



FLAIR ENHANCEMENT REQUEST FORM

ENHANCEMENT NUMBER: 2008-001 REQUEST DATE: 4/8/2008
(FOR SUB-COMMITTEE USE ONLY)

REQUESTING AGENCY INFORMATION

SPONSOR: Mike Wolfe CONTACT NUMBER: 488-6404
AGENCY: Department of Children and Families
CONTACT PERSON: Mike Wolfe CONTACT NUMBER: 488-6404
EMAIL ADDRESS: mike_wolfe@dcf.state.fl.us

BRIEF DESCRIPTION / TITLE OF ENHANCEMENT

Re-submission of 02/11/2002 enhancement request. New property status code.

DESCRIPTION OF BUSINESS NEED

The Departmental of Children and Families enters into contractual agreements with 3rd party providers of human services for our clients. Often, it is necessary that our agency to provide property assets to these organizations during the term of the agreement. But during this time, there is currently no clear disposition status of the property item in the Property Subsystem and hence, an inadequate management trail. At the end of the agreement, the assets may be returned to the agency and reactivated on the property subsystem and book of record.

SUGGESTED SOLUTION

This enhancement request is for a new property status code that would reflect this disposition, "Inactive/Loaned to Providers". The current status codes are:

- blank - Active status
- 2 - Traded
- 3 - Junked/cannibalized
- 4 - Lost or stolen
- 5 - Deleted
- 7 - Casualty loss
- 8 - Lost or stolen items pending DBF approval

This would facilitate an accurate audit trail as to the property's disposition as loaned to a provider. If other agencies would also use this new status code, a generic title such as "9 - Inactive/Loaned or Assigned to 3rd Party".

BENEFITS

Increase management trail of state purchased property.

ADDITIONAL INFORMATION

*TARGET DATE:	7/1/2008
*REQUIRED DATE:	7/1/2008
*LEGAL REQUIREMENT:	<input type="checkbox"/> FLORIDA STATUTE <input type="checkbox"/> FEDERAL <input type="checkbox"/> ADMINISTRATIVE CODE <input type="checkbox"/> OTHER
REFERENCE NUMBER(S):	_____
ATTACHMENTS:	<input type="checkbox"/> No <input type="checkbox"/> YES - NUMBER OF PAGES ATTACHED:
DESCRIPTION OF ATTACHMENT(S):	_____

**OPTIONAL INFORMATION, ALL OTHER INFORMATION IS REQUIRED.*

ELECTRONICALLY SUBMIT COMPLETED FORM TO: MIKE MENTILLO, ENHANCEMENT SUB-COMMITTEE CHAIR
MENTILLO.MIKE@LEG.STATE.FL.US

FOR FLAIR ENHANCEMENT SUBCOMMITTEE USE ONLY

DATE RECEIVED:	4/8/2008
ENHANCEMENT NUMBER:	2008001
ACTION:	Passed
ACTION DATE:	4/8/2008
PRIORITY:	
COMMENTS:	New status code should be treated like current status codes 2-7. Title should be "9 - In Custody of 3rd Party"

FOR DFS USE ONLY

DATE RECEIVED:	
ACTION:	
ACTION DATE:	
PRIORITY:	
APPLICATION(S) IMPACTED:	Departmental
SYSTEM IMPACT:	Low
ASR NUMBER:	
ESTIMATED EFFORT:	2 to 3 Months
ESTIMATED IMP DATE:	
COMMENTS:	