BOARD OF COUNTY COMMISSIONERS
HILLSBOROUGH COUNTY
TAMPA, FLORIDA 33601

BOARD POLICY – SECTION NUMBER 10.06.00.00

SUBJECT: **Fallen Heroes Fund**

Effective Date: **May 21, 2014**

SUPERSEDES: **December 15, 2010**

PURPOSE

To provide financial assistance to the beneficiaries of county and municipal First Responders whose death occurred In the Line of Duty on behalf of Hillsborough County. The Board finds that this policy serves a public purpose to assist in the support of the beneficiaries of Hillsborough County First Responders who have died while in the performance of their duties to the citizens of Hillsborough County.

POLICY

It is the policy of the Board of County Commissioners that a Fallen Heroes Program (Program) be established to provide monetary benefits for the support, and maintenance of the beneficiaries of specified fallen First Responders who have died while in the performance of their duties to the citizens of Hillsborough County, which Program shall be administered pursuant to the requirements of this Policy as described below and as set forth in First Responders Fallen Heroes Fund & Memorial Tribute Reference and Procedure Guide incorporated by reference as part of this policy. County funding for the Program will be provided in the form of an annual General Fund non-departmental appropriation with provisions for total annual funding not to exceed one million dollars.

DEFINITIONS

A. First Responder: A First Responder includes:

1. A law enforcement or correctional officer as defined in §943.10, F.S.;
2. A firefighter as defined in §633.30, F.S.; or
3. An emergency medical technician or a paramedic as defined in §401.23, F.S., is any who are:

- employed (including full-time, part-time, or volunteer) by Hillsborough County, or
- one of the municipalities of Tampa, Temple Terrace, and Plant City.

B. In the Line of Duty: In the Line of Duty means a First Responder who at the time of death, or an injury that is the direct and proximate cause of death, is in the course of actually:

1. Engaging in law enforcement;
2. Performing fire suppression and prevention related activity;
3. Responding to a hazardous-material emergency;
4. Performing rescue activity;
5. Providing emergency medical services;
6. Performing disaster relief activity;
7. Otherwise engaging in emergency response activity; or
8. Engaging in a department or agency authorized training exercise related to any of the above events or activities; and
    - the employing public agency legally recognizes him or her to have been in such course at the time of the event directly and proximately causing the death or injury.
    - A heart attack or stroke which causes death, or causes an injury resulting in death, must occur within 24 hours of one of the above events or activities and must be determined to have been directly and proximately caused by the event or activity.

C. Beneficiary: Benefits shall be paid to surviving beneficiaries in the following descending order:

1. The beneficiary designated in writing by the First Responder on the form approved by the Fallen Heroes Program Administrator, which form has been filed with the employing agency prior to the death or injury;
2. The First Responder's surviving children and spouse in equal portions;
3. The First Responder's surviving parents; or
4. If none of the above is applicable, the First Responder's estate.

D. Program Administrator: The Program Administrator is the Hillsborough County Business and Support Services Department.

FALLEN HEROES PROGRAM

The Hillsborough County Board of County Commissioners hereby establishes the Fallen Heroes Program for the purpose of providing monetary benefits to the beneficiaries of First Responders who have died, or suffered an injury resulting in death, while In the Line of Duty, serving and protecting the citizens of Hillsborough County. County funding for the Program, including any mid-year supplemental appropriations, will be provided in the form of an annual General Fund non-departmental appropriation with provisions for total annual funding not to exceed one million dollars. The amount of County monetary benefits paid to the Beneficiary, as defined above, of a fallen First Responder shall be up to $100,000. County monetary benefits paid under the program may be supplemented by private and/or outside donations through the establishment of a temporary escrow account within the County's financial system. Except as otherwise provided in this Policy, the Clerk of the Circuit Court (Clerk) is authorized through adoption of this policy to establish and account for such escrow account upon the request of the Program Administrator for ninety (90) days from the time of the death of an eligible First Responder for the purpose of paying such additional benefits that are funded by such private and/or outside donations. The Clerk is also authorized to issue payment(s), at the direction of the Program Administrator, without further action of the Board of County Commissioners, to eligible Beneficiaries, as defined above, in shares proportionate to the distribution of the County funds.

LINE OF DUTY DETERMINATION AND REQUEST FOR BENEFITS

The employing agency shall be responsible for determining whether the death or injury resulting in death occurred In the Line of Duty and shall submit to the County Program Administrator sufficient documentation from its investigation of the event to support its determination. The employing agency shall be responsible for submitting an approved request for benefits form to the Program Administrator on behalf of the Beneficiary, as defined above.

BENEFITS PAID DUE TO A CATASTROPHIC OR TERRORIST EVENT

The Board of County Commissioners reserves the right to adjust the amount of County benefits paid under the Program to a Beneficiary, as defined above, due to the occurrence of a catastrophic (natural or manmade) or terrorist event, which results in multiple deaths or injuries resulting in death in order to ensure annual County appropriations do not exceed one million dollars.

RESPONSIBILITY

It is the responsibility of the County Administrator, through the Business and Support Services Department, to implement this policy and to establish procedures for its administration. The Business and Support Services Department shall be the Program

Administrator. The Program Administrator shall be responsible for collecting, receipting, depositing, and acknowledging private and outside donations.

DELIVERY OF FUNDS TO BENEFICIARIES

When reasonably possible, funds from this Program shall be delivered personally to each Beneficiary. It is the responsibility of the Chairman of the Board of County Commissioners to designate a Board Member or member of the County Administrator's staff to deliver the funds on behalf of the County.

