



Andy Gardiner
President of the Senate

**THE FLORIDA LEGISLATURE
LEGISLATIVE BUDGET COMMISSION**

Location
201 Capitol

Mailing Address
404 South Monroe Street
Tallahassee, Florida 32399-1100
(850)487-5140

Senator , Chair
Representative Richard Corcoran, Vice Chair
Legislature's Website: <http://www.leg.state.fl.us>



Steve Crisafulli
Speaker of the House of
Representatives

September 15, 2015

Ms. Cynthia Kelly, Director
Office of Policy and Budget
Executive Office of the Governor
1601 The Capitol
Tallahassee, FL 32399-0001

Dear Ms. Kelly:

Pursuant to the provisions of Chapter 216, Florida Statutes, the Legislative Budget Commission met on September 15, 2015, and took the following actions as provided on the enclosed Legislative Budget Commission forms:

- I. **Consideration and adoption of the Long-Range Financial Outlook, Pursuant to Article III, Section 19(c) of the Florida Constitution.....APPROVED**

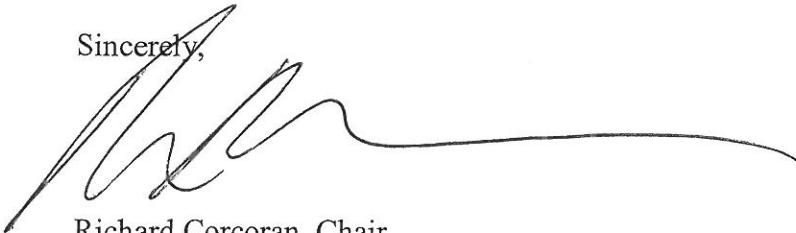
- II. **Consideration of the following budget amendments for Fiscal Year 2015-2016:**
 - A. **Agency for Persons with Disabilities**
B2016-0086 APPROVED
 - B. **Department of Children and Families**
B2016-0114 APPROVED
 - C. **Department of Veterans Affairs**
B2016-0084 APPROVED
 - D. **Agency for Health Care Administration**
B2016-0127 APPROVED
 - E. **Department of Economic Opportunity**
O2016-0053 APPROVED
 - F. **Department of Financial Services**
B2016-0094 APPROVED
B2016-0112 APPROVED
 - G. **Department of Transportation**

September 11, 2015

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- W2016-0024 APPROVED
- H. Department of Law Enforcement**
- B2016-0125..... APPROVED
- III. Other Business**
- Clerk of Courts Budget Request APPROVED**

Sincerely,



Richard Corcoran, Chair
Legislative Budget Commission

Enclosures

cc: Honorable Jeff Atwater, Chief Financial Officer

Legislative Budget Commission Attendance Record

Date: 15-Sep-15
Time: 3:00 PM
Location: 212 Knott

Attendance

	Present/ (*)	Excused
SENATE MEMBERS		
Lee, Tom - Vice Chair	X	
Braynon, Oscar	X	
Galvano, Bill		X
Garcia, Rene	X	
Grimsley, Denise	X	
Joyner, Arthenia	X	
Simmons, David	X	
Senate Totals	6	
HOUSE MEMBERS		
Corcoran, Richard - Chair	X	
Cruz, Janet	X	
Fresen, Erik	X	
Hudson, Matt	X	
Ingram, Clay	X	
Metz, Larry	X	
Williams, Alan	X	
House Totals	7	
COMMISSION ATTENDANCE		

Announce Quorum Present

Quorum = __ Senators, __ Representatives + __ extra from either House

* Indicates Present via Conf Call



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: EdG B2016-0112 Meeting Date: 9/15/15

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: LBC

Name: Kelley Scott

Title: Director of Administration, Dept. of Corrections

Address: 501 S. Calhoun St.

City: Tallahassee State/Zip: FL 32399

Phone Number: 850-~~980~~ 719-3694

Representing: Dept. of Corrections

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: _____ Meeting Date: 9/15/15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: EOG# B2016-0114

Committee/Subcommittee: LBC

Name: Kimberly McMurray

Title: CFO

Address: 1317 W. Wood Blvd.

City: Tallahassee State/Zip: FL 32399

Phone Number: 850-717-4733

Representing: DCF

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: _____ Meeting Date: Sept. 15, 2015

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: _____

Committee/Subcommittee: LBC

Name: Michelle Pyle

Title: Director, Business Support, FDLE

Address: 2331 Phillips Road

City: Tallahassee State/Zip: FL

Phone Number: 850-410-7136

Representing: FDLE

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee administrative assistant at the meeting.

Bill Number: N/A

Meeting Date: Sep 15 2015 3:00PM

PCB/PCS/Amendment # or Presentation/Workshop Topic: **Financial Services budget amendment**

Committee/Subcommittee: **Joint Legislative Budget Commission**

Name: **Madsen, Teri**

Title: **Budget Officer - DFS**

Address:

City:

State/Zip:

Phone Number:

Representing: **Department of Financial Services**

Registered Lobbyist: **No**

State Employee: **Yes**

I Wish To Speak: **No**

I Have Been Requested To Speak: **Yes**

	Bill	Amendment
I Wish To Speak: No		
I Have Been Requested To Speak: Yes	N/A	N/A



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: _____ Meeting Date: 9/15/2015

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PRESENTATION

Committee/Subcommittee: JOINT LEGISLATIVE BUDGET COMMISSION

Name: BOBBY CARBONELL

Title: EXECUTIVE DIRECTOR

Address: 930 THOMASVILLE RD SUITE 104

City: TALLAHASSEE State/Zip: FL

Phone Number: (850) 321-6010

Representing: FLORIDA IS FOR VETERANS, INC / VETERANS FLORIDA

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Bill Number: _____ Meeting Date: 9/15/2015

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Presentation

Committee/Subcommittee: Joint Legislative Budget Commission

Name: Leticia Nazario-Braddock

Title: Director of Administration

Address: The Capitol, Suite 2105, 400 South Monroe St.

City: Tallahassee State/Zip: FL 32399

Phone Number: (850) 487-1533

Representing: The Florida Department of Veterans' Affairs

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Type or Print Clearly

Bill Number: _____ Meeting Date: 9/15/15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: EOG 127

Committee/Subcommittee: LBC

Name: Tonya Kidd

Title: Deputy Secretary of Operations

Address: 2727 Mahan Drive

City: Tallahassee State/Zip: FL 32308

Phone Number: 412-3602

Representing: Agency for Health Care Administration

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



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Type or Print Clearly

Bill Number: _____ Meeting Date: 9.15.15

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: VETERANS FLA MARKETING POLY MEASURES

Committee/Subcommittee: JLBC

Name: DEAN IZZO

Title: CFO DEPT OF ECONOMIC OPPORTUNITY

Address: 107 E MADISON

City: TALLAHASSEE State/Zip: FL 32399

Phone Number: 245-7335

Representing: _____

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



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Type or Print Clearly

Bill Number: _____ Meeting Date: _____

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: LBC

Name: Sec. Jim Boxold

Title: Secretary, Department of Transportation

Address: 605 Suwanee Str.

City: Tallahassee State/Zip: _____

Phone Number: 850-414-5206

Representing: FDOT

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Type or Print Clearly

Bill Number: _____ Meeting Date: 9/15/2015

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: LBC Amend B2016-0086

Committee/Subcommittee: LBC

Name: David Robbs

Title: Deputy Director

Address: 4030 Esplanade Way

City: Tallahassee State/Zip: FL 32399

Phone Number: 414-6058

Representing: Agency for Persons with Disability

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input checked="" type="checkbox"/>	