

**Agenda**  
**Bayshore Gardens Park & Recreation District**  
**Board of Trustee Work Session**  
**Wednesday; November 10, 2021 @ 7:00 P.M.**

---

1. Roll Call
2. Call to Order
3. Pledge to Flag
4. Trustee Committee Reports:
  - Policy & Procedure (Melanie) - Balance Daily Receipts - 1014DRP
  - Policy & Procedure (Melanie) - Balance Daily Deposit - 1014DRD
  - Policy & Procedure (Melanie) - Balance Daily Receipts Report - 1014DRF
  - Policy & Procedure (Melanie) - Employee Complaint Form – 1014ECF
  - Policy & Procedure (Melanie) - Employee Physical Altercation Complaint – 1014EPA
  - Policy & Procedure (Melanie) - Additional Items Discussed (If Any)
  - Personnel & Salaries (Terry) - Maintenance Duties
  - Personnel & Salaries (Terry) - Additional Items Discussed (If Any)
  - House & Grounds (Morris) - Tree Trimming
  - House & Grounds (Morris) - Walking Trail
  - House & Grounds (Morris) - Basketball Court
  - House & Grounds (Morris) - Additional Items Discussed (If Any)
  - Communication (Dan) - Banner Content
  - Communication (Dan) - Additional Items Discussed (If Any)
5. Additional Items as Needed  
  
(Resident comments agenda item 3 minutes)
6. Adjournment

Pursuant to Section 286.26, Florida Statutes, and the Americans with Disabilities Act, any handicapped person desiring to attend this meeting should contact the District Manager at least 48 hours in advance of meeting to ensure that adequate accommodations are provided for access to the meeting.

Pursuant to Section 286.0105, Florida Statutes, should any person wish to appeal a decision of the Board with respect to any matter considered at this meeting, he or she will need to ensure that a verbatim record of the proceedings is made, including the testimony and evidence upon which the appeal is based.

---

**DAILY BALANCING 1014 DRF**

District Office Manager shall be responsible for the collection of all monies received, cash, check, or credit card.

A receipt shall be written for every transaction. A copy of the receipt shall be placed in the receipt drawer. Credit Card receipts from the credit card machine shall be attached to the written receipt. If more than one receipt book used, record all numbers on report.

District Office Manager shall be responsible for the creation of a daily Receipt Report:

- ✓ The Credit Card Machine shall be batched out at the end of every business day and a copy of the report attached to the daily report.
- ✓ The receipts for cash shall be totaled and attached to the daily report
- ✓ The receipts for checks shall be totaled and attached to the daily report.
- ✓ If a refund is given in either cash or credit card, a receipt shall be written and attached to the daily receipt report. This refund is not recorded on the report, it will be included in the batch report.
- ✓ Every numbered receipt must be accounted for, if voided, attach one copy to the daily report and leave a copy in the receipt book clearly marked VOID.

District Office Manager shall be responsible to count down the receipts drawer and document on the daily report.

Overage or shortage shall be noted on the report

**DEPOSIT REPORT 1014 DRD**

The Deposit slip shall be created in duplicate when bank deposit is prepared.

- ✓ One copy of deposit slip to be attached to the deposit report
- ✓ One copy of deposit slip to the Accountant

The deposit report shall be completed for every deposit

- ✓ Attach a copy of each of the daily report included in this deposit
- ✓ Complete the Deposit Report 1014 DRD.

Approved \_\_\_\_\_

Revised \_\_\_\_\_

BAYSHORE GARDENS PARK AND RECREATION DISTRICT  
RECEIPTS DEPOSIT

1014 DRD

---

**TOTAL OF DEPOSIT \$** \_\_\_\_\_

Period Covered with this Deposit M/D/YY From: \_\_\_\_\_ to: \_\_\_\_\_

Total M/D/YY \_\_\_\_\_ \$ \_\_\_\_\_

Total M/D/YY \_\_\_\_\_ \$ \_\_\_\_\_

Total M/D/YY \_\_\_\_\_ \$ \_\_\_\_\_

Total M/D/YY \_\_\_\_\_ \$ \_\_\_\_\_

Total M/D/YY \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL OF THIS DEPOSIT \$** \_\_\_\_\_ (fill in amount at top of form)

