

CS-22-388

# BOCC CONTRACT APPROVAL FORM

CONTRACT TRACKING NO. CM2883-A1 (Corrected)

**SECTION 1 - GENERAL INFORMATION**  
 Requesting Department: Facilities Maintenance Contact Person: E. Burton / L. Burnsed  
 Telephone: (904) 530-6125 Email: eburton@nassaucountyfl.com

**SECTION 2 - VENDOR INFORMATION**  
 Name: Kept Companies Inc., dba Krystal Klean  
 Address: 13679 Atlantic Blvd  
 City: Jacksonville State: Florida Zip Code: 32225  
 Vendor's Administrator Name: Cori Roberts Title: Contracts Administrator  
 Telephone: (904) 220-3337 Email: cori@krystalklean.com

**SECTION 3 - VENDOR AUTHORIZED SIGNATORY**  
 Authorized Signatory Name: Lorraine Matarazzo  
 Authorized Signatory Email: LorraineM@fleetwash.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: Contract for Detention Center Water Closet and Shower Cleaning  
 Type:  New Contract  Work Authorization  Supplemental Agreement  
 Short Description of Product(s)/Service(s) Being Requested: Detailed cleaning and sanitation of water closets and shower areas in the Detention Center  
 (GOODS AND/OR SERVICES TO BE PROCURED, PHYSICAL LOCATION, ETC.)  
 Procured Method:  Quotes  ITB  RFP  RFQ  Piggyback  Exemption  Sole Source  
 Single Source  Other \_\_\_\_\_  
 Total Amount of Contract: \$234,000.00 (\$78,000.00 per year or \$19,500.00 per quarter for the initial three (3) year term) (Estimate if necessary)  
 Account Number: 01072523-546020  
 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: \_\_\_\_\_  
 Risk Manager Initials: AM 8/19/2023

**SECTION 6 - AMENDMENT INFORMATION**  
 Contract Tracking No: CM2883 Amendment No: A1 (Corrected Amendment as to Signature)  
 Type of Amendment:  Renewal  Time Only Extension  Additional Scope  Other: \_\_\_\_\_  
 Increased Amount to Existing Contract: \$78,000.00 (if any) Total with Amended Amount: \$312,000.00  
 Account Code Change From: \_\_\_\_\_ To: \_\_\_\_\_

### APPROVALS PURSUANT TO NASSAU COUNTY PURCHASING POLICY

- |   |   |
|---|---|
| 1. <u>Doug Padiak</u> 8/29/2023<br>Department Head/Contract Manager Date                | 3. <u>Tanasa Adams</u> 8/29/2023<br>Procurement Date<br><i>(Signature required only if procurement related)</i> |
| 2. <u>Chris Lacambra</u> 8/29/2023 <u>TP</u><br>Office of Mgmt. & Budget Date 8/29/2023 | 4. <u>Denise C. May</u> 9/5/2023 <u>RFJ</u><br>County Attorney Date 9/5/2023                                    |

### COUNTY MANAGER - FINAL SIGNATURE APPROVAL

Taco E. Popey AICP 9/6/2023  
County Manager Date

*(Corrected Amendment as to Signature)*  
**FIRST AMENDMENT TO CONTRACT FOR  
DETENTION CENTER WATER CLOSET AND SHOWER CLEANING SERVICES**

**THIS AMENDMENT TO THE CONTRACT FOR WATER CLOSET AND SHOWER CLEANING SERVICES** (hereinafter “Amendment”) is made by and between the Board of County Commissioners of Nassau County, Florida, a political subdivision of the State of Florida (hereinafter the “County”), and **Kept Companies, Inc. dba Krystal Klean (formally Krystal Companies, LLC)**, a business having its primary business location at 13679 Atlantic Blvd., Jacksonville, Florida 32225 (hereinafter the “Vendor”).

**WITNESSETH:**

**WHEREAS**, the County previously entered into a Contract for water closet and shower cleaning services dated July 29, 2020 with Krystal Companies, LLC dba Krystal Klean (hereinafter “Contract”); and

**WHEREAS**, on or about July 28, 2023, the County received notification of the Vendor’s name change to Kept Companies, Inc. dba Krystal Klean; and

**WHEREAS**, the Parties now desire to recognize the assignment and assumption of all rights and obligations under the Contract by Kept Companies, Inc. dba Krystal Klean; and

**WHEREAS**, the Parties further desire to amend the Contract terms and conditions subject to the provisions contained herein.

