

# CONTRACT APPROVAL FORM

(Contract Management Use only)

**CONTRACT TRACKING NO.**

CM1521-A1

## CONTRACTOR INFORMATION

Name: Winifred Favors

Address: 58871 Coopers Neck Road Hilliard Florida 32046

City State Zip

Contractor's Administrator Name: \_\_\_\_\_ Title: \_\_\_\_\_

Tel#: 904-879-1019 Fax#: \_\_\_\_\_ Email: wfavors@ifas.ufl.edu

## CONTRACT INFORMATION

Contract Name: Custodial Service Contract Value: \$50.00 each rental

Brief Description: Multi-Use Facility - Callahan - Custodian is to insure all rental and hold harmless agreements are executed all deposit and rental fees are collected. Maintain the building in a clean manner as described in the contract agreement.

Contract Dates \_\_\_\_\_ to \_\_\_\_\_ Status:  New  Renew  Amend#  WA/Task Order

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

### If Processing an Amendment:

Contract #: CM1521-A Increase Amount of Existing Contract: \_\_\_\_\_ No Increase

New Contract Dates: Nov 20, 2010 to Nov 20, 2011 TOTAL OR AMENDMENT AMOUNT: \_\_\_\_\_

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

- |    |  |                |                       |
|----|--|----------------|-----------------------|
| 1. | <u>Daniel Salmo</u>                        | <u>6-7-10</u>  | <u>0193519-534103</u> |
|    | Department Head Signature                  | Date           | Funding Source/Acct # |
| 2. | <u>Charlotte Young</u>                     | <u>6-8-10</u>  |                       |
|    | Contract Management                        | Date           |                       |
| 3. | <u>[Signature]</u>                         | <u>6-9-10</u>  |                       |
|    | County Attorney (approved as to form only) | Date           |                       |
| 4. | <u>Ted Selby</u>                           | <u>6/10/10</u> |                       |
|    | Office of Management & Budget              | Date           |                       |

RECEIVED  
CONTRACT MANAGEMENT  
2010 JUN -8 PM 2:23

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

### COUNTY MANAGER - FINAL SIGNATURE APPROVAL

Ted Selby 6/10/10  
 \_\_\_\_\_  
 TED SELBY, Interim County Manager 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

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CONTRACT MANAGEMENT  
2010 JUN 10 PM 4:50

**AMENDMENT NUMBER 1 / FIRST EXTENSION TO THE  
CUSTODIAL SERVICES AGREEMENT**

THIS ADDENDUM entered into this 10th day of June, 2010 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 **WINIFRED FAVORS**, 58871 Coopers Neck Road, Hilliard, FL, 32046, (hereinafter referred to as "Independent Contractor").

**WHEREAS**, the parties entered into an Agreement dated November 20, 2009, for Custodial Services for Callahan Multi-Use Facility; and

**WHEREAS**, the original agreement provided for an initial term of November 20, 2009 through November 19, 2010 and provided for one year renewals upon mutual agreement of the parties; and

**WHEREAS**, the parties desire to extend said Agreement.

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

1. In accordance with Section 3 of the Agreement dated November 20, 2009, the performance period is hereby extended for an additional one (1) year beginning November 20, 2010 and ending November 19, 2011.

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

BOARD OF COUNTY COMMISSIONERS  
NASSAU COUNTY, FLORIDA

*Ted Selby* 6/10/10  
 TED SELBY, COUNTY MANAGER  
 Its: Designee

INDEPENDENT CONTRACTOR

*Winifred Favors*  
 WINIFRED FAVORS

STATE OF FLORIDA  
 COUNTY OF NASSAU

Before me personally appeared,  
Winifred Favors, who is personally known \_\_\_\_\_ or  
 produced N/A 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 2nd day of  
June, 2010.

*Laura M. Laroche*  
 Notary Signature

Notary-Public-State of FLORIDA at large  
 My Commission expires:

