



Finance and Administrative Services Department

RECORDS, TAXES, AND TREASURY DIVISION / Treasury Section

115 S. Andrews Avenue, Room A400 • Fort Lauderdale, Florida 33301 • 954-357-7245 • FAX 954-357-5731

MEMORANDUM

DATE: November 7, 2023

TO: Thomas Kennedy, Director

THRU: Dwight Forrest, Accounting Manager

FROM: Samuel A. Boyd, Administrative Assistant

SUBJECT: Board Approval Items 12/12/2023

DWIGHT FORREST Digitally signed by DWIGHT FORREST
Date: 2023.11.07 16:16:06 -05'00'

Samuel A. Boyd Digitally signed by Samuel A. Boyd
Date: 2023.11.07 11:05:22 -05'00'

Questions often arise regarding the status of uncashed checks that are presented to the Board to be voided. Based on our experience, the questions generally fall into the following categories:

1. Checks that are \$5,000.00 or more.
2. Checks made payable to the same payee.
3. Checks made payable to taxing authorities, municipalities, and government agencies.

The following are explanations for the **checks listed on Exhibit 1 that are outstanding** and fall into the above-mentioned categories.

1. Checks that are \$5,000.00 or more:

Check	Date	Name	Amount
1818848	05/03/23	CHI-ADA CORPORATION	\$11,154.59

This check was issued by *Facilities Management Division* for janitorial services. The agency is contacting the payee to determine the status of the check. If lost, a check replacement affidavit will be sent to the payee and a new check will be issued upon receipt of the completed form.

Check	Date	Name	Amount
1819584	05/11/23	AIDS HEALTHCARE FOUNDATION	\$242,756.80

This check was issued by the *Human Services Department* for a medical and non-medical case management payment. The agency is contacting the payee to determine the status of the check. If lost, a check replacement affidavit will be sent to the payee and a new check will be issued upon receipt of the completed form.

Check	Date	Name	Amount
1820544	05/22/23	BLIZZARD AIR CONDITIONING, LLC	\$11,075.04

This check was issued by *Facilities Management Division* for air conditioner supplies. The agency is contacting the payee to determine the status of the check. If lost, a check replacement affidavit will be sent to the payee and a new check will be issued upon receipt of the completed form.

Check	Date	Name	Amount
1820700	05/23/23	NORTHWEST FOCAL POINT SENIOR CENTER	\$7,774.40

This check was issued by the *Elderly and Veterans Services Division* for elderly contracted services. The agency is contacting the payee to determine the status of the check. If lost, a check replacement affidavit will be sent to the payee and a new check will be issued upon receipt of the completed form.

Check	Date	Name	Amount
1821161	05/25/23	JUNIOR ACHIEVEMENT OF SOUTH FLORIDA	\$24,793.40

This check was issued by the *Community Partnership Division* for consultant training for students. The agency is contacting the payee to determine the status of the check. If lost, a check replacement affidavit will be sent to the payee and a new check will be issued upon receipt of the completed form.

Check	Date	Name	Amount
1289901	05/15/23	CHEF USA FEIN: 223061329	\$13,348.83
1289917	05/15/23	COLD RIVER LAND LLC	\$48,311.73
1290072	05/15/23	JK CLOSING ATORNEYS PLLC	\$6,586.20
1290521	05/22/23	RYAN TAX COMPLIANCE PAYING FOR LINK	\$41,498.43
1290628	05/30/23	BUCKHEAD PORT 95 LLC	\$32,628.89
1290952	05/30/23	RYAN TAX COMPLIANCE PAYING FOR LINK	\$36,963.63
1290965	05/30/23	SENECA INDUSTRIAL HOLDINGS LLC	\$39,922.94
1290966	05/30/23	SENECA INDUSTRIAL HOLDINGS LLC	\$6,962.25

These checks were issued by the *Records, Taxes, and Treasury Division* for tax refunds. The agency is contacting the payees to determine the status of the checks. If lost, check replacement affidavits will be sent to the payees and new checks will be issued upon receipt of the completed forms.

Check	Date	Name	Amount
2028020	05/11/23	NEAL J. WHITE	\$16,406.18

This check was issued by the *Records, Taxes, and Treasury Division* for a tax certificate redemption refund. The agency is contacting the payee to determine the status of the check. If lost, a check replacement affidavit will be sent to the payee and a new check will be issued upon receipt of the completed form.

