

CS-22-238

BOCC CONTRACT APPROVAL FORM
(Request for Contract Preparation)

CONTRACT TRACKING NO. <u>CM 3331</u>
--

GENERAL INFORMATION

Requesting Department: OMB

Contact Person: Chris Lacambra

Telephone: (904) 530-6010 Fax: () Email: clacambra@nassaucountyfl.com

CONTRACTOR INFORMATION

Name: Federal Emergency Management Agency, State of Florida, Division of Emergency Management
2555 Shumard Oak Blvd. Tallahassee FL 32399-2100

City State Zip

Contractor's Administrator Name: Dominique Roberts Title: FDEM Grant Manager

Telephone: (850)815-4408 Fax: () Email: dominique.roberts@em.myflorida.com

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

Authorized Signatory Name: Dominique Roberts

Authorized Signatory Email: dominique.roberts@em.myflorida.com

CONTRACT INFORMATION

Contract Name: Federally Funded Subaward and Grant Agreement for DR-473-Hurricane Ian

Description: Grant for communities to respond to and recover from major disasters or emergencies and for limited mitigation measures.

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

Total Amount of Contract: Amount of Grant to be determined
APPROXIMATE IF NECESSARY

Source of Funds: County State Federal Other _____ Account: _____

Authorized Signatory: Klynt Farmer, Chairman

IDENTIFY WHO WILL SIGN CONTRACT ON BEHALF OF BOCC

Contract Dates: From: 9/23/2022 to: 3/29/2024 Termination/Cancellation: _____

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

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

If Processing an Amendment:

Contract #: _____ Increased Amount to Existing Contract: _____

New Contract Dates: _____ to _____ Total or Amended Amount: _____

Continued on next page


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 2/3/2023
Department Head/Contract Manager Date
Marshall Eyerman 2/6/2023
2. _____ Date
Procurement
3. Chris Lacambra 2/4/2023
Office of Mgmt & Budget Date
4. Denise C. May 2/6/2023
County Attorney Date

2/6/2023

COUNTY MANAGER – FINAL SIGNATURE APPROVAL

5.  2/6/2023
County Manager Date

Agreement Number: Z3022

FEDERALLY FUNDED SUBAWARD AND GRANT AGREEMENT for DR - 4673 - Hurricane Ian

The following Agreement is made and information is provided pursuant to 2 CFR §200.332(a)(1):

Subrecipient's name	<u>Nassau County</u>
Subrecipient's unique entity identifier	<u>UKSATC3UMPA5</u>
Federal Award Date	<u>9/30/2022</u>
Subaward Period of Performance Start and End Date (Cat A-B)	<u>Sep 23, 2022- Mar 29 2023</u>
Subaward Period of Performance Start and End Date (Cat C-G)	<u>Sep 23 2022- Mar 29 2024</u>
Amount of Federal Funds Obligated by this Agreement:	<u>N/A</u>
Total Amount of Federal Funds Obligated to the Subrecipient by the pass-through entity to include this Agreement:	_____
Total Amount of the Federal Award committed to the Subrecipient by the pass-through entity	_____
Federal award project description (see Federal Funding Accountability and Transparency Act (FFATA)	<u>Grant for communities to respond to and recover from major disasters or emergencies and for limited mitigation measures</u>
Name of Federal awarding agency	<u>Department of Homeland Security (OHS) Federal Emergency Management Agency (FEMA)</u>
Name of pass-through entity	<u>Florida Division of Emergency Management (FDEM)</u>
Contact information for the pass-through entity	<u>2555 Shumard Oak Blvd Tallahassee, FL 32399-2100</u>
Assistance Listing Number (Formerly CFDA Number)	<u>97 036</u>

Assistance Listing Program Title (Formerly CFDA program Title) Nassau County

THIS AGREEMENT is entered into by the State of Florida, Division of Emergency Management, with headquarters in Tallahassee Florida (hereinafter referred to as the "Division") and Nassau County (hereinafter referred to as the "Subrecipient").

