

CS-16-200

JUN 19 9:06

# CONTRACT APPROVAL FORM

(Contract Management Use Only)

CONTRACT TRACKING NO. **CM2438**

## CONTRACTOR INFORMATION

Name: Naders Pest Raiders

Address: 6959 Phillips Parkway Jax., FL 32256  
City State Zip

Contractor's Administrator Name: Kyle Smith Title: Company Rep.

Tel#: (904) 423-2205 Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## CONTRACT INFORMATION

Contract Name: Naders Pest Raiders Agreement Contract Value: \$1260.<sup>00</sup>

Brief Description: Rodent Removal From NAU and 1 year follow-up

Contract Dates : From: \_\_\_\_\_ to: \_\_\_\_\_ Status:  New  Renew  Amend# \_\_\_\_\_ WA/Task Order

How Procured:  Sole Source  Single Source  ITB  RFP  RFQ  Coop.  Other \_\_\_\_\_

### If Processing an Amendment:

Contract #: \_\_\_\_\_ Increase Amount of Existing Contract: \_\_\_\_\_

New Contract Dates: \_\_\_\_\_ to \_\_\_\_\_ TOTAL OR AMENDMENT AMOUNT: \_\_\_\_\_

## APPROVALS PURSUANT TO NASSAU COUNTY PURCHASING POLICY, SECTION 6

- |    |  |                        |   |
|----|--|------------------------|---|
| 1. | <u>[Signature]</u><br>Department Head Signature                  | <u>6/18/17</u><br>Date | <u>Nassau Amelia Utility</u><br>Submitting Department |
| 2. | <u>[Signature]</u><br>Contract Management                        | <u>6/18/17</u><br>Date | <u>71500536-546000</u><br>Funding Source/Acct #       |
| 3. | <u>[Signature]</u><br>Office of Management & Budget              | <u>6/14/17</u><br>Date | <u>ms</u><br><u>6/14/17</u>                           |
| 4. | <u>[Signature]</u><br>County Attorney (approved as to form only) | <u>6/15/17</u><br>Date |   |

Comments: \_\_\_\_\_

## COUNTY MANAGER – FINAL SIGNATURE APPROVAL

[Signature] 6-23-17  
Ted Selby Shane Jones Date

## RETURN ORIGINAL(S) TO CONTRACT MANAGEMENT FOR DISTRIBUTION AS FOLLOWS:

- Original: Clerk's Services; Contractor (original or certified copy)
- Copy: Department  
 Office of Management & Budget  
 Contract Management  
 Clerk Finance

JUN 12 AM 11:05

JUN 28 PM 4:22

OFFICE OF CLERK OF COUNTY  
NASSAU COUNTY, FLORIDA

## In House Purchase Order

\*\*All information needs to be complete before requisition can be processed.

<b>VENDOR INFORMATION</b>		PO/CM#	
If not provided on the Quote.		Funding Acct:	
Name (Required)	MADERS Pest RAIDERS	DATE:	9-30-17
Address	6959 Ph. 11. ps Newark	REQUISITION BY:	DAVID Spoke
City, St. Zip	JAX, FL, 32256	By signing, I certify this purchase is compliant with the County Purchasing Policy and I have reviewed the quote for accuracy. <i>David Spoke</i>	
Phone#	904.423-2205	Request for which Department	
Fax #		Facilities Maintenance	<input checked="" type="checkbox"/> DET
Documents Attached		Parks & Recreation	<input type="checkbox"/>
Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

ITEM NO.	ITEM DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1	Rat and Squirrel Removal From MAU and LYNX			
	Follow up			
	Total			1260.00
<b>Total of Purchase Requested</b>				Total 1260.00

<b>Project Description</b>
Facility: Nassau Amelia Utility (Building, truck, or equipment #)
<b>Scope of Work:</b>
Trap and Remove Squirrels and Rats
Attached Quote #

Purchase >\$1000 but <\$5000 = 3 verbal quotes	
Purchase >\$5000 but <\$50000 = 3 written quotes	
<b>Quotes Received</b>	
Vendor	Amount
1)	0
2)	0
3)	0

**Purchases >\$200 but < \$1000 requires pre-purchase approval**

Pre-Purchase Approved by one of the following

Frank Mashuda: _____	Date: _____
William Stonebreaker: _____	Date: _____
Suzie Fontes: _____	Date: _____



Service Date: 5/22/2017 Map Code: 1251544 Route# 1113  
 This property is under termite coverage with: \_\_\_\_\_

