

(Contract Management Use only)

CONTRACT APPROVAL FORM

CONTRACT TRACKING NO.

CM2270

CONTRACTOR INFORMATION

Name: Ark of Nassau

Address: 86051 Hamilton Street Yulee FL 32097
City State Zip

Contractor's Administrator Name: Candy Holloway Title: Executive Director

Tel#: 904-225-9355 Fax: 904-225-9262 Email: cholloway@arkofnassau.org

CONTRACT INFORMATION

Contract Name: Funding Agreement for FY 2015/2016 Contract Value: \$32,400.00

Brief Description: Provide services for adults with developmental disabilities living and working in Nassau County

Contract Dates : From: 10/01/15 to 9/30/15 Status: New Renew Amend# WA/Task Order

How Procured: Sole Source Single Source ITB RFP RFQ Coop. Other Not for Profit

If Processing an Amendment:

Contract #: _____ Increase Amount of Existing Contract: _____

New Contract Dates: _____ to _____ TOTAL OR AMENDMENT AMOUNT: _____

APPROVALS PURSUANT TO NASSAU COUNTY PURCHASING POLICY, SECTION 6

1. _____ Date 01692565-682007
Department Head Signature Funding Source/Acct #
2. Charlotte Young 10/27/15
Contract Management Date
3. _____ 10-29-15
Office of Management & Budget Date
4. _____ 10-29-15
County Attorney (approved as to form only) Date

Comments: _____

COUNTY MANAGER - FINAL SIGNATURE APPROVAL

Ted Selby 11/2/15
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**

FUNDING AGREEMENT FOR FISCAL YEAR 2015-2016 FOR ARK OF NASSAU

This agreement entered into this 2nd day of November, 2015, by and between the **BOARD OF COUNTY COMMISSIONER OF NASSAU COUNTY**, a political subdivision of the State of Florida, hereinafter referred to as COUNTY, and the **ARK OF NASSAU**, 86051 Hamilton Street, Yulee, Florida 32097.

WHEREAS, it is in the best interest of the citizens of Nassau County that the ARK OF NASSAU program continue, and work with the adults with developmental disabilities living and working in Nassau County, and

WHEREAS, the ARK OF NASSAU program now maintains a program and headquarters for the adults with developmental disabilities living and working in Nassau County;

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

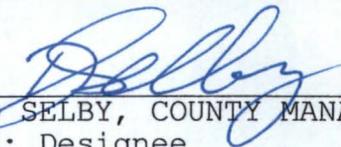
1. For the sum of \$32,400.00, which shall be paid in quarterly installments, during the months of December, February, May and August, the ARK OF NASSAU program does hereby agree to perform services that will benefit the residents of Nassau County. Appropriations necessary for the funding of this Agreement beyond FY 2015/2016 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 adults with developmental disabilities living and working in Nassau County at the ARK OF NASSAU'S main center.
 2. ARK OF NASSAU 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 the agency received funding from the County. Additionally, the agency shall make its books available for inspection by the designee of the County upon reasonable notice. Failure of agency to provide the annual accounting record by the time specified shall result in the revocation of the 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.
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4. The term of this agreement shall commence on October 1, 2015 and terminate on September 30, 2016.

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 2nd day of November, 2015.

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



TED SELBY, COUNTY MANAGER
ITS: Designee

[SIGNATURES CONTINUE ON NEXT PAGE]

ARK OF NASSAU

Candy Holloway
CANDY HOLLOWAY
ITS: EXECUTIVE DIRECTOR

STATE OF Florida

COUNTY OF Nassau

Before me personally appeared, Candy Holloway,
who is personally known X 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 27th day of
October, 2015.

Charlotte J. Young
Notary Signature



Notary-Public-State of Florida at large
My Commission expires: 11/07/17