BOCC FALLEN HEROES CEREMONY

The Communications and Digital Media Services Department and the Fallen Hero's Emergency Response Agency shall coordinate with the surviving family member(s) of the Fallen Hero to determine their wishes for the remembrance ceremony, which will take place at a regular Board of County Commissioners meeting. Communications and Digital Media Services will contact any other agency or department, as is appropriate, to assist with planning and scheduling the ceremony. *See* First Responders Fallen Heroes Fund and Memorial Tribute Reference and Procedural Guide for ceremony details and protocol.

TERMINATION

This Policy, and the Program established by it, shall continue from year to year subject to an annual appropriation by the Board.

EFFECTIVE DATE

This Policy shall take effect immediately upon approval by the Hillsborough County Board of County Commissioners and approval of an appropriation.

Approved By: Board of County Commissioners
Approval Date: May 21, 2014

Reference & Procedure Guide

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CHAPTER 1

CURRENTLY ADOPTED FALLEN HEROES FUND POLICY

SECTION NUMBER: 10.06.00.00

BOARD OF COUNTY COMMISSIONERS
HILLSBOROUGH COUNTY
TAMPA, FLORIDA 33601

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Approval Date: May 21, 2014

CHAPTER 2

MINUTES FROM THE SEPTEMBER 1, 2010 BOCC MEETING

Norman regarding the homeowner's association (HOA) position. Discussion included Board policy, lack of community support, discontinued bussing, safety issues, alternative transportation modes, turning away grant funding, opt-out procedure, reaching out to individuals, merits to installing/not installing the sidewalks, and lack of HOA involvement. After reviewing citizen e-mail input, Commissioner Higginbotham would not support the project.

Following comments concerning time sensitivity and safety issues, Commissioner Norman suggested Chairman Hagan write the HOA a letter proposing a formal vote, noted HOA representation, and desired continuing the issue for two weeks. Chairman Hagan agreed. Mr. Gordon asked for more time. After stating the item could be brought back after the HOA meeting; requesting the HOA give an official position, including the HOA's affected; and wanting an official position by these sitting elected board members, **Commissioner Norman made that motion.** Mr. Gordon responded to queries from Commissioner Sharpe in regard to removing courtesy bussing and the letter from the School District. Chairman Hagan voiced reasons for his position. Following discussion on bus policies, guaranteed bus service, and the HOA letter, **Commissioner Beckner seconded the motion, which carried seven to zero.**

F. COMMISSIONERS' SECTION

10:15 A.M. TIME CERTAIN

F-3 Receive further discussion and action regarding establishment of a fallen heroes fund and tribute for the first responders of Hillsborough County who were killed in the line of duty. Approve the fallen heroes fund policy. (That was approved by the County Attorney's Office and Business and Support Services Department.) See background material. Appropriate by a supermajority vote, $200,000 from the FY 2010 Countywide General Fund reserve for contingency to establish funding for the fallen heroes fund program in the Countywide General Fund allotments by legislative act. Revise the reserve for contingency, Policy 03.02.05.00, as reflected in background material, to facilitate future supplemental appropriations, as necessary, for the fallen heroes fund up to a $1,000,000 annual maximum from County funds. (A marked-up copy of the policy was in background material.) (Commissioner Beckner)

Commissioner Beckner recalled previous Board dialogue and gave a

presentation on the first responders fallen heroes fund, sustaining families, and how the program worked. Ms. Christina Swanson, Director, Employee Benefits and Risk Management Division, Human Resources Group, Business and Support Services Department, discussed the beneficiaries. Commissioner Beckner reviewed virtual memorial tributes and provided the website. Ms. Lori Hudson,

Director, Communications Department, spoke to informing/involving the community. After recognizing staff, **Commissioner Beckner moved to formally establish the fallen heroes fund and memorial tribute and approve the fallen heroes fund policy and appropriate $200,000 from the FY 2010 Countywide General Fund reserve for contingency and to establish funding for the fallen heroes fund program and the County General Fund allotments and revise the reserve for contingency Policy 03.02.05.00, as reflected in background material.** Responding to Commissioner Norman, Commissioner Beckner reported formal letters were sent to the cities of Tampa (Tampa), Temple Terrace, and Plant City and noted the responses received. Commissioner Norman commented on municipality participation and having a legal structure, suggested amending the motion to include follow up on involving all of the municipalities, and asked to define first responders.

Discussion followed regarding first responder definition, a fund supported by all governments, and partnerships. Commissioner Beckner and Mr. Merrill replied to Commissioner Ferlita concerning a response from Tampa. **Commissioner Ferlita seconded the motion** and requested sending a stronger letter to Tampa and continuing to touch base with the municipalities. Commissioner Beckner had offered municipalities the opportunity to appear before their board/councils to talk about the program. **The motion carried seven to zero.**

10:30 A.M. TIME CERTAIN

F-2 Update from Bill Armstrong, Director, Animal Services Department, regarding pet shelter/hurricane preparedness. (Commissioner Ferlita)

Mr. Armstrong gave a presentation on pet friendly shelters/disaster preparedness, key players, and animal disaster response; supplied Ms. Joanne O'Brien with a map, presentation, and website information identifying emergency plans; and touched on training/volunteer recruitment, housing animal concepts, citizen preregistration, community partners, program challenges, and contact information. Chairman Hagan temporarily left the room; Vice Chairman Sharpe assumed the chair. Commissioner Ferlita referred to statements regarding people who would not evacuate due to insufficient pet shelter accommodations and applauded staff efforts. Chairman Hagan assumed the chair.

CHAPTER 3

MINUTES FROM THE DECEMBER 15, 2010 BOCC MEETING

The Board of County Commissioners, Hillsborough County, Florida, met in Regular Meeting and Public Hearing, scheduled for Wednesday, December 15, 2010, at 9:00 a.m., in the Boardroom, Frederick B. Karl County Center, Tampa, Florida.

