

# CONTRACT APPROVAL FORM

(Contract Management Use only)

CONTRACT TRACKING NO.

## CONTRACTOR INFORMATION

Name: ALLIED UNIVERSAL CORP

Address: 3901 NW 115 AVENUE MIAMI FL 33178  
City State Zip

Contractor's Administrator Name: CATHERINE GUILLARMO Title: ADMINISTRATOR

Tel#: 305-868-2623 Fax#: 305-463-8369 Email: UNKNOWN

## CONTRACT INFORMATION

Contract Name: DELIVERY OF SODIUM HYPOCHLORITE Contract Value: APPROX \$50,000<sup>00</sup>

Brief Description: NAU IS PISSEY BACKING ON A CONTRACT BETWEEN AUC AND THE CITY OF TALLAHASSEE. BACK-UP ATTACHED.

Contract Dates: 6/1/09 to 5/30/10 Status:  New  Renew  Amend#  WA/Task Order

How Procured:  Sole Source  Single Source  ITB  RFP  RFQ  Coop.  Other Piggyback City of Tallahassee

If Processing an Amendment:

Contract #: \_\_\_\_\_ Increase Amount of Existing Contract: \_\_\_\_\_ No Increase \_\_\_\_\_

New Contract Dates: \_\_\_\_\_ to \_\_\_\_\_ TOTAL OR AMENDMENT AMOUNT: \_\_\_\_\_

### APPROVALS PURSUANT TO NASSAU COUNTY PURCHASING POLICY, SECTION 6

- |    |  |                        |   |
|----|--|------------------------|---|
| 1. | <u>D.S. Van</u><br>Department Head Signature                     | <u>9-30-09</u><br>Date | <u>71500536-552401</u><br>Funding Source/Acct # |
| 2. | <u>Charlotte Young</u><br>Contract Management                    | <u>10/1/09</u><br>Date | 09 OCT - 1 AM 9:33                              |
| 3. | <u>[Signature]</u><br>County Attorney (approved as to form only) | <u>10/1/09</u><br>Date |   |
| 4. | <u>[Signature]</u><br>Office of Management & Budget              | <u>10/5/09</u><br>Date |   |

Comments: \_\_\_\_\_

### COUNTY COORDINATOR - FINAL SIGNATURE APPROVAL

[Signature]  
Edward Sealover

10/5/09  
Date

RETURN ORIGINAL(S) TO CONTRACT MANAGEMENT FOR DISTRIBUTION AS FOLLOWS:

- Original: \_\_\_\_\_ Clerk's Services; Contractor (original or certified copy)
- Copy: \_\_\_\_\_ Department
- \_\_\_\_\_ Office of Management & Budget
- \_\_\_\_\_ Contract Management
- \_\_\_\_\_ Clerk Finance

RECEIVED  
 CONTRACT MANAGEMENT  
 2009 OCT - 1 AM 11:00

RECEIVED  
 CONTRACT MANAGEMENT  
 2009 OCT 10 8:22

"A"



April 2, 2009

Catherine Guillarmod  
Executive Administrator  
Allied Universal Corporation  
3901 NW 115 Avenue  
Miami, Florida 33178

Re: Contract Number 1268 – Sodium Hypochlorite  
IFB 0124-08-JAG-BC

Dear Ms. Guillarmod:

This letter shall serve as the City's formal notice of intent to extend the above referenced contract through May 31, 2010.

Please indicate your firm's acceptance of this extension with your signature below and return this letter, along with a current Insurance Certificate to cover the extension period. The City looks forward to continuing its excellent working relationship with your firm.

Should you have any questions please feel free to contact me at (850) 891-8346.

Sincerely

Cathy Davis,  
Manager for Procurement Services

CD/jag

Catherine Guillarmod

Name (Typed or Printed)

Signature

April 3, 2009

Date

Insurance Certificate on file. \_\_\_\_\_

Insurance Certificate attached.

