

CS-22-029

<p align="center">CONTRACT TRACKING NO.</p> <p align="center">3254</p>

**BOCC CONTRACT
APPROVAL FORM**
(Request for Contract Preparation)

GENERAL INFORMATION

Requesting Department: OMB

Contact Person: Marshall Eyerman

Telephone: 904-530-6010 Email: meyerman@nassaucountyfl.com

CONTRACTOR INFORMATION

Name: Amelia Island Chamber Music Festival, Inc.

Address: 1405 Park Ave Suite 101, Fernandina Beach, FL 32034

Contractor's Administrator Name: Eric Sakurai Title: Exec Director

Telephone (904) 261-1779 Email: ericsakurai@comcast.net

IDENTIFY WHO WILL SIGN CONTRACT ON BEHALF OF CONTRACTOR (NAME AND EMAIL ADDRESS)

Authorized Signatory Name: Eric Sakurai

Authorized Signatory Email: ericsakurai@comcast.net

CONTRACT INFORMATION

Contract Name: Chamber Music Festival Sponsorship Agreement

Description: Sponsoring the National Philharmonic Orchestra of Ukraine concert held at the First Baptist Church on January 17, 2023

GOODS AND/OR SERVICES TO BE PROCURED, PHYSICAL LOCATION, ETC.

Total Amount of Contract: \$25,000.00

APPROXIMATE IF NECESSARY

Source of Funds: County State Federal Other Account: 37523552-548350 LCPRJ

Authorized Signatory: Taco Pope, County Manager

IDENTIFY WHO WILL SIGN CONTRACT ON BEHALF OF BOCC

Contract Dates: From: Execution to: no later than January 31, 2023

Status: New Renew Amend# WA/Task Order Supplemental Agreement

How Procured: Exemption Sole Source Single Source ITB RFP RFQ Coop
 Piggyback Quotes Other Sponsorship

If Processing an Amendment:

Contract #: _____ Increased Amount to Existing Contract: _____

New Contract Dates: _____ to _____ Total or Amended Amount: Continued on next page

RCVD OMB
'22 OCT 28 PM1:57

CHECKLIST		
<i>Review: Complete before sending contract for final signature</i>		
Requirement	Description	Complete By
Contract, Exhibits and Appendices	1) The contract and all documents incorporated by reference in the contract, including exhibits and appendices are attached (including E-Verify, Pricing, Scope, etc.) and properly identified; and 2) All such documents have been read and agreed to in their entirety by originating department and staff members who have obligations under this contract.	Dept LG
Name, Address, Contact Person	The full name, address, legal status (i.e., corporation, partnership, etc.) and contact person of other party are included.	Dept LG
Understanding	Written contract matches the verbal understanding of all parties. All terms and conditions conform to the final negotiations/agreement of the parties.	Dept LG
Competition/Conflicts and Existing Contracts/Compliance	This contract does not conflict with any other contracts, promises or obligations of the BOCC. The requesting department verifies the BOCC can comply with all terms and conditions.	Dept LG Cnty Atty
Other Necessary Agreements	All other necessary agreements or waivers referred to in contract have been obtained and are attached and properly identified for reference.	Cnty Atty
Indemnification	BOCC may not indemnify, hold harmless, be liable to, or reimburse any other party to the contract for claims, lawsuits, damages, attorney fees, or losses incurred by that party in connection with the contract.	Cnty Atty
Term of Contract	Start and end dates of contract are included. Any renewals are included.	Cnty Atty
Warranties/Guarantees	Warranties or guarantees give satisfactory protection.	Cnty Atty/Risk
Insurance	Risk manager has or will approve insurance clauses. Levels confirmed in requirements	Dept LG
Governing Law	The contract is governed under the laws of the State of Florida. The contract may be silent on this issue but in no event will another state's law govern the agreement.	Cnty Atty
Confidentiality Agreements	All nondisclosure clauses include exceptions regarding disclosure as required by law. If not applicable, indicate "n/a."	Cnty Atty
Printed/Typed Names	Names of all persons signing contracts are printed or typed below signatures.	Router

APPROVALS PURSUANT TO NASSAU COUNTY PURCHASING POLICY

1. Marshall Eyerman 10/28/2022 GL
 Department Head/Contract Manager Date
2. Janice Belmont 11/1/2022 10/28/2022
 Procurement Date
3. Chris Lacambra 11/1/2022
 Office of Mgmt & Budget Date AJ
4. Denise C. May 11/3/2022 11/3/2022
 County Attorney Date

COUNTY MANAGER – FINAL SIGNATURE APPROVAL

5. _____
 County Manager Date



SPONSORSHIP AGREEMENT
**NASSAU COUNTY BOARD OF COUNTY COMMISSIONERS AND AMELIA ISLAND
CHAMBER MUSIC FESTIVAL**

The following shall set forth the agreement ("Agreement") effective on behalf of the Nassau County Board of County Commissioners ("NCBOCC") and entered into with the Amelia Island Convention and Visitors Bureau ("AICVB") and Amelia Island Chamber Music Festival, Inc. ("AICMF") for the purpose of promoting and conducting the National Philharmonic Orchestra of Ukraine ("Event").

1. Format & Schedule of Events

The Event will consist of a concert performance as outlined in the Request for Sponsorship ("Exhibit A"). The Event will be held on Tuesday, January 17, 2023. AICMF and AICVB may change the Event dates so long as AICMF and AICVB agree in writing on such change at least two (2) weeks in advance of the Event.

2. AICVB Responsibilities

- a. AICVB will provide an Event posting on www.ameliaisland.com on the [Festival & Events page](#) linking to event website.
- b. AICVB and AICMF shall share responsibility for promoting the Event to residents in and out of Nassau County, Florida.

3. AICMF Responsibilities

- a. AICMF will include the destination Amelia Island logo, as supplied by the AICVB, on printed materials as directed by the AICVB and will reference the Amelia Island Tourist Development Council (AITDC) as a sponsor in press releases and any other media materials as requested. Both parties have the right to approve all materials and releases produced by the other for promotional purposes.
- b. At least one Amelia Island hotel must be promoted on the AICMF website and Event attendees must be encouraged to utilize Amelia Island hotel rooms.

- c. AICMF will obtain all necessary permits, approvals, and venues for the conducting of the Event and related activities.
- d. AICMF will provide all necessary equipment for the Event.
- e. AICMF is responsible for providing a safe environment for all participants and spectators.
- f. AICMF agrees that it is an independent contractor and has no authority or right to make obligations of any kind in the name of or for the account of the NCBOCC nor AITDC nor commit or bind the NCBOCC or AITDC to any contract (other than this Agreement) by virtue of this Agreement.
- g. AICMF agrees to provide two hundred (200) hotel premium tickets for the Event for use by lodging establishments offering AICMF package deals. All tickets not sold forty-five (45) days prior to the Event will be returned to AICMF.
- h. AICMF will provide the AITDC with thirty (30) complimentary tickets to the performance of the Event. Upon request by the AICVB, the AICMF will provide ten (10) complimentary tickets throughout the year to any other performances to which admission is charged. The AICVB will use said tickets in promoting the Event.
- i. AICMF shall provide a Certificate of Insurance including one million dollars (\$1,000,000) in general liability coverage and listing the NCBOCC and the AICVB as "additional insured" for the Event within five (5) days of Notification of Selection and/or at time of signing this Agreement. Certificates of Insurance and the insurance policies required for this Agreement shall contain a provision that coverage afforded under the policies will not be cancelled or allowed to expire until at least thirty (30) days prior written notice has been given to NCBOCC and AITDC. Certificates of Insurance and the insurance policies required for this Agreement will also include a provision that policies, except Worker's Compensation, are primary and noncontributory to any insurance maintained by the AICVB. All insurers must be authorized to transact insurance business in the State of Florida as provided by Section 624.09(1), Florida Statutes and the most recent Rating Classification/Financial Category of the insurer as published in the latest edition of "Best's Key Rating Guide" (property-Casualty) must be at least A- or above.
- j. A Post Event Report must be submitted by AICMF within forty-five (45) days of the Event.