2. Checks made payable to the same payee:

Check	Date	Name	Amount
1818967	05/03/23	WATER WORKS TECHNOLOGY GROUP	\$28.78
1819647	05/11/23	DAVID NAVARRO ESPINAR	\$70.95
1819783	05/11/23	WATER WORKS TECHNOLOGIES GROUP	\$36.41
1819784	05/11/23	WATER WORKS TECHNOLOGIES GROUP	\$48.12
1819785	05/11/23	WATER WORKS TECHNOLOGY GROUP	\$43.90
1821395	05/30/23	DAVID NAVARRO ESPINAR	\$7.89

These checks were issued by *Water and Wastewater Services* for water refunds. The agency is contacting the payees to determine the status of the checks. If lost, check replacement affidavits will be sent to the payees and new checks will be issued upon receipt of the completed forms.

Check	Date	Name	Amount
1820182	05/18/23	(9001) BRIAN P KOWAL PA	\$77.50
1820183	05/18/23	(9001) BRIAN P KOWAL PA	\$69.50
1820184	05/18/23	(9001) BRIAN P KOWAL PA	\$17.00
1820185	05/18/23	(9001) BRIAN P KOWAL PA	\$65.02

These checks were issued by the *Records, Taxes, and Treasury Division* for recording refunds. The agency is contacting the payee to determine the status of the checks. If lost, check replacement affidavits will be sent to the payee and new checks will be issued upon receipt of the completed forms.

Check	Date	Name	Amount
1820210	05/18/23	BLIZZARD AIR CONDITIONING, LLC	\$3,241.60

This check was issued by *Port Everglades Department* for air conditioner supplies. The agency is contacting the payee to determine the status of the check. If lost, a check replacement affidavit will be sent to the payee and a new check will be issued upon receipt of the completed form.

Check	Date	Name	Amount
1289420	05/01/23	JOSEPH CILIBERTO	\$0.77
1289421	05/01/23	JOSEPH CILIBERTO	\$0.67
1289456	05/01/23	LARRY BAKER	\$3.04
1289457	05/01/23	LARRY BAKER	\$3.10

These checks were issued by the *Records, Taxes, and Treasury Division* for tax refunds. The agency is contacting the payees to determine the status of the checks. If lost, check replacement affidavits will be sent to the payees and new checks will be issued upon receipt of the completed forms.

Check	Date	Name	Amount
602901	05/11/23	CONROY, SIMBERG, GANON, KREVANS, ABEL,	\$2,014.00
602902	05/11/23	CONROY, SIMBERG, GANON, KREVANS, ABEL,	\$3,703.25
603050	05/18/23	LUIS MESA	\$5.67
603051	05/18/23	LUIS MESA	\$1,260.20

These checks were issued by *Risk Management Division* for workman's compensation self-insured claims. The agency is contacting the payees to determine the status of the checks. If lost, check replacement affidavits will be sent to the payees and new checks will be issued upon receipt of the completed forms.

3. Checks made payable to taxing authorities, municipalities, and government agencies:

Check	Date	Name	Amount
1818670	05/02/23	CITY OF HOLLYWOOD	\$1,014.40

This check was issued by the *Parks and Recreation Division* for water safety education lessons. The agency is contacting the payee to determine the status of the check. If lost, a check replacement affidavit will be sent to the payee and a new check will be issued upon receipt of the completed form.

The following are explanations for the **checks listed on Exhibit 2 that have been replaced** and fall into the categories shown below:

1. Checks that are \$5,000.00 or more.
2. Checks made payable to the same payee.
3. Checks made payable to taxing authorities, municipalities, and government agencies.

1. Checks that are \$5,000.00 or more:

Check	Date	Name	Amount
1821868	06/02/23	MIDFLORIDA ARMORED ATM SERVIC	\$6,042.00

This check was issued by the *Libraries Division* for armored car services. The payee claims that the check was lost. A check replacement affidavit was submitted to the Accounting Division to reissue the check.

Check	Date	Name	Amount
1832014	09/11/23	DEROSE DESIGN CONSULTANTS INC	\$144,861.53

This check was issued by *Port Everglades Department* for professional design and inspection services. The payee claims that the check was lost. A check replacement affidavit was submitted to the Accounting Division to reissue the check.

Check	Date	Name	Amount
1287535	03/27/23	WINSTON PARK CENTER	\$9,636.53

This check was issued by the *Records, Taxes, and Treasury Division* for a tax refund. The payee claims that the check was lost. A check replacement affidavit was submitted to the Accounting Division to reissue the check.

2. Checks made payable to the same payee:

Check	Date	Name	Amount
602218	4/6/2023	ORCHID MEDICAL	\$53.75
602219	4/6/2023	ORCHID MEDICAL	\$84.00

These checks were issued by *Risk Management Division* for workman's compensation self-insured claims. The payee claims that the checks were lost. Check replacement affidavits were submitted to the Accounting Division to reissue the checks.

3. Checks made payable to taxing authorities, municipalities, and government agencies:

None.

DF/sab