*Email*

**SERVICE AGREEMENT FOR:  
WILDLIFE MANAGEMENT PROGRAM**

(DAVE Spode) NASSAU County Bocc  
 Account Name \_\_\_\_\_ Middle \_\_\_\_\_  
4390 First Coast Hwy  
 Service Address Number \_\_\_\_\_ Street \_\_\_\_\_  
Fernandina Beach FL 32034  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
904 753 1430  
 Cell Phone  Office  
dspode @nassaucountyfl.com  
 Email address \_\_\_\_\_

NASSAU County Bocc  
 Billing Name \_\_\_\_\_  
45198 musslewhite Rd  
 Billing Address, Number \_\_\_\_\_ Street \_\_\_\_\_  
Callahan FL 32011  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
763-1420  
 Cell Phone  Office  
dspode @ NASSAU county FL . com  
 Email address \_\_\_\_\_

**WILDLIFE EXCLUSION SERVICE PROGRAM (1 Year Guarantee):**  
 Roofline  Attic  Other: \_\_\_\_\_  
 Foundation  Utility Entries  Other: \_\_\_\_\_  
 Crawl Space  Vents

**ANNUAL RENEWAL FEE AFTER THE FIRST YEAR:**  
~~(\$2000)~~ commencing one year from date of this Agreement  
one year only on what we see

**EXCLUSION SERVICE:** Nader's will provide Wildlife Exclusion Service as specified in the Service Graph. Nader's reserves the right to adjust the annual renewal fee after the first year by providing a 30 day written notice. This agreement provides only for services listed in this agreement and does NOT provide services for any other pest, termites and/or any other wood destroying organisms.

**WILDLIFE MANAGEMENT SERVICE PROGRAM INCLUDES:** Nader's will provide service for Wildlife control checked below as specified in the Service Frequency and the Terms & Conditions listed on the reverse side of this agreement. One time services are NOT guaranteed.

**SCOPE OF SERVICE:**  Raccoons  Opossums  Squirrels  Rats  Mice  Bats  Other: \_\_\_\_\_

**SERVICE FREQUENCY:** Regular Service in addition to Initial Service  
 Daily  
 Weekly  
 Monthly  
 One Time Wildlife Service: **NO GUARANTEE:** Customer's Initials: \_\_\_\_\_

**SPECIAL INSTRUCTIONS / SPECIFIC PROBLEM AREAS:** We will seal all entry points  
roof connections also cant garage door metal and  
install over doors as a tarp and we will  
install hardware with over vents and trap and  
remove rodents

**SERVICE FEES:**

Initial Wildlife Exclusion Service Fee.....	\$ <u>1200</u>
Initial Wildlife Management Service Fee.....	\$ <u>0</u>
Initial Trap/Cage Service Fee.....	\$ <u>0</u>
Additional Service/Follow-Up Fee.....	\$ <u>0</u>
Initial Gutter System Fee.....	\$ <u>0</u>
Removal/Inspection Fee.....	\$ <u>0</u>
Sales Tax (if applicable) _____ %.....	\$ _____
<b>TOTAL ANNUAL AMOUNT.....</b>	<b>\$ _____</b>

**METHOD OF PAYMENT:**  Cash  Check  Credit Card  
 Amount Remitted with Agreement.....\$ \_\_\_\_\_  
 Includes Initial Service Fee Payment +  Sales Tax of \_\_\_\_\_ %  
 Includes Year in Advance Payment +  Sales Tax of \_\_\_\_\_ %

**NADER'S GUARANTEE**  
 IF WILDLIFE COME BACK, SO WILL WE! Nader's Wildlife Management Service Program guarantees to provide additional service for Wildlife covered under this agreement as indicated above and as specified in the terms and conditions listed on the reverse side of this Service Agreement. For a period of one year Nader's Wildlife Exclusion Program guarantees Wildlife Exclusion work from defect or re-entry in areas where exclusion work has been provided as indicated on the service graph, indicated above & as specified in the terms & conditions listed on the reverse side of this Service Agreement.  
**TO THE PROPERTY OWNER OR PROPERTY MANAGER:** If this is a home solicitation, you may cancel this agreement by providing written notice to the seller in person, by telegram or by mail. This must indicate that you do not want the goods or services and must be delivered or postmarked before midnight of the third business day after you sign this agreement. If you cancel this agreement, the seller cannot keep all or part of any cash down payment. You are entitled and should receive an exact copy of this agreement.  
**ACCEPTED IN ALL ITS TERMS AND CONDITIONS** without limitations, it being specifically understood that Nader's Pest Raiders and the undersigned will be bound only by the terms set forth in this agreement and not by any other representations, oral or otherwise. This agreement is not binding until approved by the Branch Manager.  
 Year Structure Built: \_\_\_\_\_ Customer Initials: \_\_\_\_\_