THIS AGREEMENT IS ENTERED INTO BASED ON THE FOLLOWING REPRESENTATIONS

A. The Subrecipient represents that it is fully qualified and eligible to receive these grant funds to provide the services identified herein

B. The Subrecipient, by its decision to participate in this grant program bears the ultimate responsibility for ensuring compliance with all applicable State and Federal laws, regulations and policies, and bears the ultimate consequences of any adverse decisions rendered by the Division, the Federal Awarding Agency, or any other State and Federal agencies with audit, regulatory, or enforcement authority.

C. This Agreement establishes the relationship between the Division and the Subrecipient to allow the Division to pay grant funds to the Subrecipient.

THEREFORE, the Division and the Subrecipient agree to the following

(1) APPLICATION OF STATE LAW TO THIS AGREEMENT

2 CFR § 200 302 provides "Each state must expend and account for the Federal award in accordance with state laws and procedures for expending and accounting for the state's own funds " Therefore section 215 971 Florida Statutes entitled "Agreements funded with federal or state assistance " applies to this Agreement.

(2) LAWS, RULES, REGULATIONS AND POLICIES

a. Performance under this Agreement is subject to 2 CFR Part 200 entitled "Uniform Administrative Requirements Cost Principles and Audit Requirements for Federal Awards "

b. In addition to the foregoing the Subrecipient and the Division shall be governed by all applicable State and Federal laws rules and regulations Any express reference in this Agreement to a particular statute rule or regulation in no way implies that no other statute rule or regulation applies The applicable statutes rules or regulations are the statutes rules or regulations in effect at the time of the declaration of the incident through which federal funds are awarded, or as otherwise indicated as retroactively applied

(3) CONTACT

a. In accordance with section 215 971(2) Florida Statutes the Division's Grant Manager shall be responsible for enforcing performance of this Agreement's terms and conditions and shall serve as the Division's liaison with the Subrecipient. As part of his/her duties, the Grant Manager for the Division shall

- i. Monitor and document Subrecipient performance and
- ii. Review and document all deliverables for which the Subrecipient requests payment

b. The Division's Grant Manager for this Agreement is

Name Jennifer Stallings
 Title Grant Program Manager
 Bureau of Recovery
 Address Florida Division of Emergency Management
2555 Shumard Oak Blvd.
Tallahassee, FL 32399-2100
 Telephone (850) 815-4408
 Email Jennifer.Stallings@em.myflorida.com

c. The name and address of the Representative of the Subrecipient responsible for the administration of this Agreement is

Name Klyrt Farmer - Chairman of BOCC
 Address 96135 Nassau Place
Yulee, FL 32097

Telephone (904)530-8010

Email: kfamer@nassaucountyfl.com

d. In the event that different representatives or addresses are designated by either party after execution of this Agreement notice of the name title and address of the new representative will be provided to the other party in writing via letter or electronic email.

e. Systems Access It is the Subrecipient's responsibility to maintain current active users in the Division's grants management system in accordance with Attachment B to this Agreement ("Systems Access Form")

(4) TERMS AND CONDITIONS

This Agreement contains all the terms and conditions agreed upon by the parties

(5) EXECUTION

This Agreement may be executed in any number of counterparts, of which may be taken as an original.

(6) MODIFICATION

Either party may request modification of the provisions of this Agreement. Changes which are agreed upon shall be valid only when in writing, signed by each of the parties, and attached to the original of this Agreement.

(7) SCOPE OF WORK

The Subrecipient shall perform the work as approved by FEMA and provide the necessary documentation to substantiate work completed

(8) PERIOD OF AGREEMENT/PERIOD OF PERFORMANCE

The Period of Agreement establishes a timeframe for all Subrecipient contractual obligations to be completed. Upon execution by both parties this Agreement shall begin on the first day of the incident period for the disaster applicable to the agreement and shall end upon closeout of the Subrecipient's account for this disaster by the Federal Awarding Agency, unless terminated earlier as specified elsewhere in this Agreement. This Agreement survives and remains in effect after termination for the herein referenced State and Federal audit requirements and the referenced required records retention periods. Work may only be performed during the timeframes established and approved by FEMA for each Category of Work type

