BOCC CONTRACT APPROVAL FORM

CONTRACT TRACKING NO. CM3665 A1

	SECTION 1 - GENERAL INFORMATION Requesting Department: OMB/SAISSA Telephone: (904) 530-6010 Email:	Contact Person: Tracy Poore / Chris Lacambra tpoore@nassaucountyfl.com/ clacambra@nassaucountyfl.com			
,	SECTION 2 - VENDOR INFORMATION Name: Amelia Island Sea Turtle Watch, Inc. Address: PO Box 566 City: Fernandina Beach Vendor's Administrator Name: Ronda Bokram Telephone: **EXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	State: FL Zip Code: 32034 Title: President			
Par Service Se	SECTION 3 – VENDOR AUTHORIZED SIGNATORY Authorized Signatory Name: Ronda Bokram Title: President Authorized Signatory Email: MONTE CONTRACT ON BEHALF OF THE VENDOR. OFFICER/DIRECTOR WITH AUTHORITY TO BIND COMPANY.)				
	SECTION 4 - CONTRACT INFORMATION Contract Name: Professional Services for Monitoring of Sea Turtle Nesting Activit Short Description of Product(s)/Service(s) Being Requested: Mor				
	Procured Method: □Quotes □ITB □RFP □RFQ □Pig □Other:	ROCURED, PHYSICAL LOCATION, ETC.) ggyback □Exemption ■Sole Source □Single Source			
	Amount of Initial Contract Term: \$8000.00 Amount of Renewal Options (if applicable): Year 1: Year 3: Total Amount of Contract (Initial Term + Renewal Options):	Year 2: Year 4:(Estimate if necessary)			
	Account Number: 43600539-531308 Source of Funds: County State Federal Other: SAISSA MSBU 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	ry H Other: Hold Harmless Affidavit and Volunteer Waivers Risk Manager Initials:			
	SECTION 6 – AMENDMENT INFORMATION Contract Tracking No: CM3665 A Type of Amendment: ■Renewal □Time Extension with I □ Supplemental Agreement □Other: Contract Amount with Previous Amendments: \$8,000.00 New Contract Amount including this Amendment: \$16,000.00 Account Code Change From: County Authorized Signatory: □BOCC Chairman ■County (IDENTIFY WHO WILL SIGN AMENDMENT ON BEHALF OF BOCC)	Amount of this Amendment: \$8,000.00 To:			
	APPROVALS PURSUANT TO NASSAU 1. (luris acambra 4/2/2025	COUNTY PURCHASING POLICY Janau Clmon 4/3/2025 3.			
	Department Head/Contract Manager Date 2 Uris Lacambra 4/2/2025	Procurement (Signature required only if procurement related) Denise C. May, Esq., BQ\$10/2025			
TP	Office of Mgmt. & Budget Date	County Attorney Date 4/10/202			
4/2/2025	COUNTY MANAGER - FINAL	SIGNATURE APPROVAL 4/10/2025			
	County Manager	 Date			

CM **3665 A1**

FIRST AMENDMENT TO CONTRACT FOR PROFESSIONAL MONITORING SERVICES OF SEA TURTLE NESTING ACTIVITY

THIS FIRST AMENDMENT TO THE CONTRACT FOR PROFESSIONAL MONITORING SERVICES OF SEA TURTLE NESTING ACTIVITY (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 AMELIA ISLAND SEA TURTLE WATCH, INC., a business having its primary business location at PO Box 566, Fernandina Beach, FL 32034 (hereinafter the "Vendor").

