

Meeting Date
10-6-2015



AGENDA	
Section	Consent
Item No.	II.B.3

**AGENDA REPORT**  
 BREVARD COUNTY BOARD OF COUNTY COMMISSIONERS

SUBJECT:	Approval and Signature of Death Benefit Form to receive a donation to the Titusville Library.
DEPT/OFFICE:	Community Services Group/Library Services

**Requested Action:**  
 Board Approval and Chairman to sign original Death Benefit Form for the proceeds of a donation to the Titusville Library of approximately \$860,000. After signature, return original Death Benefit Form to Library Services for submission to the life insurance company.

**Summary Explanation & Background:**

Deceased Brevard County Citizen and Titusville Library Patron, Rita Moehringer, named the Titusville Library as sole beneficiary of 5 life insurance policies totaling approximately \$860,000. Ms. Moehringer was a regular patron. She frequented the library weekly and stated she loved the Titusville Library.

Per Board Policy, Title: Budget and Financial, BCC-21, G.2., "Intrafund transfers, interfund transfers, and line item changes greater than \$100,000 must be approved by the Board of County Commissioners."

As the Beneficiary of these life insurance policies, the Death Benefit Form must be signed to claim the benefit.

Library Services Department is requesting the Board approve receipt of this generous donation and have the Chairman sign the original Death Benefit form so it can be sent to the insurance company for release of funds. Upon receipt of funds, they will be deposited in the Titusville Library Endowment Fund, as an unrestricted donation for the Titusville Library, per LS-17, Donations, to fulfill the request of the benefactor, Rita Moehringer.

Fiscal Impact: Titusville Library Endowment Fund will increase by approximately \$860,000.

Clerk to the Board Instructions:

Exhibits Attached:

<b>Contract /Agreement (If attached):</b>		Reviewed by County Attorney	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	PR	<input type="checkbox"/>
County Manager		Assistant County Manager	Department Director/Extension					
Stockton Whitten		Assistant County Manager	 'AUG 25 2015					



Tammy Etheridge, Clerk to the Board, 400 South Street • P.O. Box 999, Titusville, Florida 32781-0999

Telephone: (321) 637-2001  
Fax: (321) 264-6972

October 7, 2015

MEMORANDUM

TO: Jeff Thompson, Library Services Director

RE: Item II.B.3., Approval of Death Benefit Form to Receive a Donation to the Titusville Library

The Board of County Commissioners, in regular session on October 6, 2015, authorized the Chairman to sign Death Benefit Form for the proceeds of a donation to the Titusville Library of approximately \$860,000. Enclosed is fully-executed Death Benefit Form.

Your continued cooperation is always appreciated.

Sincerely,

BOARD OF COUNTY COMMISSIONERS  
SCOTT ELLIS, CLERK

Tammy Etheridge, Deputy Clerk

/kg

Encl. (1)

cc: Contracts Administration  
Finance  
Budget

# New York Life Annuities

## Death Benefit Form for Annuity Proceeds

ANN18743-714

Annuities are issued by New York Life Insurance and Annuity Corporation (NYLIAC) (A Delaware Corporation)  
Variable annuities are distributed by: NYLIFE Distributors LLC, Member FINRA/SIPC  
NYLIAC and NYLIFE Distributors LLC are wholly owned subsidiaries of New York Life Insurance Company  
51 Madison Ave, New York, NY 10010



<b>ANNUITIES</b>	Not FDIC/NCUA Insured	Not a Deposit	May Lose Value	Have No Bank Guarantee	Not Insured by Any Government Agency
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NYL Annuity Service Center  
PO Box 9859  
Providence, RI 02940

## Receiving the benefits intended for you.

Dear Beneficiary,

Please accept our condolences for your loss during this difficult time.

We are providing the enclosed Death Benefit Proceeds kit to make it as easy as possible for you to receive the benefits intended for you by our policyowner. Please return a completed Death Benefit Form, certified death certificate, and any additional required documents, so we can process your benefit as promptly as possible.