(9) FUNDING

a. The amount of total available funding for this subgrant is limited to the amount obligated by the Federal Awarding Agency for all projects approved for this Subrecipient for DR - 4673 - Hurricane Ian. Payments to Subrecipients are contingent upon the granting of budget authority to the Division

b. Pursuant to section 252.37(5)(a) Florida Statutes unless otherwise specified in the General Appropriations Act whenever the State accepts financial assistance from the Federal Government or its agencies under the Federal Public Assistance Program and such financial assistance is conditioned upon a requirement for matching funds the State shall provide the entire match requirement for state agencies and one-half of the required match for grants to Local governments. Affected Local governments shall be required to provide one-half of the required match prior to receipt of such financial assistance. Section 252.37, Florida Statutes, does not

apply to Subrecipients that are considered Private Non-Profit entities, therefore the entire non-federal share shall be the responsibility of the Private Non-Profit Subrecipient.

c. The Executive Office of the Governor may approve a waiver to local governments for the Non-Federal match requirement. The local government must apply for the waiver in accordance with Section 252.37(5)(b) Florida Statutes. Local governments must apply for the match waiver independently from their respective County.

(10) PAYMENT

a. The payment method used by the Division is either a Cost Reimbursement or an Advance Payment. Advance payments will be governed by Chapter 216 Florida Statutes.

b. The Division's Grant Manager, as required by section 215.971(2)(c) Florida Statutes, shall reconcile and verify all funds received against all funds expended during the grant agreement period and produce a final reconciliation report. The final report must identify any funds paid in excess of the expenditures incurred by the Subrecipient.

(11) REPAYMENTS

a. Refunds or repayments of obligated funds may be paid to the Division through check or through a payment plan as approved by the Department of Financial Services. Additionally, FEMA may permit the Division to off-set against other obligated projects where deemed appropriate. In accordance with Chapter 255 Florida Statutes, the Subrecipient has 30 days to repay the funds from the issuance of the invoice from the Division. The Division may impose a 1% per month interest fee for unpaid invoices.

b. All refunds or repayments due to the Division under this Agreement are to be made payable to the order of Division of Emergency Management and must include the invoice number and the applicable Disaster and Project number/s that are the subject of the invoice and be mailed directly to the following address:

Division of Emergency Management
Cashier
2555 Shumard Oak Boulevard
Tallahassee FL 32399-2100

(12) RECORDS

a. As required by 2 CFR § 200.334 and modified by Florida Department of State's record retention requirements (Fla. Admin. Code R. 1B-24.003), the Subrecipient shall retain sufficient records to show its compliance with the terms of this Agreement and all relevant terms and conditions of the award paid from funds under this Agreement for a period of five (5) years from the date of submission of the final expenditure report. This period may be extended for reasons including but not limited to litigation, fraud, or appeal. As required by 2 CFR § 200.303(e), the Subrecipient shall take reasonable measures to safeguard protected personally identifiable information and other information the Federal Awarding Agency or the Division designates as sensitive or the Subrecipient considers sensitive consistent with applicable Federal, State, local, and tribal laws regarding privacy and responsibility over confidentiality.

b. The Subrecipient shall maintain all records for the Subrecipient and for all subcontractors or consultants to be paid from funds provided under this Agreement, including documentation of all program costs, in a form sufficient

to determine compliance with the requirements and objectives of the award and all other applicable laws and regulations