4. Financial Responsibilities

- a. Through the recommendation of the AITDC and the approval of NCBOCC, the NCBOCC will supply AICMF a sponsorship of Twenty-Five Thousand Dollars (\$25,000). Such sponsorship shall be utilized by AICMF for expenditures or obligations related to the Event.
- b. The Event sponsorship will be paid in full to the AICMF at least two (2) weeks in advance of the Event.
- c. All Event expenses set forth in sub-paragraph A, above, which are in excess of the total sponsorship amount of Twenty-Five Thousand Dollars (\$25,000), and all other costs associated with the operation of the Event shall be the responsibility of AICMF.

5. Indemnification

AICMF shall indemnify, and hold harmless the NCBOCC, and its officers and employees from damages, losses, liabilities, and costs, including but not limited to, reasonable attorneys' fees, to the extent caused by the negligence, recklessness, or intentionally wrongful conduct of AICMF and other persons employed or utilized by AICMF, in the performance of the Agreement.

6. Compliance with Laws & Regulations

AICMF represents and warrants that it will comply with all applicable state, federal and local laws and regulations relating to operation of the Event.

7. Waivers

No release or waiver of any provision of this Agreement shall be enforceable against or binding upon a party unless in writing and executed by the releasing or waiving party. The failure to insist upon specific performance of any of the agreements, terms, covenants, or conditions of this Agreement shall not be deemed a waiver of any rights or remedies that either party may have, or a waiver of any subsequent courses of actions or claims based upon breach or default of any of such agreements, terms, covenants, and conditions.

8. Relationship of Parties

The parties of this Agreement shall not be deemed joint venturers, agents, or partners of the other for any purpose because of this Agreement or for the transactions contemplated hereby.

9. Term

This Agreement shall commence when fully executed and shall remain in full force and effect until the completion of the Event, or no later than January 31, 2024.

10. Amendments

No provision of this Agreement may be modified, waived, or amended except by a written instrument duly executed by both parties.

11. Impossibility

The performance of this Agreement is subject to any circumstances making it illegal or impossible to manage the Event, including acts of God, war, inclement weather, government regulations, strikes, disaster or curtailment of transportation facilities. The Agreement may be terminated only for any one of the above reasons by written notice from either AICMF or NCBOCC to the other within seven (7) days of learning the basis for termination. If the Event is cancelled for any of the above reasons, any funds provided by NCBOCC to AICMF not expended shall be remitted to the NCBOCC.

12. Governing Law and Venue

The exclusive jurisdiction and venue for any action to interpret and/or enforce the terms of this Agreement shall be in the Fourth Judicial Circuit Court in and for Nassau County, Florida. In the event of a dispute, this Agreement shall be interpreted under Florida Law except its conflict of law's provisions.

13. Non-Disclosure

Except as otherwise expressly required by law, the parties hereto will not publicly announce or otherwise disclose to any third party any term or provision of this Agreement. The provisions of this Agreement shall survive the expiration or termination of this Agreement.

14. Entire Agreement

This Agreement sets forth the final and complete understanding of the parties. It is understood and agreed that there are no other representations with respect to this Agreement and this Agreement supersedes all prior discussions, agreements and understandings relating to this subject matter hereof. It is further agreed that the rights, interests, understandings, agreements, and obligations of the respective parties may not be amended, modified, or supplemented in any respect except by a subsequent written instrument evidencing the express written consent to the parties duly executed.

Please indicate your acceptance of the foregoing terms and conditions by signing and dating the space below and returning one fully executed copy of this Agreement to NCBOCC.

**Nassau County Board of
County Commissioners**

Taco E. Pope, AICP

Signature

Taco Pope

Printed Name

County
Manager

Title

11/3/2022

Date

Amelia Island Chamber Music Festival, Inc.