**NOW, THEREFORE**, for good and valuable consideration the receipt and sufficiency of which is hereby acknowledged, and intending to be legally bound, the Parties do agree to amend the Contract as follows:

**SECTION 1.** The above recitals are true and correct and are incorporated herein, in their entirety, by this reference.

**SECTION 2.** Section 20. of the Contract is hereby amended to extend the term of the Contract for an additional one (1) year and the Contract shall now terminate on September 30, 2024.

**SECTION 3.** All other terms and conditions of the Contract not inconsistent with the provisions of this Amendment shall remain the same and in full force and effect.

[The remainder of this page left intentionally blank.]

IN WITNESS WHEREOF, the Parties have caused this Amendment to be executed by its duly authorized representatives, effective as of the last date below.

**NASSAU COUNTY, FLORIDA**

Signature: Taco E. Pope, AICP

Print Name: TACO E. POPE, AICP

Title: Designee

Date: 9/6/2023

**REVIEWED FOR LEGAL FORM AND CONTENT:**

Denise C. May  
**DENISE C. MAY, County Attorney**

**KEPT COMPANIES INC., dba KRYSTAL KLEAN  
(FORMALLY KRYSTAL COMPANIES, LLC)**

Signature: Lorraine Matarazzo LM

By: Lorraine Matarazzo

Title: Chief Operations Officer

Date: 9/5/2023



July 28, 2023

Re: Contract Renewal - Detention Center Water Closet and Shower Cleaning  
Nassau County Board of County Commissioners

Dear Evelyn Burton

Krystal Klean wishes to exercise the first option to extend the Contract (CM2883) for Detention Center Water Closet and Shower Cleaning for an additional one-year term from October 1, 2023 through September 30, 2024. All terms and conditions stated in the original contract will remain the same for the new dates of this extension.

Pricing will remain the same at \$19,500 per quarter as indicated on page 14 of the attached contract. Please prepare the 1st Amendment to the Contract.

Authorized signatory that will be signing the amendment for execution:  
Lorraine Matarazzo  
Chief Administrative Officer

Please also note our name change to Kept Companies, Inc dba Krystal Klean. Attached is our vendor packet with W-9, etc.

Sincerely,

A handwritten signature in black ink, appearing to read "Cori Roberts", is written in a cursive style.

Cori Roberts  
Contracts Administrator









### ADDITIONAL REMARKS SCHEDULE

AGENCY <b>Kore Insurance Holdings, LLC</b>		NAMED INSURED <b>Kept Companies, Inc. dba Krystal Klean P.O. Box 51289 Jacksonville Beach, FL 32240</b>	
POLICY NUMBER <b>SEE PAGE 1</b>		EFFECTIVE DATE: <b>SEE PAGE 1</b>	
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>		

**ADDITIONAL REMARKS**

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

**Description of Operations/Locations/Vehicles:  
ongoing and completed operations, as per written contract. Waiver of subrogation in favor of additional insureds applies to General Liability, Auto Liability, and Umbrella Liability coverage, as per written contract or agreement. 30 days notice of cancellation applies**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **BLANKET ADDITIONAL INSURED – PRIMARY AND NON-CONTRIBUTORY WITH OTHER INSURANCE**

This endorsement modifies insurance provided under the following:

### **BUSINESS AUTO COVERAGE FORM**

#### **PROVISIONS**

**1. The following is added to Paragraph A.1.c., Who Is An Insured, of SECTION II – COVERED AUTOS LIABILITY COVERAGE:**

- This includes any person or organization who you are required under a written contract or agreement between you and that person or organization, that is signed by you before the "bodily injury" or "property damage" occurs and that is in effect during the policy period, to name as an additional insured for Covered Autos Liability Coverage, but only for damages to which this insurance applies and only to the extent of that person's or organization's liability for the conduct of another "insured".

**2. The following is added to Paragraph B.5., Other Insurance of SECTION IV – BUSINESS AUTO CONDITIONS:**

Regardless of the provisions of paragraph a. and paragraph d. of this part 5. **Other Insurance**, this insurance is primary to and non-contributory with applicable other insurance under which an additional insured person or organization is the first named insured when the written contract or agreement between you and that person or organization, that is signed by you before the "bodily injury" or "property damage" occurs and that is in effect during the policy period, requires this insurance to be primary and non-contributory.

POLICY NUMBER: POC-021272-00

COMMERCIAL GENERAL LIABILITY  
CG 20 01 12 19

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**PRIMARY AND NONCONTRIBUTORY –  
OTHER INSURANCE CONDITION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
LIQUOR LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance Condition** and supersedes any provision to the contrary:

**Primary And Noncontributory Insurance**

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and

- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.



POLICY NUMBER: POC-021272-00

COMMERCIAL GENERAL LIABILITY  
CG 20 37 04 13**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****ADDITIONAL INSURED – OWNERS, LESSEES OR  
CONTRACTORS – COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART**SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
Any owner, lessee, or contractor whom you have agreed to include as an additional insured under a fully executed written contract or written agreement, provided that such was executed prior to an "occurrence", loss, injury or damage.	All Locations of the Named Insured
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

POLICY NUMBER: POC-02 1272-00

**B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

**C.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.



POLICY NUMBER: POC-021272-00

COMMERCIAL GENERAL LIABILITY  
CG 20 10 04 13

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – OWNERS, LESSEES OR  
CONTRACTORS – SCHEDULED PERSON OR  
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
<p>Any owner, lessee, or contractor whom you have agreed to include as an additional insured under a fully executed written contract or written agreement, provided that such was executed prior to an "occurrence", loss, injury or damage.</p>	<p>All Locations of the Named Insured</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>	

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.



POLICY NUMBER: POC-021272-00

COMMERCIAL GENERAL LIABILITY  
CG 24 04 05 09

## WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

### SCHEDULE

**Name Of Person Or Organization:**

Any person or organization against whom you have agreed to waive your right of recovery in a fully executed written contract or written agreement, provided such contract or agreement was executed prior to the date of the "occurrence", loss, injury or damage.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us** of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

Policy #TC2J-CAP-1R569467-23-TIL

COMMERCIAL AUTO

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **BLANKET WAIVER OF SUBROGATION**

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM  
BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

The following replaces Paragraph A.5., **Transfer of Rights Of Recovery Against Others To Us**, of the **CONDITIONS** Section:

**5. Transfer Of Rights Of Recovery Against Others To Us**

We waive any right of recovery we may have against any person or organization to the extent

required of you by a written contract executed prior to any "accident" or "loss", provided that the "accident" or "loss" arises out of the operations contemplated by such contract. The waiver applies only to the person or organization designated in such contract.

# CERTIFICATE OF LIABILITY INSURANCE

Date  
7/28/2023

<b>Producer:</b> Plymouth Insurance Agency 2739 U.S. Highway 19 N. Holiday, FL 34691 (727) 938-5562	<p><b>This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">Insurers Affording Coverage</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>Insurer A: Lion Insurance Company</td> <td style="text-align: center;">11075</td> </tr> <tr> <td>Insurer B:</td> <td></td> </tr> <tr> <td>Insurer C:</td> <td></td> </tr> <tr> <td>Insurer D:</td> <td></td> </tr> <tr> <td>Insurer E:</td> <td></td> </tr> </table>	Insurers Affording Coverage	NAIC #	Insurer A: Lion Insurance Company	11075	Insurer B:		Insurer C:		Insurer D:		Insurer E:	
Insurers Affording Coverage	NAIC #												
Insurer A: Lion Insurance Company	11075												
Insurer B:													
Insurer C:													
Insurer D:													
Insurer E:													
<b>Insured:</b> South East Personnel Leasing, Inc. & Subsidiaries 2739 U.S. Highway 19 N. Holiday, FL 34691													

**Coverages**  
 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. Aggregate limits shown may have been reduced by paid claims.

INSR LTR	ADDL INSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date(MM/DD/YY)	Limits																				
		<b>GENERAL LIABILITY</b> <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur <hr/> General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC				Each Occurrence \$ Damage to rented premises (EA occurrence) \$ Med Exp \$ Personal Adv Injury \$ General Aggregate \$ Products - Comp/Op Agg \$																				
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos				Combined Single Limit (EA Accident) \$ Bodily Injury (Per Person) \$ Bodily Injury (Per Accident) \$ Property Damage (Per Accident) \$																				
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible				Each Occurrence Aggregate																				
A		<b>Workers Compensation and Employers' Liability</b> Any proprietor/partner/executive officer/member excluded? <b>NO</b> If Yes, describe under special provisions below.	WC 71949	01/01/2023	01/01/2024	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;"><b>X</b></td> <td style="width: 15%;">WC Statutory Limits</td> <td style="width: 10%;"></td> <td style="width: 10%;">OTH-ER</td> <td style="width: 60%;"></td> </tr> <tr> <td></td> <td>E.L. Each Accident</td> <td></td> <td></td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td></td> <td>E.L. Disease - Ea Employee</td> <td></td> <td></td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td></td> <td>E.L. Disease - Policy Limits</td> <td></td> <td></td> <td style="text-align: right;">\$1,000,000</td> </tr> </table>	<b>X</b>	WC Statutory Limits		OTH-ER			E.L. Each Accident			\$1,000,000		E.L. Disease - Ea Employee			\$1,000,000		E.L. Disease - Policy Limits			\$1,000,000
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	E.L. Disease - Ea Employee			\$1,000,000																						
	E.L. Disease - Policy Limits			\$1,000,000																						