WITNESSETH:

WHEREAS, the Parties previously entered into the Contract for Professional Monitoring Services of Sea Turtle Nesting Activity on Amelia Island dated April 30, 2024 (hereinafter "Contract"); and

WHEREAS, the Parties now 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.** Section 6.1 of the Contract is hereby amended to renew the term of the Contract for an additional one (1) year and the Contract shall now terminate on May 1, 2026.
- **SECTION 2.** Section 7.1 of the Contract is hereby amended to increase the amount of compensation by an additional Eight Thousand Dollars and 00/100 (\$8,000.00) for the services to be provided under the Contract to account for the renewal period and the County shall now compensate the Vendor in an amount not to exceed Sixteen Thousand Dollars and 00/100 (\$16,000.00).
- **SECTION 3.** Exhibit "B" of the Contract shall be revised to include the executed *Volunteer Participant Release and Waiver of Liability and Hold Harmless Agreements* for the 2025 monitoring season attached here to as Exhibit "B".
- **SECTION 4.** Upon execution of this Amendment, and in compliance with Section 787.06, Florida Statutes, the Consultant shall provide the County an affidavit, on a form approved by the County, signed by an officer or a representative of the Consultant under penalty of perjury attesting that the Consultant does not use coercion for labor or services as defined in Section 787.06, Florida Statutes.
- **SECTION 5.** 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.

Title: President

Date:

4/4/2025

CM	3665 A1	

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

THE COUNTY: NASSAU COUNTY, FLORIDA Signature: Print Name: Taco E Pope, AICP, ICMA-CM Title: County Manager Date: 4/10/2025 REVIEWED FOR LEGAL FORM AND CONTENT: Denise C. May, Esq., BCS **DENISE C. MAY, County Attorney** VENDOR: AMELIA ISLAND SEA TURTLE WATCH, INC. Ronda Bokram Signature: By: Ronda Bokram

"EXHIBIT B"

NASSAU COUNTY, FLORIDA SEA TURTLE MONITORING AND REPORTING VOLUNTEER PARTICIPANT RELEASE AND WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

VOLUNTEER PARTICIPANT NAME AND ADDRESS:

Charlie Henting Lave 2143 Canter Gust Lave FERNAL Beal FL 32034

The Volunteer Participant desires to participate in sea turtle monitoring activities and hereby agrees as follows:

- 1. Waiver, Hold Harmless and Covenant Not to Sue. I release and forever discharge and hold harmless the County its directors, officers, employees, and agents from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from my attendance and participation at the Event. I assume all risk of injury or harm from these activities and release the County, its directors, officers, employees, and agents from all liability including any liability or claim that I may have against County with respect to bodily injury, personal injury, illness, death, or property damage that may result from my attendance and participation at the Event.
- 2. **Personal Property.** I agree to obtain approval from the County <u>prior</u> to placing any personal property or equipment at the Event Location. I further agree that the County shall have no liability for any damage or loss to any personal property or equipment placed at the Event Location. I understand and agree that the County does <u>not</u> and shall <u>not</u> carry liability, fire or theft insurance to cover my personal property or equipment at the Event Location. I agree to indemnify and hold the County harmless from any and all liability, claims, damages, expenses (including attorney's fees and costs) proceedings and causes of action of every kind and nature arising out of or connected with my placement of my personal property or equipment at the Event Location.
- 3. Venue, Governing Law, Attorney's Fees and Costs. I understand and agree that venue for any legal action brought by any party to interpret, construe or enforce this Agreement shall be in a court of competent jurisdiction in and for Nassau County, Florida and any trial shall be non-jury. I further understand and agree that this Agreement shall be governed by and construed in accordance with the laws of the State of Florida. In the event of any litigation arising out of or with respect to this Agreement, each party shall be responsible for their own attorney's fees and expenses. I agree that this Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida. In the event any clause or provision of this Agreement is deemed invalid, the enforceability of the remaining provisions of this Agreement shall not be affected. I further understand and agree that in order to participate in the Event I will maintain all required Florida State certifications and will cease all activities in the event my Florida State certification is revoked or suspended in any way.

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I hereby sign this Agreement freely and voluntarily, ant the terms of this Agreement shall serve as a release for my personal representative, heirs, executors, administrators, assigns and for all members of my family.

Signature of Volunteer Participant

Date

Docusign Envelope ID: 5B79017F-B5DF-4B07-8D33-910086FE8A47 uescribed in and who executed the foregoing instrument and who acknowledged before me the same for the uses and purposes therein expressed.

