

CONTRACT APPROVAL FORM

(Contract Management Use only)

CONTRACT TRACKING NO.

cm2224

CONTRACTOR INFORMATION

Name: Nader's Pest Raiders

Address: 10066 Sawgrass Dr. West Ponte Vedra Beach FL 32082
City State Zip

Contractor's Administrator Name: Anthony Petraglia Title: Service Center Manager

Tel#: 904-646-4717 Fax: 904-395-0132 Email: apetraglia@naderspestraiders.com

CONTRACT INFORMATION

Contract Name: Commercial Pest Management Contract Value: \$540 12mo @45
 Dates : From: March 2015 to March 2016 Status: New Renew Amend# WA/Task Order

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

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>[Signature]</u>
Department Head Signature | <u>3/27/15</u>
Date | <u>70344534-534000</u>
Funding Source/Acct # |
| 2. | <u>Charlotte Young</u>
Contract Management | <u>3/31/15</u>
Date | |
| 3. | <u>[Signature]</u>
Office of Management & Budget | <u>4-2-15</u>
Date | |
| 4. | <u>[Signature]</u>
County Attorney (approved as to form only) | <u>4/16/15</u>
Date | |

15 MAR 31 AM 11:32

Comments: _____

COUNTY MANAGER - FINAL SIGNATURE APPROVAL

Ted Selby [Signature] 4/10/15
 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



SERVICE AGREEMENT

COMMERCIAL PEST MANAGEMENT DIVISION

Account Name Nassau County Landfill
 Service Address 46026 Landfill Rd.
Callahan FL
 City State Zip Code
 Service Phone _____ Cell Phone _____
 Fax Becky Tenant _____
 Contact Person _____ Email _____

Billing Name Nassau County Solid Waste
 Billing Address Number 46026 Landfill Rd
Callahan FL 32011
 City State Zip Code
 Billing Phone 904-530-6700 Cell Phone _____
904-879-6323 Contact Person Becky Diden
 Fax _____ Contact Person _____
 Email bdiden@nassaucountyfl.com

- SERVICE FREQUENCY:**
 Weekly Every Other Month
 Bi-Monthly Quarterly
 Monthly One Time
- SERVICE TYPE:**
 Interior Exterior
- SERVICE FOR:**
 Insect Control Drain Management
 Rodent Control Bird Management
 Rodent Exclusion Fire Ant Control
 Stored Product Pest Control Fly Control

I. **SCOPE OF SERVICE:** Program Designed As Follows OR Attached Perform interior and exterior pest control on a monthly basis.

- II. **ALL PEST CONTROL MATERIALS**, when applied, will conform with product labeling. All services will be performed in a professional manner and in accordance with the most effective and scientifically advanced pest control methods. Caution will be exercised to avoid any accident to humans or non-target pests. Prior to rendering service, the customer agrees to notify Nader's Pest Raiders (the COMPANY) of any occupant who is allergic or sensitive to material applications.
- III. **AS PART OF THE COMPANY'S PEST CONTROL SERVICE**, customer will be notified in writing of conditions that are conducive to breeding and harboring of pests which must be corrected to insure effective results.
 UPON REQUEST, the company will furnish a Certificate of Insurance.
- IV. **THIS AGREEMENT SHALL BE EFFECTIVE FOR ONE YEAR**; and shall renew at the same frequency thereafter unless written notice is given by either party thirty (30) days prior to anniversary date. If the company fails to comply with specifications as outlined, the company will be given thirty (30) days to correct the problem, and if at the expiration of such thirty (30) days notice, the problem has not been corrected, customer reserves the right to cancel this agreement.
- VI. **IF PESTS COME BACK, SO WILL WE!** If extra service is needed between regularly scheduled visits for covered pests, we will render such service promptly.

IPM services for roaches, ants (excluding fire ants, carpenter ants), silverfish, earwigs, house crickets, scorpions, pill bugs, millipedes, centipedes, mice and other crawling pests (excluding brown recluse, black widow spiders, and bed bugs). Specialized service for excluded pests can be added for an additional charge per occurrence. Rodent Program is for control of interior and exterior rats and mice.

Customer to purchase initial supply of _____ Rodent Stations and any required additions or replacements.
 Customer to purchase initial supply of _____ Rodent Traps and any required additions or replacements.
 Customer to purchase initial supply of _____ Insect Light Traps and any required additions or replacements.

METHOD OF INITIAL PAYMENT: Cash Check Credit Card
 Amount Remitted with Agreement..... \$ _____
 Includes Initial Service Fee Payment + Sales Tax of _____ %
 Includes Year in Advance Payment + Sales Tax of _____ %

SERVICE FEES:
 Initial Service Fee + Equipment Costs \$ 45.00
 Regular Service Fee \$ 45 x 11 services..... \$ 495.00
 Optional Service Fees \$ _____
 Sub Total For Services \$ 540.00
 5% Discount For Year In Advance Payment \$ _____
 Sub Total Of This Service Agreement..... \$ _____
 Sales Tax (if applicable) _____ % \$ Exempt
TOTAL ANNUAL AMOUNT \$ 540.00

BALANCE OF: \$ _____ To Be Paid @ \$ 45.00 Per
 Month Every Other Month Quarter Year N/A
 Sales Tax of _____ % Included Add Sales Tax of _____ % N/A

PAYMENT METHOD FOR REMAINING SERVICES:
 Pay Tech Each Service Deduct Credit Card Each Service
 Bill Other: _____ N/A

Upon approval of Ted Selby B.D.
T.D.K.

Company Info
 Address: 10066 Sawgrass Dr. W.
 City: Ponte Vedra Beach
 State: FL Zip: 32082
 Phone: 904-646-4717
 Representative: Diane Kahl
 Date: 3/27/15

Accepted By: T. J. Selby
 Customer Name (please print)
T. Selby
 Customer Signature
 Service Center Manager _____ Approved
 Date: 4/10/15



10066 Sawgrass Drive West
Ponte Vedra Beach, FL 32082

Anthony Petraglia

Service Center Manager

David Kohl

Office: 904-646-4717

Fax: 904-395-0132

Cell: 904-528-0532

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