For assistance in completing the form or understanding what information is required, you may contact a client services representative at 1-800-762-6212, Monday through Friday from 8:30 A.M. to 5:30 P.M. ET.

We appreciate the trust placed in us by millions of policyowners and their beneficiaries for over 165 years and are proud to continue that tradition in service to you.

On behalf of New York Life,

A handwritten signature in black ink that reads "Mayra L. Diaz". The signature is written in a cursive style.

Mayra L. Diaz  
Vice President



# New York Life Annuities Death Benefit Form

Please Print Clearly

**PLEASE NOTE:** ORIGINAL DEATH CERTIFICATES AND OTHER DOCUMENTS SUBMITTED WITH YOUR CLAIM WILL NOT BE RETURNED

**1. Policy Numbers:** Please list all policy numbers for your claim. If you wish to elect a different option for each policy, please fill out a separate claim form for each policy.

52167920 / 52194988	52199030	52188954	52121024
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**2. Decedent Information:** Please tell us about the deceased.

Name of Deceased (First, Middle, Last) <i>Rita M. Moehring</i>		Nickname or Maiden Name
Deceased's Date of Birth <i>9-28-1933</i>	Deceased's Place of Birth (State, Country) <i>Elmhurst, Illinois, United States</i>	
Deceased's Date of Death <i>3-10-2015</i>	State of Residence at Time of Death <i>Florida</i>	Deceased's Social Security Number <i>350-26-2486</i>
Cause of Death* <input checked="" type="radio"/> Natural <input type="radio"/> Homicide <input type="radio"/> Pending/Unknown <input type="radio"/> Accident <input type="radio"/> Other		
*If the submitted death certificate does not contain the decedent's cause of death, please submit documentation for the cause of death.		

**3. Beneficiary Information:** Please tell us about yourself.

Name (First, Middle, Last)		Sex: <input type="radio"/> Male <input type="radio"/> Female	Nickname or Maiden Name	
Date of Birth	Home Phone		Daytime Phone	
Residential Address		City	State	Zip Code
Mailing Address (if different than above)		City	State	Zip Code

Please check one box:

I am a US Citizen or Resident Alien       I am a Non-Resident Alien or Foreign Entity

Beneficiaries Relationship to the Deceased:

Spouse       Child       Grandchild       Parent       Other

In what capacity are you making this claim?

- Individual Beneficiary:** A person claiming on their own behalf. Please note that if you request benefits to be paid to a funeral home, a copy of the assignment is required. Enter your Social Security Number in Section 5 and Income Tax Certification in Section 9.
- Minors:** Payments on behalf of a minor must be made to an authorized representative of the minor, such as (i) a Custodian under the Uniform Transfers/Gifts to Minors Act, or (ii) a court designated Guardian of the "Person and Estate" or "Estate" of the minor. The representative must enter the minor's Social Security Number in Section 5 and sign Section 9.
- Corporation:** A copy of the corporate resolution is required. Enter the corporate Taxpayer Identification Number in Section 5. Section 9 (Beneficiary Signature) must be signed by the corporate officers listing their respective titles.
- Estate:** A copy of the certified appointment papers is required. Please provide the Estate Tax ID in Section 5. Claim form must be signed by all Estate Representatives in Section 9 (Beneficiary Signature).
- Trust/Trustee:** Copy of Trust or amendments may be required. Please provide the Trust Tax ID in Section 5. Claim form must be signed by all Trustees in Section 9 (Beneficiary Signature). A completed W-8BEN or W-9 is required
- Collateral Assignee:** A copy of the assignee's statement of interest must be provided. Section 9 of the Claim Form (Beneficiary Signature) must be signed by the assignee or their authorized representative.

If you are a non U.S. citizen, a completed W-8BEN or W-9 form is required. If you are a resident Alien, please send a copy of your green card. For Corporation or Entities within the United States, a completed W-9 form is required. For those outside the domicile of the United States, tax certification is required. Please refer to the Internal Revenue Service website at [www.irs.gov](http://www.irs.gov) for the appropriate tax form.

Please see page 6 for any additional requirements.

**4. Choose Your Claim Option.**

Please choose a claim option and complete the additional sections noted under that option. Certain options may not be available to you depending on the type of annuity, your relationship to the decedent, when you make your claim or if the beneficiary is a non living entity.

- Spousal Continuance** - I am the surviving spouse and sole primary beneficiary of the policy(ies). I wish to continue the policy(ies) and defer taxes. I understand that by electing this option no death benefit will be paid and the policy will continue in my name in accordance with the terms of the original policy(ies) referenced above.

By checking the following option(s), I wish to continue the scheduled activity(ies) on the policy(ies) that I am continuing. I understand that if there is an existing scheduled activity and it is not marked, it will automatically be discontinued.

- Periodic Partial Withdrawal Arrangement
- Automatic Asset Reallocation (Variable Accounts Only)
- Dollar Cost Averaging (Variable Accounts Only)
- Interest Sweep (Variable Accounts Only)

- Lump Sum Payment** - Please distribute the death benefit to me in one lump sum payment. (This is the only option available for Estate and Testamentary Trust beneficiaries.) Please complete Sections 5, 6 and 9.

**Settlement Alternatives are only available within a year of the Date of Death.** For detailed information regarding the settlement options, please refer to the Settlement Alternatives attachments at the end of this form.

- Income for an Elected Period - Settlement Alternatives  
Choose the number of years that you want to receive payments (2 to 30 years): \_\_\_\_\_
- Income for an Elected Amount - Settlement Alternatives  
Choose your minimum periodic payment: \$ \_\_\_\_\_
- Life Income Guaranteed Period - Settlement Alternatives\*  
Choose your guaranteed period (5, 10, 15 or 20 years): \_\_\_\_\_
- Life Income Guaranteed Total Amount - Settlement Alternatives\*

Payment Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ - Must be within a year of the decedent's Date of Death.  
(Month) (Day) (Year)

Payment Frequency (If not checked, payments will be made Monthly)  
 Monthly  Quarterly  Semi-Annually  Annually

\*This option is NOT available for Non-Living Entities (Trusts, Corporations etc.)  
Please complete Sections 6, 7, and 9.

- Other
- Inherited IRA
- Other, please complete section 8 or attach a separate letter of instruction.

**5. Income Tax Certification Section**

If your Social Security number (if you are an individual beneficiary) or Taxpayer Identification number (if claiming benefits as estate, trust, or corporation) is not furnished in this section, or if a withholding election is not selected, we are required by Federal law to withhold 10% of any taxable gain that may result from this transaction. Mandatory 20% Federal Income tax must be withheld for all tax-sheltered annuity payments.

Social Security # or Tax ID#: 59-6000513

- I DO NOT want to have Federal/State Taxes withheld.
- I DO want to have \_\_\_\_\_% Federal Income Tax Withheld. Please note, a mandatory 20% Federal Income Tax must be withheld for all Tax Shelter Annuity Payments.
- I DO want to have \_\_\_\_\_% State Income Tax Withheld.

If you do not specify above that you do not want to have Federal Taxes withheld, we are required to withhold at least 10% of the taxable portion of the distribution. If your state requires withholding, we will withhold the state's minimum amount if you select an amount that is less than the minimum. Please see the Important State Tax Withholding Information on page 6 for more information.

**6. Where To Send Your Payment(s):**

If you do not choose a payment method, a check will be mailed to the mailing address specified in Section 3.

Payment Method

Beneficiaries Address  Other (please complete section below)

Checking Account  Savings Account

Name of Financial Institution: \_\_\_\_\_

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

Routing Number: \_\_\_\_\_

Account Holder's Name(s): \_\_\_\_\_

Account Number: \_\_\_\_\_

Please attach a copy of a voided check with this form if requesting a payment to your checking account.