Eric Sakurai

Signature

Eric Sakurai

Printed Name

Executive Director

Title

11/4/2022

Date

Amelia Island Convention & Visitors Bureau

Gil Langley

Signature

Gil Langley

Printed Name

AICVB

Title

10/28/2022

Date

Wednesday, August 10, 2022 at 15:39:44 Eastern Daylight Time

Subject: FW: Sponsorship - Amelia island Chamber Music Festival
Date: Tuesday, May 31, 2022 at 11:18:45 AM Eastern Daylight Time
From: Gil Langley
To: Mariela Murphy, Jana Williams
CC: Amy Boek

From: ericsakurai@comcast.net <ericsakurai@comcast.net>
Sent: Friday, May 20, 2022 12:48 PM
To: Gil Langley <glangley@ameliaisland.com>
Cc: 'Emma Bledsoe' <emma.mills.bledsoe@gmail.com>; 'Anne Coonrod' <aconrod@bellsouth.net>
Subject: Sponsorship - Amelia island Chamber Music Festival

May 20, 2022

To: Mr. Gil Langley
President & CEO
Amelia Island Convention and Visitors Bureau


Dear Gil,

I understand from Anne Coonrod Hensley that the AICVB is interested in sponsoring our concert by the National Philharmonic Orchestra of Ukraine. We are requesting AICVB's support in the amount of \$25,000 for this concert which will be held at the First Baptist Church on January 17, 2023.

Thank you so very much for AICVB's continuous, strong support! Without your support, it would be very difficult to achieve one of our major missions, which is to "promote local businesses and tourism" for the County.

Regards,

Eric Sakurai
Executive Director
Amelia island Chamber Music Festival

 An official website of the United States government
[Here's how you know](#)

my **E-Verify**

Menu ☰

Case Detail

You're authorized to work!

EMPLOYMENT AUTHORIZED

Case Number 2022236155223JC

Congratulations!

Self Check confirmed that you are eligible to work in the United States. For more information on how we were able to confirm your work eligibility, read below.

Work Authorization Details

Self Check compared the information you provided to U.S. government records and can confirm that, based on the information you provided, you are eligible to work in the United States.

If you are hired today by an E-Verify participating employer and you use the same documents and information provided, you will likely be instantly work authorized when your employer checks your information using E-Verify.

In the event that you are not instantly work authorized, please work with your employer to ensure that your information was entered correctly and, if necessary, follow the step outlined by E-Verify to resolve any issues.

This doesn't mean that you are guaranteed to pass through E-Verify without issue. A number of things can happen between now and when a future employer checks your information using E-Verify that may cause you to get a mismatch. Those things include name changes, citizenship status changes, expiration of work authorization, or simple data entry error when your employer is entering your information into E-Verify. It is important that you keep your records up to date with the government to ensure an accurate employment verification process.

[Return Home](#)

[Print Result](#)

OMB Control No.: 1615-0117 • Expiration Date: 7/31/24 • [Paperwork Reduction Act](#)

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[Self Lock](#)

[My Cases](#)

[Self Check](#)



[Contact myE-Verify](#)



[myE-Verify.gov](#)

An official website of the U.S. Department of Homeland Security and the Social Security Administration

[About myE-Verify](#)

[Accessibility](#)

[DHS Components](#)

[Freedom of](#)

[Information Act](#)

[No FEAR Act Data](#)

[Privacy Policy](#)

[Office of the](#)

[Inspector General](#)

[The White House](#)

[USA.gov](#)

**National
Terrorism
Advisory
System**



NASSAU COUNTY
BOARD OF COUNTY COMMISSIONERS
96135 Nassau Place, Suite 6
Yulee, Florida 32097

John Martin
Aaron C. Bell
Jeff Gray
Thomas R. Ford
Klynt Farmer

Dist. No. 1 Fernandina Beach
Dist. No. 2 Amelia Island
Dist. No. 3 Yulee
Dist. No. 4 Bryceville/Hilliard
Dist. No. 5 Callahan/West Yulee

JOHN A. CRAWFORD
Ex-Officio Clerk

MICHAEL S. MULLIN
County Attorney

TACO E. POPE, AICP
County Manager

E-VERIFY FORM UNDER SECTION 448.095, FLORIDA STATUTES

Project Name: Amelia Island Chamber Music Festival

Bid No./Contract No.: _____

DEFINITIONS:

“Contractor” means a person or entity that has entered or is attempting to enter into a contract with a public employer to provide labor, supplies, or services to such employer in exchange for salary, wages, or other remuneration. “Contractor” includes, but is not limited to, a vendor or consultant.

“Subcontractor” means a person or entity that provides labor, supplies, or services to or for a contractor or another subcontractor in exchange for salary, wages, or other remuneration.

“E-Verify System” means an internet-based system operated by the United States Department of Homeland Security that allows participating employers to electronically verify the employment eligibility of newly hired employees.

Effective January 1, 2021, Contractors, shall register with and use the E-Verify System in order to verify the work authorization status of all newly hired employees. Contractor shall register for and utilize the U.S. Department of Homeland Security’s E-Verify System to verify the employment eligibility of:

- a) All persons employed by a Contractor to perform employment duties within Florida during the term of the contract; and
- b) All persons (including subvendors/subconsultants/subcontractors) assigned by Contractor to perform work pursuant to the contract with Nassau County. The Contractor acknowledges and agrees that registration and use of the U.S. Department of Homeland Security’s E-Verify System during the term of the contract is a condition of the contract with Nassau County; and

(904) 530-6100

An Affirmative Action / Equal Opportunity Employer

- c) Should vendor become the successful Contractor awarded for the above-named project, by entering into the contract, the Contractor shall comply with the provisions of Section 448.095, Florida Statutes, "Employment Eligibility", as amended from time to time. This includes, but is not limited to, registration and utilization of the E-Verify System to verify the work authorization status of all newly hired employees. The Contractor shall also execute the attached affidavit (Exhibit "A") attesting that the Contractor does not employ, contract with, or subcontract with, an unauthorized alien. The Contractor shall maintain a copy of such affidavit for the duration of the contract; and
- d) Contractor shall also require all subcontractors to execute the attached affidavit (Exhibit "B") attesting that the subcontractor does not employ, contract with, or subcontract with, an unauthorized alien. The Contractor shall maintain a copy of such affidavit for the duration of the contract.

CONTRACT TERMINATION:

- a) If Nassau County has a good faith belief that a person or entity with which it is contracting has knowingly violated §448.09(1), Florida Statutes, the contract shall be terminated.
- b) If Nassau County has a good faith belief that a subcontractor knowingly violated §448.095(2), but the Contractor otherwise complied with §448.095(2), Florida Statutes, shall promptly notify the Contractor and order the Contractor to immediately terminate the contract with the subcontractor.
- c) A contract terminated under subparagraph a) or b) is not a breach of contract and may not be considered as such.
- d) Any challenge to termination under this provision must be filed in the Circuit Court no later than twenty (20) calendar days after the date of termination.
- e) If the contract is terminated for a violation of the Statute by the Contractor, the Contractor may not be awarded a public contract for a period of one (1) year after the date of termination.

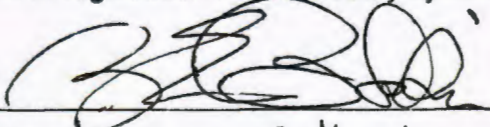
EXHIBIT "A"

CONTRACTOR E-VERIFY AFFIDAVIT

I hereby certify that Amelia Island Chamber Music Festival (Contractor Company Name) does not employ, contract with, or subcontract with an unauthorized alien, and is otherwise in full compliance with Section 448.095, Florida Statutes.

All employees hired on or after January 1, 2021 have had their work authorization status verified through the E-Verify system.

A true and correct copy of Amelia Island Chamber Music Festival (Contractor Company Name) proof of registration in the E-Verify system is attached to this Affidavit.



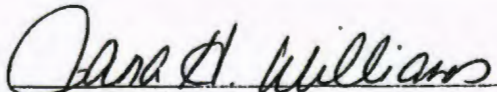
Print Name: Eric Sakurai

Date: 8-24-22

STATE OF FLORIDA

COUNTY OF DuSsu

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 8/24/22 (Date) by Eric Sakurai (Name of Officer or Agent, Title of Officer or Agent) of Amelia Island Chamber Music Festival (Name of Contractor Company Acknowledging), a Florida (State or Place of Incorporation) Corporation, on behalf of the Corporation. He/She is personally known to me or has produced _____ as identification.


