

CS-22-163

BOCC CONTRACT APPROVAL FORM

(Request for Contract Preparation)

CONTRACT TRACKING NO.
CM2164-A4

GENERAL INFORMATION

Requesting Department: Facilities Maintenance

Contact Person: Evelyn Burton

Telephone: 904-530-6125 Fax: (904)879-3751 Email: eburton@nassaucountyfl.com

CONTRACTOR INFORMATION

Name: Facility Automation Solutions, Inc.

Address: 6900 Phillips Industrial Blvd Jacksonville FL 32256
City State Zip

Contractor's Administrator Name: Melissa Mangrum Title: Office Manager

Telephone: 904-446-8072 Fax: (904)446-8136 Email: melissa.mangrum@jaxcontrols.com

IDENTIFY WHO WILL SIGN CONTRACT ON BEHALF OF CONTRACTOR (NAME AND EMAIL ADDRESS)

Authorized Signatory Name: David Sarratori

Authorized Signatory Email: dsarratori@jaxcontrols.com

CONTRACT INFORMATION

Contract Name: Preventative Maintenance & Technical Support - HCH

Description: Facility management system maintenance & monitoring services - I/Net Building Management System
GOODS AND/OR SERVICES TO BE PROCURED, PHYSICAL LOCATION, ETC.

Total Amount of Contract: \$11,771.00
APPROXIMATE IF NECESSARY

Source of Funds: County State Federal Other _____ Account: 01074712-546020

Authorized Signatory: Taco E. Pope, AICP
IDENTIFY WHO WILL SIGN CONTRACT ON BEHALF OF BOCC

Contract Dates: From: Execution to: 9/30/2023 Termination/Cancellation: 30 days

Status: New Renew Amend#4 WA/Task Order Supplemental Agreement

How Procured: Exemption Sole Source Single Source ITB RFP RFQ Coop
 Piggyback Quotes Other _____

If Processing an Amendment:

Contract #: CM2164-A4 Increased Amount to Existing Contract: \$589.00

New Contract Dates: _____ to _____ Total or Amended Amount: \$12,360.00

Continued on next page

CHECKLIST*Review/Complete before sending contract for final signature*

Requirement	Description	Complete By
Contract, Exhibits and Appendices	1) The contract and all documents incorporated by reference in the contract, including exhibits and appendices are attached (including E-Verify, Pricing, Scope, etc.) and properly identified; and 2) All such documents have been read and agreed to in their entirety by originating department and staff members who have obligations under this contract.	Dept LG
Name, Address, Contact Person	The full name, address, legal status (i.e., corporation, partnership, etc.) and contact person of other party are included.	Dept LG
Understanding	Written contract matches the verbal understanding of all parties. All terms and conditions conform to the final negotiations/agreement of the parties.	Dept LG
Competition/Conflicts and Existing Contracts/Compliance	This contract does not conflict with any other contracts, promises or obligations of the BOCC. The requesting department verifies the BOCC can comply with all terms and conditions.	Dept LG Cnty Atty
Other Necessary Agreements	All other necessary agreements or waivers referred to in contract have been obtained and are attached and properly identified for reference.	Cnty Atty
Indemnification	BOCC may not indemnify, hold harmless, be liable to, or reimburse any other party to the contract for claims, lawsuits, damages, attorney fees, or losses incurred by that party in connection with the contract.	Cnty Atty
Term of Contract	Start and end dates of contract are included. Any renewals are included.	Cnty Atty
Warranties/Guarantees	Warranties or guarantees give satisfactory protection.	Cnty Atty/Risk
Insurance	Risk manager has or will approve insurance clauses. Levels confirmed in requirements	Dept LG
Governing Law	The contract is governed under the laws of the State of Florida. The contract may be silent on this issue but in no event will another state's law govern the agreement.	Cnty Atty
Confidentiality Agreements	All nondisclosure clauses include exceptions regarding disclosure as required by law. If not applicable, indicate "n/a."	Cnty Atty
Printed/Typed Names	Names of all persons signing contracts are printed or typed below signatures.	Router

APPROVALS PURSUANT TO NASSAU COUNTY PURCHASING POLICY

1. Doug Podiak 3/21/2023
Department Head/Contract Manager Date
2. Thomas Adams 3/24/2023
Procurement Date
3. Chris Lacambra 3/21/2023 AJ 3/21/2023
Office of Mgmt & Budget Date
4. Denise C. May 3/27/2023 AJ 3/24/2023
County Attorney Date

COUNTY MANAGER – FINAL SIGNATURE APPROVAL

5. Tano E. Poppy AICP 3/27/2023
County Manager Date

**FOURTH AMENDMENT TO CONTRACT FOR PREVENTATIVE MAINTENANCE
AND TECHNICAL SUPPORT FOR THE HISTORIC COURTHOUSE**

THIS AMENDMENT made and entered into on _____ by and between the **Board of County Commissioners of Nassau County**, Florida, a political subdivision of the State of Florida, hereinafter referred to as the "County", and **Facility Automation Solutions, Inc.**, a Florida Profit Corporation, whose office address is located at 6900 Phillips Industrial Blvd., Jacksonville, FL 32256, hereinafter referred to as "Vendor".