**7. Beneficiary Designation:**

Full Name (First, Middle Initial, Last)	Address:	Social Security or Tax ID Number	Relation to owner	%
Designation: Primary or Contingent Full Name (First, Middle Initial, Last)	Address:	Telephone: Social Security or Tax ID Number	DOB: Relation to owner	%
Designation: Primary or Contingent Full Name (First, Middle Initial, Last)	Address:	Telephone: Social Security or Tax ID Number	DOB: Relation to owner	%
Designation: Primary or Contingent	Address:	Telephone:	DOB:	%

If you need to include additional beneficiaries, please use Section 8.



### Additional Requirements (if applicable):

**State Consent:** Some states may require the beneficiary or New York Life to obtain the state's consent prior to making any claim payments. To prevent a delay of your claim, please provide the state's approval or consent to pay the death benefit along with your claim form. If you wish to verify if your claim is subject to these state requirements, please contact us.

**If the beneficiary is a Non-Resident Alien:** If you are a non-resident alien, you are generally subject to 30% tax withholding. You may be able to request withholding at a lower rate if an applicable tax treaty exists between your country of residence and the United States. To take advantage of any tax treaty, you must provide us a completed IRS Form W-8BEN and a valid US Individual Taxpayer Identification Number (ITIN).

**If the Decedent was a Non-Resident Alien:** If the decedent was a non-resident alien at the time of his or her death, the US Internal Revenue Service (IRS) may require you to obtain a Transfer Certificate prior to any claim payments being made.

**Inherited IRA option - for IRAs only:** If the beneficiary would like to transfer into an inherited IRA, please indicate in Section 8 of the below claim form and submit with Transfer Paperwork.

### Income Tax Certification and Withholding

**Important Federal Income Tax Withholding Information:** Any withdrawal may result in a taxable distribution, which we will report to the IRS. In general, if the withdrawal is from a Qualified Annuity, the whole amount of the withdrawal is generally reported as taxable. For a Non-Qualified Annuity, typically only a portion of the payment is taxable. For lump sum payments, we will withhold federal income tax at the minimum rate of 10% of the taxable portion of a withdrawal, unless you elect not to have federal income taxes withheld. You can make this election by filling out section 5 of your claim form. You must provide us with your Social Security Number to make this election.

If you have chosen a Settlement Account with periodic payments, federal income tax must be withheld in the same manner as withholding for wages, unless you elect not to have withholding apply to the taxable portion of your payment. You can make this election or change a previous election at anytime by sending us an IRS Form W-4P. The Form can be mailed to us at NYL Annuity Service Center, PO Box 9853, Providence, RI 02940. Generally, your election as to whether taxes are or are not to be withheld will apply to any other payment from the same policy. If you do not elect out of withholding, we will withhold as if you were married claiming three withholding allowances, unless you complete and send us an IRS Form W-4P indicating otherwise.

If you are a US Citizen or resident alien receiving payments delivered outside the United States or its possessions, you cannot elect out of withholding. Other recipients receiving payments outside of the United States or its possessions, such as non-resident aliens, are generally subject to 30% withholding but may be exempt from or subject to withholding at a lower rate if an applicable treaty so provides by completing IRS Form W-8BEN and providing an Individual Taxpayer Identification Number.

US residents will receive a Form 1099-R and 1099-INT for any taxable amounts received and non-resident aliens will receive Form 1042-S. Even if you elect not to have Federal Income Tax withheld, you are liable for payment of such tax on the taxable portion of your payment. There are penalties under the estimated tax payment rules if enough tax has not been paid through either estimated tax payments or withholding.

**State Income Tax Withholding:** Some states require that state income tax be withheld when federal income taxes are withheld. If you live in one of these states, we will withhold state income taxes as required by your state. If you live in Michigan, we are required to withhold state income taxes from the taxable portion of your payments, unless you provide us with a properly completed Form MI-W-4P and you claim an exemption from withholding. Certain exceptions and special rules apply in some states. For more information regarding withholding requirements applicable in your state, please consult your tax advisor or state tax authority.



## State Variations of Fraud Warnings

Kindly refer to the applicable fraud warnings for your state of residence.