The following members were present: Chairman Al Higginbotham and Commissioners Kevin Beckner, Victor Crist, Ken Hagan, Lesley Miller Jr., Sandra Murman, and Mark Sharpe.

Chairman Higginbotham called the meeting to order at 9:02 a.m. Students from the Providence Christian School led in the pledge of allegiance to the flag. Commissioner Hagan gave the invocation.

A commendation was given to Michele Tucker of Michele Tucker Show Horses and her students for competitive championship achievements.

A proclamation was presented proclaiming December 15, 2010, as Alpha Kappa Alpha Sorority Incorporated Day.

Mr. Harold Moore accepted a commendation for his commitment to making the County a better place.

County Administrator Mike Merrill presented the changes to the agenda.

ADDENDUM TO THE DECEMBER 15, 2010, BOARD AGENDA

FOR BOARD CONSIDERATION, PURSUANT TO RULE 13 OF RULES OF ORDER:

F-5 Approval of policy changes to the fallen heroes fund. (Commissioner Beckner)

OFF-THE-AGENDA ITEM:

F-4 Reconsideration of the Board motion taken during the December 1, 2010, Board meeting on agenda Item B-4 in which the Board voted to support staff recommendation opposing the legislative bill that would abolish the Public Transportation Commission. (Commissioner Sharpe)

REVISIONS/CORRECTIONS TO THE AGENDA:

A-6 Background: To ensure continued compliance, a land use restriction agreement was being executed to maintain affordability through the required 20 years, pursuant to HOME Investment Partnership Program (HOME) regulations. The units would keep the same set-aside requirements, as outlined in the original agreement, in which all 290 units were reserved for households at or below 60 percent area median income. ~~Pursuant to~~

Pinecrest Road widening. Ms. Gladys Will, 1006 Hummingbird Lane, voiced confusion related to Lithia Pinecrest Road improvement plans. Mr. George Niemann, Dover, reiterated sentiments of confusion and reasons for public mistrust and asked for clarification. Ms. Pamela Clouston, 1621 Thompson Road, representing Rural Lithia Area Neighborhood Defense Incorporated, discussed the Lake Hutto Development of Regional Impact (DRI), land purchase on Lithia Pinecrest Road, project development and environmental (PD&E) study process/reports, and funding sources.

Ms. Lucia Garsys, Planning and Infrastructure Services Administrator, offered clarification; touched on PD&E studies, federal funding, improvement sections/segments, public/private partnership obligations, and funds reallocation for land purchase; said public meetings were held; advised staff would bring a status report to the Board; and asserted the item intent was not to move forward with Lithia Pinecrest Road widening. **Commissioner Hagan moved approval, seconded by Commissioner Sharpe.** In reply to Board member comments/queries, Ms. Garsys talked about information delivery, communicating with the public, item purpose/cost, and Lake Hutto DRI notice of proposed change and would place project progress on the County website. **The motion carried six to one; Commissioner Crist voted no.** (R10-187, R10-188)

F. COMMISSIONERS' SECTION - RESUMED

F-5 Approval of policy changes to the fallen heroes fund. (Commissioner Beckner)

Commissioner Beckner summarized recommended changes and explained the reasons for each, as provided in background material. Believing there to be a motion, **Chairman Higginbotham announced the motion to adopt, seconded by Commissioner Hagan, and carried seven to zero.**

OFF-THE-AGENDA ITEM

After mentioning State appropriations processes, Commissioner Crist felt the Board should assess available monies budgeted for Hillsborough County, which required matching dollars. Responding to Commissioner Higginbotham, **Commissioner Crist moved to direct staff to do an assessment of what, if any, State dollars were still hanging out there that Hillsborough County could access with matching monies to see if the County could leverage those funds before the State swept those funds away, seconded by Commissioner Beckner, and carried six to zero.** (Commissioner Hagan was out of the room.)

CHAPTER 4

REPORT OF PUBLIC SAFETY OFFICER'S DEATH, FOR OMB 1121-0025

APPROVED: OMB NO. 1121-0025
EXPIRES: 04/30/2007

U.S. DEPARTMENT OF JUSTICE
OFFICE OF JUSTICE PROGRAMS
BUREAU OF JUSTICE ASSISTANCE
PUBLIC SAFETY OFFICERS BENEFITS PROGRAM
WASHINGTON, D.C. 20531

REPORT OF PUBLIC SAFETY OFFICER'S DEATH

FOR DOJ USE ONLY

CASE NUMBER _____

DATE RECEIVED _____

This information is being requested pursuant to the Omnibus Crime Control and Safe Streets Act of 1968, as amended (42 U.S.C. 3796), and the disclosure is voluntary. This form will be used by the Department of Justice to determine eligibility of a claimant for the payment of benefit and the information may be disclosed to Federal, State and local agencies to verify eligibility for benefits. Disclosure of an individual's Social Security number is mandatory. Failure to supply requested information may result in a delay in processing this form and receipt of benefits. **PLEASE PRINT CLEARLY OR TYPE.**

1. NAME OF OFFICER (Last, First, Middle)	2. OFFICER'S TITLE

3. SOCIAL SECURITY NUMBER	4. DATE OF INJURY	5. DATE OF DEATH

6. NAME AND PHYSICAL ADDRESS OF EMPLOYING AGENCY, ORGANIZATION OR UNIT IN WHOSE SERVICE DEATH OCCURRED (Include zip code)

PART I: NOTICE OF LINE OF DUTY DEATH OF PUBLIC SAFETY OFFICER

7. AT THE TIME OF INJURY THAT RESULTED IN DEATH WAS THE OFFICER WORKING A REGULAR SHIFT OR AN ASSIGNED OVERTIME SHIFT? YES ☐ NO ☐

IF NO, ATTACH AN AFFIDAVIT EXPLAINING THE OFFICER'S DUTY STATUS.