CITY HALL  
300 South Adams Street  
Tallahassee, FL 32301-1731  
1-801-0000  
D: 711 • talgov.com

JOHN R. MARKS, III  
Mayor

ANITA P. THOMPSON  
City Manager

MARK MUSTIAN  
Mayor Pro Tem

JAMES R. ENGLISH  
City Attorney

ANDREW D. GILGUM  
Commissioner

GARY TIERNON  
City Treasurer-Clerk

ALLAN J. KATZ  
Commissioner

SAM M. McCALL  
City Auditor

DEBBIE LIGHTSEY  
Commissioner



" B "

3901 NW 115 Avenue  
Miami, Florida 33178  
305-888-2623 office  
305-463-8369 fax

April 8, 2009

Mr. Doug Hewett  
Director of Utilities  
Nassau Amelia Utilities  
Nassau County, FL 32034

FAX: (904) 261-2548

Dear Doug:

Please use this letter as written confirmation for Nassau Utilities to piggyback off of the City of Tallahassee Sodium Hypochlorite/Storage Tank Installation/Rental bid No. 1268, for an additional one year, as listed below:

Sodium Hypochlorite/Bulk - \$.93/Gallon (June 1, 2009 through May 30, 2010) \*

\* Pricing is \$.09/gallon lower due to the freight difference to Tallahassee vs Amelia Island

All other terms, conditions and specifications will remain the same as on the original request for bid.

If you are in agreement with this, please indicate your acceptance by signing below and faxing a copy back to my attention, if needed, please send us your standard approval contract, stating this change. If approval must be submitted to your Board of County Commissioners for final approval, we will accept a "Letter of Intent", notifying us that this has been approved locally and final approval will be given at your next Board of County Commissioners Meeting. Please fax back of copy of your intent no later than April 23, 2009.

Thanks

Very truly yours,

ALLIED UNIVERSAL CORPORATION

*Catherine Guillarmod*

Catherine Guillarmod  
Executive Administrator

NASSAU AMELIA UTILITIES

*D & U* 4-13-09

/cg

cc: J. Palmer, AUC President - CEO  
C. Fernandez, AUC Vice President of Operations  
D. Akers, AUC Regional Sales Manager

3901 NW 115 Avenue  
Miami, Florida 33178  
305-888-2623

9501 Rangeline Road  
Ft. Pierce, Florida 34987  
772-464-6195

30 Neil Gunn Drive  
Ellisville, MS 39437  
601-477-2550

5215 W. Tyson Avenue  
Tampa, Florida 33611  
813-832-4868

8350 NW 115 Avenue  
Miami, Florida 33166  
305-888-2623

204 SCM Road  
Brunswick, GA 31525  
912-267-9470

1405 Possum Hollow Road  
Ranger, GA 30734  
706-334-7377

2100 Port Road  
West Memphis, AR 72301  
870-732-3107

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/09/2008

**PRODUCER (305)822-7800 FAX (305)818-1956**  
Collinsworth, Alter, Fowler, Dowling & French  
O. Box 9315  
Miami Lakes, FL 33014-9315  
Lourdes Randolph

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.

**INSURED**  
Allied Universal Corp.  
& Allied New Technologies, Inc  
3901 NW 115 Ave  
Miami, FL 33178

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Greenrich Insurance Co.	
INSURER B: Indian Harbor Insurance Co.	
INSURER C: XL Insurance America Inc.	
INSURER D:	
INSURER E:	

### COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

FORM LTR	ADDITIONAL LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR Retro Date 1/12/88 GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	GEC000500108	09/30/2008	09/30/2009	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000
C		<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	AEC000500208	09/30/2008	09/30/2009	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
A		<b>EXCESS/UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	UEC0020364-03	09/30/2008	09/30/2009	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B		<b>POLLUTION LIAB-CLAIMS</b> Made Form Retro Date 8/2/95	PEC000500308	09/30/2008	09/30/2009	\$10,000,000 Each Loss and \$20,000,000. All Losses

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**  
 Certificate holder is named additional insured as respects Commercial General Liability, per policy terms and condition regarding the following:  
 Liquid Chlorine APA  
 \*10 Day Notice of Cancellation for Nonpayment.

### CERTIFICATE HOLDER

City of Tallahassee  
Donna Raffensperger  
300 S. Adams St., Box A-31  
Tallahassee, FL 32301-1731

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER 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 INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Mal Wiesel/LBR

*Mal Wiesel*

**ACORD.**

DATE (MM/DD/YYYY)  
04/03/2009

**PRODUCER**  
Aon Risk Services, Inc of Florida  
1001 Brickell Bay Drive  
Suite 1100  
Miami FL 33131 USA

**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.**

PHONE: (866) 283-7122

FAX: (847) 953-5390

**INSURERS AFFORDING COVERAGE**

NAIC #

**INSURED**  
Allied Universal Corp.  
3901 NW 115th Avenue  
Miami FL 33178-1859 USA

INSURER A:	Commerce & Industry Ins Co	19410
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. LIMITS SHOWN ARE AS REQUESTED

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE DAMAGE TO RENTED PREMISES (EA occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS				COMBINED SINGLE LIMIT (EA accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG
<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE AGGREGATE
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC1591797	01/01/09	01/01/10	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE-EA EMPLOYEE \$500,000 E.L. DISEASE-POLICY LIMIT \$500,000
OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

City of Tallahassee  
300 S. Adams Street  
Tallahassee FL 32301 USA

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

AUTHORIZED REPRESENTATIVE


*Aon Risk Services Inc. of Florida*

Holder Identifier :

Certificate No : 570033804663

This message was sent with high importance.  
 Attachments can contain viruses that may harm your computer. Attachments may not display correctly.

**Doug Hewett**

**From:** Garrison, Janet [Janet.Garrison@talgov.com] **Sent:** Wed 4/8/2009 2:48 PM  
**To:** Doug Hewett  
**Cc:**  
**Subject:** FW: City Contract #1268-Sodium Hypochlorite  
**Attachments:**  [Contract Extension Letter Allied.pdf\(264KB\)](#)

**Doug,**  
**Per our discussion, The City of Tallahassee has approved a one year contract extension for City Contract #1268 with Allied Universal Corporation at the same pricing as last year. (See enclosed letter)**

**Section 5.21 of the contract states: PURCHASES BY OTHER PUBLIC AGENCIES**

With the consent and agreement of the successful bidder(s), purchases may be made under this bid by other governmental agencies or political subdivisions within the State of Florida. Such purchases shall be governed by the same terms and conditions stated herein. This agreement in no way restricts or interferes with the right of any Florida State or political subdivision or other public entity to bid any or all of these items independently.

**If I can be of further service, please advise.**

**Janet**

Janet A. Garrison, CPPO, FCPA, FCPM, FCN  
 Purchasing Specialist  
 DMA Procurement Services  
 300 South Adams Street, 3rd Floor  
 Tallahassee, FL 32308  
 Work: 850.891.8401  
 Fax: 850.891.0969

—Original Message—

**From:** Garrison, Janet  
**Sent:** Friday, April 03, 2009 12:01 PM  
**To:** Raffensperger, Donna; Jackson, Helen  
**Cc:** Edwards, Ashley; Mead, Cindy  
**Subject:** FW: City Contract #1268-Sodium Hypochlorite  
**Importance:** High

**Contract #1268 Extension for a year. Signed extension letter plus insurance.**

**<<Contract Extension Letter Allied.pdf>>**

Janet A. Garrison, CPPO, FCPA, FCPM, FCN  
 Purchasing Specialist  
 DMA Procurement Services  
 300 South Adams Street, 3rd Floor  
 Tallahassee, FL 32308  
 Work: 850.891.8401  
 Fax: 850.891.0969

CM1379

RECEIVED  
CLERK'S  
FINANCIAL SERVICES  
NASSAU COUNTY, FL

R

Agenda Request For: December 13, 2006

2007 OCT 10 P 4: 16

Department: Nassau-Amelia Utilities

Background: Nassau-Amelia Utilities has had weekly deliveries of sodium hypochlorite bleach from Allied Universal Corporation without a contract since September, 1, 2003. The bleach is used for disinfection purposes in water and wastewater treatment. Allied has continued to provide exceptional and uninterrupted service to the utility department for the past three years. The current rate per gallon is \$0.87 and we purchase approximately Sixty Nine Thousand Gallons per year. The Nassau County Clerks office has indicated an RFP needs to be sent out for this service for 06/07. I have secured a piggyback from another governmental agency with the same services and have attached the required documentation for a piggyback on the City of Tallahassee, Florida. The rate is \$.09/ gallon lower than the Tallahassee contract due to the mileage difference. This means our rate per gallon will remain \$0.87 until May of 2007. See attachment from Allied for pricing through May 30, 2009 guaranteeing us a maximum increase of \$0.06 per gallon.

Financial/Economic Impact to Future Years Budgeting Process or Effect on Citizens:  
N/A

Action requested and recommendation: Utility Director recommends approval to piggyback on the Allied Universal contract with the City of Tallahassee.

Is this action consistent with the Nassau County Comprehensive Land Use Plan?  
Public Facilities Element Goal, Section 4.0.