### Arizona

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

### California

For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

### Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

**District of Columbia**  
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

### Florida

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

### Maryland

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

### New Jersey

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

### Oregon

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be subject to prosecution for insurance fraud. Any person who provides information material to the content of the contract, which is relied upon by the insurer, and which is either material to the risk assumed by the insurer or provided fraudulently, may be subject to the denial of insurance benefits.

### Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. Penalties may include imprisonment, fines, or a denial of insurance benefits if a person provides false information.

### Puerto Rico

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sentenced for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present. It may be reduced to a minimum of two (2) years.

### Other States

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. Penalties may include imprisonment, fines, or a denial of insurance benefits if a person provides false information.



Winner of the Dalbar  
Service Award from  
2000-2014



July 22, 2015

Titusville Public Library  
2121 S. Hopkins Avenue  
Titusville, FL 32780

Policy: 52194988  
Deceased: Rita Moehringer

To Whom It May Concern:

As a beneficiary of the above referenced policy, you are entitled to make a claim for the policy's death benefit. As of the date of this letter, we have not received the requirements to complete the claim.

Please send us the following requirements:

- An **ORIGINAL** death certificate for the deceased
- An Individual Claim Form completed by the above listed beneficiary for each policy

If you **do not** wish to make a claim at this time, please provide us with the following:

- An acknowledgement in writing stating that you are aware of the existence of the policy death benefit and do not wish to make a claim at this time.

Please note that original documents needed to process your claim, such as the certified death certificate, will be retained in our records and cannot be returned.

We look forward to hearing from you. If you have any questions or concerns, our Client Services Representatives are available Monday through Friday from 8:30 a.m. to 5:30 p.m. Eastern Time at **1-800-762-6212**.

On Behalf Of New York Life,

New York Life Annuities Service Center



Winner of the Dalbar  
Service Award from  
2000-2014



July 24, 2015

Titusville Public Library  
2121 S. Hopkins Avenue  
Titusville, FL 32780

Policy: 52188954  
Deceased: Rita Moehringer

To Whom It May Concern:

As a beneficiary of the above referenced policy, you are entitled to make a claim for the policy's death benefit. As of the date of this letter, we have not received the requirements to complete the claim.

Please send us the following requirements:

- An **ORIGINAL** death certificate for the deceased
- An Individual Claim Form completed by the above listed beneficiary for each policy

If you **do not** wish to make a claim at this time, please provide us with the following:

- An acknowledgement in writing stating that you are aware of the existence of the policy death benefit and do not wish to make a claim at this time.

Please note that original documents needed to process your claim, such as the certified death certificate, will be retained in our records and cannot be returned.

We look forward to hearing from you. If you have any questions or concerns, our Client Services Representatives are available Monday through Friday from 8:30 a.m. to 5:30 p.m. Eastern Time at **1-800-762-6212**.

On Behalf Of New York Life,

New York Life Annuities Service Center

**Number:** LS-17

**Cancels:**

**Approved:** March 21, 2012

**Review:** March 21, 2015

**TITLE:** Donations

I. PURPOSE AND SCOPE

To establish the requirements for the processing and accountability of monetary donations.

II. DEFINITIONS AND REFERENCES

- A. Unrestricted Donation - may be used for any legitimate library purpose.
- B. Negotiable securities - stocks, bonds, promissory notes, warrants or other documents that represent a share in a company or a debt owed by a company that are transferable by endorsement and delivery.
- C. Administration Office - Office of the Brevard County Libraries Department Director.
- D. Library personnel - individuals within libraries responsible for the processing and accountability of donations.
- E. Library Media - books, audio visual materials, periodicals, etc.
- F. Capital - library furniture, equipment and facilities costing \$750 or more.
- G. Policy BCC-73, Library Material Selection.
- H. Form BCLS-37, Receipt for Cash.
- I. Form BCLS-19, Record of Cash Receipts.
- J. Form BCC-6, Material Requisition.
- K. Procedure LS-11, Bank Deposits

III. ESTABLISHMENT

- A. Donors may, in person or by mail, make a donation for the purchase of library materials, library programs, capital equipment or for any other appropriate items as deemed necessary by the Library Director. Individuals or organizations may not give memorial or honorary plaques to the library that are in the form of a plaque intended for permanent display.
- B. Library or Administration Office personnel shall have the donor complete and sign the form for donations.

#### IV. ACCOUNTABILITY

- A. The library receiving the donation shall make a separate bank deposit of all money received. Library personnel shall prepare a separate Record of Cash Receipts (BCLS-19) for this deposit as follows:
  - 1. Fund (Business Area) Number - Enter the proper fund number from the attached list of Fund and Account numbers.
  - 2. Revenue Number - Enter the proper revenue cost center from the attached list of Fund and Account numbers and the correct revenue number from below:  
  
366.0001      Unrestricted Donation
  - 3. On the line entitled Number 6 "Other" enter the amount received and write a brief explanation. The explanation should state that the receipt is for an unrestricted donation, or a donation restricted to a specific use such as Media or Equipment.
- B. The original (white) and second (yellow) copies of the Record of Cash Receipts (BCLS-19), the validated bank deposit receipt, and the completed form mentioned in III, C. above shall be forwarded to Library Accounting. All deposits will be processed in accordance with Procedure LS-11, Bank Deposits.
- C. Administration Office personnel shall prepare and mail to the person honored or the family of the person memorialized as designated by the donor, an announcement informing the person or family of the donation. Administration Office personnel shall also prepare and mail a letter to the donor indicating receipt and appreciation for the donation.
- D. These donations will be deposited in each specific Library's Endowment fund (see list below). The Library Services Director and Library Directors shall receive monthly financial reports of each Endowment Fund. These reports will show the available donated cash. The reports will be generated and distributed by Library Accounting.


- E. Purchases made from these funds shall be in accordance with all current, applicable statutes, ordinances, resolutions, policies, and procedures. The Library Services Director or the Library Director shall insure that all procurements from these donations are in conformance with the donor's requests and with Policy BCC-73, Library Materials Selection. The Library Services Director or Library Directors shall ensure that the correct Fund (Business Area) and Cost Center numbers are entered on all material requisitions (Form BCC-6.) Expenditure Cost Center Numbers are listed on the attached list.
- F. The Library Services Director and Library Directors shall maintain records of library materials or capital equipment purchased with each donation. For each donation the record shall indicate the author, title, and call number of library materials purchased, or a description of the capital equipment purchased.

V. ACKNOWLEDGMENT

A gift plate shall be placed on each item of capital equipment purchased with donations. Each book purchased with donation funds shall have a gift plate placed on the inside of the book. The gift plates shall indicate the name(s) of the person(s) or group honored or memorialized and, unless anonymity has been requested, the name(s) of the donor(s).

VI. RESERVATION OF AUTHORITY

The authority to issue or revise this procedure is reserved to the Library Services Department Director.

  
Catherine J. Schweinsberg  
Library Services Director

**LIBRARY SERVICES ENDOWMENT FUNDS  
FUND (BUSINESS AREA) AND COST CENTER NUMBERS**

Fund	Expenditure Cost Center	Revenue Cost Center	Library
1042	255002	30502	Cape Canaveral Public Library
1043	255003	30503	Central Brevard Library & Reference Center
1044	255004	30504	Cocoa Beach Public Library
1045	255005	30505	Eau Gallie Public Library
1054	255014	30514	Franklin T. DeGroot Memorial Library
1051	255011	30511	Dr. Martin Luther King, Jr. Library
1047	255007	30507	Melbourne Public Library
1060	255020	30520	Melbourne Beach Public Library
1048	255008	30508	Merritt Island Public Library
1052	255012	30512	Mims/Scottsmeer Public Library
1058	255018	30518	Palm Bay Public Library
1055	255012	30515	Port St. John Public Library
1050	255010	30510	Satellite Beach Public Library
1041	255001	30501	South Mainland Library/Micco
1053	255013	30513	Suntree/Viera Library
1049	255009	30509	Titusville Public Library
1046	255006	30506	West Melbourne Public Library
1056	255016	30516	Talking Books
1059	255019	30519	Homebound Services
1040	255000	30500	Library System