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Name: <u>Nassau County Health Dept.</u>	·····			-	
Address: <u>30 South 4th Street</u>			32034	12	ব্রু
Contractor's Administrator Name: _Eugen	City nia Ngo-Seidel, M.D, M.P.H	State 	Zip Director	=	89 193-
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Tel#: <u>904-548-1800</u> Fax			Beard@doh.state.fl.us	AM	BR
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Contract Name: <u>Mike Beard</u>	Contract Value: FY1	2/15 & 13/	<u>14 10tal 540,901.97</u>	0	\$
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Department Head Signature	Date		Account# 01187519-34 Funding Source/Acct #	U TUU	e Angele Angele
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3. County Attorney (approved as to	form only) Date			-P	AN CE
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4. Office of Management & Budget	<u>L.21.12</u> Date			-	
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COUNTY	MANAGER – FINAL SIGNATU	RE APPRO	DVAL		
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Ted Selby, Cou	inty Manager	Date			
Copy: Depai Office Contr	ACT MANAGEMENT FOR DIST 's Services; Contractor (original or rtment e of Management & Budget ract Management Finance				

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ADDENDUM NUMBER 3/THIRD RENEWAL TO THE AGREEMENT TO PROVIDE GROUNDS MAINTENANCE SERVICES TO THE NASSAU COUNTY HEALTH DEPARTMENT

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THIS ADDENDUM entered into this <u>2nd</u> day of <u>July</u>, 2012 by and between the **BOARD OF COUNTY COMMISSIONERS OF NASSAU COUNTY, FLORIDA, a political subdivision of the State of Florida**, (hereinafter referred to as "County") and **NASSAU COUNTY HEALTH DEPARTMENT**, 30 South 4th Street, Fernandina Beach, Florida 32034, (hereinafter referred to as the "Department").

WHEREAS, the parties entered into an Agreement dated September 25, 2006 for Building Maintenance to provide grounds maintenance services for Departments facilities in various locations within Nassau County, Florida; and

WHEREAS, the original agreement provided for an initial term of two (2) years beginning October 1, 2006 and ending September 30, 2008, with an option to extend upon mutual contract between the Department and the County; any extension of performance period under this provision shall be in subsequent periods of two (2) years; and

WHEREAS, pursuant to Section 2.c, the annual grounds maintenance service fee will be increased by three percent (3%) every year and shall be paid in quarterly installments after the quarter in which services were provided; and

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Contract Number CM1032-A3

WHEREAS, the parties agreed to amend and extend the agreement for subsequent periods beginning October 1, 2008 and ending September 30, 2012; and

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WHEREAS, the parties desire to amend and extend said Agreement.

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

- In accordance with Section 3 of the Agreement for Grounds Maintenance Services dated September 25, 2006, the performance period is hereby extended for an additional two (2) year term beginning October 1, 2012 and ending September 30, 2014.
- 2. Section 2 of the Agreement is hereby amended to readThe Department hereby agrees:
 - a) To pay the County the amount of twenty-three thousand one hundred four and 42/100 Dollars (\$23,104.42) for said maintenance for the first year. Said amount shall be paid in quarterly installments of five thousand seven hundred seventy-six and 11/100 Dollars (\$5,776.11) on January 1, 2013, April 1, 2013, July 1, 2013, and five thousand seven hundred seventy-six and 09/100 Dollars on October 1, 2013; Said maintenance for the second year shall be twenty three thousand

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Contract Number CM1032-A3

seven hundred ninety-seven and 55/100 Dollars (\$23,797.55) and shall be paid in quarterly installments of five thousand nine hundred fortynine and 39/100 Dollars (\$5,949.39) to be paid on January 1, 2014, April 1, 2014, and July 1, 2014, and five thousand nine hundred forty-nine and 38/100 Dollars on October 1, 2014.

- 3. All other provisions of the Agreement not in conflict with this Addendum shall remain in full force and effect.
- 4. Time is of the essence.

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BOARD OF COUNTY COMMISSIONERS NASSAU COUNTY, FLORIDA

TED SELBY, COUNTY MANAGER Its: Designee

[SIGNATURES CONTINUE ON NEXT PAGE]

NASSAU COUNTY HEALTH DEPARTMENT

M.D., M.P.H. By: EUGENIA/NGO-SEIDE Its: Difector

STATE OF Floride COUNTY OF

Before me personally appeared, <u>Eugenic Up Seidl</u>, 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 1st day of June, 2012. VICKI D. ROBERTS Commission # DD 844093 Expires January 20, 2013 Bonded Thru Troy Fain Insurance 800-386-7019

Notary-Public-State of <u>Florida</u> at large My Commission expires: January 20, 2013