Nader's Pest Raiders  
 Address: 695 Phinney Parkway DRS units  
 City: Jinx  
 State: FL Zip: 32034  
 Phone: 904 423 2005

Accepted By: \_\_\_\_\_  
 Buyer / Authorized Agent  
Kyle Smith 5 24 / 17  
 Company Representative



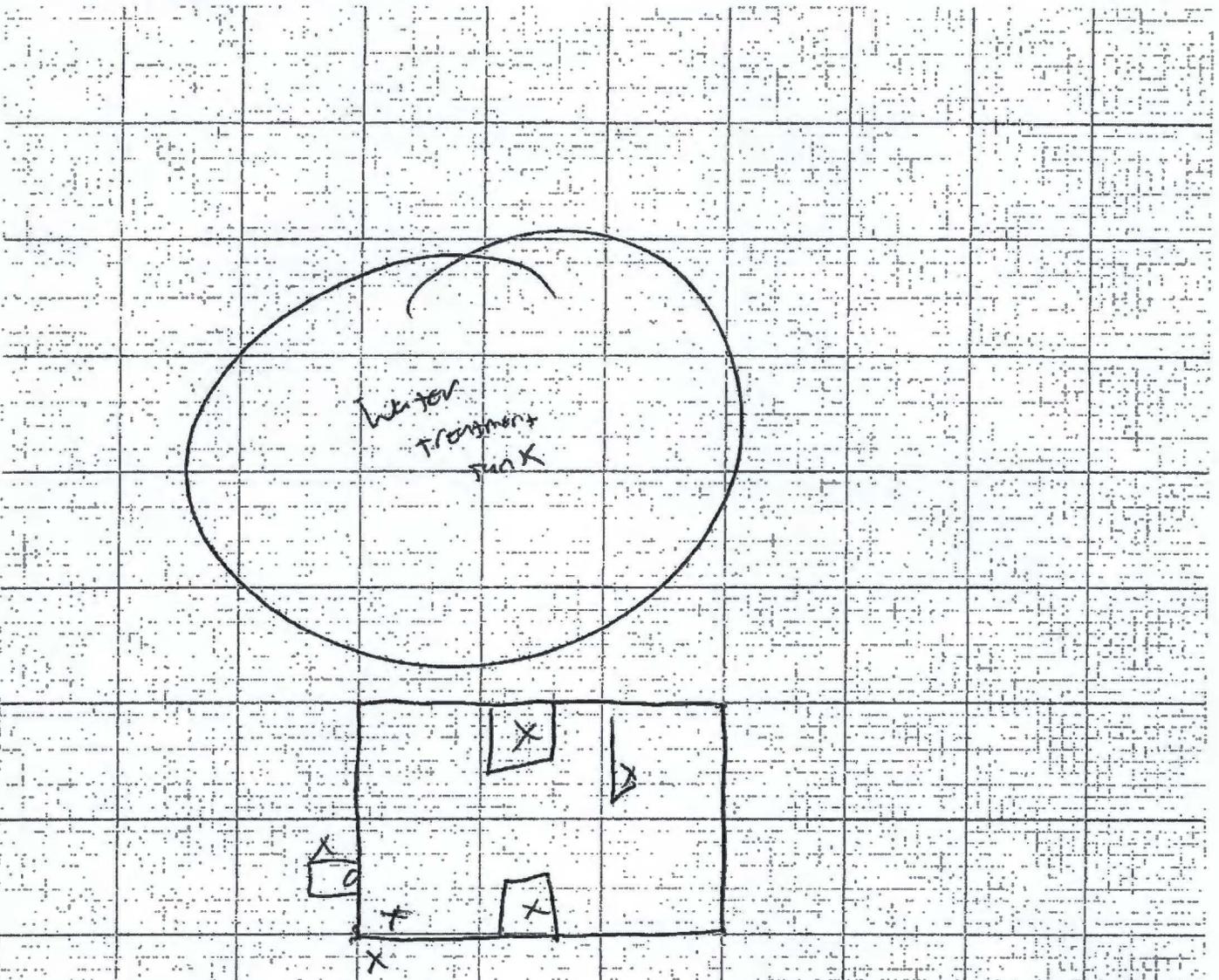
# WILDLIFE GRAPH

Date: 8.22.2017

Owners/Agents Name: \_\_\_\_\_ Hm Ph: \_\_\_\_\_ Other Ph: \_\_\_\_\_ Email: \_\_\_\_\_