CS-24-298 Contract No. CM3665-A1

Witness my hand and official seal, this 18 day of March, 2025

Notary Public

ANNLAURY JEAN-BAPTISTE Commission # HH 386328 Expires April 12, 2027

VOLUNTEER PARTICIPANT NAME AND ADDRESS:

Doroth Hentage 2143 Centerbur Lare Ferrul Bead, Fr 32834

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- 1. Waiver, Hold Harmless and Covenant Not to Sue. I release and forever discharge and hold harmless the County its directors, officers, employees, and agents from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from my attendance and participation at the Event. I assume all risk of injury or harm from these activities and release the County, its directors, officers, employees, and agents from all liability including any liability or claim that I may have against County with respect to bodily injury, personal injury, illness, death, or property damage that may result from my attendance and participation at the Event.
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Signature of Volunteer Participant

Date

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the uses and purposes therein expressed.

CS-24-298 Contract No. CM3665-A1

Witness my hand and official seal, this 18 day of March, Zuzs

Notary Public

ANNLAURY JEAN-BAPTISTE
Commission # HH 386328
Expires April 12, 2027

VOLUNTEER PARTICIPANT NAME AND ADDRESS:

NILLIAM BOKROM 95068 SUMMERWOODS CIRCLE FRIMANDINA

DOINT 2203

BESKH, FL 32084

- 1. Waiver, Hold Harmless and Covenant Not to Sue. I release and forever discharge and hold harmless the County its directors, officers, employees, and agents from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from my attendance and participation at the Event. I assume all risk of injury or harm from these activities and release the County, its directors, officers, employees, and agents from all liability including any liability or claim that I may have against County with respect to bodily injury, personal injury, illness, death, or property damage that may result from my attendance and participation at the Event.
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With Blow
Signature of Volunteer Participant

3 17/25

Date

STATE OF COUNTY OF COUNTY OF I HERBY CERTIFY that on this day, personally appeared before me, by means of I physical presents or [] online notarization who is personally known to me or who has produced certification, who is the person described in and who executed the foregoing instrument and who acknowledged before me the same for the uses and purposes therein expressed.

Witness my hand and official seal, this Haday of Wally, 2085

Notary Public

DANIELE HENSLEY

Notary Public - State of Fiorida

Commission # HH 475934

My Comm. Expires Dec 26, 2027

VOLUNTEER PARTICIPANT NAME AND ADDRESS: Pondal Bekram, 95ths Summerus Circle, #2203 Forward Beal, FL 32034

- 1. Waiver, Hold Harmless and Covenant Not to Sue. I release and forever discharge and hold harmless the County its directors, officers, employees, and agents from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from my attendance and participation at the Event. I assume all risk of injury or harm from these activities and release the County, its directors, officers, employees, and agents from all liability including any liability or claim that I may have against County with respect to bodily injury, personal injury, illness, death, or property damage that may result from my attendance and participation at the Event.
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Signature of Volunteer Participant

Date

STATE OF COUNTY OF COUNTY OF HERBY CERTIFY that on this day, personally appeared before me, by means of physical presents or [] online notarization who is personally known to me or who has produced cascribed in and who executed the foregoing instrument and who acknowledged before me the same for the uses and purposes therein expressed.

Witness my hand and official seal, this the day of More ...

Notary Public

DANIELE HENSLEY

Notary Public - State of Florida

Commission # HH 475934

My Comm. Expires Dec 26, 2027

VOLUNTEER PARTICIPANT NAME AND ADDRESS:

Mary Duffy 2058 Alachua Street, Fernandina Beach, FL 32034

- 1.. Waiver, Hold Harmless and Covenant Not to Sue. I release and forever discharge and hold harmless the County its directors, officers, employees, and agents from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from my attendance and participation at the Event. I assume all risk of injury or harm from these activities and release the County, its directors, officers, employees, and agents from all liability including any liability or claim that I may have against County with respect to bodily injury, personal injury, illness, death, or property damage that may result from my attendance and participation—at the Event.
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I hereby sign this Agreement freely and voluntarily, ant the terms of this Agreement shall serve as a release for my personal representative, heirs, executors, administrators, assigns and for all members of my family.