WHEREAS, the parties entered into a Contract on or about September 17, 2014; and

WHEREAS, the Contract provided for an initial performance period from October 1, 2014, the date of execution, through September 30, 2015 with automatic annual renewals barring termination by either party; and

WHEREAS, the Contract has automatically renewed annually with the most recent automatic renewal beginning October 1, 2022; and

WHEREAS, the Contract outlined the Vendor's labor rates which provided for an annual compensation amount of \$11,771.00; and

WHEREAS, due to an increase in their labor rates, the Vendor has requested an amendment to the Contract to reflect the increased labor rates and to increase the contracted amount by \$589.00 annually providing for a new annual total of \$12,360.00; and

WHEREAS, the County has determined the Vendor's request to be appropriate and is agreeable to increasing the labor rates as detailed in Attachment "A".

NOW, THEREFORE, for and in consideration of the promises and mutual covenants and understanding contained herein, the parties hereto do mutually agree as follows:

1. The Contract shall be amended to reflect the increased labor rates outlined in Attachment "A" of this Amendment and to provide for a total annual compensation amount of \$12,360.00.
2. All other provisions of the Contract not in conflict with this Amendment shall remain in full force and effect.

NASSAU COUNTY, FLORIDA

Taco E. Pope, AICP
 By: TACO E. POPE, AICP
 Its: Designee
 Date: 3/27/2023

Approved as to form and legality by
the Nassau County Attorney

Denise C. May
 DENISE C. MAY

FACILITY AUTOMATION SOLUTIONS, INC.

David A. Sarratori
 By: David Sarratori
 Its: Operations Manager
 Date: 3/27/2023



ATTACHMENT "A"

The Power to bring your buildings together.

September 7, 2022

Nassua County Historic Courthouse
Attn:

Renewal: - Service Agreement for Nassua County Historic Courthouse.

Facility Automation Solutions, Inc. is pleased to renew the annual maintenance agreement of the Andover Control System at the above referenced building. Our current technician service agreement preferred rate is reflected below. The labor rate has increased and is reflected below. The service agreement will renew with the same contract terms and conditions. Please refer to the existing agreement for details.

Service account Customer labor rates / man / hr

Service	Regular Time Rates	Overtime Rates
Technician	\$128.00 per hr.	\$192.00 per hr.
Application Engineer	\$138.00 per hr.	\$207.00 per hr.
Principal Engineer	\$154.00 per hr.	\$231.00 per hr.
Travel	\$128.00 per hr.	\$192.00 per hr.
Remote On-Line assistance	\$128.00 per hr.	\$192.00 per hr.

- Minimum Labor Charge is 4 Hours Standard Rate and 4 Hours Overtime Rate.
- All rates are subject to change with written notice.
- Normal Business Hours are defined as 7:00am to 3:30pm Monday through Friday.
- Overtime Monday through Friday and on Saturday and is billed at 1.5 times applicable rate.
- Sundays and Holidays is billed at 2.0 times applicable rate.



The Power to bring your buildings together.

**Annual Maintenance Agreement -
For the annual sum of - \$12,360.00**

To be invoiced at the rate of - \$3,090.00 Quarterly

The Service Agreement start date is October 1, 2022 and ending on September 30, 2023.

Please contact me with any questions, (904)446-8100.

Thank You,

Paul Weeks
Service Manager
Facility Automation Solutions, Inc.

 An official website of the United States government
[Here's how you know](#)



Menu ☰

My Company Account

My Company Profile

Company Information

Company Name

Facility Automation Solutions

Doing Business As (DBA) Name

Company ID

896821

Enrollment Date

Jul 27, 2015

Employer Identification Number (EIN)

593443599

Unique Entity Identifier (UEI)

DUNS Number

135929235

Total Number of Employees

20 to 99

NAICS Code

238

Sector

Construction

Subsector

Specialty Trade Contractors

[Edit Company Information](#)

Employer Category

Employer Category

Federal Contractor with FAR E-Verify Clause

[Edit Employer Category](#)

Company Addresses

Physical Address

6900 Phillips Industrial Blvd.
Jacksonville, FL 32256

Mailing Address

Same as Physical Address

[Edit Company Addresses](#)

Hiring Sites

We have implemented a new policy and require more information for existing and future hiring sites.

Number of Sites

1

[Edit Hiring Sites](#)

Company Access and MOU

My Company is Configured to:

Verify Its Own Employees

Memorandum of Understanding

[View Current MOU](#)

[U.S. Department of Homeland Security](#)

[U.S. Citizenship and Immigration Services](#)

[Accessibility](#)

[Plug-ins](#)





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/21/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Brown & Brown of Florida, Inc. PO Box 2412 Daytona Beach FL 32114	CONTACT NAME: Denise Larson PHONE (A/C, No, Ext): (386) 239-8864 FAX (A/C, No): (386) 323-9122 E-MAIL ADDRESS: Denise.Larson@bbrown.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: Atlantic Specialty Insurance Company NAIC # 27154	
INSURER B: FFVA Mutual Insurance Co. 10385	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 23-24 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			7110150210007	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			7110150210007	01/01/2023	01/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			7110150210007	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	WC84000322002023A	01/01/2023	01/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	CRIME			71101502100057	01/01/2023	01/01/2024	LIMIT \$100,000 DEDUCTIBLE \$1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 SEE NOTES FOR POLICY COVERAGE FORMS

CERTIFICATE HOLDER NASSAU COUNTY BoCC 96135 Nassau Place Yulee, FL 32097	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	--

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page _____ of _____

AGENCY Brown & Brown of Florida, Inc.		NAMED INSURED FACILITY AUTOMATION SOLUTIONS, INC	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

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

PROFESSIONAL LIABILITY:
 ERRORS OR OMISSIONS LIABILITY - YOUR PRODUCTS AND YOUR SERVICES
 POLICY # 7600107060003, POLICY PERIOD 01/01/2023 TO 01/01/2024
 ATLANTIC SPECIALTY INSURANCE COMPANY
 CLAIMS-MADE FORM
 \$2,000,000 AGGREGATE LIMIT
 \$2,000,000 EACH CLAIM LIMIT
 \$25,000 RETENTION
 RETROACTIVE DATE 01/01/2022
 EXCEPT FOR
 \$2,000,000 AGGREGATE LIMIT
 \$2,000,000 EACH CLAIM LIMIT
 \$10,000 RETENTION
 RETROACTIVE DATE 10/06/2020
 EXCEPT FOR:
 \$1,000,000 AGGREGATE LIMIT
 \$1,000,000 EACH CLAIM LIMIT
 \$10,000 RETENTION
 RETROACTIVE DATE 01/01/2016

CURRENT BLANKET POLICY FORMS

GENERAL LIABILITY:
 1.) VCG 207 07 09-@VANTAGE FOR GENERAL LIABILITY TECHNOLOGY COMPANIES (ADDITIONAL INSURED-ONGOING OPERATIONS, ADDITIONAL INSURED-LESSOR OF LEASED EQUIPMENT, ADDITIONAL INSURED-MGR OR LESSOR OF PREMISES, ADDITIONAL INSURED-BROAD FORM VENDOR, WAIVER OF SUBROGATION, PRIMARY AND NON-CONTRIBUTORY)
 2.) CG 20 10 12 19- ADDITIONAL INSURED-OWNERS, LESSEES OR CONTRACTORS- SCHEDULED PERSON OR ORGANIZATION
 3.) CG 20 37 12 19- ADDITIONAL INSURED-OWNERS, LESSEES OR CONTRACTORS - COMPLETED OPERATIONS

AUTO LIABILITY:
 1.) VCA 201 0109-@VANTAGE FOR AUTOMOBILE (ADDITIONAL INSURED, WAIVER OF SUBROGATION)
 2.) VCA 220 03/16 - PRIMARY AND NONCONTRIBUTORY OTHER INSURANCE CONDITION - SCHEDULED PERSON OR ORGANIZATION

WORKERS COMPENSATION:
 1.) WC 00 03 13 0484-WAIVER OF OUR RIGHTS TO RECOVER FROM OTHERS ENDORSEMENT

UMBRELLA:
 1.) VCU 100 07 09-PER FORM - COMMERCIAL UMBRELLA LIABILITY COVERAGE FORM (ADDITIONAL INSURED)
 2.) VCU 410 11/13-WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US BY CONTRACT OR AGREEMENT
 3.) VCU411 11/13-PRIMARY AND NONCONTRIBUTORY -OTHER INSURANCE CONDITION
 4.) VCU 419 0814 - FOLLOW FORM EXCESS CONVERSION ENDORSEMENT (FOLLOW FORM OVER THE GENERAL LIABILITY, AUTO LIABILITY AND EMPLOYERS LIABILITY)

Requisition Form
NASSAU COUNTY
BOARD OF COUNTY COMMISSIONERS

96135 Nassau Place Suite 1
 Yulee, FL 32097

VENDOR NAME/ADDRESS
Facility Automation Solutions 6900 Phillips Industrial Blvd Jacksonville, FL 32256 (904.446.8100)

DEPARTMENT
Historic Courthouse-Maintenance

REQUESTED BY
Evelyn Burton

VENDOR NUMBER	PROJECT NAME	FUNDING SOURCE	AMOUNT AVAILABLE	STANDARD FOR OR EN	CUMBER ONLY	CONTRACT NO.
10267	PM/Tech Support Agreement	01074712-546020		Encumber Contract		CM2164-A4
ITEM NO.	DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT		
1	Service Agreement for Preventative Maintenance	4.00	\$ 3,090.00	\$ 12,360.00		Historic Courthouse
	and Technical Support on the I/NET Computer			\$ 0.00		Control System Maintenance
	Control Facilities Management System			\$ 0.00		
	(Quarterly installments)			\$ 0.00		
	Oct. 1 2022 - Sept. 30, 2023			\$ 0.00		
				\$ 0.00		
				\$ 0.00		
				\$ 0.00		
				\$ 0.00		
				\$ 0.00		
	Amended contract			\$ 0.00		
	Contract # - CM2164-A4 - Price increase			\$ 0.00		
	Contract Period: 10/1/22 - 9/30/23			\$ 0.00		
	Documents attached			\$ 0.00		
				\$ 0.00		
				\$ 0.00		
				\$ 0.00		

ORIGINAL - FINANCE
 COPY - DEPARTMENT

Shipping \$ 0.00
 Total \$ 12,360.00

Department Head

I attest that, to the best of my knowledge, this requisition reflects accurate information, has been reviewed, budgeted for and follows the Nassau County Purchasing Policy.

Doug Podiak 3/21/2023

Office of Management and Budget

I attest that, to the best of my knowledge, funds are available for payment.

Chris Lacambra 3/21/2023 *TP* 3/21/2023

Procurement Director

I attest that, to the best of my knowledge, this requisition is accurate and necessary and is consistent with the Nassau County Purchasing Policy.

Nassau Adams 3/24/2023

County Manager

I attest that, to the best of my knowledge, the appropriate staff have reviewed and approved this Requisition and no other conditions would prevent approval.

Taco E. Pope AICP 3/27/2023

Clerk: _____
 Date: _____

Exemptions / Sole Source / Single Source Certification Form

Date: November 10, 2022 Project: PM & Tech Support - HCH
Vendor Name: Facility Automation Solutions FY Cost: \$12,360.00
Address: 6900 Phillips Industrial Blvd Total Cost: \$12,360.00
Phone: 904-446-8072 Account: 01074712-546020
Contact Name: David Sarratori / Melissa Mangrum

Description of Goods and/or Services:

Facility management system maintenance & monitoring services - I/NET Building Management System - HCH

Source of Funds: [X] County [] State [] Federal [] Other

Check one (1) of the following choices:

- [] Exempt purchase: [] Artistic Services FS 287.057 (3)(e)1. as defined under FS 287.012
[] Professional Services: Nassau County Purchasing Policy (Chapter 1, Article VII, Section 1-141) - Purchasing policy Section (e) Purchases exempt from competitive or alternative methods.
[] Communications (5.2 - Nassau County Purchasing Policy Exemption)
[] Publications (5.3 - Nassau County Purchasing Policy Exemption)
[] Lodging and Transportation (5.5 - Nassau County Purchasing Policy Exemption)
[] Other Professional Services (5.8 - Nassau County Purchasing Policy Exemption)

- [] Single Source: The goods or services can be purchased from multiple sources, but in order to meet certain functional or performance requirements, there is only one economically feasible source for this purchase. (Attach letter from the vendor)
[x] Sole Source The goods or services can be legally purchased from only one source. (Attach letter from the vendor). Were alternatives evaluated? Yes [] (If yes, explain why alternatives are unacceptable) No [X] (If no, explain why no alternatives were evaluated)

If Sole or Single Source: Why are the requested goods or services the only goods or services that can satisfy your requirements? Indicate the unique features of the product or qualifications that are not available in any other product or service. Provide what steps have been undertaken to make this determination.