(13) AUDITS

- a. The Subrecipient shall comply with the audit requirements contained in 2 CFR Part 200 Subpart F
- b. As required by 2 CFR § 200.337(a) "The Federal awarding agency Inspectors General the Comptroller General of the United States and the [Division] or any of their authorized representatives, shall enjoy the right of access to any documents papers or other records of the (Subrecipient) which are pertinent to the Federal award in order to make audits, examinations excerpts and transcripts. The right also includes timely and reasonable access to the [Subrecipient's] personnel for the purpose of interview and discussion related to such documents." The right of access is not limited to the required retention period but lasts as long as the records are retained (2 CFR § 200.337(c))
- c. As required by 2 CFR § 200.332(a)(S) the Division the Chief Inspector General of the State of Florida the Florida Auditor General or any of their authorized representatives shall enjoy the right of access to any documents financial statements papers or other records of the Subrecipient which are pertinent to this Agreement in order to make audits examinations excerpts and transcripts. The right of access also includes timely and reasonable access to the Subrecipient's personnel for the purpose of interview and discussion related to such documents

(14) REPORTS

- a. Consistent with 2 CFR § 200.329 the Subrecipient shall provide the Division with quarterly reports and any applicable financial reporting including reports required by the Federal Funding Accountability and Transparency Act (FFATA). These reports shall include the current status and progress by the Subrecipient and as applicable all subcontractors in completing the work described in the Scope of Work and the expenditure of funds under this Agreement, in addition to any other information requested by the Division

Quarter 1 (Q1)	October 1 - December 31	January 15
Quarter 2 (Q2)	January 1 - March 31	April 15
Quarter 3 (Q3)	April 1 - June 30	July 15
Quarter 4 (Q4)	July 1 - September 30	October 15

- b. The Subrecipient agrees to submit quarterly reports to the Division no later than fifteen (15) days after the end of each quarter of the program year and to submit quarterly reports each quarter until one quarter past the closeout of each project in the Division's Grant Management System. The ending dates for each quarter of the program year are March 31 June 30 September 30 and December 31
- c. The closeout report is due sixty (60) days after completion of each project worksheet associated with the applicant executing this Agreement or sixty (60) days after termination of this Agreement whichever first occurs

d. The Subrecipient shall provide additional program reports updates, or information that may be required by the Division or the Federal awarding agency

(15) MONITORING

a. The Division shall monitor the performance of the Subrecipient under this Agreement to ensure that the Scope of Work is being accomplished within the specified time periods, and that other performance goals are being met.

b. The Subrecipient agrees to comply and cooperate with any monitoring procedures/processes deemed appropriate by the Division. In the event that the Division determines that an audit of the Subrecipient is appropriate, the Subrecipient agrees to comply with any additional instructions provided by the Division to the Subrecipient regarding such audit.

c. Small Projects, as defined in 44 CFR § 206.203 that are obligated above the Federal Simplified Acquisition Threshold (SAT) will be subject to enhanced oversight and monitoring by the Division as authorized by 2 CFR § 200.332(a)(2)

(16) LIABILITY

a. Unless the Subrecipient is a State agency or political subdivision, as defined in section 768.28(2), Florida Statutes, the Subrecipient is solely responsible to third parties it deals with in carrying out the terms of this Agreement. As authorized by section 768.28(19), Florida Statutes, Subrecipient shall hold the Division harmless against all claims of whatever nature by third parties arising from the work performance under this Agreement. For purposes of this Agreement, Subrecipient agrees that it is not an employee or agent of the Division but is an independent contractor.

b. As required by section 768.28(19), Florida Statutes, any Subrecipient which is a State agency or political subdivision, as defined in section 768.28(2), Florida Statutes, agrees to be fully responsible for its negligent or tortious acts or omissions which result in claims or suits against the Division and agrees to be liable for any damages proximately caused by the acts or omissions to the extent set forth in section 768.28, Florida Statutes. Nothing herein is intended to serve as a waiver of sovereign immunity by any Subrecipient to which sovereign immunity applies. Nothing herein shall be construed as consent by a State agency or subdivision of the State of Florida to be sued by third parties in any matter arising out of any contract.

(17) TERMINATION

This Agreement terminates upon the completion of all eligible work and payment of all eligible costs in accordance with the Public Assistance Program requirements. The Division and Subrecipient agree that all records will be maintained until the conclusion of any record retention period.