AS A		IN THE SERVICE OF	
LAW ENFORCEMENT	☐	STATE GOVERNMENT	☐
CORRECTIONS OFFICER	☐	LOCAL UNIT OF GOVERNMENT	☐
PROBATION OFFICER	☐	FEDERAL GOVERNMENT	☐
PAROLE OFFICER	☐	LEGALLY ORGANIZED VOLUNTEER FIRE, AMBULANCE OR RESCUE SQUAD, DEPARTMENT	
FIRE FIGHTER	☐	ORGANIZED, CHARTED OR FORMED BY A PUBLIC AGENCY TO ACT ON ITS BEHALF	
JUDICIAL OFFICER	☐	IN PROVIDING FIRE OR RESCUE SERVICES TO THE PUBLIC	☐
AMBULANCE AND RESCUE SQUAD MEMBER	☐		
OTHER (Specify)	☐	OTHER (Specify)	☐

8. OFFICER'S EMPLOYMENT STATUS WHEN INJURY OCCURRED.

FULL-TIME	☐
PART-TIME	☐
VOLUNTEER	☐
OTHER	☐

9. WAS INJURY CONTRIBUTED BY:

	YES	NO	UNKNOWN
OFFICER'S GROSS NEGLIGENCE?	☐	☐	☐
OFFICER'S INTENTIONAL MISCONDUCT?	☐	☐	☐
OFFICER'S INTENT TO BRING ABOUT HIS OWN DEATH?	☐	☐	☐
OFFICER'S VOLUNTARY INTOXICATION?	☐	☐	☐
ANY PERSON WHO MAY BE ENTITLED TO BENEFIT?	☐	☐	☐

(Attach explanations for any "yes" answer.)

PART II: INFORMATION CONCERNING POSSIBLE CLAIMANTS: Provision of this information does not constitute a finding for or against an interim Payment of Benefits or Final Award of Benefits. If the officer was not married at the time of his death, but was cohabiting with another person in what could be construed as a common-law marriage, please indicate that relationship below.

10. NAMES, RELATIONSHIP, AND ADDRESS OF PERSONS IN PRECEDENCE ORDER AND APPLICABILITY CATEGORY AS FOLLOWS:

SURVIVING SPOUSE OR COHABITANT

NAME (Last, First, Middle)	SOCIAL SECURITY NO.

MAILING ADDRESS (Include zip code)

PART II CONTINUED

CHILDREN: NATURAL, ADOPTED, STEPCHILDREN, POSTHUMOUS, OUT OF WEDLOCK, REGARDLESS OF AGE OR DEPENDENCY STATUS	

10a. NAME (Last, First, Middle)	DATE OF BIRTH	SOCIAL SECURITY NO.	Marital status regardless of age
			Married ☐ Single ☐
Address (if different from item 11, above) and Telephone Number		PARENT OR LEGAL GUARDIAN NAME & SOCIAL SECURITY NUMBER	

10a. NAME (Last, First, Middle)	DATE OF BIRTH	SOCIAL SECURITY NO.	Marital status regardless of age
			Married ☐ Single ☐
Address (if different from item 11, above) and Telephone Number		PARENT OR LEGAL GUARDIAN NAME & SOCIAL SECURITY NUMBER	

Please attach a separate sheet of paper if there are additional children.

10.b **IF THE DECEDENT IS SURVIVED BY NEITHER SPOUSE NOR ELIGIBLE CHILDREN, PROVIDE A COPY OF THE OFFICER'S MOST RECENT DEPARTMENTAL LIFE INSURANCE POLICIES, INCLUDING BENEFICIARY DESIGNATION PAGE.**
PLEASE NOTE: The decedent's family will be asked to provide the most recent private insurance policies.

BENEFICIARIES:	
NAME (Last, First, Middle)	SOCIAL SECURITY NO.
MAILING ADDRESS (Include zip code)	
NAME (Last, First, Middle)	SOCIAL SECURITY NO.
MAILING ADDRESS (Include zip code)	

PART III: INFORMATION CONCERNING OTHER CLAIMS

11. TO YOUR KNOWLEDGE HAS OR WILL A CLAIM BE FILED FOR BENEFITS UNDER:
A) Federal Employees Compensation Act, Section 8191 title 5, U.S. Code? YES ☐ NO ☐
B) D.C. Retirement and Disability Act of September 1, 1916, Section 4-622? YES ☐ NO ☐

PART IV: CERTIFICATION A false answer to any question in this Statement may be grounds for non-payment of benefits and may be punishable by fine or imprisonment (U.S. Code, Title 18, Sec. 1001). All the information you give will be considered in reviewing the claim and is subject to investigation.

12. EMPLOYING ORGANIZATION - To the best of my knowledge and belief, the above stated information is true and complete.

ORGANIZATION	TYPED NAME & TITLE OF EMPLOYING AGENCY HEAD	SIGNATURE OF EMPLOYING AGENCY HEAD

ADDRESS (Include zip code)	PHONE NO.	E-MAIL ADDRESS	DATE

13. IS THERE A RETIREMENT/DISABILITY BOARD, WORKERS COMPENSATION BOARD, COURT, OR OTHER ENTITY THAT WILL CONSIDER OR HAS BEEN CONSIDERED THE FACTS OF THIS CASE IN ORDER TO DETERMINE ELIGIBILITY FOR OTHER BENEFITS? YES ☐ NO ☐

14. WAS A FAVORABLE DECISION RENDERED? YES ☐ NO ☐

If "yes," on a separate sheet of paper please give address and telephone number for each entity.