 $\frac{3/20/25}{\text{Date}}$

STATE OF COUNTY OF MASSAU

I HERBY CERTIFY that on this day, personally appeared before me, by means of Aphysical presents or [] online notarization Mary Duffy as identification, who is personally known to me or who has produced to as identification, who is the person described in and who executed the foregoing instrument and who acknowledged before me the same for the uses and purposes therein expressed.

Witness my hand and official seal, this day of March 1, 2000

Notary Public

MALLORY WADE
Notary Public - State of Florida
Commission # HH 267937
My Comm. Expires May 24, 2026

VOLUNTEER PARTICIPANT NAME AND ADDRESS:

- 1.. Waiver, Hold Harmless and Covenant Not to Sue. I release and forever discharge and hold harmless the County its directors, officers, employees, and agents from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from my attendance and participation at the Event. I assume all risk of injury or harm from these activities and release the County, its directors, officers, employees, and agents from all liability including any liability or claim that I may have against County with respect to bodily injury, personal injury, illness, death, or property damage that may result from my attendance and participation at the Event.
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3/01/05

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Signature of Volunteer Participant	Date	/	
Thered	A CONTRACTOR OF THE STATE OF TH	10.000	
STATE OF Florida	COUNTY OF	Vassan	
I HERBY CERTIFY that on this day, p	personally appeared before i	me, by means of	[V physical present
or [] online notarization	Jainet I harin	or her our	_, who is personally
known to me or who has produced	DE as id	dentification, wh	o is the person
described in and who executed the force	egoing instrument and who	acknowledged be	efore me the same for
the uses and purposes therein expresse			
	and the same of th	Vinasat s	
Witness my hand and official seal, this	2/18tday of March	, 2025	
the state of the s	that its more than acting	of 1951 has to 1	
$\sim 1/4$			
XXX			
Notary Public			

VOLUNTEER PARTICIPANT NAME AND ADDRESS:
MILLIE MOUNT, 2794 Turtle Shoes Dr., Fernand Beau, FL 30034

- 1.. Waiver, Hold Harmless and Covenant Not to Sue. I release and forever discharge and hold harmless the County its directors, officers, employees, and agents from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from my attendance and participation at the Event. I assume all risk of injury or harm from these activities and release the County, its directors, officers, employees, and agents from all liability including any liability or claim that I may have against County with respect to bodily injury, personal injury, illness, death, or property damage that may result from my attendance and participation at the Event.
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I hereby sign this Agreement freely and voluntarily, and the terms of this Agreement shall serve as a release for my personal representative, heirs, executors, administrators, assigns and for all members of my family.

Signature of Volunteer Participant

Date

STATE OF FLORIDA COUNTY OF MASSALL

I HERBY CERTIFY that on this day, personally appeared before me, by means of [Pphysical presents or [] online notarization ________, who is personally known to me or who has produced personally known to me or who has produced personally known to me or who has produced personally known as identification, who is the person described in and who executed the foregoing instrument and who acknowledged before me the same for the uses and purposes therein expressed.

Witness my hand and official seal, this 21th day of MARCH, 2025

Notary Public

CHARLES DUNNE
Notary Public, State of Florida
Commission No. HH 505859
My Comm. Exp. Mar. 19, 2028

VOLUNTEER PARTICIPANT NAME AND ADDRESS:

ROBBY HAIR 2000 AHANHIC AVE. FBFL 32034

The Volunteer Participant desires to participate in sea turtle monitoring activities and hereby agrees as follows:

- 1. Waiver, Hold Harmless and Covenant Not to Sue. I release and forever discharge and hold harmless the County its directors, officers, employees, and agents from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from my attendance and participation at the Event. I assume all risk of injury or harm from these activities and release the County, its directors, officers, employees, and agents from all liability including any liability or claim that I may have against County with respect to bodily injury, personal injury, illness, death, or property damage that may result from my attendance and participation at the Event.
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Signature of Volunteer Participant

Rikan

Date

STATE OF FLOCIDA COUNTY OF NASSAW

I HERBY CERTIFY that on this day, personally appeared before me, by means of [1] physical presents or [] online notarization Robert Lane Have place as identification, who is personally known to me or who has produced Driver because as identification, who is the person described in and who executed the foregoing instrument and who acknowledged before me the same for

the uses and purposes therein expressed.