(18) PROCUREMENT

a. The Subrecipient must ensure that any procurement involving funds authorized by the Agreement complies with all applicable Federal and State laws and regulations, including 2 CFR §§ 200.318 through 200.327 as well as Appendix II to 2 CFR Part 200 (entitled "Contract Provisions for Non-Federal Entity Contracts Under Federal Awards"). Additional requirements, guidance, templates and checklists regarding procurement may be obtained through the FEMA Procurement Disaster Assistance Team Resources found here <https://www.fema.gov/grants/procurement>.

b. The Subrecipient must include all applicable federal contract terms for all contracts for which federal

funds are received

If the Subrecipient contracts with any contractor or vendor for performance of any portion of the work required under this Agreement the Subrecipient must incorporate into its contract with such contractor or vendor an indemnification clause holding the Federal Government, its employees and/or their contractors, the Division, its employees and/or their contractors, and the Subrecipient and its employees and/or their contractors harmless from liability to third parties for claims asserted under such contract.

c. The Subrecipient must monitor and document in the quarterly report the contractor's progress in performing its work on its behalf under this Agreement in addition to its own progress

d. The Subrecipient must ensure all contracts conform to sections 287.057 and 288.703 Florida Statutes as applicable

(19) ATTACHMENTS

a. All attachments to this Agreement are incorporated as if set out fully

b. In the event of any inconsistencies or conflict between the language of this

Agreement and the attachments, the language of the attachments shall control but only to the extent of the conflict or inconsistency

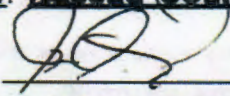
c. This Agreement has the following attachments

- i. Attachment A - Certification Regarding Debarment
- ii. Attachment B - Systems Access Form
- iii. Attachment C - Certification Regarding Lobbying

Agreement Number Z3022

IN WITNESS WHEREOF the parties hereto have executed this Agreement.

SUBRECIPIENT: Nassau County

By 
 (Signature)
 Name Klynt Farmer
 Title Chairman
 Date February 27, 2023

**STATE OF FLORIDA
DIVISION OF EMERGENCY MANAGEMENT**

By Melissa Shirah Digitally signed by Melissa Shirah
DN: cn=Melissa Shirah, o=FL
serial=Melissa.Shirah@mylevel.com, c=US
Date: 2023.03.24 09:35:57 -0400
Governors Authorized Representative
 Date 3/24/2023

Attachment A

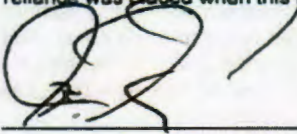
CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY and VOLUNTARY EXCLUSION

The Subrecipient certifies to the best of its knowledge and belief, that it and its principals

- 1. Are not presently debarred suspended proposed for debarment declared ineligible or voluntarily excluded from covered transactions by any Federal department or agency
- 2. Have not within the five-year period preceding entering into this Agreement had one or more public transactions (Federal State or Local) terminated for cause or default; and
- 3. Have not within the five-year period preceding entering into this proposal been convicted of or had a civil judgment rendered against them for
 - a) the commission of fraud or a criminal offense in connection with obtaining attempting to obtain or performing a public (Federal, State or Local) transaction or a contract under public transaction or b) violation of Federal or State antitrust statutes or commission of embezzlement theft, forgery bribery, falsification or destruction of records making false statements or receiving stolen property

The Subrecipient understands and agrees that the language of this certification must be included in the award documents for all subawards at all tiers (including subcontracts subgrants contracts under grants loans and cooperative agreements) and that all contractors and sub-contractors must certify and disclose accordingly

The Subrecipient further understands and agrees that this certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into



By
 Signature
 Klynt Farmer Chairman

Name and Title
96135 Nassau Place, Suite 1
 Street Address
Yulee, FL, 32097
 City State Zip
 February 27, 2023
 Date