Public Reporting Burden

Paper Reduction Act Notice. Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and that impose the least possible burden on you to provide us with information. The estimated average time to complete and file this application is 2½ hours per application. If you have comments regarding the accuracy of this claim, or suggestions for making this claim form simpler, you can write to the Public Safety Officers' Benefits Program, Bureau of Justice Assistance, 810 7th Street, NW, Washington, D.C. 20531 and to the Office of Information and Regulatory Affairs, Office or Management and Budget, Washington, D.C. 20530.

CHAPTER 5

BENEFICIARY DESIGNATION PROCEDURES

Hillsborough County Fallen Heroes Fund & Memorial Tribute

Beneficiary Designation Procedures

1) Each first responder who meets the definitions in the following statutes shall be eligible for a Hillsborough County Fallen Heroes benefit:

    - A law enforcement or correctional officer as defined in §943.10, F.S.;
    - A firefighter as defined in §633.30, F.S.; or
    - An emergency medical technician or a paramedic as defined in §401.23, F.S.

2) Each eligible employee shall complete the "Fallen Heroes Beneficiary Designation Form" which is attached to these Procedures.

    - It shall be the responsibility of the participating government to obtain completed designations for all current eligible employees and all eligible new hires.
    - If an employee desires to change his/her beneficiary form, he/she shall contact the Human Resources (or other designated department) in the participating government and request a new Form.
    - All Forms must be legibly completed and dated. The most recent Form on file shall be the Form which determines which beneficiaries are paid. It will supersede all previous Forms.
    - If a Form is not on file with the participating government, benefits will be payable as defined in the Board Fallen Heroes Policy.

3) The participating government will maintain the Beneficiary Designation Form on file for all eligible employees and submit it to the Hillsborough County Business and Support Services Department, Benefits Unit, in the event of an eligible claim.

CHAPTER 6

BENEFICIARY DESIGNATION FORM

Fallen Heroes
Beneficiary Designation Form
Sponsored by Hillsborough County

FIRST RESPONDERS FALLEN HEROES FUND & Memorial Tribute

Name (Last/First/MI)	Social Security Number	
Employing Entity ☐ Hillsborough County ☐ City of Tampa ☐ Temple Terrace ☐ Plant City	Date of Hire	Date of Birth
Effective Date of Designation	Retain in Employee's Personnel File	

PRIMARY BENEFICIARY DESIGNATION

(Please Print Full Name)

Name _____ Relationship _____ % _____

Address _____

Name _____ Relationship _____ % _____

Address _____

Name _____ Relationship _____ % _____

Address _____

Name _____ Relationship _____ % _____

Address _____

Name _____ Relationship _____ % _____

Addess: _____

Name _____ Relationship _____ % _____

Address _____ {Must add to 100%}

CONTINGENT BENEFICIARY DESIGNATION

(Please Print Full Name)

Name _____ Relationship _____ % _____

Address: _____

Name _____ Relationship _____ %

Address: _____

Name _____ Relationship _____ % _____

Address: _____

Name _____ Relationship _____ % _____

Address: _____ {Must add to 100%}

Employee Signature	Date

CHAPTER 7

CLAIMS PROCEDURES

Hillsborough County Fallen Heroes Fund & Memorial Tribute

Claim Procedures

1) In the event of the death of a first responder, the employing agency/department shall notify Human Resources – Benefits Support Services within 48 hours of employee's death.

2) The employing agency shall be responsible for determining whether the death, or injury resulting in death, occurred in the line of duty and shall submit to the County sufficient documentation, from its investigation of the event, to support its determination. The employing agency shall be responsible for submitting an approved request for benefits to the County on behalf of the beneficiary or beneficiaries.

3) The employing agency shall submit the following documents in a timely manner:

- Certified copy of the death certificate.
- Copies of any relevant Beneficiary Designation forms.
- Report of Public Safety Officers' Death Form (U.S. Department of Justice OMB NO. 1121-0025)
    - The County requires only Part I and Part III, so this can be transmitted if Part II is not completed, provided Part IV is completed and authorized by the employing agency.
- The County reserves the right to request additional documentation, as deemed necessary.
- Completed Form W-9 for each beneficiary.
- Claims must be submitted to:

Hillsborough County, BOCC - Human Resources Department
Benefits Support Services
P.O. Box 1110
Tampa, Florida 33601
or
Claims may also be submitted electronically.

4) The Human Resources Department will advise the employing agency of eligibility for benefits and the amount payable from the County's Fallen Heroes Fund. The determination of Hillsborough County is final.

- The Business & Support Services Department – Fiscal will coordinate benefits payable from a temporary, 90-day escrow account that would only be established at the time of an event.

- The Business & Support Services Department (BSS) will coordinate benefits payable from a temporary, 90-day escrow account that would only be established at the time of an event.

- The designated Executive Team member will approve request for payment to beneficiary(ies).

5) The Human Resources Department will submit all necessary documentation to the Hillsborough County Clerk of Circuit Court. The Clerk will deliver the check(s) to the Human Resources Department. When reasonably possible, funds from this Program shall be delivered personally to each Beneficiary. As stated in Board Policy – Section Number 10.06.00.00, “it is the responsibility of the Chairman of the Board of County Commissioners to designate a Board Member or member of the County Administrator’s staff to deliver the funds on behalf of the County”.

CHAPTER 8

SAMPLE BENEFICIARY LETTER

SAMPLE

{Date}

Beneficiary name
Address
Tampa, Florida 33600

Dear Mr./Mrs. Beneficiary:

Please accept our deepest sympathy for your tragic loss. Your _____ served our community fearlessly with the utmost in professionalism and dedication, even unto the ultimate sacrifice of life.

During this time of sadness, please know that Hillsborough County is committed to assist you in receiving all benefits you are entitled. This includes a benefit from the County's Fallen Heroes Fund.

A certified copy (long version) of the Death Certificate is required, along with the attached W-9 form. One must be completed for each beneficiary.

