

CONTRACT APPROVAL FORM

(Contract Management Use only)

**CONTRACT
TRACKING NO.****CM2445-A1****CONTRACTOR INFORMATION**Name: Water Recovery, LLCAddress: 1819 Albert Street Jacksonville FL 32202
City State ZipContractor's Administrator Name: Amanda Kimball Title: Assistant General ManagerTel#: (904) 475-9320 Fax: _____ Email: akimball@wrijax.com**CONTRACT INFORMATION**Contract Name: Service Agreement Contract Value: Based on Department's service needsBrief Description: Total Leachate Management - West Nassau LandfillContract Dates : From: 10/1/2017 to: 9/30/2019 Status: _____ New _____ Renew ☒ Amend# _____ WA/Task OrderHow Procured: _____ Sole Source _____ Single Source ☒ ITB _____ RFP _____ RFQ _____ Coop. _____ Other _____**If Processing an Amendment:**Contract #: CM2445 Increase Amount of Existing Contract: _____New Contract Dates: 10/1/2019 to 9/30/2020 TOTAL OR AMENDMENT AMOUNT: _____**APPROVALS PURSUANT TO NASSAU COUNTY PURCHASING POLICY, SECTION 6**

- | | | | |
|----|--|-----------------|------------------------|
| 1. | <u>[Signature]</u> | <u>10-4-19</u> | <u>Solid Waste</u> |
| | Department Head Signature | Date | Submitting Department |
| 2. | <u>[Signature]</u> | <u>10/2/19</u> | <u>01362534-531313</u> |
| | Contract Management | Date | Funding Source/Acct # |
| 3. | <u>[Signature]</u> | <u>10/11/19</u> | |
| | Office of Management & Budget | Date | |
| 4. | <u>[Signature]</u> | <u>10/18/19</u> | |
| | County Attorney (approved as to form only) | Date | |

Comments: _____

COUNTY MANAGER - FINAL SIGNATURE APPROVAL[Signature]
Michael Mullin10/4/19
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

AMENDMENT NO. 01/FIRST EXTENSION TO THE
CONTRACT FOR TOTAL LEACHATE MANAGEMENT

THIS AMENDMENT entered into this 14th day of October, 2019 by and between the **BOARD OF COUNTY COMMISSIONERS OF NASSAU COUNTY, FLORIDA**, a political subdivision of the State of Florida, (hereinafter referred to as "County") and **WATER RECOVERY, LLC.**, located at 1819 Albert Street, Jacksonville, Florida hereinafter referred to as "Vendor").

WHEREAS, the parties entered into a *Contract for Total Leachate Management* (hereinafter referred to as "Contract") on or about August 28, 2017; and

WHEREAS, the original *Contract* provided for an initial term beginning October 1, 2017 and terminating September 30, 2019, with an option to extend in one (1) year increments upon mutual contract between the Vendor and the County; total contract length and individual one (1) year extensions shall be in the County's best interest and sole discretion.

WHEREAS, the parties desire to extend the *Contract*.

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

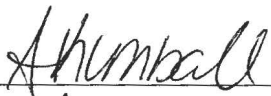
1. In accordance with Section 20 of the Contract, the performance period is hereby extended for an additional one (1) year beginning October 1, 2019 and terminating September 30, 2020.
2. All other provisions of the Contract not in conflict with this Amendment shall remain in full force and effect.

BOARD OF COUNTY COMMISSIONERS
NASSAU COUNTY, FLORIDA



MICHAEL S. MULLIN, County Manager

WATER RECOVERY, LLC



By: Amanda Kimball
Its: Asst. General Manager