Nassau County
 Subrecipient's Name
Z3022
 DEM Contract Number

Attachment B

SYSTEMS ACCESS

The **System Access Form** is submitted with each new disaster or emergency declaration to identify the Subrecipient's contacts for the FDEM Grants Management System in order to enter notes review notes and documents and submit the documentation necessary to work the new event. The Systems Access Form is originally submitted as Attachment "B" to the PA Funding Agreement. The Subrecipient is responsible for regularly reviewing its contacts. Contacts should be removed within 14 days of separation retirement or are reassignment by the Subrecipient. A new form will only be needed if all listed contacts have separated from the Agency. If a new Systems Access form is submitted, all Agency Representatives currently listed as contacts that are not included on the updated form will be deleted from FDEM Grants Management System for the specified grant. All users must log in on a monthly basis to keep their accounts from becoming locked. **Note: the Systems Access Form is NOT a delegation of authority. A signatory must have an attached delegation of authority as appropriate.**

Instructions for Completion

Complete the form in its entirety, listing the name and information for all representatives who will be working in the FDEM Grant Management System. Users will be notified via email when they have been granted access. The user must log in to the FDEM Grants Management System within twelve (12) hours of being notified or their account will lock them out. Each user must log in within a sixty (60) day period or their account will lock them out. In the event you try to log in and your account is locked users must submit a request for unlocking to RPA.Help@em.myflorida.com

The form is divided into twelve blocks each block must be completed where appropriate

Block 1: "Authorized Agent" - This should be the highest authority in your organization who is authorized to sign legal documents on behalf of your organization. A subsequent new Authorized Agent must be designated through a letter on letterhead from the Subrecipient's Authorized Representative. It is recommended to delegate this authority to an organizational staff member to avoid delays in grant management. (Only one Authorized Agent is allowed and this person will have full access/authority unless otherwise requested)

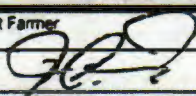

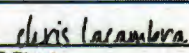
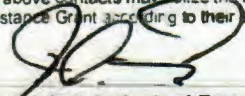
Block 2: "Primary Contact" - This is the person designated by your organization to receive all correspondence and is our main point of contact. This contact will be responsible for answering questions, uploading documents, and submitting reports/requests in FDEM Grants Management System. The Authorized Agent may designate a new Primary Contact. (Only one Primary Contact is allowed and this contact will have full access)

Block 3: "Alternate Contact" This is the person designated by your organization to be available when the Primary is not. Either the Authorized Agent or Primary Contact may designate a new Alternate Contact. (Only one Alternate Contact is allowed, and this contact will have full access)

Block 4, 5, and 6: "Other" (Finance/Point of Contact, Risk Management-Insurance, and Environmental-Historic) Providing these contacts is essential in the coordination and communication required between State and Local subject matter experts. We understand that the same agent may be identified in multiple blocks, however we ask that you enter the name and information again to ensure we are communicating with the correct individuals.

Block 7 - 12: "Other" (Read Only Access) - There is no limit on "Other" contacts, but we ask that this be restricted to those that are going to actually need to log in and have a role in reviewing the information. This designation is only for situational awareness purposes as individuals with the "Other Read-Only" designation cannot take any action in FDEM Grants Management System.

Note: The Systems Access Form is NOT a delegation of authority. A signatory must have an attached delegation of authority as appropriate.

