

BOCC CONTRACT
APPROVAL FORM

CONTRACT
TRACKING NO.
CM3990

SECTION 1 - GENERAL INFORMATION

Requesting Department: OMB Contact Person: Brittany Contardi
Telephone: (904) 530-6722 Email: bcontardi@nassaucountyfl.com

SECTION 2 - VENDOR INFORMATION

Name: Nassau County Health Department
Address: 1620 Nectarine Street
City: Fernandina Beach State: FL Zip Code: 32034
Vendor's Administrator Name: Cara Gluck, MPH Title: Health Officer/Administrator
Telephone: (904) 557-9143 Email: Cara.Gluck@flhealth.gov

SECTION 3 – VENDOR AUTHORIZED SIGNATORY

Authorized Signatory Name: Cara Gluck, MPH Title: Health Officer/Administrator
Authorized Signatory Email: Cara.Gluck@flhealth.gov
(IDENTIFY WHO WILL SIGN THE CONTRACT ON BEHALF OF THE VENDOR. OFFICER/DIRECTOR WITH AUTHORITY TO BIND COMPANY.)

SECTION 4 - CONTRACT INFORMATION

Contract Name: Memorandum of Agreement between Board of County Commissioners, Nassau County, FL and Nassau County Health Department
Short Description of Product(s)/Service(s) Being Requested: County Medically Indigent Program - financial assistance to eligible residents for specialty physician services and reimbursement for hospital care provided to financially indigent individuals.
(GOODS AND/OR SERVICES TO BE PROCURED, PHYSICAL LOCATION, ETC.)
Procured Method: ☐Quotes ☐ITB ☐RFP ☐RFQ ☐Piggyback ☐Exemption ☐Sole Source ☐Single Source
☒Other: Florida Statute 154.306
Amount of Initial Contract Term: \$80,000.00
Amount of Renewal Options (if applicable): Year 1: _____ Year 2: _____
Year 3: _____ Year 4: _____
Total Amount of Contract (Initial Term + Renewal Options): \$80,000.00 (Estimate if necessary)
Account Number: 01691561-549611
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: N/A
Risk Manager Initials: _____

SECTION 6 – AMENDMENT INFORMATION

Contract Tracking No: _____ Amendment No: _____
Type of Amendment: ☐Renewal ☐Time Extension with Increase ☐Time Only Extension ☐Additional Scope
☐Supplemental Agreement ☐Other: _____
Contract Amount with Previous Amendments: _____ Amount of this Amendment: _____
New Contract Amount including this Amendment: _____
Account Code Change From: _____ To: _____
County Authorized Signatory: ☐BOCC Chairman ☐County Manager
(IDENTIFY WHO WILL SIGN AMENDMENT ON BEHALF OF BOCC)

APPROVALS PURSUANT TO NASSAU COUNTY PURCHASING POLICY

1. Chris Lacambra 9/10/2025

Department Head/Contract Manager Date
2. Chris Lacambra 9/10/2025 JS

Office of Mgmt. & Budget Date
3. _____

Procurement Date
4. Denise C. May, Esq., BCS 9/11/2025

County Attorney Date

COUNTY MANAGER – FINAL SIGNATURE APPROVAL

[Signature] 9/11/2025
County Manager Date

Contract No. CM3990
NCHD – BOCC – CMIP MOA

MEMORANDUM OF AGREEMENT
between
Board of County Commissioners,
Nassau County, FL
and
Nassau County Health Department

This Memorandum of Agreement (hereinafter referred to as “MOA”) is entered into by and between the **NASSAU COUNTY HEALTH DEPARTMENT** (hereinafter referred to as “NCHD”) and the **BOARD OF COUNTY COMMISSIONERS OF NASSAU COUNTY, FLORIDA**, a political subdivision of the State of Florida, (hereinafter referred to as the “BOCC”) on the day and year last written below (hereinafter “Effective Date”).

WHEREAS, the Health Care Responsibility Act (hereinafter referred to as “HCRA”), located at Sections 154.301 through 154.331, Florida Statutes, places the financial responsibility for emergency services received at a participating hospital or a regional referral hospital by a qualified indigent patient who is a certified resident of a county in the State of Florida, but is not a resident of the county in which the participating hospital or regional referral hospital is located, is the obligation of the county of which the qualified indigent patient is a resident; and

WHEREAS, the HCRA program assists eligible patients with payments for services provided by hospitals; and

WHEREAS, the HCRA program pays hospitals that provide emergency life-threatening or pre-authorized services; and

WHEREAS, the County Medically Indigent Program (hereinafter referred to as “CMIP”) is a follow-on program to HCRA which provides early intervention to reduce the incidence of emergency room admissions and to provide assistance to clients who cannot otherwise afford maintenance medications; and

WHEREAS, the CMIP is a partnership with the hospitals and health care providers and the CMIP will pay for pre-authorized medical services which will be provided by a specialist at the physician’s office or other health care facility; and

WHEREAS, the CMIP funds may also be used to pay for necessary prescriptive medications but CMIP funds will not be used to pay for facility or hospital charges; and

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WHEREAS, the NCHD provides the coordination of the CMIP in order to provide financial assistance to eligible Nassau County residents needing specialty physician services; and

WHEREAS, the BOCC recognizes the importance of the NCHD's efforts in regard to the CMIP and desires to provide funding to the same as set forth in this Agreement.