**ATTACH EACH DAILY REPORT 1014 DRF AND A COPY OF DEPOSIT SLIP TO  
THIS REPORT**

Prepared By \_\_\_\_\_

Date \_\_\_\_\_

Approved: \_\_\_\_\_

Effective: \_\_\_\_\_

Revised: \_\_\_\_\_

**BAYSHORE GARDENS PARK AND RECREATION DISTRICT  
BALANCING DAILY RECEIPTS REPORT**

1014 DRF

---

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ **TOTAL LINE 7** \$ \_\_\_\_\_

RECEIPTS NUMBERS FROM \_\_\_\_\_ TO \_\_\_\_\_

1. Total of all receipts \$ \_\_\_\_\_
  
2. Total of Cash includes coin \$ \_\_\_\_\_
3. Total of Checks \$ \_\_\_\_\_
4. Total from Credit Card Machine \$ \_\_\_\_\_ attach batch report
5. **SUB-TOTAL** (cash, checks, cc's) \$ \_\_\_\_\_
6. **LESS CASH REFUNDS** \$ \_\_\_\_\_
7. **TOTAL** \$ \_\_\_\_\_

**OVER** \$ \_\_\_\_\_ **SHORT** \$ \_\_\_\_\_

**ATTACH COPY OF ALL DAILY RECEIPTS HERE**

Prepared By \_\_\_\_\_

Date \_\_\_\_\_

Approved: \_\_\_\_\_  
Effective: \_\_\_\_\_  
Revised: \_\_\_\_\_

Employee Manual Section 7.3 Procedure for Handling Complaints

Today's Date \_\_\_\_\_ Time \_\_\_\_\_

EMPLOYEE LODGING COMPLAINT \_\_\_\_\_

EMPLOYEE TO WRITE THE DETAILS OF THE COMPLAINT HERE. He/she may not consult with anyone prior to filling in this section. List witness to incident and their position in the District.

[Lined area for writing complaint details]

**DISTRICT OFFICE MANAGER TO ASSIST THE EMPLOYEE WITH THIS SECTION**

Use Employee Manual/Lifeguard Manual to identify specifically the violation by page and item number.

\_\_\_\_\_

Use Employee Manual/Lifeguard Manual to identify if a Job description issue by page number and item number.

\_\_\_\_\_

If Board of Trustee Policy, State number of policy as well as paragraph if applicable. \_\_\_\_\_

Issued resolved Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, record the resolution here \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If no, the District Office Manager shall make the arrangements to meet with the head of the Personnel and Salary Committee with the Employee on \_\_\_\_\_. The employee has been notified of the date for the meeting with Head of personnel and Salary on (date) \_\_\_\_\_. The Office Manager must include with his/her report to the Head of Personnel and Salary the recommended action from Employee Manual 3.13 Corrective Action.

***A copy of this form to Employee, a copy to Employee Personnel file and a Copy to Trustee in charge of Personnel and Salary as well as the recommended action.***

\_\_\_\_\_  
District Representative                      Employee I swear that All statements above are accurate                      Date

Approved \_\_\_\_\_  
Revised \_\_\_\_\_

Employee Manual Section 7.3 Procedure for Handling Complaints

Today's Date \_\_\_\_\_ Time \_\_\_\_\_

EMPLOYEE LODGING COMPLAINT \_\_\_\_\_

*If a physical altercation has occurred, the police should be called. The District has no authority in a criminal matter. When the police arrive, a copy of the employee statement and the witness statement/s (if available) must be available for the officer as well as the security footage available for Police Office to view/capture.*

*Employee requests the police be called. Signature of Employee \_\_\_\_\_*  
*Employee declines assistance of police. Signature of Employee \_\_\_\_\_*

District Office places a call for a Manatee County Deputy to respond and while waiting the Employee lodging the complaint completes the Employee Statement of Facts. The Security footage is not available to employee/s or the public. The Officer will determine the beginning and ending of the incident to be captured as evidence.

