

# CONTRACT APPROVAL FORM

(Contract Management Use only)

**CONTRACT TRACKING NO.**

cm2314

## CONTRACTOR INFORMATION

Name: Health Designs

Address: 35 Executive Way, Suite 110, Ponte Vedra Beach, FL 32082

Contractor's Administrator Name: Britney Hollyoak, MHA City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Title: Project Manager

Tel#: 904-285-2019 Fax: 904-285-2779 Email: britney@healthdesigns.net

## CONTRACT INFORMATION

Contract Name: Health Designs Contract Value: TBD Est. \$3,500.00

Brief Description: Non-member Participation of Wellness Fair @ \$39ea / PSA Testing @ \$35ea / Bone Density @ \$1,950

Contract Dates : From: 05/17/2016 to 05/19/2016 Status:  New  Renew  Amend#  WA/Task Order

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

### 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>Ashley Metz</u><br>Department Head Signature                  | <u>04/05/16</u><br>Date | <u>01122513-549973 WELLP</u><br>Funding Source/Acct # |
| 2. | <u>Charlotte Young</u><br>Contract Management                    | <u>4/6/16</u><br>Date   |   |
| 3. | <u>[Signature]</u><br>Office of Management & Budget              | <u>4-7-16</u><br>Date   |   |
| 4. | <u>[Signature]</u><br>County Attorney (approved as to form only) | <u>4/8/16</u><br>Date   |   |

Comments: These are services being offered in addition to services that Florida Blue provides for the Wellness Fair.

### COUNTY MANAGER - FINAL SIGNATURE APPROVAL

Ted Selby [Signature] 4/11/16  
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



## Wellness Services Agreement – Nassau County BOCC 2016

This Wellness Services Amendment, dated as March 15, 2016, (“Agreement”) is made between Health Designs, Inc. a Florida corporation, located at 35 Executive Way Suite 110, Ponte Vedra, FL 32082 (“Health Designs”) and Nassau County BOCC (“Client”). In consideration of the terms outlined below, the parties agree as follows:

1. **Health Designs Services.** Health Designs agrees to provide the following services (“Services”):
  - a. Onsite Health Screenings
    - i. Health Screenings include a light finger stick test with results in minutes, testing Cholesterol, HDL, Ratio, Glucose, Blood Pressure, and Body Mass Index.
    - ii. PSA – for men 40 and over
    - iii. Bone Density – for women 35 and over
  - b. Face-to-Face Health Coaching
  - c. Schedule for the health screening events is:  
  
Tuesday May 17, 2016  
8am – 1pm  
FSCJ - Nassau Center  
76346 William Burgess Blvd  
Yulee, Florida 32097  
  
Thursday May 19, 2016  
12pm – 5pm  
FSCJ - Nassau Center  
76346 William Burgess Blvd  
Yulee, Florida 32097
2. **Essential Planning Requirements.**
  - a. A minimum of 45 days’ notice is required for Health Designs to attend an onsite event. This allows ideal timing for planning, marketing, and communications for shipping and supply needs to be met in timely manner.
  - b. Client will provide accurate total population, in writing, to Health Designs no later than 30 calendar days prior to the event and Client will provide updated participation count no later than 10 business days prior to event (“Client’s Estimate”).
  - c. Health Designs standard screening times are between the hours of 7am and 5pm Monday through Friday; any times outside these times to be agreed upon with Client.
  - d. If an event is cancelled by the Client within 10 business days of the event, Health Designs will be paid a 25% cancellation fee of the estimated total invoice. Any travel booked will be reimbursed in full.
  - e. Changes to the times, reporting period, staffing or services, will be accommodated at the discretion of Health Designs and may result in an additional fee.
3. **Client’s Responsibilities.** Client agrees to the following:
  - a. Promote and communicate effectively to employees, details about the wellness program, the screening event and any incentives;
  - b. Communicate with Health Designs about incentives
  - c. Provide tables and chairs and appropriate location for on-site screenings to occur; and
4. **Fees and Payment Schedule.**
  - a. Fees:
    - i. Non-Member Participant - \$39
      1. A non-member is a participant not enrolled in Florida Blue the day of the screening event.
    - ii. PSA - \$35 per participant
    - iii. Bone Density - \$195 per hour
  - b. Payment Schedule. Invoices will be sent upon completion of services and Client shall pay invoices within 45 days. Payments not made within 45 days shall accrue interest at the lesser of the maximum rate allowed by law or 1% per month; Client shall be responsible for all costs of collection including legal fees and costs.

- c. Dispute Resolution. This Agreement shall be governed by the laws of the state of Florida, conflict of laws notwithstanding. Any disputes shall be resolved in a court of competent jurisdiction located in St. Johns' County, Florida. The parties waive any right to a jury trial.

Agreed to by:

Nassau County BOCC

Signature:  Date: 4/15/16

Name and Title: Co. Mgt.