Occupants/Purchasers Name: Nassau Avenue Hm Ph: 4311295 Other Ph: 904 753 1420 Email: \_\_\_\_\_

Service Address: 4390 First Coast Hwy City: Fernandina State: FL Zip Code: 32034



**NOTE:** This is not a structural damage report. If visible damages are noted the customer should have a structural engineer or a professional qualified in structural repairs to assess the structural integrity of any noted damages.

FOUNDATION WALLS:  BLOCK  POURED  \_\_\_\_\_ EXTERIOR CLADDING:  BRICK  STUCCO  SIDING  \_\_\_\_\_  
 CONSTRUCTION TYPE:  Finished  Unfinished: Basement  Floating Slab  Supported Slab  Monolithic Slab  Crawl  Pier & Beam  
 NUISANCE PEST:  Rats  Squirrels  Raccoons  Opossums  Armadillos  Bats  Snakes  Other: \_\_\_\_\_  
 CONDUCTIVE CONDITIONS:  Available Food Source  Stored Items  Existing Visible Damage  Ventilation  Moisture Condition M\*  Inaccessible Areas

INSPECTORS STATEMENT LOCATION OF VISIBLE INFESTATION: \_\_\_\_\_  
 EXCLUSION AREAS:  Roof Line  Foundation  Garage/Bay Areas  Attic  Vents (Gable/Crawl)  Utility Entries  
 Other: \_\_\_\_\_

INITIAL SCHEDULED SERVICE DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ # OF FOLLOW-UP VISITS: \_\_\_\_\_

STATIONS, TRAPS AND/OR CAGES INSTALLED:  Bait Station #: \_\_\_\_\_  Glue Board #: \_\_\_\_\_  
 Snap Trap #: \_\_\_\_\_  Live Cages #: \_\_\_\_\_

Size of Structure: 211  Linear Footage Scale Used:  1:1  Other: \_\_\_\_\_

Technician: \_\_\_\_\_ Customer Signature: \_\_\_\_\_  
 Branch Phone Number: \_\_\_\_\_  Collect Payment: \$ \_\_\_\_\_

## FW: PO Request for Naders

Suzie Fontes

Tue 6/6/2017 10:47 AM

To: Yvonne Thomas <ythomas@nassaucountyfl.com>;

Cc: Tammy Conley <tconley@nassaucountyfl.com>; Sharon Johns <sjohns@nassauclerk.com>; Charlotte Young <cyoung@nassaucountyfl.com>;

2 attachments (3 MB)

NADERS.pdf; 1.a Contract Approval Form fillable\_Final.pdf;

Yvonne,

Please see the attached Contract Approval Form that will need to be filled out, and sent to your Department Head for Signature then to Ms. Charlotte for the routing of the remaining signatures.

Thanks,  
Suzie

Suzie Fontes-Office Manager  
Facilities Maintenance/Parks & Recreation Dept  
Phone 904-530-6120 or Fax 904-879-3751

**From:** Tammy Conley

**Sent:** Tuesday, June 06, 2017 10:41 AM

**To:** Yvonne Thomas <ythomas@nassaucountyfl.com>; Suzie Fontes <sfontes@nassaucountyfl.com>

**Cc:** Sharon Johns <sjohns@nassauclerk.com>

**Subject:** FW: PO Request for Naders

Morning Yvonne,

I was just talking with Sharon in regards to the Nader's Requisition, it does seem to me that this is a year contract with Nader's. I am not up to date on the full process of Contracts, Suzie handles them, I have copied her and she will get with you in regards to what needs to be done.

Thanks,

**From:** Tammy Conley

**Sent:** Thursday, June 01, 2017 9:04 AM

**To:** Yvonne Thomas <ythomas@nassaucountyfl.com>

**Subject:** PO Request for Naders

Morning Yvonne,  
How are you?

Please see attached paperwork, would you mind getting us a Purchase Order for Nader's Pest Control? Any questions just holler.

Thanks,

Tammy Conley, Admin Asst  
Nassau County Facilities Maint/Parks  
45195 Musselwhite Rd  
Callahan Fl 32011  
904-530-6120

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