

CS-22-242

# BOCC CONTRACT APPROVAL FORM

CONTRACT TRACKING NO. CM2418-A5

**SECTION 1 - GENERAL INFORMATION**  
 Requesting Department: Road Contact Person: David Hearn  
 Telephone: (904) 753-4005 Email: dhearn@nessaucountyfl.com

**SECTION 2 - VENDOR INFORMATION**  
 Name: CDM Smith, Inc.  
 Address: 75 State Street, Suite 701  
 City: Boston State: MA Zip Code: 02019  
 Vendor's Administrator Name: Bob Hamm Title: Vice President  
 Telephone: (850) 388-9559 Email: hammra@cdmsmith.com

**SECTION 3 - VENDOR AUTHORIZED SIGNATORY**  
 Authorized Signatory Name: Robert A. Hamm, PE  
 Authorized Signatory Email: hammra@cdmsmith.com  
 (IDENTIFY WHO WILL SIGN THE CONTRACT ON BEHALF OF THE VENDOR. OFFICER/DIRECTOR WITH AUTHORITY TO BIND COMPANY.)

**SECTION 4 - CONTRACT INFORMATION**  
 Contract Name: Fifth Amendment to the Agreement for Professional Services  
 Type:  New Contract  Work Authorization  Supplemental Agreement  
 Short Description of Product(s)/Service(s) Being Requested: Continuing Contract for Construction Engineering Inspection (CEI) Services  
 (GOODS AND/OR SERVICES TO BE PROCURED, PHYSICAL LOCATION, ETC.)  
 Procured Method:  Quotes  ITB  RFP  RFQ  Piggyback  Exemption  Sole Source  
 Single Source  Other Amendment  
 Total Amount of Contract: \$986,352.70 Estimated (Estimate if necessary)  
 Account Number: 03481541-548550 L&O  
 Source of Funds:  County  State  Federal  Other:  
 County Authorized Signatory:  BOCC Chairman  County Manager  
 (IDENTIFY WHO WILL SIGN CONTRACT ON BEHALF OF BOCC)

**SECTION 5 - INSURANCE**  
 Insurance Category:  Category L  Category M  Category H  Other: Prior to Insurance Matrix - Refer to Category M w/ Professional Services  
 Risk Manager Initials: TH

**SECTION 6 - AMENDMENT INFORMATION**  
 Contract Tracking No: CM2418 Amendment No: A5  
 Type of Amendment:  Renewal  Time Only Extension  Additional Scope  Other:  
 Increased Amount to Existing Contract: \_\_\_\_\_ (if any) Total with Amended Amount: \_\_\_\_\_

**APPROVALS PURSUANT TO NASSAU COUNTY PURCHASING POLICY**

1. Doug Podiak 7/17/2023  
 Department Head/Contract Manager Date
2. [Signature] 7.17.23 7/18/2023  
 Office of Mgmt & Budget Date
3. Nassau County 7/19/2023 Be 7/17/23  
 Procurement Date
4. Denise C. May 7/19/2023 BJ 7/19/2023  
 County Attorney Date

**COUNTY MANAGER FINAL SIGNATURE APPROVAL**  
[Signature] 7/19/2023  
 County Manager Date

**FIFTH AMENDMENT TO THE AGREEMENT FOR PROFESSIONAL SERVICES**

**THIS AMENDMENT** is made by and between the **BOARD OF COUNTY COMMISSIONERS OF NASSAU COUNTY**, a political subdivision of the State of Florida, hereinafter referred to as the “County”, and **CDM SMITH, INC.**, a Foreign Profit Corporation, whose principle office address is located at 75 State Street, Suite 701, Boston, MA 02109, hereinafter referred to as “Consultant”.

**WHEREAS**, the County and the Consultant entered into an Agreement for Professional Services, hereinafter referred to as the “Agreement”, on June 12, 2017 to provide professional Construction Engineering Inspection (CEI) services; and

**WHEREAS**, the Agreement provided for an initial three (3) year performance period, with an option to extend upon mutual agreement between the Consultant and the County; and

**WHEREAS**, the Agreement was later amended to extend the performance period incrementally with the latest amendment extending the performance period through June 11, 2023; and

**WHEREAS**, following June 11, 2023, the performance period of the Agreement was not formally extended, but the parties continued to perform their contractual duties and responsibilities under the Agreement, and the parties agree by this performance there was an implied extension of the performance period of the Agreement; and

**WHEREAS**, the parties now desire to memorialize the extension of the performance period of the Agreement through December 1, 2023.