Please mail the completed form(s) to:

Hillsborough County Government
Human Resources Department
Attention: Benefits Unit
PO Box 1110
Tampa, Fl 33601

Again, on behalf of the citizens of Hillsborough County, please accept our condolences on the loss of your _____.

Sincerely,

_____	_____
Name, Chairman	Name, Co-Chairman
_____	_____
Name, Chaplain	Commissioner
_____	_____
Commissioner	Commissioner
_____	
Commissioner	

Cc: Name, County Administrator
Sheriff Name, Hillsborough County Sheriff's Office
Chief Name, City of Tampa Police Department
Chief Name, City of Plant City Police Department
Chief Name, City of Temple Terrace Police Department
Chief Name, Hillsborough County Fire Rescue
Chief Name, City of Tampa Fire Department (or Rescue)
Chief Name, City of Temple Terrace Fire Department (or Rescue)
Chief Name, City of Plant City Fire Department (or Rescue)

CHAPTER 9
SUBSTITUTE W-9 FORM

Substitute W-9

Request for Taxpayer Identification Number (TIN) And Certification

PART I – PERSONAL or BUSINESS INFORMATION

Please type or print legibly.

1-NAME of INDIVIDUAL, business name, or sole proprietor's name (as registered with the IRS-Internal Revenue Service)

2-BUSINESS NAME (DBA-doing business as), if different from above.

3-CHECK ONE BOX to identify the type of business named above.

☐ Individual/Sole Proprietor ☐ Partnership ☐ Corporation ☐ Non-profit 501(c) ☐ Associations/Estate or Trust

☐ Government Entity (Exempt under section 501(a)) ☐ Medical or Legal Corporation ☐ Foreign Entity(fill out appropriate W-form)

☐ LLC-Limited Liability Company (If business listed on line 2 is an LLC, must also select an LLC type from below)

[ ] Disregarded entity [ ] Partnership [ ] Corporation

[ ] Individual/Sole Proprietor (enter owner/individual's name on line 1 above, business/DBA name on line 2

4-WITHHOLDING *(Optional)* ☐ Already subject to backup withholding ☐ Exempt from backup withholding

5-PROTECTED STATUS – Florida Statute 119.071(4)(d)

Are you a member of law enforcement (active or former), a firefighter, judge or any other protected status as defined by Florida Statute 119.071(4)(d)? ☐ Yes ☐ No

6-ADDRESS - Street (include apt # or suite number)

City State ZIP

E-mail address

PART II – TAXPAYER IDENTIFICATION NUMBER (TIN)

Enter your TIN in the Appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). For other entities, it is your employee identification number (EIN).

SSN		TIN / EIN	

PART III - CERTIFICATION

Under penalties of perjury, I certify that:

1	The number shown on this form is my correct TIN (tax payer identification number) or I am waiting for a number to be issued to me, and
2	I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding and
3	I am a U.S. citizen or other U.S. person (see definition below).

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding

Sign here >		Date >	

Florida Statute 119.07 (5) and the Federal Privacy Act of 1974; Collection of Social Security Numbers

The Hillsborough County Clerk of the Circuit Court collects your social security number for the purposes of tax reporting to the Department of the Treasury, Internal Revenue Service (IRS) and for identity verification purposes. Florida Statute 119.07 (5) and the Federal Privacy Act of 1974 require the Clerk to notify you in writing of the reason for collecting this information which will be used for no other purpose than herein stated.

GENERAL INSTRUCTIONS (section references are to the Internal Revenue Code unless otherwise noted).

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of the income from such business. Further, in certain cases where a form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

CHAPTER 10

SAMPLE REQUEST FOR CHECK MEMORANDUM

Memorandum

Date: {Date}

To: BOCC Accounting

From: Name, Human Resources Benefits Manager

Reference: Request for Payment-Fallen Heroes Fund

Name of Fallen Hero:_____ SS#:_____ HRIS#:_____

Employing Agency:_____

Amount of Payment issued to Beneficiary/Beneficiaries $_____
$_____
$_____

Beneficiary/Beneficiaries Information:

Name of Beneficiary SS#_____ Birth Date: _____
Address
City, State, Zip

Name of Beneficiary SS#_____ Birth Date: _____
Address
City, State, Zip

Name of Beneficiary SS#_____ Birth Date: _____
Address
City, State, Zip

If you have any questions, please feel free to call me at 276-2728.

Thank you.

Attachment: W9(s)

CHAPTER 11

MANAGEMENT OF TEMPORARY BENEFIT ESCROW ACCOUNT

Donations to the Fallen Heroes Fund

Upon the occurrence of a tragedy resulting in the death of a First Responder(s), the County will establish an escrow account through the Hillsborough County Clerk of the Circuit Court. This account will remain open for 90 days from the day of the tragedy and will be for the purpose of collecting private donations for the beneficiaries of the First Responder(s). Once established, the Communications and Digital Media Services Department will work with the local media to establish and raise public awareness so that support for and contribution to the Fallen Heroes Fund is encouraged.

Information included on the County's website will indicate that checks should be made payable to the "Hillsborough County BOCC", and they should be sent to the following address:

Hillsborough County
Business and Support Services Department
c/o Fallen Heroes Fund
P.O. Box 1110, 26th Floor
Tampa, Florida 33601-1110

Instructions will also indicate the County's preferred method for collecting donations is in the form of checks. The County will not accept credit card donations and cash donations are discouraged. If there are multiple Fallen Heroes and a donor wishes to donate in honor of a specific Fallen Hero, the donor should write the name of the Fallen Hero in the memo line of the check.

In the event of multiple deaths associated with one tragedy funds will be distributed to the First Responders' beneficiaries as follows:

- If the memo line on a check or a letter accompanying the check/cash specifies the name of the First Responder, all funds will be distributed to the First Responder's beneficiary.