NOW, THEREFORE, FOR AND IN CONSIDERATION of mutually agreed upon consideration, the parties agree as follows:

Section 1. Recitals.

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

Section 2. NCHD Responsibilities.

2.1 NCHD agrees:

- a. to manage the CMIP; specifically, to refer eligible clients for specialty medical services and for necessary medications and drugs based on financial and medical criteria established by NCHD.
- b. to ensure that financial eligibility shall be based on the guidelines of the HCRA, as set forth in the Verification of Nassau County Income Form, attached hereto as Exhibit A.
- c. to pay service delivery providers at the prevailing Medicaid reimbursement rate or the appropriate drug wholesale rate.
- d. to notify the BOCC when only 10% of funds remain within 14 days of discovery.
- e. to limit spending on this project to the total funds available and not to exceed the allocated Eighty Thousand Dollars and 00/100 (\$80,000.00).

Section 3. BOCC Responsibilities.

3.1 BOCC agrees:

- a. that the total funds available for the CMIP project are Eighty Thousand Dollars and 00/100 (\$80,000.00).
- b. that it will not require the expenditure of any other NCHD operating funds for CMIP.

Section 4. Patients to be Served.

4.1 Patients shall be screened by NCHD and NCHD shall verify that each patient is a Nassau County resident, based on the requirements set forth in the Verification of Nassau County Residency Form attached hereto as Exhibit B, that also meet financial and medical eligibility criteria as indicated in Section 2 herein above.

Section 5. Service Report.

5.1 NCHD shall submit an annual Service Report to the BOCC on or before October 31, 2026. The Service Report shall consist of the number of county residents referred for services during the preceding year, the number of expenditures during the preceding year, and the available balance as of the end of the contract term.

Section 6. Records.

6.1 NCHD shall be governed by the State of Florida, Department of Health, Information Security Policies, Protocols and Procedures, October 2023. Records, for the purposes of this MOA, shall include any written or electronic information that contains identifying information about the patient including but not limited to names and addresses.

6.2 Public Records

- a. NCHD shall maintain records in accordance with State GS standards as determined by the Florida Department of State or Department requirements established by the Florida Department of Health or for at least five (5) years from the final day that services were provided under this MOA, whichever is longer.
- b. The County is a public agency subject to Chapter 119, Florida Statutes. **IF NCHD HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO NCHD’S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS AGREEMENT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT (904) 530-6090, RECORDS@NASSAUCOUNTYFL.COM, 96135 NASSAU PLACE, SUITE 6, YULEE, FLORIDA 32097.** Under this Agreement, to

the extent that NCHD is providing goods and/or services to the County, and pursuant to Section 119.0701, Florida Statutes, NCHD shall:

1. Keep and maintain public records required by the County to provide goods and/or services.
2. Upon request from the County's custodian of public records, provide the County with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in this chapter or as otherwise provided by law.
3. Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the Agreement term and following completion of the Agreement if NCHD does not transfer the records to the County.
4. Upon completion of the Agreement, transfer, at no cost, to the County all public records in possession of NCHD, or keep and maintain public records required by the County to perform the service. If NCHD transfers all public records to the County upon completion of the Agreement, NCHD shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If NCHD keeps and maintains public records upon completion of the Agreement, NCHD shall meet all applicable requirements for retaining public records. All records stored electronically shall be provided to the County, upon request from the County's custodian of public records, in a format that is compatible with the information technology systems of the County.

6.3 A request to inspect or copy public records relating to the County's agreement for goods and/or services shall be made directly to the County. If the County does not possess the requested records, the County shall immediately notify NCHD of the request, and NCHD shall provide the records to the public agency or allow the records to be inspected or copied within a reasonable time if the records are not legally protected from disclosure by state, local, or federal law.

6.4 If NCHD does not comply with the County's request for records, the County shall enforce the Agreement provisions in accordance with the Agreement.

6.5 If NCHD fails to provide the legally disclosable public records to the County within a reasonable time, NCHD may be subject to penalties under Section 119.10, Florida Statutes.