**NOW, THEREFORE, FOR AND IN CONSIDERATION** of the mutual covenants and agreements herein contained, the parties hereto agree as follows:

1. The Agreement shall be amended to extend the performance period through December 1, 2023.

2. All other provisions of said Agreement not in conflict with this Amendment shall remain in full force and effect.

**IN WITNESS WHEREOF**, the parties have caused this Amendment to be executed by its duly authorized representatives, effective on the last date below.

**NASSAU COUNTY**

*Taco E. Pope, AICP*

\_\_\_\_\_  
Taco E. Pope, AICP

Its: Designee

Date: 7/19/2023

XXXXXXXXXXXXXXXXXXXXX  
Attest as to Chairman's  
Signature. XXXXXXXXXXXXXXXXXXXXX

Approved as to form and legality by the  
Nassau County Attorney

*Denise C. May*

\_\_\_\_\_  
Denise C. May

Its: Nassau County Attorney

Date: 7/19/2023

**CDM SMITH, INC.**

*Robert Hamm*

\_\_\_\_\_  
By: Robert Hamm

Its: Vice President

Date: 7/19/2023



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
02/15/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Aon Risk Services Northeast, Inc. Boston MA office 53 State Street Suite 2201 Boston MA 02109 USA	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): (866) 283-7122      FAX (A/C. No.): 800-363-0105 E-MAIL ADDRESS:  <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><b>INSURER(S) AFFORDING COVERAGE</b></td> <td style="text-align: center; border: none;"><b>NAIC #</b></td> </tr> <tr> <td style="border: none;">INSURER A: Commerce &amp; Industry Ins Co</td> <td style="border: none; text-align: center;">19410</td> </tr> <tr> <td style="border: none;">INSURER B: Underwriters At Lloyds London</td> <td style="border: none; text-align: center;">15792</td> </tr> <tr> <td style="border: none;">INSURER C: Liberty Insurance Corporation</td> <td style="border: none; text-align: center;">42404</td> </tr> <tr> <td style="border: none;">INSURER D: Liberty Mutual Fire Ins Co</td> <td style="border: none; text-align: center;">23035</td> </tr> <tr> <td style="border: none;">INSURER E: LM Insurance Corporation</td> <td style="border: none; text-align: center;">33600</td> </tr> <tr> <td style="border: none;">INSURER F: ACE Property &amp; Casualty Insurance Co.</td> <td style="border: none; text-align: center;">20699</td> </tr> </table>	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>	INSURER A: Commerce & Industry Ins Co	19410	INSURER B: Underwriters At Lloyds London	15792	INSURER C: Liberty Insurance Corporation	42404	INSURER D: Liberty Mutual Fire Ins Co	23035	INSURER E: LM Insurance Corporation	33600	INSURER F: ACE Property & Casualty Insurance Co.	20699
<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>														
INSURER A: Commerce & Industry Ins Co	19410														
INSURER B: Underwriters At Lloyds London	15792														
INSURER C: Liberty Insurance Corporation	42404														
INSURER D: Liberty Mutual Fire Ins Co	23035														
INSURER E: LM Insurance Corporation	33600														
INSURER F: ACE Property & Casualty Insurance Co.	20699														
<b>INSURED</b> CDM Smith Inc. 75 State Street Suite 701 Boston MA 02109 USA															

Holder Identifier :