- Donations to the fund that cannot be associated with a specific First Responder will be accumulated and distributed to eligible beneficiaries in shares proportionate to the distribution of County funds.

The County's Business and Support Services Department is the Program Administrator for the fund and will make final decisions regarding the equitable distribution of funds in accordance with the Board of County Commissioner's Fallen Heroes Program policy.

Delivery of a check to the First Responder's family will be as stated in Board Policy – Section Number 10.06.00.00, "It is the responsibility of the Chairman of the Board of County Commissioners to designate a Board Member or member of the County Administrator's staff to deliver the funds on behalf of the County".

CHAPTER 12
BOCC FALLEN HERO CEREMONY

THE FALLEN HEROES PROCESS, PROCEDURE AND CEREMONY OUTLINE

The Fallen Heroes Ceremony is coordinated by the Communications & Digital Media Services Department. The department is also responsible for maintaining a hard copy of the "Reference Guide" associated with Board Policy – Section Number 10.06.00.00 and for creating the DVD's referenced below.

Fallen Hero Board of County Commissioners Ceremony:

- **Welcome by Chairman**
- **Hillsborough County Fire Rescue Color Guard Presentation (or color guard of Fallen Hero's agency, if one exists)**
- **Pledge of Allegiance**
- **Invocation**
- **Color Guard Retires**
- **Remarks for Fallen Hero – Family Called Forward**
- **Plaque is Read Aloud, Then Presented to Family (plaque is prepared with either the agency's emblem or a portrait, whichever is preferred by the surviving family)**
- **Family Has Opportunity to Speak**
- **Video Tribute is Aired***
- **Show Online Memorial Tribute Home Page**
- **Show Online Fallen Hero Tribute Page***
- **Emergency Response Agency Head Has Opportunity to Speak**
- **Commissioners Give Remarks**
- **Photography with BOCC is taken (if family approves)**
- **Family is Escorted Out**

***Both the video and the online Fallen Hero Tribute Page are prepared to the wishes of the family, utilizing their preferred photographs, video or other items. After the BOCC Ceremony, the Fallen Hero Video is permanently placed on the individual's Fallen Hero Tribute Page, and the page is then viewable to the public online. Included in this guide are the following:**

- **A sample copy of a DVD of the Fallen Heroes Ceremony that takes place at a regular BOCC meeting; and**
- **A copy of a DVD of the memorial tribute that is placed on the Fallen Heroes webpage on the County's website http://youtu.be/N9G03GV-EgQ**

The following is the recommended script for the Fallen Hero Ceremony, as adapted from prior ceremonies.

Talking Points for BOCC CHAIRMAN **{Name}** and **{Presenting Commissioner's Name}**

Fallen Hero Presentation on **{Date}**

[BOCC MEETING BEGINS]

CHAIRMAN **{Name}**:

- WELCOME TO THE **{Date}**, REGULAR MEETING OF THE HILLSBOROUGH COUNTY BOARD OF COUNTY COMMISSIONERS. IN SUPPORT OF TODAY'S SPECIAL PRESENTATION FOR OUR FALLEN HERO, THE HILLSBOROUGH COUNTY FIRE RESCUE HONOR GUARD WILL PRESENT THE COLORS FOR TODAY'S PLEDGE OF ALLEGIANCE AND COMMISSIONER LES MILLER WILL PROVIDE THE INVOCATION. EVERYONE PLEASE STAND.

[HCFR HONOR GUARD PRESENTATION]

[CHAPLAIN **{Name}** LEADS IN PLEDGE OF ALLEGIANCE AND INVOCATION]

[HCFR HONOR GUARD LEAVES]

CHAIRMAN **{Name}**:

- THANK YOU TO THE FIRE RESCUE HONOR GUARD FOR BEING WITH US TODAY. IT IS A GREAT PRIVILEGE TO HAVE YOU HERE AS PART OF OUR CEREMONY TO REMEMBER ONE OF **YOUR/OUR** OWN.

- COMMISSIONER KEVIN BECKNER PROPOSED THE FALLEN HEROES PROGRAM TO THIS BOARD IN 2010 AS A WAY TO HONOR THESE BRAVE MEN AND WOMEN. **{Presenting Commissioner's Name}** WILL NOW COME FORWARD AND MAKE TODAY'S PRESENTATION.

[**{Presenting Commissioner's Name}** COMES FORWARD AND SPEAKS]

{Presenting Commissioner's Name}:

- IT IS A SAD DAY TODAY AS WE REFLECT UPON THE HONORABLE LIFE OF A HILLSBOROUGH COUNTY FALLEN HERO, **{Name of Fallen Hero}**, WHO DIED WHILE ON DUTY IN SERVICE TO OUR CITIZENS.

- THIS TRIBUTE AND THE FALLEN HEROES PROGRAM ARE MEANT TO SERVE AS A COLLECTIVE EMBRACE OF OUR FIRST RESPONDERS WHO PUT THEIR LIVES ON THE LINE EVERY DAY. THE FALLEN HEROES FUND WAS CREATED TO PROVIDE SOME FINANCIAL RELIEF FOR THE SURVIVING FAMILIES.

- SADLY, THIS IS THE **{Number}** MEMORIAL TO BE PRESENTED SINCE THIS PROGRAM BEGAN.

- WILL THE FAMILY OF **{Name of Fallen Hero}** PLEASE COME FORWARD? AND WILL **{Name of Agency Head}** ALSO JOIN US?

- **{History and Personal words of Tribute to Fallen Hero}**

- **{History and Personal words of Tribute to Fallen Hero - continued}**

- **{History and Personal words of Tribute to Fallen Hero - continued}**

- **{History and Personal words of Tribute to Fallen Hero - continued}**

- TODAY, WE WANT TO HONOR THE MEMORY OF **{Name of Fallen Hero}**. **{Name of Representing Family Member(s)}** IS/ARE HERE TO REPRESENT HIS FAMILY AND I WISH TO READ THIS PLAQUE BEFORE PRESENTING IT TO **{Name of Representing Family Member(s)}**.

