

RESOLUTION NO. 2013- 120

A RESOLUTION BY THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA, AUTHORIZING COUNTY ATTORNEY PATRICK F. MCCORMACK AND/OR ASSISTANT COUNTY ATTORNEY DAVID M. MIGUT AS ST JOHNS COUNTY'S ATTORNEY AND LEGAL REPRESENTATIVE WHO IS AUTHORIZED TO SIGN OFF ON FEDERAL TRANSIT ADMINISTRATION CERTIFICATIONS AND ASSURANCES IN THE APPLICATION AND EXECUTION OF FEDERAL TRANSIT ADMINISTRATION GRANTS IN ORDER TO RECEIVE FEDERAL PUBLIC TRANSPORTATION ASSISTANCE.

WHEREAS, the Federal Transit Administration has been the delegated authority to award federal financial assistance for public transportation projects; and

WHEREAS, St Johns County, Florida is a designated recipient of federal assistance from the Federal Transit Administration for public transportation projects; and

WHEREAS, St Johns County, Florida is required to submit an application, and other documentation and certifications and assurances prior to the Federal Transit Administration awarding a federal assistance grant or co-operative agreement; and

WHEREAS, the Federal Transit Administration requires the recipient of federal assistance to designate a legal representative who is authorized to sign-off on certifications and assurances as required by the Federal Transit Administration; and

WHEREAS, County Attorney Patrick F. McCormack and/or Assistant County Attorney David M. Migut is qualified to represent, and act as St. Johns County's legal representative, and is further authorized to sign-off on certifications and assurances as required by the Federal Transit Administration.

NOW THEREFORE, BE IT RESOLVED by the Board of County Commissioner of St Johns County, Florida, that:

1. The above recitals are incorporated by reference into the body of this Resolution, and such Recitals are adopted as Findings of Fact.
2. The Board of County Commissioners of St. Johns County, Florida, hereby authorizes County Attorney Patrick F. McCormack and/or Assistant County Attorney David M. Migut as St. Johns County, Florida's designated representative to sign-off on certifications and assurances as required by the Federal Transit Administration.
3. To the extent that there are typographical or administrative errors that do not change the tenor, or concept of this Resolution, then this Resolution may be revised without the subsequent approval of the Board of County Commissioners.

PASSED AND ADOPTED by the Board of County Commissioners of St Johns County,
State of Florida, this 4th day of June, 2013.

**BOARD OF COUNTY COMMISSIONERS
OF ST JOHNS COUNTY, FLORIDA**

By: _____

[Handwritten Signature]
John H. Morris, Chair

ATTEST: Cheryl Strickland, Clerk

By: _____

[Handwritten Signature]

Deputy Clerk

Rendition Date: _____

6/5/13



Transportation Electronic Award Management System (TEAM) Grantee / Recipient User Access Request

Check Applicable Box:	<input checked="" type="checkbox"/> New User With Pin	<input type="checkbox"/> Modify User	<input type="text" value="Username"/>
	<input type="checkbox"/> New User Without Pin	<input type="checkbox"/> Delete User	<input type="text" value="Name Change Request"/>

Warning: The information contained in this form is protected under Public Law 93-579, Privacy Act.

USER INFORMATION

David	M	Migut	Gender (Optional) M <input checked="" type="radio"/> F <input type="radio"/>
First Name*	M/I	Last Name*	Office Phone*
Assistant County Attorney			904-209-0805
Title		6410	FAX Number
St. Johns County Florida			dmigut@sjcfl.us
Organization Name*		Recipient ID	Email Address*
Mailing Address(Street Number, City, State and ZIP Code)*			User's Authorizing Signature (see instructions)
500 San Sebastian View			Gary L. Mackey
St. Augustine, FL 32084			Printed Name of above
			Date

*This information is required to establish or modify your TEAM user account. By completing this form, you expressly attest that information provided is true and complete to the best of your knowledge. Invalid information will be grounds for refusal to establish a new user account or the basis for deletion of an existing TEAM account.

APPLICATION ACCESS (Check all that apply):

Database <input checked="" type="checkbox"/> Production <input type="checkbox"/> Quality Assurance <input type="checkbox"/> Both Production and QA Recipient Access Type <input type="checkbox"/> Inquiry Only <input checked="" type="checkbox"/> Modify/Update Civil Rights (No PIN Needed) <input type="checkbox"/> DBE Reporting	Recipient PIN Functions <input type="checkbox"/> Submit Application <input type="checkbox"/> Execute Awards <input checked="" type="checkbox"/> Certify as Lawyer <input type="checkbox"/> Certify as Official <input type="checkbox"/> Certify as Both Lawyer and Official <input type="checkbox"/> Provide Supplemental Agreement	Designated Recipient ID(s) (Indicate Below) 6410 <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> Metropolitan Planning Organization (MPO) ID <hr/>
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(PIN Functions require Designation of Signature Authority on Organization/Agency Letterhead. See instructions).

ACKNOWLEDGMENT OF RULES OF CONDUCT FOR SYSTEM USE

As a TEAM user, I understand that I am personally responsible for the use and misuse of my TEAM login ID and password. I understand that by requesting TEAM access and accepting/using such access that I must comply with the following:

1. When downloading sensitive information, I will ensure that the information has the same level of protection as FTA applications.
2. I will not permit anyone to use my TEAM access information (i.e. user ID, password or other authentication). My password (or other authentication) will be kept private, not stored in a place that is accessible by anyone other than the myself (i.e. family members, friends, etc.). If stored, the password will not be in text format.
3. I will follow standard password procedures and change my password every sixty (60) days. My passwords will be at least twelve (12) alphanumeric characters and contain at least three of the following: one (1) capital letter, one (1) lower case letter, one (1) number and one (1) special character.
4. I will report any security problems and anomalies in system performance to the appropriate FTA Office.
5. I will notify the appropriate FTA Office to eliminate my TEAM access in the event of job transfer, termination, or if TEAM access is no longer required.
6. I understand that if I am not using FTA-supplied equipment and FTA suffers a security breach or compromise that is my fault, I may be required to allow access to my equipment by authorized representatives of the Federal Government to determine the causes and to take corrective action(s).