**COVERAGES**      **CERTIFICATE NUMBER:** 570097851684      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
C	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> CLAIMS-MADE</td> <td style="border: none;"><input checked="" type="checkbox"/> OCCUR</td> </tr> </table> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR			TB7611B8T8Z6043	01/01/2023	01/01/2024	<table style="width: 100%; border: none;"> <tr><td style="border: none;">EACH OCCURRENCE</td><td style="border: none; text-align: right;">\$2,000,000</td></tr> <tr><td style="border: none;">DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="border: none; text-align: right;">\$500,000</td></tr> <tr><td style="border: none;">MED EXP (Any one person)</td><td style="border: none; text-align: right;">\$10,000</td></tr> <tr><td style="border: none;">PERSONAL &amp; ADV INJURY</td><td style="border: none; text-align: right;">\$2,000,000</td></tr> <tr><td style="border: none;">GENERAL AGGREGATE</td><td style="border: none; text-align: right;">\$4,000,000</td></tr> <tr><td style="border: none;">PRODUCTS - COM/OP AGG</td><td style="border: none; text-align: right;">\$4,000,000</td></tr> </table>	EACH OCCURRENCE	\$2,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,000	MED EXP (Any one person)	\$10,000	PERSONAL & ADV INJURY	\$2,000,000	GENERAL AGGREGATE	\$4,000,000	PRODUCTS - COM/OP AGG	\$4,000,000
<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR																				
EACH OCCURRENCE	\$2,000,000																				
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,000																				
MED EXP (Any one person)	\$10,000																				
PERSONAL & ADV INJURY	\$2,000,000																				
GENERAL AGGREGATE	\$4,000,000																				
PRODUCTS - COM/OP AGG	\$4,000,000																				
D	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input checked="" type="checkbox"/> ANY AUTO</td> <td style="border: none;"><input type="checkbox"/> SCHEDULED AUTOS</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> OWNED AUTOS ONLY</td> <td style="border: none;"><input type="checkbox"/> NON-OWNED AUTOS ONLY</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> HIRED AUTOS ONLY</td> <td style="border: none;"><input type="checkbox"/> AUTOS ONLY</td> </tr> </table>	<input checked="" type="checkbox"/> ANY AUTO	<input type="checkbox"/> SCHEDULED AUTOS	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> AUTOS ONLY			AS2-611-B8T8Z6-063	01/01/2023	01/01/2024	<table style="width: 100%; border: none;"> <tr><td style="border: none;">COMBINED SINGLE LIMIT (Ea accident)</td><td style="border: none; text-align: right;">\$2,000,000</td></tr> <tr><td style="border: none;">BODILY INJURY (Per person)</td><td style="border: none;"></td></tr> <tr><td style="border: none;">BODILY INJURY (Per accident)</td><td style="border: none;"></td></tr> <tr><td style="border: none;">PROPERTY DAMAGE (Per accident)</td><td style="border: none;"></td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000	BODILY INJURY (Per person)		BODILY INJURY (Per accident)		PROPERTY DAMAGE (Per accident)	
<input checked="" type="checkbox"/> ANY AUTO	<input type="checkbox"/> SCHEDULED AUTOS																				
<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY																				
<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> AUTOS ONLY																				
COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000																				
BODILY INJURY (Per person)																					
BODILY INJURY (Per accident)																					
PROPERTY DAMAGE (Per accident)																					
F	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION			XEUG28194687007	01/01/2023	01/01/2024	<table style="width: 100%; border: none;"> <tr><td style="border: none;">EACH OCCURRENCE</td><td style="border: none; text-align: right;">\$5,000,000</td></tr> <tr><td style="border: none;">AGGREGATE</td><td style="border: none; text-align: right;">\$5,000,000</td></tr> </table>	EACH OCCURRENCE	\$5,000,000	AGGREGATE	\$5,000,000										
EACH OCCURRENCE	\$5,000,000																				
AGGREGATE	\$5,000,000																				
E	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NJ) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WA561DB8T8Z6013 AOS WC5611B8T8Z6023 WI	01/01/2023	01/01/2024	<table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input checked="" type="checkbox"/> PER STATUTE</td> <td style="border: none;"><input type="checkbox"/> OTH</td> <td style="border: none;"></td> </tr> <tr><td style="border: none;">E.L. EACH ACCIDENT</td><td style="border: none;"></td><td style="border: none; text-align: right;">\$1,000,000</td></tr> <tr><td style="border: none;">E.L. DISEASE-EA EMPLOYEE</td><td style="border: none;"></td><td style="border: none; text-align: right;">\$1,000,000</td></tr> <tr><td style="border: none;">E.L. DISEASE-POLICY LIMIT</td><td style="border: none;"></td><td style="border: none; text-align: right;">\$1,000,000</td></tr> </table>	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH		E.L. EACH ACCIDENT		\$1,000,000	E.L. DISEASE-EA EMPLOYEE		\$1,000,000	E.L. DISEASE-POLICY LIMIT		\$1,000,000		
<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH																				
E.L. EACH ACCIDENT		\$1,000,000																			
E.L. DISEASE-EA EMPLOYEE		\$1,000,000																			
E.L. DISEASE-POLICY LIMIT		\$1,000,000																			
B	Archit&Eng Prof			PSDEF2300033 Professional/Claims Made	01/01/2023	01/01/2024	<table style="width: 100%; border: none;"> <tr><td style="border: none;">Each Claim</td><td style="border: none; text-align: right;">\$1,000,000</td></tr> <tr><td style="border: none;">Aggregate</td><td style="border: none; text-align: right;">\$1,000,000</td></tr> </table>	Each Claim	\$1,000,000	Aggregate	\$1,000,000										
Each Claim	\$1,000,000																				
Aggregate	\$1,000,000																				