- [**{Presenting Commissioner's Name}** PICKS UP PLAQUE FROM EASEL AND READS PLAQUE IN ITS ENTIRETY]

- **Name of Representing Family Member(s)}** SPEAKS

- AS YOU MAY KNOW, WHEN THE FALLEN HEROES PROGRAM WAS DEVELOPED, WE CREATED AN ONLINE, VIRTUAL TRIBUTE TO PAY RESPECTS AND REMEMBER THE GREAT SACRIFICES OF THESE BRAVE PUBLIC SERVANTS.

- [HTV SHOWS SCREEN SHOT OF FALLEN HEROES WEB HOMEPAGE] THAT WEB TRIBUTE IS LOCATED AT WWW.HILLSBOROUGHSFALLENHEROES.ORG AND IT PROVIDES INFORMATION ABOUT THE PROGRAM, THE MEMORIAL PARK IN DOWNTOWN, AND OF COURSE, THE TRIBUTES OF FIRST RESPONDERS FROM ALL OF OUR CITIES AND OUR COUNTY FIRE/RESCUE AND LAW ENFORCEMENT.

- A VIDEO TRIBUTE HAS BEEN CREATED FOR **{Name of Fallen Hero}**, WHICH WE WILL NOW PRESENT. [HTV RUNS TRIBUTE VIDEO]

- [HTV SHOWS SCREEN SHOT OF FALLEN HERO TRIBUTE PAGE]. **{Name of Fallen Hero's}** MEMORIAL TRIBUTE IS NOW AMONG THOSE ONLINE. THE VIDEO THAT YOU'VE JUST SEEN WILL BE ADDED TODAY TO **{Name of Fallen Hero's}** TRIBUTE PAGE TO HONOR HIS LIFE AND TO REMEMBER HIM FOREVER.

- THANK YOU TO THE **{Last Name of Fallen Hero's}** FAMILY FOR BEING HERE TODAY. IT IS OUR PRIVILEGE TO HONOR **{Name of Fallen Hero}** AND OUR THOUGHTS AND PRAYERS ARE WITH ALL OF OUR FIRST RESPONDERS…WORKING EACH AND EVERY DAY TO KEEP US ALL SAFE.

- [**{Agency Head}** REMARKS]

- [COMMISSIONERS' REMARKS]

- [PHOTOS TAKEN WITH THE BOCC]

[CONTINUE WITH AGENDA]

(Location Above For Emergency Responder Agency Emblem Placement Only or Fallen Hero's Portrait)

Hillsborough County, a Grateful County, Honors the Memory Of

FALLEN HERO NAME

For His Tireless Dedication to the Safety of Others and Giving His Life For the Good of His Community as a Member of the Emergency Responder Agency Name.

The Loss of FALLEN HERO NAME While on Duty on (Month Day, Year) Is a Tragedy Whose Grief We Feel Deeply and Share With His Family. Hillsborough County Will Forever Remember and Be Grateful to FALLEN HERO NAME and His Family.

Dedicated 20XX

Hillsborough County Board of County Commissioners

SAMPLE

Internet Explorer provided by Hillsborough County ITS

FIRST RESPONDERS
FALLEN HEROES FUND
& Memorial Tribute

Firefighter I.D. Rivers (Iran David)

February 7, 1965 - September, 22, 2013

In Honor of Firefighter Iran David "I.D." Rivers » (Video)

Firefighter Iran David "I.D." Rivers was born on February 7, 1965, and was a lifelong resident of Temple Terrace, Florida. I.D. began his career with Hillsborough County Fire Rescue in 1989. Twenty of those 24 years were spent at Station 6 with his B-Shift family. I.D. passed away while on duty September, 22, 2013.

I.D. deeply cared for all those he came in contact with and always had a big smile and a warm embrace. I.D. was generous and giving to all, with his time and resources, and was always there to lend a helping hand to anyone in need. Whether a person was homeless on the street, or the President of the United States, each would receive the same courteous, respectful and kind treatment that I.D. was known for.

I.D. also lived up to the highest traditions and standards of a firefighter. Captain Jody Lopez said that I.D. made HCFR stand for: HONOR, COURAGE, FAMILY, and RESPECT. I.D. was an avid fisherman and outdoorsman. When he was not on duty, he could be found out on the waters of Tampa Bay. Rarely in life does one get the chance to meet such an outstanding human being, and for those of us who did know I.D., his imprint will be left on our hearts forever.

Learn more about Hillsborough County Fire Rescue

Internet Explorer provided by Hillsborough County ITS

FIRST RESPONDERS
FALLEN HEROES FUND
& Memorial Tribute

HONORING HILLSBOROUGH COUNTY'S FALLEN FIRST RESPONDERS

It is with mixed emotions - immense pride and sadness - that our grateful community honors the Hillsborough County First Responders who have died while in the performance of their duties for our citizens.

Hillsborough County's Fallen Heroes – the firefighters, law enforcement, and paramedics are to be forever remembered for their unquestioned valor and sacrifice, serving to defend our community's commitment to the fundamental principles of safety and justice for all.

This virtual memorial will serve as our reminder of the sacrifices that those firefighters, law enforcement, and paramedics made each day to ensure that our families and loved ones are safe. Each ultimately gave their lives in service to our community, in making Hillsborough County a better, safer place to live, work and play.

[The Hillsborough County Board of County Commissioners established the Fallen Heroes Fund in September 2010, to provide needed financial assistance to the beneficiaries of county and municipal first responders whose gave their lives in the line of duty.]