CONTRACT APPROVAL FORM CONTRACTOR INFORMATION Name: Ark of Nassau			(Contract Management Use only) CONTRACT TRACKING NO. CM2483	
Address: 86051 Hamilton	Street	Yulee	FL	32097
POINT COD		City	State	Zip
Contractor's Administrator Na	me: Jane Bloom	Ti	tle: Executive D	irector
Tel#:	Fax:	Email:		
Contract Name: Funding A	reement for Fiscal Y	RACT INFORMATION ear 2017/2018 ork with the adults with develop	Contract Val	ue: \$32,400.00 g and working in Nassau County,
Contract Dates : From:10/0				
f Processing an Amendment	:			
Contract #:	Increase Amount of F	visting Contract		
New Contract Dates:	to	SAU COUNTY PURCH	ASING POLICY,	SECTION 6
2. Charlotte Source II		11/3/17 0	Date Submitting Department 01692565-582007	
		Date		
	him	Date Date Date Date	Funding Sour	ce/Acct #
Comments:				
Comments:	COUNTY MANAGE	R – FINAL SIGNATUR	E APPROVAL	
Comments:	COUNTY MANAGE		E APPROVAL 11-9-17	
Comments:	COUNTY MANAGE			_

Contract Number CM2483

## FUNDING AGREEMENT FOR FISCAL YEAR 2017-2018 FOR ARK OF NASSAU

This agreement entered into this <u>9th</u> day of November , 2017, 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

guarterly 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 2017/2018 shall subject to the budget be and appropriation by the Board of County Commissioners during the regular budget process. Said services to include but not be limited to the following:

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- 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.
- The term of this agreement shall commence on October 1, 2017 and terminate on September 30, 2018.

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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  $\frac{1}{9th}$  day of  $\frac{OCHDER}{November}$ , 2017.

> BOARD OF COUNTY COMMISSIONERS NASSAU COUNTY, FLORIDA

COUNTY MANAGER SHANEA JONES, ITS: Designee

## [SIGNATURES CONTINUE ON NEXT PAGE]

ARK OF NASSAU ITS: EXECUTIVE DIRECTOR

STATE OF FloRida COUNTY OF Nassay

Before me personally appeared, Helen Ridley 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 16 day of 0 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 100 < 10

My Commission expires:

Notary Signature

Notary-Public-State of Florida at large