Certificate No : 570097851684

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 RE: Contract No. CM2418. Bid/RFP No. NC16-029. Nassau County Construction Engineering Inspection (CEI) Services Continuing Services.  
 Nassau County Board of County Commissioners is included as Additional Insured in accordance with the policy provisions of the General Liability, Automobile Liability and Umbrella Liability policies. General Liability, Automobile Liability and Umbrella Liability policies evidenced herein are Primary and Non-Contributory to other insurance available to an Additional Insured, but only in accordance with the policy's provisions. A waiver of Subrogation is granted in favor of Nassau County Board of County Commissioners in accordance with the policy provisions of the General Liability, Automobile Liability and workers' Compensation

<b>CERTIFICATE HOLDER</b>  Nassau County Attn: Charlotte Young 96135 Nassau Place, Suite 6 Yulee FL 32097 USA	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  <div style="text-align: center; font-family: cursive; font-size: 1.2em;">                     Aon Risk Services Northeast, Inc.                 </div>
--	--





# ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED CDM Smith Inc.	
POLICY NUMBER See Certificate Number: 570097851684			
CARRIER See Certificate Number: 570097851684	NAIC CODE	EFFECTIVE DATE:	

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Additional Description of Operations / Locations / Vehicles:  
policies.



AGENCY CUSTOMER ID: 10518329

LOC #:



### ADDITIONAL REMARKS SCHEDULE

Page \_ of \_

AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED CDM Smith Inc.	
POLICY NUMBER See Certificate Number: 570097851684			
CARRIER See Certificate Number: 570097851684	NAIC CODE	EFFECTIVE DATE:	

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Professional Liab Policy PSDEF2300033

Beazley (Syndicates 2623/0623) - 25%  
 BRIT (Syndicate 2987) - 25%  
 Munitus (Syndicate 4242) - 12.5%  
 Re/Rn (Syndicate 1458) - 10%  
 Castelmga (Syndicate 2525) - 5%  
 Convex (Syndicate 1984) - 7.50%  
 Berkshire - 15%


**Certificate Of Completion**

Envelope Id: 2E3CE573917848FDA63B47064D1A5CA6	Status: Completed
Subject: Complete with DocuSign: URGENT CM2418-A5 CDM Smith	
Source Envelope:	
Document Pages: 7	Signatures: 7
Certificate Pages: 6	Initials: 4
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Jennifer Kirkland
Time Zone: (UTC-05:00) Eastern Time (US & Canada)	jkirkland@nassaucountyfl.com
	IP Address: 50.238.237.26

**Record Tracking**

Status: Original	Holder: Jennifer Kirkland	Location: DocuSign
7/17/2023 2:58:05 PM	jkirkland@nassaucountyfl.com	


**Signer Events**

Signer Events	Signature	Timestamp
Doug Podiak dpodiak@nassaucountyfl.com Facilities Director Nassau County BOCC Security Level: Email, Account Authentication (None)	  Signature Adoption: Pre-selected Style Using IP Address: 50.238.237.26	Sent: 7/17/2023 3:03:07 PM Viewed: 7/17/2023 3:03:52 PM Signed: 7/17/2023 3:04:06 PM


**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign

Tracy Poore tpoore@nassaucountyfl.com OMB Admin Nassau County BOCC Security Level: Email, Account Authentication (None)	  Signature Adoption: Pre-selected Style Using IP Address: 50.238.237.26	Sent: 7/17/2023 3:04:07 PM Viewed: 7/18/2023 10:50:04 AM Signed: 7/18/2023 10:51:36 AM
---	---	--

**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign

Ashley Metz ametz@nassaucountyfl.com Human Resources Director Nassau County BOCC Security Level: Email, Account Authentication (None)	  Signature Adoption: Pre-selected Style Using IP Address: 50.238.237.26	Sent: 7/18/2023 10:51:37 AM Resent: 7/18/2023 12:47:58 PM Viewed: 7/18/2023 12:48:40 PM Signed: 7/18/2023 12:49:11 PM
---	--	--

**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)	  Signature Adoption: Pre-selected Style Using IP Address: 50.238.237.26	Sent: 7/18/2023 12:49:14 PM Viewed: 7/19/2023 9:02:40 AM Signed: 7/19/2023 9:03:13 AM
---	--	---

**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign



Signer Events	Signature	Timestamp
---------------	-----------	-----------

<p>Robert Hamm            hammra@cdmsmith.com            Vice President            CDM Smith            Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b>            Accepted: 7/19/2023 9:31:38 AM            ID: 83255532-06ee-4d35-b656-7839694a47fa</p>	<p><i>Robert Hamm</i></p> <p>Signature Adoption: Pre-selected Style            Using IP Address: 166.199.100.68            Signed using mobile</p>	<p>Sent: 7/19/2023 9:03:15 AM            Viewed: 7/19/2023 9:31:38 AM            Signed: 7/19/2023 9:33:51 AM</p>
--	--	---

