

(Contract Management Use only)

CONTRACT APPROVAL FORM

CONTRACT TRACKING NO.

CM1811

CONTRACTOR INFORMATION

Name: Micah's Place

Address: P.O. Box 16287 Fernandina Beach FL 32035
City State Zip

Contractor's Administrator Name: Shandra Riffey Title: Executive Director

Tel#: _____ Fax: _____ Email: _____

CONTRACT INFORMATION

Contract Name: Funding Agreement for FY 11/12 for Micah's Place Contract Value: \$10,000.00

Brief Description: Annual Funding Agreement for this Not for Profit agency

Contract Dates : From: 10/1/11 to 9/30/12 Status: New Renew Amend# WA/Task Order

How Procured: Sole Source Single Source ITB RFP RFQ Coop. Other

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>01692569-582042</u> ✓ |
| | Department Head Signature | Date | Funding Source/Acct # |
| 2. | <u>Charlotte Young</u> | <u>11-15-11</u> | |
| | Contract Management | Date | |
| 3. | <u>[Signature]</u> | <u>11-18-11</u> | |
| | County Attorney (approved as to form only) | Date | |
| 4. | <u>[Signature]</u> | <u>11-21-11</u> | |
| | Office of Management & Budget | Date | |

Comments: _____

COUNTY MANAGER - FINAL SIGNATURE APPROVAL

[Signature] 11/21/11
 Ted Selby 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
 NOV 22 AM 8:05

NOV 18 PM 1:09
 OFFICE
 COUNTY OF NASSAU

**FUNDING AGREEMENT FOR FISCAL YEAR 2011-2012 FOR MICAH'S PLACE
21st**

This agreement entered into this ~~10th~~ ^{10th} day of November, 2011, by and between the **BOARD OF COUNTY COMMISSIONERS OF NASSAU COUNTY**, a political subdivision of the State of Florida, hereinafter referred to as COUNTY, and **MICAH'S PLACE**, P.O. Box 16287, Fernandina Beach, Florida, 32035, hereinafter referred to as MICAH'S.

WHEREAS, it is in the best interest of the citizens of Nassau County that MICAH'S continue, and work with the citizens to provide prevention and intervention services for victims of domestic violence within Nassau County, and

WHEREAS, MICAH'S now maintains services for the affected residents of Nassau County;

NOW, THEREFORE, FOR AND IN CONSIDERATION of the mutual covenants and agreements herein contained, the parties hereto agree as follows:

1. For the sum of \$10,000.00, which shall be paid in quarterly installments, during the months of November, February, May and August of the fiscal year, MICAH'S does hereby agree to perform services that will benefit the residents of Nassau County. Appropriations necessary for the funding of this Agreement beyond 2012 shall be subject to the budget and appropriation by the Board of County

Commissioners during the regular budget process. Said services to include but not be limited to the following:

- a. Continuing the present level of services provided for the citizens of Nassau County.

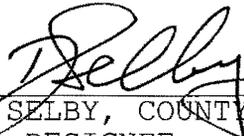
2. Micah's Place shall submit simultaneously to the County Manager and the Clerk an annual accounting acceptable to the Clerk on or before May 1st of each fiscal year in which Micah's Place received funding from the County. Additionally, Micah's Place shall make its books available for inspection by a designee of the County upon reasonable notice. Failure of Micah's Place to provide the annual accounting record by the time specified shall result in the revocation of granting of further funds and reimbursement of funds distributed during the year for which no report was submitted.

3. All facilities, programs and services shall be compliant with the Florida Accessibility Code and the federal Americans with Disabilities Act (ADA). Failure to provide facilities, programs, and services that are compliant with both the Florida Accessibility Code and the federal Americans with Disabilities Act (ADA) shall be considered a breach of the contract.

4. The term of this agreement shall commence on October 1, 2011 and terminate on September 30, 2012.
5. This Agreement shall be amended in writing from time to time by mutual consent of parties.

IN WITNESS WHEREOF, the effective date of this Agreement shall be the date of its being signed by the Designee of the Board of County Commissioners of Nassau County, Florida, this 21st ~~10th~~ day of November, 2011.

**BOARD OF COUNTY COMMISSIONERS
NASSAU COUNTY, FLORIDA**



TED SELBY, COUNTY MANAGER
IFS: DESIGNEE

[SIGNATURES CONTINUE ON NEXT PAGE]

MICAH'S PLACE

Shandra Riffey
SHANDRA RIFFEY
ITS: EXECUTIVE DIRECTOR

STATE OF Florida

COUNTY OF Nassau

Before me personally appeared, Shandra Riffey,
who is personally known or produced _____
as identification, known to be the person described in and
who executed the foregoing instrument, and acknowledged to
and before me that he/she executed said instrument for the
purposes therein expressed.

WITNESS my hand and official seal, this 10th day of
November, 2011.

Heather Woody Jones
Notary Signature

Notary-Public-State of Florida at large

My Commission expires:

