BOCC CONTRACT	(S-22-082
APPROVAL FORM	CONTRACT TRACKING NO.
(Request for Contract Preparation)	CM2987-A2
GENERAL INFORMATION Requesting Department: Planning Department	
Contact Person:Holly Coyle	
Telephone: (904) 530-6300 Fax: () Emai	l: <u>hcoyle@nassaucountyfl.com</u>
CONTRACTOR INFORMATION Name: <u>Barth Associates, LLC-Professional Services Agreement</u>	
Address: <u>10030 SW 52nd Rd.</u> <u>Gainesville</u>	FL 32608 State Zip
Contractor's Administrator Name: <u>Denise Barth</u> Title: <u>Manage</u>	2 mm
Telephone: <u>(561) 308-9937</u> Fax: (<u>)</u> Email: <u>denise</u>	a)barthassoc.com
IDENTIFY WHO WILL SIGN CONTRACT ON BEHALF OF CONTRACTOR (N Authorized Signatory Name: <u>Denise Barth</u> Authorized Signatory Email: <u>denise@barthassoc.com</u>	·
CONTRACT INFORMATION Contract Name: <u>Barth Associates</u> , LLC Professional Services Contract	ct
Description: <u>Amendment #2: to extend performance period for an a</u>	dditional year.
GOODS AND/OR SERVICES TO BE PROCURED, PHYSICAL LO	DCATION, ETC.
Total Amount of Contract: <u>NTE \$175,000.00 (\$4,593.05 left on con</u>	tract)
APPROXIMATE IF NECESSARY	_

Source of Funds: ⊠ County □State □Federal □ Other_____Account: 037523552-531000

Authorized Signatory: <u>Taco E. Pope, AICP</u>

IDENTIFY WHO WILL SIGN CONTRACT ON BEHALF OF BOCC

Contract Dates: From: Execution to: 4/5/2021 Termination/Cancellation: 12/31/2022

Status: □ New ⊠Renew □ Amend#2 □ WA/Task Order □ Supplemental Agreement

How Procured: \boxtimes Exemption \square Sole Source \square Single Source \square ITB \square RFP \square RFQ \square Coop \square Piggyback \square Quotes \square Other_____

If Processing an Amendment:

Contract #: CM2987 _____ Increased Amount to Existing Contract: No CostIncrease

New Contract Dates: <u>1/1/2023</u> to <u>12/31/23</u> Total or Amended Amount: <u>\$0.00</u> Continued on next page

BOCC CAF rv.12/8/22

Requirement	Description	Complete B	
Contract, Exhibits andAppendices	 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 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

Holly Coule	12/29/2022		
Department Head/Contract Manager	Date		
henere Alman	12/29/2022		
Procurement	Date		
divis to compre	12/29/2022		
Office of Mgmt & Budget	Date		
Derise C. May	12/29/2022		
County Attorney	Date	as	12/29/2022

5. Two E. Popy AICP 12/29/2022 County Manager Date

SECOND AMENDMENT TO PROFESSIONAL SERVICES AGREEMENT FOR NASSAU COUNTY FLORIDA

THIS AMENDMENT made and entered into this _____day of ______, 2022 by and between the Board of County Commissioners of Nassau County, Florida, a political subdivision of the State of Florida, hereinafter referred to as the "County", and Barth Associates, LLC, a Florida Limited Liability Company, whose Florida office address is located at 10030 SW 52nd Road, Gainesville, Florida 32608, hereinafter referred to as "Consultant".

WHEREAS, the parties entered into an Agreement dated April 5, 2021 for professional services to develop a plan to enhance the American Beach Cultural Heritage Experience; and

WHEREAS, the Agreement allowed for an initial term beginning on April 5, 2021 and ending on December 31, 2021 with the option to extend the performance period upon mutual agreement of the parties; and

WHEREAS, the County Manager's Office determined that it was necessary to extend the performance period beyond December 31, 2021 and provide clarification as to Article 5-Compensation; and

1

WHEREAS, on or about November 12, 2021, the parties mutually agreed to amend the Agreement to extend the performance period for an additional one (1) year period beginning on January 1, 2022 and ending on December 31, 2022 and to provide additional clarification to Article 5 - Compensation; and

WHEREAS, the parties desire to further amend the Agreement to extend the term of the Agreement for an additional one (1) year period beginning on January 1, 2023 and ending on December 31, 2023.

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

- The Agreement shall be amended to extend the term for an additional one (1) year period beginning on January 1, 2023 and ending on December 31, 2023.
- All other provisions of the Agreement not in conflict with this Amendment shall remain in full force and effect.

2

Contract Tracking No.: CM2987-A2

BOARD OF COUNTY COMMISSIONERS NASSAU COUNTY, FLORIDA

Two E. Popy AICP 12/29/2022 By: Taco E. Pope, AICP

By: Taco E. Pope, AICP Its: Designee

Approved as to form and legality by the Nassau County Attorney

Denise C. May 12/29/2022

BARTH ASSOCIATES, LLC

	Denise & Barth	
By:	Denise L Barth	
Its:	Manager	
Date:	12/29/2022	

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/16/2022

THIS CERTIFICATE IS ISSUED AS CERTIFICATE DOES NOT AFFIRM BELOW. THIS CERTIFICATE OF REPRESENTATIVE OR PRODUCER	NSURA	Y OF	R NEGATIVELY AMEND	, EXTEND OR	ALTER THE C	OVERAGE AFFORDED BY T	HE POLICIES
IMPORTANT: If the certificate ho If SUBROGATION IS WAIVED, sul this certificate does not confer right	ject to	the	terms and conditions of	the policy, certa	in policies ma	DNAL INSURED provisions or y require an endorsement. A	be endorsed. statement on
,	s to the	cert	incate noider in neu or si		u(s).		
PRODUCER Hub International Florida				CONTACT NAME: PHONE		FAX (oro	
2811 NW 41st Street				(A/C, No, Ext): (33	2) 377-2002	FAX (A/C, No):(352) 376-8393
Gainesville, FL 32606				E-MAIL ADDRESS:			
					INSURER(S) AFFC	RDING COVERAGE	NAIC #
				INSURER A : Unit	ed States Lia	bility Insurance	25895
INSURED				INSURER B :			
Barth Associates, LLC				INSURER C :			
10030 SW 52 Road				INSURER D :			
Gainesville, FL 32608				INSURER E :			
				INSURER F :			
001/554.050				INSURER F .			
			NUMBER:			REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POL INDICATED. NOTWITHSTANDING AN CERTIFICATE MAY BE ISSUED OR M EXCLUSIONS AND CONDITIONS OF SU	REQUI	REME TAIN, CIES.	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF ANY CONT DED BY THE PC BEEN REDUCED	RACT OR OTHE LICIES DESCRI BY PAID CLAIMS	R DOCUMENT WITH RESPECT T BED HEREIN IS SUBJECT TO AL S.	O WHICH THIS
NSR TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY E (MM/DD/YY	FF POLICY EXP YY) (MM/DD/YYYY	LIMITS	
A X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$	1,000,00
CLAIMS-MADE X OCCUR	x	x	SP1576751	1/13/20	1/13/2023	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	300,00
						MED EXP (Any one person) \$	10,00
	-					PERSONAL & ADV INJURY \$	1,000,00
	-						2,000,00
						GENERAL AGGREGATE \$	2,000,00
						PRODUCTS - COMP/OP AGG \$	1,000,00
X OTHER:						COMBINED SINGLE LIMIT	1,000,00
AUTOMOBILE LIABILITY						(Ea accident) \$	
						BODILY INJURY (Per person) \$	
OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident) \$	
HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$	
						s	
UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$	
EXCESS LIAB CLAIMS-MA	DE					AGGREGATE \$	
DED RETENTION \$						s	
WORKERS COMPENSATION						PER OTH- STATUTE ER	
AND EMPLOYERS' LIABILITY Y	N						
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT \$	
(Mandatory in NH) If yes, describe under	-					E.L. DISEASE - EA EMPLOYEE \$	
DESCRIPTION OF OPERATIONS below	_					E.L. DISEASE - POLICY LIMIT \$	
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rolessional Liability and Auto.							
CERTIFICATE HOLDER				CANCELLATIO	DN		
Nassau County Board of		Com	missioners	THE EXPIRA	TION DATE T	DESCRIBED POLICIES BE CANCE HEREOF, NOTICE WILL BE [CY PROVISIONS.	
96135 Nassau Place, Suit	;#1,						
	;#1,			AUTHORIZED REPR	ESENTATIVE		
96135 Nassau Place, Suit	; #1,			AUTHORIZED REPR			

Contract No. CM2987-A2

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Signature

Contract No. CM2987-A2

Timestamp

Contract No. CM2987-A2

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	12/29/2022 12:34:57 PM
Envelope Updated	Security Checked	12/29/2022 1:59:21 PM
Certified Delivered	Security Checked	12/29/2022 5:06:00 PM
Signing Complete	Security Checked	12/29/2022 5:06:11 PM
Completed	Security Checked	12/29/2022 5:06:16 PM
Payment Events	Status	Timestamps

Electronic Record and Signature Disclosure

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

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Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

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You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows: To contact us by email send messages to: bsimmons@nassaucountyfl.com

To advise County of Nassau of your new email address

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DocuSign Envelope ID: E7FAFF32-E51E-4EC9-B888-FD7B4052FD09

VENDOR NAME/ADDRESS

Barth Associates, LLC 10030 SW 52nd Road Contract No. CM2987-A2



Requisition Form

NASSAU COUNTY BOARD OF COUNTY COMMISSIONERS 96135 Nassau Place Suite 1

Yulee, FL 32097

DEPARTMENT Planning Department

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IGINAL - FIN				L	Shipping Total		0.00 593.05

I attest that, to the best of my knowledge, this requisition reflects accurate information, has been reviewed, budgeted for and follows the Nassau County Purchasing Policy.

Holly Loyle

12/29/2022

Office of Management and Budget (signature required if over Department Head signature authority or \$5,000, whichever is less.) I attest that, to the best of my knowledge, funds are available for payment. 12/29/2022

Procurement Director (signature required if over Department Head signature authority or \$5,000, whichever is less.) I affect that, to be lest of my knowledge, this requisition is accurate and necessary and is consistent with the Nassau County Purchasing Policy. 12/29/2022

County Manager (signature required if over Department Head signature authority or \$5,000, whichever is less.) I attest that, to the best of my knowledge, the appropriate staff have reviewed and approved this Requisition and no other conditions would prevent approval. 12/29/2022

Clerk:	
Date:	