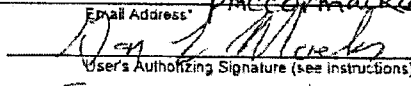
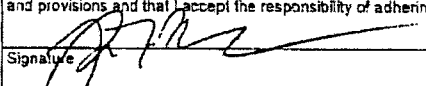
I agree to and will comply with all of these conditions and understand that failure to do so will result in permanent removal of my TEAM access, and may result in other disciplinary or legal action. By signing my name in the space below, I hereby acknowledge this agreement, and certify that I understand the preceding terms and provisions and that I accept the responsibility of adhering to the same.

 Signature	/ / / Date	David M. Migut Printed Name
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FTA AUTHORIZATION

FTA Functional Approval Signature of Authorizing FTA Official _____ Date / / _____ Printed Name _____ Title / Office _____	FTA Operational Approval Signature of Authorizing FTA Official _____ Printed Name _____ Title / Office _____ Date Processed / / _____ UserID _____
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**Transportation Electronic Award Management System
(TEAM) Grantee / Recipient User Access Request**

Check Applicable Box:		New User With Pin <input checked="" type="checkbox"/>	Modify User	Username
		New User Without Pin <input type="checkbox"/>	Delete User	
Warning: The information contained in this form is protected under Public Law 93-579, Privacy Act.				
USER INFORMATION				
First Name*	MI	Last Name*	Gender	(Optional) Fax #
Patrick	F	McCormack	<input checked="" type="radio"/> M <input type="radio"/> F	Fax 904, 209, 1806
Title	Recipient ID		Office Phone*	Leave Blank
County Attorney	6410		904, 209	
Organization Name*	Mailing Address (Street Number, City, State and ZIP Code)*		FAX Number	Email Address*
St. Johns County	500 San Sebastian View St. Augustine, FL 32084		0805	pmccormack@sjcfl.us
User's Authorizing Signature (see instructions)			Printed Name of above	
			Gary L. Mackay	
<small>*This information is required to establish or modify your TEAM user account. By completing this form, you expressly attest that information provided is true and complete to the best of your knowledge. Invalid information will be grounds for refusal to establish a new user account or the basis for deletion of an existing TEAM account.</small>				
APPLICATION ACCESS (Check all that apply).				
Recipient Access Type	Recipient PIN Functions	Designated Recipient ID(s) (Indicate Below)		
<input type="checkbox"/> Inquiry Only	<input type="checkbox"/> Submit Application	6410		
<input checked="" type="checkbox"/> Modify/Update	<input type="checkbox"/> Execute Awards			
	<input checked="" type="checkbox"/> Certify as Lawyer			
Database	<input type="checkbox"/> Certify as Official			
<input checked="" type="checkbox"/> Production	<input type="checkbox"/> Certify as Both Lawyer and Official			
<input type="checkbox"/> Quality Assurance	<input type="checkbox"/> Provide Supplemental Agreement			
<input type="checkbox"/> Both Production and QA	<small>(PIN Functions require Designation of Signature Authority on Organization/Agency Letterhead. See instructions).</small>			
ACKNOWLEDGMENT OF RULES OF CONDUCT FOR SYSTEM USE				
As a TEAM user, I understand that I am personally responsible for the use and misuse of my TEAM login ID and password. I understand that by requesting TEAM access and accepting/using such access that I must comply with the following:				
<ol style="list-style-type: none"> When downloading sensitive information, I will ensure that the information has the same level of protection as FTA applications. I will <i>not</i> permit anyone to use my TEAM access information (i.e. user ID, password or other authentication). My password (or other authentication) will be kept private, not stored in a place that is accessible by anyone other than myself (i.e. family members, friends, etc.). If stored, the password will not be in text format. I will follow standard password procedures and change my password every ninety (90) days. My passwords will be at least eight (8) alphanumeric characters and contain at least one (1) capital letter and one (1) number. I will report any security problems and anomalies in system performance to the appropriate FTA Office. I will notify the appropriate FTA Office to eliminate my TEAM access in the event of job transfer, termination, or if TEAM access is no longer required. I understand that if I am not using FTA-supplied equipment and FTA suffers a security breach or compromise that is my fault, I may be required to allow access to my equipment by authorized representatives of the Federal Government to determine the causes and to take corrective action(s). 				
I agree to and will comply with all of these conditions and understand that failure to do so will result in permanent removal of my TEAM access, and may result in other disciplinary or legal action. By signing my name in the space below, I hereby acknowledge this agreement, and certify that I understand the preceding terms and provisions and that I accept the responsibility of adhering to the same.				
Signature	Date	Printed Name		
	4/18/11	Patrick F. McCormack		
FTA AUTHORIZATION				
FTA Functional Approval		FTA Operational Approval		
Signature of Authorizing FTA Official	Date	Signature of Authorizing FTA Official		
Printed Name		Printed Name		
Title / Office		Title / Office		
		Date Processed	UserID	PIN