SYSTEMS ACCESS FORM (CONTACTS) FEMA/GRANTEE PUBLIC ASSISTANCE PROGRAM FLORIDA DIVISION OF EMERGENCY MANAGEMENT	
Subrecipient: Nassau County	
Box 1: Authorized Agent (Full Access)	Box 2: Primary Contact (Full Access)
Name Kynt Farmer	Name Marshall Eyerman
Signature 	Signature 
Organization / Official Position BOCC Chairman	Organization / Official Position Assistant County Manager
Mailing Address 96315 Nassau Place Suite 1	Mailing Address 96315 Nassau Place Suite 1
City State Zip Yulee, FL 32097	City State Zip Yulee FL 32097
Daytime Telephone (904) 530-6010	Daytime Telephone (904) 530-6010
E-mail Address kfarmer@nassaucountyfl.com	E-mail Address meyerman@nassaucountyfl.com
Box 3: Alternate Contact (Full Access)	Box 4: Other-Finance/Point of Contact (Full Access)
Name Chris Lacambra	Name
Signature 	Signature
Organization / Official Position OMB Director	Organization / Official Position
Mailing Address 96315 Nassau Place Suite 2	Mailing Address
City State Zip Yulee FL 32097	City State Zip
Daytime Telephone (904) 530-6010	Daytime Telephone
E-mail Address clacambra@nassaucountyfl.com	E-mail Address
Box 5: Other-Risk Mgmt-Insurance (Full Access)	Box 6: Other-Environmental-Historic (Full Access)
Name	Name
Signature	Signature
Organization / Official Position	Organization / Official Position
Mailing Address	Mailing Address
City State Zip	City State Zip
Daytime Telephone	Daytime Telephone
E-mail Address	E-mail Address
<p>The above contacts may utilize the FDEM Grants Management System to perform the Subrecipient's responsibilities regarding the Public Assistance Grant according to their level of access. The Subrecipient is responsible for ensuring that all contacts are correct and up-to-date.</p>	
<p></p> <p>Subrecipient Authorized Representative Signature</p>	
<p>2/27/23</p> <p>Date</p>	

SYSTEMS ACCESS FORM (CONTACTS) FEMA/GRANTEE PUBLIC ASSISTANCE PROGRAM FLORIDA DIVISION OF EMERGENCY MANAGEMENT	
Subrecipient: Nassau County	Date:
Box 7: Other (Read Only Access)	
Name	Name
Signature	Signature
Organization / Official Position	Organization / Official Position
Mailing Address	Mailing Address
City / State / Zip	City / State / Zip
Daytime Telephone	Daytime Telephone
E-mail Address	E-mail Address
Box 8: Other (Read Only Access)	
Name	Name
Signature	Signature
Organization / Official Position	Organization / Official Position
Mailing Address	Mailing Address
City / State / Zip	City / State / Zip
Daytime Telephone	Daytime Telephone
E-mail Address	E-mail Address
Box 9: Other (Read Only Access)	
Name	Name
Signature	Signature
Organization / Official Position	Organization / Official Position
Mailing Address	Mailing Address
City / State / Zip	City / State / Zip
Daytime Telephone	Daytime Telephone
E-mail Address	E-mail Address
Box 10: Other (Read Only Access)	
Name	Name
Signature	Signature
Organization / Official Position	Organization / Official Position
Mailing Address	Mailing Address
City / State / Zip	City / State / Zip
Daytime Telephone	Daytime Telephone
E-mail Address	E-mail Address
Box 11: Other (Read Only Access)	
Name	Name
Signature	Signature
Organization / Official Position	Organization / Official Position
Mailing Address	Mailing Address
City / State / Zip	City / State / Zip
Daytime Telephone	Daytime Telephone
E-mail Address	E-mail Address
Box 12: Other (Read Only Access)	
Name	Name
Signature	Signature
Organization / Official Position	Organization / Official Position
Mailing Address	Mailing Address
City / State / Zip	City / State / Zip
Daytime Telephone	Daytime Telephone
E-mail Address	E-mail Address
Subrecipient's Fiscal Year (FY) Start 2019 Month: 01 Day: 01	
Subrecipient's Federal Employer's Identification Number (EIN) 59-1863042	
Subrecipient's Grantee Cognizant Agency for Single Audit Purposes Florida Division of Emergency Management	
Subrecipient's FIPS Number (If Known) 089-99089-00	

**Attachment C
Certification Regarding Lobbying**

APPENDIX A. 44 CFR PART 16- CERTIFICATION REGARDING LOBBYING

Certification for Contracts Grants, Loans and Cooperative Agreements

The undersigned certifies to the best of his or her knowledge and belief that

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of an agency a Member of Congress an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract the making of any Federal grant, the making of any Federal loan the entering into of any cooperative agreement and the extension continuation renewal amendment, or modification of any Federal contract grant loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress in connection with this Federal contract grant loan, or cooperative agreement the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying" in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all Subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352 title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Klynt Farmer

The Subrecipient or contractor _____, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. Chap. 38, Administrative Remedies for False Claims and Statements apply to this certification and disclosure, if any.