Docusign Envelope ID: 5B79017F-B5DF-4B07-8D33-910086FE8A47

CS-24-298 Contract No. CM3665-A1

Witness my hand and official seal, this 25 day of MARCH, 2025

X Semane T- War

ROSEMARIE T. EVATT
Notary Public - State of Florida
Commission # HH 091852
My Comm. Expires Apr 28, 2025
Borded through National Notary Assn.

VOLUNTEER PARTICIPANT NAME AND ADDRESS: 220Λ ΔΔ

2000 Atlantic Ave. FBFZ 30034

The Volunteer Participant desires to participate in sea turtle monitoring activities and hereby agrees as follows:

- 1. Waiver, Hold Harmless and Covenant Not to Sue. I release and forever discharge and hold harmless the County its directors, officers, employees, and agents from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from my attendance and participation at the Event. I assume all risk of injury or harm from these activities and release the County, its directors, officers, employees, and agents from all liability including any liability or claim that I may have against County with respect to bodily injury, personal injury, illness, death, or property damage that may result from my attendance and participation at the Event.
- 2. **Personal Property.** I agree to obtain approval from the County <u>prior</u> to placing any personal property or equipment at the Event Location. I further agree that the County shall have no liability for any damage or loss to any personal property or equipment placed at the Event Location. I understand and agree that the County does <u>not</u> and shall <u>not</u> carry liability, fire or theft insurance to cover my personal property or equipment at the Event Location. I agree to indemnify and hold the County harmless from any and all liability, claims, damages, expenses (including attorney's fees and costs) proceedings and causes of action of every kind and nature arising out of or connected with my placement of my personal property or equipment at the Event Location.
- 3. Venue, Governing Law, Attorney's Fees and Costs. I understand and agree that venue for any legal action brought by any party to interpret, construe or enforce this Agreement shall be in a court of competent jurisdiction in and for Nassau County, Florida and any trial shall be non-jury. I further understand and agree that this Agreement shall be governed by and construed in accordance with the laws of the State of Florida. In the event of any litigation arising out of or with respect to this Agreement, each party shall be responsible for their own attorney's fees and expenses. I agree that this Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida. In the event any clause or provision of this Agreement is deemed invalid, the enforceability of the remaining provisions of this Agreement shall not be affected. I further understand and agree that in order to participate in the Event I will maintain all required Florida State certifications and will cease all activities in the event my Florida State certification is revoked or suspended in any way.

1

I hereby sign this Agreement freely and voluntarily, and the terms of this Agreement shall serve as a release for my personal representative, heirs, executors, administrators, assigns and for all members of my family.

Signature of Volunteer Participant

Date

STATE OF FIGURE COUNTY OF NASSAU

I HERBY CERTIFY that on this day, personally appeared before me, by means of [1] physical presents or [3] online notarization Sherri Let HAIR , who is personally known to me or who has produced Deiver License as identification, who is the person described in and who executed the foregoing instrument and who acknowledged before me the same for

Witness my hand and official seal, this 25 day of MARCH, 2025

Rosemarie T- Wall

ROSEMARIE T. EVATT
Notary Public - State of Florida
Commission # HH 091852
My Comm. Expires Apr 28, 2025
Bonded through National Notary Assn.

VOI	UNTEER	PARTICIP	ANT NAME	AND	ADDRESS:
VUL		IMILIOIL	TIAL TAXABLE		ADDICEOU.

