



NASSAU COUNTY  
BOARD OF COUNTY COMMISSIONERS  
P.O. Box 1010  
Fernandina Beach, Florida 32035-1010

Jim B. Higginbotham  
John A. Crawford  
Tom Branan  
Chris Kirkland  
Jimmy L. Higginbotham  
Dist. No. 1 Fernandina Beach  
Dist. No. 2 Fernandina Beach  
Dist. No. 3 Yulee  
Dist. No. 4 Hilliard  
Dist. No. 5 Callahan

BOARD MEETING

DATE: 6-10 19 96

ACTION: 13

INFO: \_\_\_\_\_

T. J. "Jerry" GREESON  
Ex-Officio Clerk

MICHAEL S. MULLIN  
County Attorney

WALTER D. GOSSETT  
County Coordinator

MEMORANDUM

TO: Board of County Commissioners  
FROM: Walt Gossett *[Signature]*  
SUBJECT: ADDITIONAL CLEANING SERVICE NEEDS  
DATE: June 4, 1996

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Request the addition of two buildings to the McGinley Maintenance cleaning service contract as follows:

Callahan multi-use bldg	\$102.00/month
Hilliard Library	\$ 96.00/month
TOTAL	\$198.00/month

Funds can be transferred from the custodial "Contract Service - Uniforms" account (see attached Budget transfer form).

APPROVED

DATE 6/10/96

(904) 225-9021 Board Room; 321-5703, 879-1029, 355-6275



**McGINLEY MAINTENANCE, INC.**  
*Custodial and Maintenance Contractor*

Box 5486  
Ocala, FL 32678

904-622-5355  
800-624-6826  
FAX (412) 483-5569

June 4, 1996

Nassau County  
P.O. Box 1010  
Fernandina Beach, FL 32035-1010

ATTN: BETH KITTRELL

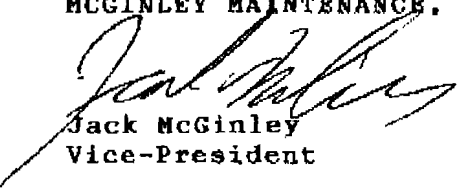
In response to your request we are providing quotes for the following based on one day of cleaning service per week. We will follow the same specifications as per the current contract.

Multi Youth Bldg. 2200 sq.ft. \$102.00 per month

Hilliard Library 2070 sq.ft. \$ 96.00 per month

Please be assured of our continued interest in providing services to Nassau County. If you should have any questions please feel free to call. Thank You.

MCGINLEY MAINTENANCE, INC.



Jack McGinley  
Vice-President

DEPARTMENT: CUSTODIAL  
 # CA 24

CONTROL NO.: GEN.

NASSAU COUNTY BOARD OF COUNTY COMMISSIONERS  
 BUDGET TRANSFER AUTHORIZATION FORM

	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	AMENDED BUDGET BEFORE TRANSFER	AMT. REQUESTED TRANSFER IN (OUT)	AMENDED BUDGET AFTER TRANSFER
FROM	01196-53402	Contr. Sew - Uniform	1000	<800>	200.
TO	01196-53401	" " - Janitorial	28738	800	29538.
FROM					
TO					
FROM					
TO					
FROM					
TO					
FROM					
TO					

REQUESTED BY: [Signature]  
 (Dept. Head)

APPROVED: \_\_\_\_\_  
 Clerk of the Court

APPROVED: \_\_\_\_\_  
 Bd. of Commissioners

DATE: 6/4/96

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

EXPLANATION: To cover 2 additional buildings on service contract (multi-purpose and Hilliard Library)

BID SHEET

Total bid price through September 30, 1996

Annex Building (Fernandina)	\$ <u>642.00</u>	monthly
Nassau County Courthouse (Fernandina)	\$ <u>882.00</u>	monthly
5-Points Bldg (Fernandina)	\$ <u>96.00</u>	monthly 19,1110
HRS Public Health Clinics	\$ <u>1604.00</u>	monthly 19,12110

Additional Duties Beyond Scope of Contract:

Additional labor charges (per hour) \$ 9.39 per hour  
 Number of persons required 8

Term of the contract shall be from the date of acceptance to September 30, 1996.  
(County reserves the right to extend the contract for one year terms not to exceed three terms.)

Workers Comp Carrier name, address, and telephone number

MARYLAND CASUALTY 800-239-9123  
P. O. BOX 2018  
MECHANICSBURG, PA 17055

Bonding agent name, address, and telephone number

SEUBERT AND ASSOCIATES, INC. 412-734-4900  
P. O. BOX 41120  
PITTSBURGH, PA 15202

Insurance company name and address

MARYLAND CASUALTY 800-239-9123  
P. O. BOX 2018  
MECHANICSBURG, PA 17055

Occupational License information

WILL OBTAIN IF AWARDED CONTRACT  
 \_\_\_\_\_  
 \_\_\_\_\_

Firm Name and address submitting Bid:

MCGINLEY MAINTENANCE, INC.  
PO BOX 5486  
OCALA, FL 32678

DON KURILLA, VICE-PRESIDENT OF SALES  
 Representative of company submitting bid

PRODUCER

**CSC Insurance Group**  
 308 Chess Street  
 PO Box 171  
 Monongahela PA 15063-0171

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER	A	<b>MARYLAND CASUALTY</b>
COMPANY LETTER	B	
COMPANY LETTER	C	
COMPANY LETTER	D	
COMPANY LETTER	E	

INSURED

**McGinley Maintenance Inc & Shamrock Chemical**  
 130 Lincoln Ave  
 Charleroi PA 15022

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. OWNERS & CONTRACTORS PROT.	<b>EPA17985541</b>	<b>12/31/95</b>	<b>12/31/96</b>	GENERAL AGGREGATE \$ <b>100000</b> PRODUCTS-COMP/OP AGG. \$ <b>100000</b> PERSONAL & ADV. INJURY \$ <b>100000</b> EACH OCCURRENCE \$ <b>100000</b> FIRE DAMAGE (Any one fire) \$ <b>5000</b> MED. EXPENSE (Any one person) \$ <b>5000</b>
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> RENTED AUTOS <input type="checkbox"/> NON-OWNED AUTOS GARAGE LIABILITY	<b>ECA19145681</b>	<b>12/31/95</b>	<b>12/31/96</b>	COMBINED SINGLE LIMIT \$ <b>100000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
A	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM OTHER THAN UMBRELLA FORM	<b>UBA69142751</b>	<b>12/31/95</b>	<b>12/31/96</b>	EACH OCCURRENCE \$ <b>100000</b> AGGREGATE \$ <b>100000</b>
A	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	<b>TC582841313</b>	<b>12/31/95</b>	<b>12/31/96</b>	STATUTORY LIMITS EACH ACCIDENT \$ <b>10000</b> DISEASE - POLICY LIMIT \$ <b>50000</b> DISEASE - EACH EMPLOYEE \$ <b>10000</b>
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*John Bennett*