Signature of Subrecipient contractor's Authorized Official
Klynt Farmer Chairman

Name and Title of Subrecipient contractor's Authorized Official

February 27, 2023
Date



Attachment 2

Federally-Funded Subgrant Agreement – Applicant Instructions

Each Applicant must return the signed funding agreement via email to the assigned Grant Manager. The Applicant must also upload a signed copy of the funding agreement in FloridaPA org under the Sub-grant Agreement module. The following sections and attachments must be completed in order to fully execute the funding agreement:

- I. Subgrant Agreement
 - a. Subrecipient's unique entity identifier (UEI)
 - i. Fill out your UEI. Go to Sam gov to obtain it. More information on the Vendor Registration Instructions
 - b. Item (3) CONTACT - Section c
 - i. Fill out the point of contact for any necessary future discussions regarding the contract
 - ii. Contact does not have to be the authorized signor
 - c. Signature page
 - i. Fill out the following information
 1. By - Original Signature of the Authorized Agent
 2. Name and Title - Printed name and title of the Authorized Agent
 3. Date - Date of contract signage
 - ii. The agreement must be signed by the Authorized Agent of the entity (see Appendix 1 for further instruction on Authorized Agents)
2. Attachment A Certification regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion
 - a. The Applicant must certify that any contractor working on a project has not been suspended or debarred. The Applicant should refer to SAM gov for certification.

NOTE

 - i. Mutual aid is not considered a sub-contractor
3. Attachment B System Access
 - a. At least 2 contacts must be filled out completely
 - i. The Authorized Agent (Box 1) **must be the same as the person signing the agreement**
 - ii. The other contact may be in any other box
 - iii. Each contact listed must fill out the following
 1. Agent's Name
 2. Signature
 3. Organization/Official Position
 4. Mailing Address
 5. City, State, Zip
 6. Daytime Telephone
 7. E-mail Address
 - b. Signature for Subgrantee Authorized Agent Signature (bottom of page) must be the person from Box 1- the Authorized Agent
 - c. Complete the following
 - i. Sub-Grantee's Fiscal Year (FY) Start
 - ii. Sub-Grantee's Federal Employer's Identification Number (EIN)
 - iii. Sub-Grantee's FIPS Number (found on FLPA)



Attachment 2

- 4. Attachment C Certification Regarding Lobbying
 - a. Authorized Agent fill out the following information
 - 1. Subrecipient's name
 - 2. Signature of the Authorized Agent
 - 3. Name and Title
 - 4. Date

Appendix 1

Included below is a list of possible positions within your organization that might be appropriate to act as Authorized Agent. If your organization does not include these positions FDEM would request a copy of your organization chart to help us identify your organizational structure and ensure the correct signatories are accepted on official documents

If the subgrant agreement or other documents provided to FDEM are not signed by the lead authority within your organization then you must provide proof of delegation of authority to a different individual within your entity. This delegation of authority letter must contain the following

- a. A formal letterhead of the city, county, tribe PNP etc
- b. Language indicating the delegation of authority to new employee from the organizations formal authorized agent.
- c. Include a citation of the entity's internal policy that grants delegation authority describes the process and any limitations on the actions of those delegated

The delegation letter must be submitted with the signed agreement and uploaded to FloridaPA in the Sub-grant Agreement module

List of Possible Authorized Agents

- State Agencies
 - Secretary
 - Director of the Agency
- County
 - Chair of the Board of Commissioners
- City
 - Mayor
- Indian Tribe
 - Chief
 - President
- Police Department
 - Chief of Police
- Sheriffs Office
 - Sheriff



Attachment 2

- School Board
Superintendent
- Charter School:
Chair of the Board of Directors
- Institution of Higher Education
President of the Institution
- Water Management District:
Chair
- Fire District:
District Chief
- Special District:
Executive Director
- Non-Profit:
Chair of the Board
Principal Officer
- Corporation
Chair of the Board of Directors
President' CEO