Tracus Young 96044 Bottlebrush in Fernandina Beach, Fl 32034

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My comm. expires August 11, 2026

1

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STATE OF Floy of A COUNTY OF NOTSON STATE OF STATE OF A COUNTY OF NOTSON STATE OF STA

PO MODIFICATION FORM

SECTION 1 - GENERAL INFORMATION Date Submitted: 03/26/2025 Requesting Department Phone Number: (904) 530-6010	
SECTION 2 – ORIGNAL PURCHASE OR PO Number: 24000427 Con Vendor Name: Amelia Island Sea Turtle Watch Inc.	RDER INFORMATION atract No. (if applicable) CM3665-A1
	□Amount Decrease □ Change to Account Code □ Cancel P □Other: \$ \$,000.00 \$ \$,000.00 \$ \$,000.00 \$ \$,000.00 \$ \$,000.00
SECTION 4 — REASON FOR MODIFICA' Amendment Auto Renewal Contract CM3665 for FY25/26 (May1, 2025-April 31, 20 Account # 43600539-531308	026)
1. Luris Laumbra 4/2/2025 Department Head/Managing Agent Date 2. Luris Laumbra 4/2/2025 Office of Mgmt. & Budget Date (Signature required if greater than \$1,000.00) France Lumber 4/3/2025 Procurement Date (Signature required if greater than \$5,000.00) 4/10/2025	Y PURCHASING POLICY 4/2/2025

Clerk: Date: 4/10/2025 **Certificate Of Completion**

Envelope Id: 5B79017F-B5DF-4B07-8D33-910086FE8A47

Subject: Complete with Docusign: CM3665 A1 Amelia Island Sea Turtle Watch \$8,000.00

Source Envelope:

Document Pages: 24

Certificate Pages: 6 AutoNav: Enabled

Envelopeld Stamping: Enabled

Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Status: Completed

Envelope Originator: Tracy Poore

tpoore@nassaucountyfl.com

IP Address: 50.238.237.26

Record Tracking

Status: Original

4/2/2025 2:09:38 PM

Holder: Tracy Poore

Signatures: 12

Initials: 11

17

tpoore@nassaucountyfl.com

Location: DocuSign

Sent: 4/2/2025 2:31:15 PM

Viewed: 4/2/2025 2:31:23 PM Signed: 4/2/2025 2:32:45 PM

Timestamp

Signer Events Signature

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

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)

Chris Lacambra

mP

Signature Adoption: Pre-selected Style

Using IP Address: 50,238,237,26

Sent: 4/2/2025 2:32:48 PM

Viewed: 4/2/2025 2:51:21 PM Signed: 4/2/2025 2:54:14 PM

Electronic Record and Signature Disclosure:

Not Offered via Docusign

Michelle Proctor

mproctor@nassaucountyfl.com

Risk Manager

Security Level: Email, Account Authentication

(None)

Signature Adoption: Pre-selected Style Using IP Address: 50,238,237,26

Sent: 4/2/2025 2:54:17 PM Viewed: 4/3/2025 7:43:07 AM

Signed: 4/3/2025 7:43:56 AM

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)

Lanau Kelmore

Signature Adoption: Pre-selected Style Using IP Address: 50,238,237,26

Sent: 4/3/2025 7:43:58 AM Viewed: 4/3/2025 10:23:19 AM

Signed: 4/3/2025 10:23:28 AM

Electronic Record and Signature Disclosure:

