

# CONTRACT APPROVAL FORM

(Contract Management Use only)

CONTRACT TRACKING NO.

**CM2376**

## 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 2016/2017 Contract Value: \$32,400.00

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

Contract Dates : From: 10/01/16 to 9/30/17 Status:  New  Renew  Amend#  WA/Task Order

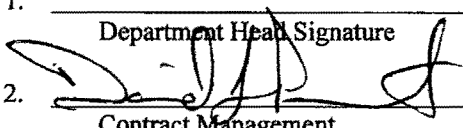
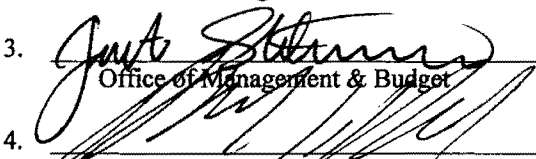
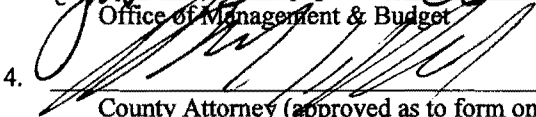
How Procured:  Sole Source  Single Source  ITB  RFP  RFQ  Coop.  Other Not for Profit

### 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. | _____  | _____           | <u>01692565-582007</u> |
|    | Department Head Signature  | Date            | Funding Source/Acct #  |
| 2. |  | <u>10/21/16</u> |                        |
|    | Contract Management  | Date            |                        |
| 3. |  | <u>10/21/16</u> |                        |
|    | Office of Management & Budget  | Date            |                        |
| 4. |  | <u>10/28/16</u> |                        |
|    | County Attorney (approved as to form only)   | Date            |                        |

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

### COUNTY MANAGER - FINAL SIGNATURE APPROVAL

 \_\_\_\_\_ 10/27/16  
 Ted Selby Date

16 OCT 25 PM 4:34

### 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 2016-2017 FOR ARK OF NASSAU**

This agreement entered into this 27<sup>th</sup> day of October, 2016, 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:

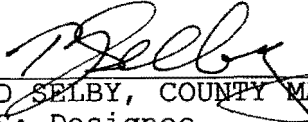
1. For the sum of \$32,400.00, which shall be paid in quarterly installments, during the months of December, February, May and August, the ARK OF NASSAU program does hereby agree to perform services that will benefit the residents of Nassau County. Appropriations necessary for the funding of this Agreement beyond FY 2016/2017 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 1<sup>st</sup> 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.
4. The term of this agreement shall commence on October 1, 2016 and terminate on September 30, 2017.

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 27<sup>th</sup> day of October, 2016.

**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  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 17 day of  
October, 2016.

Dawn C. Rhoden  
Notary Signature

Notary-Public-State of Florida at large  
My Commission expires: 8-29-2017

**DAWN C. RHODEN**  
Notary Public, State of Florida  
My Comm. Expires Aug. 29, 2017  
Commission No. FF 49779