



**DEPARTMENT OF FINANCIAL SERVICES**  
*Division of Information Systems*

**FLAIR ENHANCEMENT REQUEST FORM**

ENHANCEMENT NUMBER: \_\_\_\_\_ REQUEST DATE: \_\_\_\_\_  
 (FOR SUB-COMMITTEE USE ONLY)

**REQUESTING AGENCY INFORMATION**

SPONSOR: Thomas Lemacks CONTACT NUMBER: (850) 245-2426  
 AGENCY: Environmental Protection  
 CONTACT PERSON: Thomas Lemacks CONTACT NUMBER: (850) 245-2426  
 EMAIL ADDRESS: Tommy.Lemacks@dep.state.fl.us

**BRIEF DESCRIPTION / TITLE OF ENHANCEMENT**

**Grant Information File – Beginning and Ending Dates**

**DESCRIPTION OF BUSINESS NEED**

The Pre-Facts Grant Information File has a Beginning Date and an Ending Date for each grant. The new Grant Information File does not have a date field other than an Update Date. This file needs a Beginning Date field and an Ending Date field. The agencies still have a need to track and report grants based on these dates. Some of our business processes depend on these dates for validation

**SUGGESTED SOLUTION**

Grant Information File needs a Beginning Date Field and an Ending Date Field. The FACTS Grants would be loaded with the Beginning and Ending Dates from Facts. The Beginning and Ending Date would be optional for Non-Facts Grants.

**BENEFITS**

To determine the beginning date and ending date for FACTS grants and FLAIR grants (costs pools).

**ADDITIONAL INFORMATION**

\*TARGET DATE: 05/31/2014  
 \*REQUIRED DATE:  
 \*LEGAL REQUIREMENT:  FLORIDA STATUTE  FEDERAL  
 ADMINISTRATIVE CODE  OTHER  
 REFERENCE NUMBER(S): \_\_\_\_\_  
 ATTACHMENTS:  No  YES - NUMBER OF PAGES ATTACHED:  
 DESCRIPTION OF ATTACHMENT(S):

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

ELECTRONICALLY SUBMIT COMPLETED FORM TO: THOMAS LEMACKS, ENHANCEMENT SUB-COMMITTEE CHAIR

**FOR FLAIR ENHANCEMENT SUBCOMMITTEE USE ONLY**

DATE RECEIVED:	04/15/2014
ENHANCEMENT NUMBER:	2014-003
ACTION:	Approved
ACTION DATE:	05/01/2014
PRIORITY:	B1
COMMENTS:	

**FOR DFS USE ONLY**

DATE RECEIVED:	
ACTION:	
ACTION DATE:	
PRIORITY:	
APPLICATION(S) IMPACTED:	
SYSTEM IMPACT:	
ASR NUMBER:	
ESTIMATED EFFORT:	
ESTIMATED IMP DATE:	
COMMENTS:	