6.6 If a civil action is filed against NCHD to compel production of public records relating to the Agreement, the Court shall assess and award against NCHD the reasonable costs of enforcement, including reasonable attorney fees if:

(a) The Court determines that NCHD unlawfully refused to comply with the public records request within a reasonable time; and

(b) At least eight (8) business days before filing the action, the plaintiff provided written notice of the public records request, including a statement that NCHD has not complied with the request, to the County and to NCHD.

6.7 A notice complies with this Section, if it is sent to the County's custodian of public records and to NCHD at NCHD's address as provided in the Contact Names and Addresses for Parties Form, attached hereto as Exhibit C. Exhibit C may be amended by either Party at any time without amendment to this Agreement upon submission of written notice of the change of information to the other party in a verifiable format.

6.8 If NCHD complies with a public records request within eight (8) business days after the notice is sent, NCHD is not liable for the reasonable costs of enforcement.

Section 7. Term of Agreement.

7.1 This MOA shall be effective for the period of October 1, 2025 through September 30, 2026.

Section 8. Termination.

8.1 Either party may terminate this MOA without cause by providing no less than thirty (30) calendar days written notice to the other party, unless both parties agree upon a lesser time in writing. Such notice may be delivered personally or by certified mail, return receipt requested.

Section 9. Governing Law, Venue and Compliance with Laws.

9.1 This Agreement shall be deemed to have been executed and entered into within the State of Florida and any dispute arising hereunder, shall be governed, interpreted and construed according to the laws of the State of Florida, the Ordinances of Nassau County, and any applicable federal statutes, rules and regulations. Any and all litigation arising under this

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Agreement shall be brought in Nassau County, Florida, and any trial shall be non-jury. Any mediation, pursuant to litigation, shall occur in Nassau County, Florida.

9.2 NCHD shall comply with any applicable regulatory requirements including federal, state, and local laws, rules, regulations codes, orders, criteria and standards.

IN WITNESS WHEREOF, the parties have executed this Contract which shall be deemed an original on the day and year last written below.

**BOARD OF COUNTY COMMISSIONERS
NASSAU COUNTY, FLORIDA**



Taco E. Pope, AICP
Designee

9/11/2025

Date

Approved as to form and legality by the
Nassau County Attorney

Denise C. May, Esq., BCS

DENISE C. MAY

NASSAU COUNTY HEALTH DEPARTMENT



Cara Gluck, MPH
Health Officer

9/11/2025

Date

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EXHIBIT A

VERIFICATION OF NASSAU COUNTY INCOME

Income will be verified when the patient or patient's family has provided evidence of compliance from Column B. Check all that apply and provide copies of supporting documentation for each item checked.

COLUMN-B Income

- ☐ One month of check stubs verifying client's income.
- ☐ Letter from employer stating clients hourly rate of pay and hours worked per week, signed by employer and notarized.
- ☐ Documented assistance for unemployment or workers compensation.
- ☐ Copy of court ordered child support or alimony.
- ☐ Previous year Income Tax Return; year of _____.
- ☐ Notarized letter from person providing financial support (Residency and Income Affidavit will need to be done if this one is checked off).
- ☐ Documented assistance letter from County Agency for Food Stamps or Aid for Families with Dependent Children (AFDC).
- ☐ Copy of Medicaid Denial letter.

Client's Signature: _____ Date: _____

I hereby certify that the necessary forms of evidence for compliance from the above list have been provided on this ____ day of _____, 20____.

Nassau CHD Representative

Signature: _____ Date: _____

I have reviewed the 2nd page with the client and the client states they receive no income from the sources listed. _____ (Nassau CHD Employee Initials)

EXHIBIT B

VERIFICATION OF NASSAU COUNTY RESIDENCY

Nassau County Residency Status will be verified when a Client or client's family has provided evidence of compliance with any TWO (2) forms verifying residency from Column A, listed below.

Please Note: For CMIP purposes, the client MUST be a legal resident of Florida for a consecutive period of ONE (1) year; MUST have maintained residence in Nassau County for SIX (6) months or longer within the past FIVE (5) years preceding the date of their request for assistance.

For HCRA purposes, the client must be a Nassau County Florida resident but the length of time he/she lives in Nassau County IS NOT a factor in determining residency.

COLUMN A –Residency

1. ☐ Rent Receipt giving client address.
2. ☐ Notarized letter from landlord stating the client has lived there and for how long with address on it.
3. ☐ Copy of Lease giving client address. (dates of when the lease started should be on the lease)
4. ☐ Statement from HUD giving clients address and how long client has lived there.
5. ☐ Property Tax Assessment.
6. ☐ Homestead Exemption.
7. ☐ Copy of Deed or Mortgage.
8. ☐ Mortgage Payment Book.
9. ☐ Current Auto Tag Registration.
10. ☐ Copy of Nassau County School Registration Form.
11. ☐ Nassau County Voters Registration Card.
12. ☐ Nassau County Hunting/Fishing License.
13. ☐ Notarized letter from person providing living area (Residency and Income Affidavit will need to be done if this one is checked off).
14. ☐ Credit Bureau printout with client's current address.
15. ☐ Utility Bill with current address.