Notary Public

Jana H. Williams
Printed Name

My Commission Expires: 6/30/2026

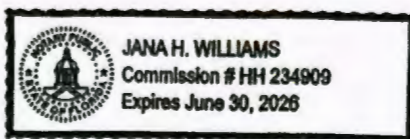


EXHIBIT "B"

SUBCONTRACTOR E-VERIFY AFFIDAVIT

I hereby certify that Amelia Island Chamber Music Festival (Subcontractor Company Name) does not employ, contract with, or subcontract with an unauthorized alien, and is otherwise in full compliance with Section 448.095, Florida Statutes.

All employees hired on or after January 1, 2021 have had their work authorization status verified through the E-Verify system.

A true and correct copy of Amelia Island Chamber Music Festival (Subcontractor Company Name) proof of registration in the E-Verify system is attached to this Affidavit.

[Handwritten Signature]

Print Name: Eric Sakurai

Date: 8-24-22

STATE OF FLORIDA

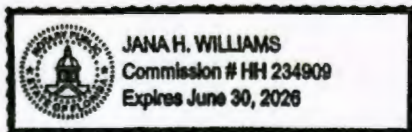
COUNTY OF DADE

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 8/24/22 (Date) by Eric Sakurai (Name of Officer or Agent, Title of Officer or Agent) of Amelia Island Chamber Music Festival (Name of Contractor Company Acknowledging), a Florida (State or Place of Incorporation) Corporation, on behalf of the Corporation. He/She is personally known to me or has produced _____ as identification.

Jana H. Williams
Notary Public

Jana H. Williams
Printed Name

My Commission Expires: 6/30/2026



Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3

1 Name (as shown on your income tax return) Name is required on this line, do not leave this line blank
Amelia Island Chamber Music Festival, Inc

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes

Individual/sole proprietor or single member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Other (see instructions) ▶ **Non-Profit 501 (c) 3**

4 Exemptions (codes apply only to certain entities, not individuals, see instructions on page 3)

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions
P O Box 15886

6 City, state, and ZIP code
Fernandina Beach, FL 32035

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

				-					
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OR

Employer identification number


5	9	-	3	7	4	4	9	4	8
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Part II Certification

Under penalties of perjury, I certify that

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶  Eric Sakurai Date ▶ 6-28-21

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.


Certificate Of Completion

Envelope Id: 38186EB775A74EF7A1C5C9328F1F7F18 Status: Completed
 Subject: Complete with DocuSign: Amelia Island Chamber Music Festival CM 3254 Amelia Island Cha...
 Source Envelope:
 Document Pages: 18 Signatures: 8 Envelope Originator:
 Certificate Pages: 6 Initials: 5 Tracy Poore
 AutoNav: Enabled tpoore@nassaucountyfl.com
 Enveloped Stamping: Enabled IP Address: 50.238.237.26
 Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Record Tracking

Status: Original Holder: Tracy Poore Location: DocuSign
 10/28/2022 2:25:25 PM tpoore@nassaucountyfl.com

Signer Events

	Signature	Timestamp
Tracy Poore tpoore@nassaucountyfl.com OMB Admin Nassau County BOCC Security Level: Email, Account Authentication (None)		Sent: 10/28/2022 2:31:40 PM Viewed: 10/28/2022 2:34:18 PM Signed: 10/28/2022 2:34:29 PM
Signature Adoption: Pre-selected Style Using IP Address: 50.238.237.26		


Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Gil Langley glangley@ameliaisland.com Amelia Island CVB Security Level: Email, Account Authentication (None)		Sent: 10/28/2022 2:34:32 PM Viewed: 10/28/2022 3:48:45 PM Signed: 10/28/2022 3:49:02 PM
Signature Adoption: Pre-selected Style Using IP Address: 50.240.115.201		