**EMPLOYEE STATEMENT OF FACTS**

Note anyone that was involved or witnessed the incident you are reporting as well as anyone you have discussed this incident with prior to coming to the District Office. This statement is to be completed prior to any discussion with anyone. **Viewing security footage or discussing with Office Manager prior to completing the STATEMENT OF FACT is strictly prohibited. If you have discussed with another person provide that information in your Statement of Fact.**

Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_ Other party involved \_\_\_\_\_

Witness/s \_\_\_\_\_

Any person the incident was discussed with prior to coming to the office. \_\_\_\_\_

Statement of FACTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

If there is a witness to the incident, the District Office Manager will contact that person/s for a statement. Employee and witness statements must be completed individually on separate forms. The complainant and the witness/s do not converse with each other until they receive permission to do so. *(Employee and witness/s cannot discuss the incident until completing their account of the incident.)*

***A copy of this form to Employee, a copy to Employee Personnel file and a Copy to Trustee in charge of Personnel and Salary as well as the recommended action.***

---

Employee Signature

---

District Representative

Approved \_\_\_\_\_  
Revised \_\_\_\_\_



BAYSHORE GARDENS PARK AND RECREATION DISTRICT  
NON-RESIDENT MARINA RAMP ACCESS CONTRACT

Contract # \_\_\_\_\_

FOB # \_\_\_\_\_

Decal # \_\_\_\_\_ Decal # \_\_\_\_\_ Decal # \_\_\_\_\_

1019 NRC

As A Non-resident of Bayshore Gardens a Special Tax District, I accept and understand the Rules and Regulation below and will produce documents required: I will be provided a copy of the Marina Rules and I understand those rules are a part of this agreement. The fiscal year for this agreement is October 1<sup>st</sup> thru September 30<sup>th</sup>. These contracts are not subject to being prorated and are non-refundable.

1. Copy of my current vessel/trailer registration, drivers' license, and proof of insurance on the vehicle, must be presented at the time of request for a FOB. Vehicle must be registered in my name and address.
2. One FOB per application
3. FOB is solely for the use of the contracted holder. Unauthorized or misuse of card will necessitate deactivation of the FOB. Loaning of gate FOB to unauthorized person will void contract. No refund will be issued for unused contract.
4. FOB held by owner trailering in their boats are subject to renewal yearly on October 1<sup>st</sup>. No notices will be sent out. Notices will be posted at the Marina gates, the launch ramp and published in the Bayshore Banner. Rates may be reviewed and increased on an annual basis.
5. A numbered Bayshore Gardens parking decal will be issued with each FOB. The decal must be displayed on the outside of back windshield of the registered vehicle. FOB holders may obtain additional parking decals. The same registration documentation, as cited in 1 above is required for each vehicle issued a decal. Tow vehicle not registered with the office and/or not displaying the proper numbered parking decal are subject to being impounded at owner's expense. Guests will not be allowed to park in Marina. (Past FOB gate)

THE RULES ABOVE WILL BE STRICTLY ENFORCED. I HAVE READ AND FULLY UNDERSTAND THE ABOVE RULES AND AGREE TO ABIDE BY THEM. I FURTHER UNDERSTAND AN ANNUAL FEE OF \$400.00 plus tax PER FOB WILL BE CHARGED TO NON RESIDENT, TRAIERED BOAT OWNERS (non-slip holders). Lost FOB replacement will be ~~\$100.00~~ \$10.00 and original FOB will be deactivated. Copy of Marina Rules 1005 MRR have been provided and are a part of this agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Trailer Tag #: \_\_\_\_\_ Vehicle Tag #: \_\_\_\_\_

ATTACH A COPY OF DRIVERS LICENSE, AND PROOF OF INSURANCE

Accepted by District Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: 09/29/21  
Effective: 09/29/21  
Revised: \_\_\_\_\_