund.

For All Trust Funds scheduled for review this year, answer questions 1-6.

1	Cite the statutory authority for the trust fund (Florida Statutes or, if none, Laws of Florida). Give the statutory purpose, if stated, for the trust fund.	Chapter 2000-35, LOF; Article III, Section 19 (f)(3) of the Florida Constitution, 215.32 F.S. and 20.415 (3) F.S.
2	List the specific sources of receipts to the trust fund and the statutory references for those receipts.	The Federal Grants Trust Fund is used for all receipts on the Federal Grants as seen.
3	If state or federal law requires or prohibits specific expenditures from the trust fund, list the requirements or prohibitions and the statutory citations for them.	OMB Circular
4	If any source of receipts is federal, describe any restrictions on those receipts that are inconsistent with how the state does business.	Not Applicable
5	If this trust fund could be combined with other agency trust funds that accomplish a similar purpose, list those trust funds.	Not Applicable
6	If General Revenue funding supports the same programs or activities that the trust fund supports, provide a justification.	Not Applicable

For Trust Funds that the agency believes are **Exempt from Termination** answer question 7.

7	If this trust fund is exempt from termination according to Article III, section 19(f)(3) of the <i>Florida Constitution</i> , list the specific exemptions that apply.	"Trust funds required by federal programs or mandates."
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For Trust Funds that the agency recommends should be **Re-created/Retained with or without modification** answer questions 8 and 9 and attach draft legislation as requested.

8	Give the specific reasons that continuation (re-creation after initial creation or retention after subsequent re-creation) of this trust fund is necessary. List agency activities (based on the activity detail report) supported by the trust fund.	Necessary for the receipts of federal grants. Activities include nutritional services, early intervention, caregiver support, supportive community care, disaster planning and operations, executive direction/support services, long term care ombudsman council.
9	Describe any modifications the agency is requesting when this fund is re-created/retained. Attach draft legislation to accomplish the requested change.	No Modifications

For Trust Funds that the agency recommends should be **Terminated** answer question 10 and attach draft legislation as requested.

10	Explain how the current cash balance and all current receipts of the trust fund will be distributed. Attach draft legislation that removes reference to the trust fund from the statutes.	Not Applicable
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For **New** Trust Funds that the agency recommends should be **Created** answer questions 11-13 and attach draft legislation as requested.

11	Describe the purpose of the trust fund and identify its revenue sources. Attach draft legislation that meets the requirements of section 215.3207, <i>Florida Statutes</i> .	Not Applicable
12	Describe the specific impact on any other trust fund or the General Revenue Fund from the creation of this new trust fund.	Not Applicable
13	Describe the period of time for which this new trust fund will be needed, or the circumstances under which it will no longer be needed.	Not Applicable

For Trust Funds that the agency believes are **Exempt from Termination** answer question 7.

7	If this trust fund is exempt from termination according to Article III, section 19(f)(3) of the <i>Florida Constitution</i> , list the specific exemptions that apply.	Not Applicable
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For Trust Funds that the agency recommends should be **Re-created/Retained with or without modification** answer questions 8 and 9 and attach draft legislation as requested.

8	Give the specific reasons that continuation (re-creation after initial creation or retention after subsequent re-creation) of this trust fund is necessary. List agency activities (based on the activity detail report) supported by the trust fund.	This fund is necessary for the Department of Elder Affairs to ensure that public grants can be received and expenditures recorded based on agreements with grantors and appropriation for such.
9	Describe any modifications the agency is requesting when this fund is re-created/retained. Attach draft legislation to accomplish the requested change.	No Modifications

For Trust Funds that the agency recommends should be **Terminated** answer question 10 and attach draft legislation as requested.

10	Explain how the current cash balance and all current receipts of the trust fund will be distributed. Attach draft legislation that removes reference to the trust fund from the statutes.	Not Applicable
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For **New** Trust Funds that the agency recommends should be **Created** answer questions 11-13 and attach draft legislation as requested.