Funding Source: 71500536-552401 (Chemicals) Annual cost \$60,000.00. (estimated)

Reviewed by:

Department Head

Legal

Administrator

Finance

Administrative Services

Grants

AS Waters  
SN Gargender  
[Signature]  
[Signature]  
[Signature]

- Sent inter-office 10:25  
NO Response By 11:00  
DGA

06 NOV 22 AM 10:34  
COUNTY CLERK'S  
OFFICE

APPROVED  
Revised 10/9/05

DATE 12/13/06  
CI



3901 NW 115 Avenue  
Miami, Florida 33178  
305-888-2623 office  
305-463-8369 fax

October 31, 2006

Mr. Doug Hewett  
Director of Utilities  
Nassau Amelia Utilities  
Nassau County, FL 32034

FAX: (904) 261-2548

Dear Doug:

Please use this letter as written confirmation for Nassau Utilities to piggyback off of the City of Tallahassee Sodium Hypochlorite/Storage Tank Installation/Rental bid No. 1268, as listed below:

- Sodium Hypochlorite/Bulk - \$.87/Gallon (Year One - price expires May 30, 2007) \*
- Sodium Hypochlorite/Bulk - \$.89/Gallon (June 1, 2007 through May 30, 2008) \*
- Sodium Hypochlorite/Bulk - \$.93/Gallon (June 1, 2008 through May 30, 2009) \*

\* Pricing is \$.09/gallon lower due to the freight difference to Tallahassee vs Amelia Island

All other terms, conditions and specifications will remain the same as on the original request for bid.

If you are in agreement with this, please indicate your acceptance by signing below and faxing a copy back to my attention, if needed, please send us your standard approval contract, stating this change. If approval must be submitted to your Board of County Commissioners for final approval, we will accept a "Letter of Intent", notifying us that this has been approved locally and final approval will be given at your next Board of County Commissioners Meeting. Please fax back of copy of your intent no later than November 14, 2006.

Thanks

Very truly yours,

ALLIED UNIVERSAL CORPORATION

Catherine Guillamon  
Executive Administrator

NASSAU AMELIA UTILITIES

/cg

cc: J. Palmer, AUC President - CEO  
C. Fernandez, AUC Vice President of Operations  
D. Akers, AUC Regional Sales Manager

3901 NW 115 Avenue  
Miami, Florida 33178  
305-888-2623

9501 Rangeline Road  
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8350 NW 115 Avenue  
Miami, Florida 33166  
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204 SCM Road  
Brunswick, GA 31525  
912-267-9470

1405 Possum Hollow Road  
Ranger, GA 30734  
706-334-7377

2100 Port Road  
West Memphis, AR 72301  
870-732-3107



# CONTRACT

## Between the City of Tallahassee ("City) and Allied Universal Corporation ("Contractor")

**CONTRACT NO. 1268**

**SUBJECT OF CONTRACT:** Sodium Hypochlorite (Liquid Chlorine) and Storage Tank Installation/Rental

**CONTRACT AMOUNT:**

- Exact Amount: \$ \_\_\_\_\_
- Not To Exceed (NTE): \$ \_\_\_\_\_
- Estimate Only (EST): \$ 220,000.00

- Exact Amount: \$ \_\_\_\_\_  
(Subject to allowed adjustments as specified elsewhere in the contract.)

**LINE ITEMS AWARDED:** All

**CONTRACT TERM:**

The performance period ("Term") of the resultant contract will be as follows:

- (a) Basic Term: [Three years following the date of award by the City Commission. Term to be inserted following such award.]

NOTE: The effective date is subject to change, depending on the date the contract is fully executed by the City. Therefore, said supplies and/or services shall not be provided to the City until the contract is fully executed.

- (b) Permitted But Not Exercised Extension Period(s): None Except as provided for in Section 5.16

<b>CONTACT PERSONNEL</b>	
<b>Contract Administrator: Janet A. Garrison</b> <b>Telephone Number: (850) 891-8401</b> <b>Fax Number: (850) 891-0969 or 8788</b>	<b>Technical Representative: Cindy Mead</b> <b>Telephone Number: (850) 891- 3875</b> <b>Fax Number: (850) 891- 3850</b>
<b>FOR CITY OF TALLAHASSEE INTERNAL USE ONLY</b>	
<b>Type of Contract (Check One)</b> <input checked="" type="checkbox"/> Firm Fixed Price <input type="checkbox"/> Fixed Price w/Economic Price Adjustment  <b>Type of Quantity Delivery (Check One)</b> <input type="checkbox"/> Definite Quantity <input type="checkbox"/> Indefinite Quantity <input checked="" type="checkbox"/> Requirements	<b>Type of Contract Award (Check One)</b> <input checked="" type="checkbox"/> Single Award <input type="checkbox"/> Split Award <input type="checkbox"/> Multiple Award
<b>Approval Level: City Commission      Approval Date: <u>May 10, 2006</u></b>	

**TABLE OF CONTENTS**

This contract incorporates the following documents and sections in full text, unless stated elsewhere in the contract as incorporated by reference. Any inconsistency in the contract shall be resolved by giving precedence in the following order:

INCLUDED	DESCRIPTION
Contract Cover (Pages 1 and 2)	Contract Between the City and Contractor
Section 1	Price Schedules
Section 2	Representations/Certifications
Section 3	Specifications
Section 4	Contract Management
Section 5	Miscellaneous Contract Clauses
Section 6	Attachments to Contract

**CERTIFICATION OF CONTRACTOR**

In response to the solicitation, I, the undersigned contractor, \_\_\_\_\_ certify:

- (1) That I have read and examined the solicitation in full and all attachments thereto, and that I have satisfied myself with respect to any questions I have regarding the solicitation; and
- (2) That I am duly authorized by the named contractor to execute the bid and associated contract intending to bind the contractor to the City as stated in those documents; and
- (3) That, if awarded the subject contract, the contractor will satisfactorily perform all work under that contract in strict accordance with its terms and conditions.

**CONTRACT EXECUTION**

IN WITNESS WHEREOF, the parties hereto have caused this contract to be executed by their duly authorized representatives, effective as of the commencement of the performance period ("Term") set forth on page 1 of this contract.

**City of Tallahassee**

**Contractor**

(By) Cathy Davis (Seal)  
(Signature)

(By) Catherine Guillarmod (Seal)  
(Signature)

Cathy Davis  
Manager for Procurement Services

Catherine Guillarmod  
Executive Administrator March 22, 2006  
(Print/Type Name, Title and Date)

**Attest  
(City Representative)**

**Approved As To Form:  
(City Representative)**

(By) Gary Herndon  
(Signature)

(By) Patrick E. Hurley  
(Signature)

Gary Herndon  
City Treasurer Clerk

Patrick E. Hurley, Assistant City Attorney  
(Print/Type Name, Title and Date)

12/13/06

# Back-up Document

Item being considered	Action	Maker	Followup Needed	Who
Tab Q - Discussion of the agreement with the Town of Callahan Volunteer Fire Department. Approved to terminate the agreement with the Town of Callahan Volunteer Fire Department when it expires in 2006 and maintain an automatic aid response to the Town and request that the Town's Volunteer Fire	Approved	MM	Department respond when needed on mutual aid calls and approved to increase the rent for housing the County's crew and equipment at the Town's fire station to \$1,000.00 per month. Send a copy to Finance.	Cathy Lewis Clerk Staff Chuck Cooper
		2nd JH		

Item being considered	Action	Maker	Followup Needed	Who
Tab R - Approval to "Piggyback" off the City of Tallahassee contract with Allied Universal for purchase of bleach used in water and wastewater treatments.	Approved	MM	Funding source: 71500536-552401. Send a copy to Finance.	Cathy Lewis Clerk Staff Doug Hewett
		2nd MB		

Item being considered	Action	Maker	Followup Needed	Who
Tab S - Approval of waiver of rental fees for the Girls Scouts to utilize the Multi-Use Facility at the Callahan Fair Grounds on February 10, 2007, for their Annual International Thinking Day Event, requiring a security deposit, Hold Harmless Agreement, and execution of Rental Agreement.	Approved	MM	Send a copy to Finance.	Cathy Lewis Clerk Staff Daniel Salmon
		2nd JH		

Item being considered	Action	Maker	Followup Needed	Who
Tab T - Introduction of newest faculty member with County Extension Services and update to the Board on the partnership between the University of Florida and the Nassau County Board of County Commissioners.	INFO ONLY			Board
		2nd		

Item being considered	Action	Maker	Followup Needed	Who
Tab U - Approval 1) of the agreement between Nassau County and the City of Jacksonville for Management and Control of Property and Equipment acquired with Federal Grant Funds, for use of the mobile communications towers, 2) to designate one tower to the Sheriff's Office Mobile Communications	Approved	MM	Unit and one tower to the Emergency Management Command/Equipment Trailer, 3) to designate Nancy Freeman, Emergency Management Director, as the contact for the Agreement. Funding source: Grant Account # 01253525. Send a copy to Finance.	Cathy Lewis Clerk Staff Nancy Freeman
		2nd BH		

## Charlotte Young

---

**From:** Kari Ulmer  
**Sent:** Tuesday, October 14, 2008 11:25 AM  
**To:** Charlotte Young  
**Subject:** Allied Universal Corp

**Attachments:** 20081014111708208.pdf



2008101411170820  
8.pdf (700 KB)...

I was wondering if there was a contract for this?

~Kari