**Other**      **Lion Insurance Company is A.M. Best Company rated A (Excellent). AMB # 12616**

**Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions:** Client ID: 90-67-850  
 Coverage only applies to active employee(s) of South East Personnel Leasing, Inc. & Subsidiaries that are leased to the following "Client Company":  
**Kept Companies, Inc. dba Krystal Klean**  
 Coverage only applies to injuries incurred by South East Personnel Leasing, Inc. & Subsidiaries active employee(s) , while working in: FL.  
 Coverage does not apply to statutory employee(s) or independent contractor(s) of the Client Company or any other entity.  
 A list of the active employee(s) leased to the Client Company can be obtained by emailing a request to certificates@lioninsurancecompany.com  
**Project Name:**  
 WAIVER OF SUBROGATION APPLIES IN FAVOR OF NASSAU COUNTY, BOARD OF COUNTY COMMISSIONERS. ISSUE 07-28-23 (BP)

**Begin Date: 6/28/2019**

<b>CERTIFICATE HOLDER</b> NASSAU COUNTY BOARD OF COUNTY COMMISSIONERS 96135 NASSAU PLACE, STE 1 YULEE, FL 32097	<b>CANCELLATION</b> Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives. <div style="text-align: right; margin-top: 10px;"> </div>
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**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE  
POLICY**

**WC 00 03 13**

(Ed. 4-84)

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**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.


Schedule

**NASSAU COUNTY  
BOARD OF COUNTY COMMISSIONERS  
96135 NASSAU PLACE, STE 1  
YULEE, FL 32097**

**This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.**

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Insured: South East Personnel Leasing, Inc.  
Insurance Company: Lion Insurance Co.  
Policy #: WC 71949  
Effective: 01/01/2023 - 01/01/2024  
Client: Kept Companies, Inc. dba Krystal Klean

Countersigned by:  \_\_\_\_\_

**WC 00 03 13**  
(Ed. 4-84)




**Certificate Of Completion**

Envelope Id: 79CA7E94E8024A6FA1B3FE46AA7DF80C	Status: Completed
Subject: Corrected Amendment; CM2883-A1; Krystal Klean; Det. Ctr Water Closet & Shower Cleaning	
Source Envelope:	
Document Pages: 16	Signatures: 12
Certificate Pages: 7	Initials: 6
AutoNav: Enabled	Envelope Originator:
Envelope Stamping: Enabled	Evelyn Burton
Time Zone: (UTC-05:00) Eastern Time (US & Canada)	eburton@nassaucountyfl.com
	IP Address: 50.238.237.26

**Record Tracking**

Status: Original 8/28/2023 12:55:51 PM	Holder: Evelyn Burton eburton@nassaucountyfl.com	Location: DocuSign
Status: Original 9/6/2023 1:14:11 PM	Holder: Marshall Eyerman MEyerman@nassaucountyfl.com	Location: DocuSign


**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: 8/28/2023 1:24:33 PM Viewed: 8/28/2023 5:42:20 PM Signed: 8/29/2023 8:39:48 AM


**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: 8/29/2023 8:39:54 AM Viewed: 8/29/2023 9:02:02 AM Signed: 8/29/2023 9:02:18 AM
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**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign


chris lacambra clacambra@nassaucountyfl.com OMB Director Nassau County BOCC Security Level: Email, Account Authentication (None)	  Signature Adoption: Pre-selected Style Using IP Address: 50.238.237.26	Sent: 8/29/2023 9:02:21 AM Viewed: 8/29/2023 9:59:15 AM Signed: 8/29/2023 9:59:22 AM
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**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: 8/29/2023 9:59:25 AM Viewed: 8/29/2023 1:09:27 PM Signed: 8/29/2023 1:09:30 PM
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**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign



Signer Events	Signature	Timestamp
<p>Lanaee Gilmore lgilmore@nassaucountyfl.com Procurement Director Nassau County BOCC Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign</p>	 <p>Signature Adoption: Pre-selected Style Using IP Address: 50.238.237.26</p>	<p>Sent: 8/29/2023 1:09:34 PM Viewed: 8/29/2023 4:46:08 PM Signed: 8/29/2023 4:46:16 PM</p>
<p>Lorraine Matarazzo cori@krystalklean.com Contracts Administrator Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b> Accepted: 8/30/2023 10:39:10 AM ID: c314fe53-0ef4-4daa-a26e-3b49efb37fa6</p>	 <p>Signature Adoption: Pre-selected Style Using IP Address: 73.215.160.17</p>	<p>Sent: 8/29/2023 4:46:19 PM Viewed: 8/30/2023 10:39:10 AM Signed: 8/30/2023 11:40:44 AM</p>
<p>Lorraine Matarazzo lorrainem@fleetwash.com CAO Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b> Accepted: 9/5/2023 8:27:14 AM ID: 1f570ced-5f5a-4bc7-8df7-c814814539d2</p>	 <p>Signature Adoption: Pre-selected Style Using IP Address: 73.215.160.17</p>	<p>Sent: 8/30/2023 11:40:47 AM Viewed: 9/5/2023 8:27:14 AM Signed: 9/5/2023 8:27:28 AM</p>
<p>Abigail F. 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>Signature Adoption: Pre-selected Style Using IP Address: 50.238.237.26</p>	<p>Sent: 9/5/2023 8:27:31 AM Viewed: 9/5/2023 9:40:55 AM Signed: 9/5/2023 9:41:05 AM</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>Signature Adoption: Pre-selected Style Using IP Address: 50.238.237.26</p>	<p>Sent: 9/5/2023 9:41:09 AM Viewed: 9/5/2023 9:42:24 AM Signed: 9/5/2023 9:42:36 AM</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>Signature Adoption: Pre-selected Style Using IP Address: 50.238.237.26</p>	<p>Sent: 9/5/2023 9:42:40 AM Viewed: 9/6/2023 11:06:02 AM Signed: 9/6/2023 11:06:12 AM</p>

Signer Events	Signature	Timestamp
Clerk Finance received boccap@nassauclerk.com Nassau County Clerk Security Level: Email, Account Authentication (None)	SB  Signature Adoption: Pre-selected Style Using IP Address: 12.23.69.254	Sent: 9/6/2023 11:06:17 AM Viewed: 9/6/2023 1:13:40 PM Signed: 9/6/2023 1:13:51 PM

**Electronic Record and Signature Disclosure:**  
Accepted: 2/4/2021 9:59:11 AM  
ID: 6238f06a-a4ad-4d45-a7f5-929d04629059

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

Evelyn Burton eburton@nassaucountyfl.com Procurement Nassau County BOCC Security Level: Email, Account Authentication (None)	<b>COPIED</b>	Sent: 9/6/2023 1:14:11 PM Viewed: 9/6/2023 1:14:11 PM Signed: 9/6/2023 1:14:11 PM
<b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign		

Clerk Admin clerkservices@nassaucountyfl.com Security Level: Email, Account Authentication (None)	<b>COPIED</b>	Sent: 9/6/2023 1:13:56 PM Viewed: 9/6/2023 1:16:26 PM
<b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign		

BOCC Procurement boccpurchase@nassaucountyfl.com Security Level: Email, Account Authentication (None)	<b>COPIED</b>	Sent: 9/6/2023 1:13:58 PM
<b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign		

Jennifer Kirkland jkirkland@nassaucountyfl.com Security Level: Email, Account Authentication (None)	<b>COPIED</b>	Sent: 9/6/2023 1:13:59 PM
<b>Electronic Record and Signature Disclosure:</b> Accepted: 9/1/2023 11:14:01 AM ID: 89b8cf8b-bf06-407d-99f9-a85938bb8eee		

Melissa Lucey mlucey@nassauclerk.com Security Level: Email, Account Authentication (None)	<b>COPIED</b>	Sent: 9/6/2023 1:14:01 PM
<b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign		

<b>Witness Events</b>	<b>Signature</b>	<b>Timestamp</b>
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<b>Notary Events</b>	<b>Signature</b>	<b>Timestamp</b>
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<b>Envelope Summary Events</b>	<b>Status</b>	<b>Timestamps</b>
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Envelope Sent	Hashed/Encrypted	8/28/2023 1:24:33 PM
Certified Delivered	Security Checked	9/6/2023 1:13:40 PM
Signing Complete	Security Checked	9/6/2023 1:13:51 PM
Completed	Security Checked	9/6/2023 1:14:01 PM

<b>Payment Events</b>	<b>Status</b>	<b>Timestamps</b>
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<b>Electronic Record and Signature Disclosure</b>
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To contact us by email send messages to: [bsimmons@nassaucountyfl.com](mailto:bsimmons@nassaucountyfl.com)

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