<p>Abigail Jorandby            ajorandby@nassaucountyfl.com            Assistant County Attorney            Nassau BOCC            Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b>            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: 7/19/2023 9:33:52 AM            Viewed: 7/19/2023 11:06:55 AM            Signed: 7/19/2023 1:33:09 PM</p>
---	---	--

<p>Denise C. May            dmay@nassaucountyfl.com            Assistant County Attorney            Nassau County BOCC            Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b>            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: 7/19/2023 1:33:11 PM            Viewed: 7/19/2023 2:13:09 PM            Signed: 7/19/2023 2:13:22 PM</p>
--	--	---

<p>Taco E. Pope, AICP            tpope@nassaucountyfl.com            County Manager            Nassau County BOCC            Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b>            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: 7/19/2023 2:13:24 PM            Viewed: 7/19/2023 2:36:52 PM            Signed: 7/19/2023 2:36:58 PM</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
--------------------	--------	-----------

<p>Clerk Admin            clerkservices@nassaucountyfl.com            Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b>            Not Offered via DocuSign</p>	<p><b>COPIED</b></p>	<p>Sent: 7/19/2023 2:37:00 PM</p>
--	----------------------	-----------------------------------

**Carbon Copy Events****Status****Timestamp**

Procurement Staff  
 BOCCProcurement@nassaucountyfl.com  
 Security Level: Email, Account Authentication  
 (None)  
**Electronic Record and Signature Disclosure:**  
 Not Offered via DocuSign

**COPIED**

Sent: 7/19/2023 2:37:01 PM

Jennifer Kirkland  
 jkirkland@nassaucountyfl.com  
 Nassau County BOCC  
 Security Level: Email, Account Authentication  
 (None)  
**Electronic Record and Signature Disclosure:**  
 Not Offered via DocuSign

**COPIED**

Sent: 7/19/2023 2:37:02 PM

BOCC AP  
 boccap@nassauclerk.com  
 Nassau County Clerk  
 Security Level: Email, Account Authentication  
 (None)  
**Electronic Record and Signature Disclosure:**  
 Accepted: 2/4/2021 9:59:11 AM  
 ID: 6238f06a-a4ad-4d45-a7f5-929d04629059

**COPIED**

Sent: 7/19/2023 2:37:03 PM

David Hearn  
 dhearn@nassaucountyfl.com  
 Road  
 Nassau County BOCC  
 Security Level: Email, Account Authentication  
 (None)  
**Electronic Record and Signature Disclosure:**  
 Not Offered via DocuSign

**COPIED**

Sent: 7/19/2023 2:37:05 PM

**Witness Events****Signature****Timestamp****Notary Events****Signature****Timestamp****Envelope Summary Events****Status****Timestamps**

Envelope Sent	Hashed/Encrypted	7/17/2023 3:03:07 PM
Envelope Updated	Security Checked	7/18/2023 12:47:58 PM
Envelope Updated	Security Checked	7/18/2023 12:47:58 PM
Envelope Updated	Security Checked	7/18/2023 12:47:58 PM
Envelope Updated	Security Checked	7/19/2023 1:28:53 PM
Envelope Updated	Security Checked	7/19/2023 1:30:56 PM
Certified Delivered	Security Checked	7/19/2023 2:36:52 PM
Signing Complete	Security Checked	7/19/2023 2:36:58 PM
Completed	Security Checked	7/19/2023 2:37:05 PM

**Payment Events****Status****Timestamps****Electronic Record and Signature Disclosure**

## **ELECTRONIC RECORD AND SIGNATURE DISCLOSURE**

From time to time, County of Nassau (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

### **Getting paper copies**

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

### **Withdrawing your consent**

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

### **Consequences of changing your mind**

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

### **All notices and disclosures will be sent to you electronically**

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.

**How to contact County of Nassau:**

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](mailto:bsimmons@nassaucountyfl.com)

**To advise County of Nassau of your new email address**

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at [bsimmons@nassaucountyfl.com](mailto:bsimmons@nassaucountyfl.com) and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

**To request paper copies from County of Nassau**

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to [bsimmons@nassaucountyfl.com](mailto:bsimmons@nassaucountyfl.com) and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

**To withdraw your consent with County of Nassau**

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to [bsimmons@nassaucountyfl.com](mailto:bsimmons@nassaucountyfl.com) and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

### **Required hardware and software**

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

### **Acknowledging your access and consent to receive and sign documents electronically**

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify County of Nassau as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by County of Nassau during the course of your relationship with County of Nassau.