11	Describe the purpose of the trust fund and identify its revenue sources. Attach draft legislation that meets the requirements of section 215.3207, <i>Florida Statutes</i> .	Not Applicable
12	Describe the specific impact on any other trust fund or the General Revenue Fund from the creation of this new trust fund.	Not Applicable
13	Describe the period of time for which this new trust fund will be needed, or the circumstances under which it will no longer be needed.	Not Applicable

**SCHEDULE ID: REQUEST FOR CREATION, RE-CREATION, RETENTION, TERMINATION,
OR MODIFICATION OF A TRUST FUND**

Department:	Elder Affairs
Fiscal Year	2020 - 2021
Fund Name:	Operations and Maintenance Trust Fund
FLAIR #:*	65-2-516
Name Position Telephone No. of Person Completing Form:	Lynn Griffin, Revenue Management Manager, 850-414-2357
Type of Action Requested : (Check one)	<input type="checkbox"/> Exempt From Termination <input type="checkbox"/> Re-create without modification (last action was initial create) <input checked="" type="checkbox"/> Retain without modification <input type="checkbox"/> Re-create/Retain with modification (last action was re-create) <input type="checkbox"/> Create New Fund <input type="checkbox"/> Terminate Existing Fund

* Enter ONLY the six-digit code. Not applicable for requests to **Create** trust fund.

For All Trust Funds scheduled for review this year, answer questions 1-6.

1	Cite the statutory authority for the trust fund (Florida Statutes or, if none, Laws of Florida). Give the statutory purpose, if stated, for the trust fund.	Chapter 2000-37, LOF; 430.41, F.S., 20.415 (5) F.S.
2	List the specific sources of receipts to the trust fund and the statutory references for those receipts.	The main revenue source in this trust fund is Medicaid funds through agreements with Agency for Health Care Administration (AHCA)
3	If state or federal law requires or prohibits specific expenditures from the trust fund, list the requirements or prohibitions and the statutory citations for them.	Not Applicable
4	If any source of receipts is federal, describe any restrictions on those receipts that are inconsistent with how the state does business.	Not Applicable
5	If this trust fund could be combined with other agency trust funds that accomplish a similar purpose, list those trust funds.	Not Applicable
6	If General Revenue funding supports the same programs or activities that the trust fund supports, provide a justification.	Not Applicable

For Trust Funds that the agency believes are **Exempt from Termination** answer question 7.

7	If this trust fund is exempt from termination according to Article III, section 19(f)(3) of the <i>Florida Constitution</i> , list the specific exemptions that apply.	Not Applicable
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For Trust Funds that the agency recommends should be **Re-created/Retained with or without modification** answer questions 8 and 9 and attach draft legislation as requested.

8	Give the specific reasons that continuation (re-creation after initial creation or retention after subsequent re-creation) of this trust fund is necessary. List agency activities (based on the activity detail report) supported by the trust fund.	This trust fund continuation is necessary to enable our agency to receive revenue and spend budgetary items associated with the administration of Medicaid agreements with Agency for Health Care Administration (AHCA)
9	Describe any modifications the agency is requesting when this fund is re-created/retained. Attach draft legislation to accomplish the requested change.	No Modifications

For Trust Funds that the agency recommends should be **Terminated** answer question 10 and attach draft legislation as requested.

10	Explain how the current cash balance and all current receipts of the trust fund will be distributed. Attach draft legislation that removes reference to the trust fund from the statutes.	Not Applicable
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For **New** Trust Funds that the agency recommends should be **Created** answer questions 11-13 and attach draft legislation as requested.

11	Describe the purpose of the trust fund and identify its revenue sources. Attach draft legislation that meets the requirements of section 215.3207, <i>Florida Statutes</i> .	Not Applicable
12	Describe the specific impact on any other trust fund or the General Revenue Fund from the creation of this new trust fund.	Not Applicable
13	Describe the period of time for which this new trust fund will be needed, or the circumstances under which it will no longer be needed.	Not Applicable