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Marshall Eyerman MEyerman@nassaucountyfl.com Assistant County Manager Nassau County BOCC Security Level: Email, Account Authentication (None)		Sent: 10/28/2022 3:49:06 PM Viewed: 10/28/2022 4:07:55 PM Signed: 10/28/2022 4:09:18 PM
Signature Adoption: Pre-selected Style Using IP Address: 50.238.237.26		

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Lanaee Gilmore lgilmore@nassaucountyfl.com Procurement Director Nassau County BOCC Security Level: Email, Account Authentication (None)		Sent: 10/28/2022 4:09:21 PM Viewed: 11/1/2022 8:44:06 AM Signed: 11/1/2022 8:44:15 AM
Signature Adoption: Pre-selected Style Using IP Address: 50.238.237.26		

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Signer Events	Signature	Timestamp
<p>chris lacambra clacambra@nassaucountyfl.com OMB Director Nassau County BOCC Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<p><i>chris lacambra</i></p> <p>Signature Adoption: Pre-selected Style Using IP Address: 50.238.237.26</p>	<p>Sent: 11/1/2022 8:44:18 AM Viewed: 11/1/2022 12:34:58 PM Signed: 11/1/2022 12:35:05 PM</p>
<p>Abigail Jorandby ajorandby@nassaucountyfl.com Assistant County Attorney Nassau BOCC Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<p><i>AJ</i></p> <p>Signature Adoption: Pre-selected Style Using IP Address: 50.238.237.26</p>	<p>Sent: 11/1/2022 12:35:09 PM Viewed: 11/3/2022 1:31:21 PM Signed: 11/3/2022 1:32:00 PM</p>
<p>Denise C. May dmay@nassaucountyfl.com Assistant County Attorney Nassau County BOCC Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<p><i>Denise C. May</i></p> <p>Signature Adoption: Pre-selected Style Using IP Address: 50.238.237.26</p>	<p>Sent: 11/3/2022 1:32:03 PM Viewed: 11/3/2022 1:32:31 PM Signed: 11/3/2022 1:32:53 PM</p>
<p>Taco E. Pope, AICP tpope@nassaucountyfl.com County Manager Nassau County BOCC Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<p><i>Taco E. Pope AICP</i></p> <p>Signature Adoption: Pre-selected Style Using IP Address: 50.238.237.26</p>	<p>Sent: 11/3/2022 1:32:56 PM Viewed: 11/3/2022 2:24:05 PM Signed: 11/3/2022 2:24:13 PM</p>
<p>Eric Sakurai ericsakurai@comcast.net Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<p><i>Eric Sakurai</i></p> <p>Signature Adoption: Pre-selected Style Using IP Address: 73.224.12.100</p>	<p>Sent: 11/3/2022 2:24:18 PM Viewed: 11/4/2022 6:12:36 AM Signed: 11/4/2022 6:24:19 AM</p>
<p>Electronic Record and Signature Disclosure: Accepted: 11/4/2022 6:12:36 AM ID: a23c14d2-a098-462f-8d57-37fedaadeef6</p>		
<p>Clerk Finance boccap@nassauclerk.com Nassau County Clerk Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Accepted: 2/4/2021 9:59:11 AM ID: 6238f06a-a4ad-4d45-a7f5-929d04629059</p>	<p><i>CF</i></p> <p>Signature Adoption: Pre-selected Style Using IP Address: 12.23.69.254</p>	<p>Sent: 11/4/2022 6:24:35 AM Viewed: 11/4/2022 9:21:05 AM Signed: 11/4/2022 9:21:13 AM</p>

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
AICVB billing@ameliaisland.com Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 11/4/2022 6:24:23 AM
Nate Aron naron@ameliaisland.com Amelia Island CVB Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 11/4/2022 6:24:27 AM
Clerk Admin clerkservices@nassaucountyfl.com Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 11/4/2022 6:24:31 AM Viewed: 11/4/2022 8:23:26 AM
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	10/28/2022 2:31:40 PM
Certified Delivered	Security Checked	11/4/2022 9:21:05 AM
Signing Complete	Security Checked	11/4/2022 9:21:13 AM
Completed	Security Checked	11/4/2022 9:21:13 AM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

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