Client's Signature: _____ Date: _____

I hereby certify that the necessary forms of evidence for residency as listed above have been provided on this _____ day of _____, 20____.

Nassau CHD Representative

Signature: _____ Date: _____

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EXHIBIT C

Contact Names and Addresses for Parties

**Nassau County Health
Department**

Contact Name:

Monique Moore

Contact Address:

1620 Nectarine
Fernandina Beach, FL 32034

Agency Clerk:

**Nassau County Board of County
Commissioners**

Contact Name:

Office of Management & Budget

Contact Address:

96135 Nassau Place, Suite 2
Yulee, FL 32097

Registered Agent:

N/A

Certificate Of Completion

Envelope Id: D55896BB-F1D0-40EE-9250-73A8E524051E

Status: Completed

Subject: Complete with Docusign: HCRA Memorandum of Agreement FY25-26

Source Envelope:

Document Pages: 10

Signatures: 7

Envelope Originator:

Certificate Pages: 4

Initials: 1

Brittany Contardi

AutoNav: Enabled

bcontardi@nassaucountyfl.com

Envelopeld Stamping: Enabled

IP Address: 50.238.237.26

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

Record Tracking

Status: Original

Holder: Brittany Contardi

Location: DocuSign

9/10/2025 4:20:18 PM

bcontardi@nassaucountyfl.com

Signer Events

Signature

Timestamp

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: 9/10/2025 4:27:40 PM

Viewed: 9/10/2025 4:51:06 PM

Signed: 9/10/2025 4:54:02 PM

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: 9/10/2025 4:54:03 PM

Viewed: 9/10/2025 4:54:50 PM

Signed: 9/10/2025 8:07:44 PM

Electronic Record and Signature Disclosure:

Not Offered via Docusign

Cara Gluck

Cara.Gluck@flhealth.gov

Security Level: Email, Account Authentication
(None)

Signature Adoption: Uploaded Signature Image
Using IP Address: 167.78.4.23

Sent: 9/10/2025 8:07:45 PM

Viewed: 9/11/2025 7:28:18 AM

Signed: 9/11/2025 7:31:51 AM

Electronic Record and Signature Disclosure:

Accepted: 9/11/2025 7:28:18 AM

ID: f9664dca-ae46-4217-a9ca-8407c13ad7e6

Denise C. May, Esq., BCS

dmay@nassaucountyfl.com

County Attorney

Nassau County BOCC

Security Level: Email, Account Authentication
(None)

Signature Adoption: Pre-selected Style
Using IP Address: 50.238.237.26

Sent: 9/11/2025 7:31:53 AM

Viewed: 9/11/2025 8:11:52 AM

Signed: 9/11/2025 8:12:09 AM

Electronic Record and Signature Disclosure:

Not Offered via Docusign

Signer Events	Signature	Timestamp
Taco Pope, AICP tpope@nassaucountyfl.com County Manager Nassau County BOCC Security Level: Email, Account Authentication (None)	 Signature Adoption: Drawn on Device Using IP Address: 50.238.237.26	Sent: 9/11/2025 8:12:10 AM Viewed: 9/11/2025 8:45:58 AM Signed: 9/11/2025 8:46:10 AM

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

In Person Signer Events	Signature	Timestamp
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Editor Delivery Events	Status	Timestamp
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Agent Delivery Events	Status	Timestamp
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Intermediary Delivery Events	Status	Timestamp
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Certified Delivery Events	Status	Timestamp
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Carbon Copy Events	Status	Timestamp
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Clerk Services BOCCCLerkServices@nassauclerk.com Security Level: Email, Account Authentication (None)	COPIED	Sent: 9/11/2025 8:46:12 AM Viewed: 9/11/2025 8:48:23 AM
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Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Brittany Contardi bcontardi@nassaucountyfl.com Senior Procurement Specialist Nassau County Security Level: Email, Account Authentication (None)	COPIED	Sent: 9/11/2025 8:46:13 AM Resent: 9/11/2025 8:46:17 AM
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Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	9/10/2025 4:27:40 PM
Certified Delivered	Security Checked	9/11/2025 8:45:58 AM
Signing Complete	Security Checked	9/11/2025 8:46:10 AM
Completed	Security Checked	9/11/2025 8:46:13 AM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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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: procurement@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 procurement@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 procurement@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 procurement@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.