Not Offered via Docusign

Signer Events	Signature	Timestamp
Tracy Poore	43	Sent: 4/4/2025 10:04:26 AM
tpoore@nassaucountyfl.com	1P	Viewed: 4/4/2025 10:04:44 AM
OMB Admin		Signed: 4/4/2025 10:04:52 AM
Nassau County BOCC		
Security Level: Email, Account Authentication	Signature Adoption: Pre-selected Style	
(None)	Using IP Address: 50.238.237.26	
Electronic Record and Signature Disclosure: Not Offered via Docusign		
Ronda Bokram		Sent: 4/3/2025 10:23:31 AM
rlbbok13@hotmail.com	Konda Bokram	Resent: 4/4/2025 10:04:55 AM
Security Level: Email, Account Authentication		Viewed: 4/4/2025 9:38:00 AM
(None)		Signed: 4/4/2025 10:20:40 AM
	Signature Adoption: Pre-selected Style Using IP Address: 66.177.141.3	Olgitud: 17 172020 10:20:1071111
Electronic Record and Signature Disclosure: Accepted: 4/4/2025 9:38:00 AM ID: 705d1834-d2d0-462c-96e6-032c926ba668		
Abigail Jorandby		Sent: 4/4/2025 10:20:44 AM
ajorandby@nassaucountyfl.com	dJ	Resent: 4/9/2025 10:41:20 AM
Deputy County Attorney	. 0	Viewed: 4/10/2025 8:28:36 AM
Nassau BOCC		Signed: 4/10/2025 8:29:24 AM
Security Level: Email, Account Authentication	Signature Adoption: Pre-selected Style	Signed: 4/10/2020 0.20.24 / (W)
(None)	Using IP Address: 50,238,237,26	
Electronic Record and Signature Disclosure: Not Offered via Docusign		
Denise C. May, Esq., BCS		Sent: 4/4/2025 10:04:55 AM
dmay@nassaucountyfl.com	Denise C. May, Esq., BCS	Resent: 4/10/2025 8:29:27 AM
County Attorney		Viewed: 4/10/2025 8:36:27 AM
Nassau County BOCC		Signed: 4/10/2025 8:36:49 AM
Security Level: Email, Account Authentication	Signature Adoption: Pre-selected Style	
(None)	Using IP Address: 50.238.237.26	
Electronic Record and Signature Disclosure: Not Offered via Docusign		
Taco Pope, AICP		Sent: 4/10/2025 8:36:53 AM
tpope@nassaucountyfl.com		Viewed: 4/10/2025 9:23:22 AM
County Manager	•	Signed: 4/10/2025 9:23:40 AM
Nassau County BOCC		
Security Level: Email, Account Authentication	Signature Adoption: Drawn on Device	
(None)	Using IP Address: 50,238,237,26	
Electronic Record and Signature Disclosure: Not Offered via Docusign		
BOCC AP		Sent: 4/10/2025 9:23:43 AM
boccap@nassauclerk.com	UB	Viewed: 4/10/2025 9:44:02 AM
Nassau County Clerk		Signed: 4/10/2025 9:44:41 AM
Security Level: Email, Account Authentication		
(None)	Signature Adoption: Pre-selected Style Using IP Address: 12.23.69.254	
Electronic Record and Signature Disclosure: Accepted: 2/4/2021 9:59:11 AM ID: 6238f06a-a4ad-4d45-a7f5-929d04629059		

		Contract No. CW3003-A1
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
Clerk Admin BOCCClerkServices@nassauclerk.com Security Level: Email, Account Authentication	COPIED	Sent: 4/10/2025 9:23:43 AM Viewed: 4/10/2025 10:16:31 AM
(None) Electronic Record and Signature Disclosure: Not Offered via Docusign		
Bill Moore moor1706@bellsouth.net	COPIED	Sent: 4/10/2025 9:44:44 AM

Security Level: Email, Account Authentication

Electronic Record and Signature Disclosure: Accepted: 10/16/2024 9:00:24 AM ID: 9fa0fdb2-bb94-4dde-8527-9349eb8c6103

(None)

Signature	Timestamp
Signature	Timestamp
Status	Timestamps
Hashed/Encrypted	4/2/2025 2:31:15 PM
Security Checked	4/4/2025 10:04:25 AM
Security Checked	4/4/2025 10:06:24 AM
Security Checked	4/10/2025 9:44:02 AM
Security Checked	4/10/2025 9:44:41 AM
Security Checked	4/10/2025 9:44:44 AM
Status	Timestamps
	Signature Status Hashed/Encrypted Security Checked

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

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 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 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 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.