The agreement is being renewed. However because of a 5% increase in the annual amount, an amendment has to be executed per Legal

Department Head/Managing Agent - I certify that, to the best of my knowledge, this requisition reflects accurate information, has been reviewed, budgeted for, and follows the Nassau County Purchasing Policy.

Doug Podiat

Procurement Director - I certify that I have reviewed this request and concur that it is an Exempt, Sole or Single Source and is consistent with the Nassau County Purchasing Policy.

Nassau Adams

Office of Management and Budget Director - I certify that, to the best of my knowledge, funds are available for payment and this purchase is consistent with the Nassau County Purchasing Policy.

Chris Lacambra

County Manager - I certify that, to the best of my knowledge, the appropriate staff have reviewed and approved this Requisition and no other conditions would prevent approval.

Taney E. Poppy AICP



September 8, 2022

Re: Sole Source Letter

To whom it may concern:

I am writing this letter to confirm the distribution policies through our Partner channel for our company, Schneider Electric, manufacturer of Andover Control and I/Net BMS and security systems.

Schneider Electric has formed a network of partners throughout North America to provide our customers with a single point of contact for our products and services. Each office includes sales, engineering, project management and service capabilities for these customers within their defined territory. Facility Automation Solutions is a Schneider Electric authorized partner in North Florida and Southeast Georgia and is the only designated provider of Schneider Electric (EcoStruxure Building Management, Security Expert, and I/Net) systems and products in that region.

Schneider Electric is committed to the delivery of the highest quality support and services for our customers and Facility Automation Solutions is a long term partner in that effort. If I can be of further assistance, please feel free to contact me.

Regards,
Mike Willover

Mike Willover

Southeast Regional Partner Xpert
Schneider Electric Buildings Division
407-977-6600

Certificate Of Completion

Envelope Id: CCE3FD3B98D744DBB95CA53A14EBD874	Status: Completed
Subject: Please DocuSign: CM2164 - Facility Automation Solutions -HCH Fac Mgmt PM & Tech Support- \$12360.00	
Source Envelope:	
Document Pages: 14	Signatures: 16
Certificate Pages: 6	Initials: 3
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 3/20/2023 3:46:50 PM	Holder: Evelyn Burton eburton@nassaucountyfl.com	Location: DocuSign
Status: Original 3/27/2023 5:23:06 PM	Holder: Marshall Eyerman MEyerman@nassaucountyfl.com	Location: DocuSign

Signer Events

Signature	Timestamp
Doug Podiak dpodiak@nassaucountyfl.com Facilities Director Nassau County BOCC Security Level: Email, Account Authentication (None)	Sent: 3/20/2023 4:24:30 PM Viewed: 3/21/2023 7:44:16 AM Signed: 3/21/2023 7:44:31 AM
Signature Adoption: Pre-selected Style Using IP Address: 50.238.237.26	

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)		Sent: 3/21/2023 7:44:34 AM Viewed: 3/21/2023 12:17:50 PM Signed: 3/21/2023 12:18:48 PM
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)		Sent: 3/21/2023 12:18:51 PM Viewed: 3/21/2023 4:34:43 PM Signed: 3/21/2023 4:35:01 PM
Signature Adoption: Pre-selected Style Using IP Address: 50.238.237.26		

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)		Sent: 3/21/2023 4:35:05 PM Viewed: 3/24/2023 7:57:00 AM Signed: 3/24/2023 7:57:11 AM
Signature Adoption: Pre-selected Style Using IP Address: 50.238.237.26		

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Signer Events	Signature	Timestamp
<p>Abigail Jorandby ajorandby@nassaucountyfl.com Assistant County Attorney Nassau BOCC Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<p><i>AJ</i></p> <p>Signature Adoption: Pre-selected Style Using IP Address: 50.238.237.26</p>	<p>Sent: 3/24/2023 7:57:15 AM Viewed: 3/24/2023 3:36:34 PM Signed: 3/24/2023 3:36:40 PM</p>
<p>David Sarratori dsarratori@jaxcontrols.com Operations Manager Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Accepted: 3/27/2023 3:08:23 PM ID: 070c1dd4-0e52-41ac-b5bf-9c7ceea3c1da</p>	<p><i>David A. Sarratori</i></p> <p>Signature Adoption: Drawn on Device Using IP Address: 50.204.143.116</p>	<p>Sent: 3/24/2023 3:36:44 PM Viewed: 3/27/2023 2:35:08 PM Signed: 3/27/2023 3:08:45 PM</p>
<p>Denise C. May dmay@nassaucountyfl.com Assistant County Attorney Nassau County BOCC Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<p><i>Denise C. May</i></p> <p>Signature Adoption: Pre-selected Style Using IP Address: 50.238.237.26</p>	<p>Sent: 3/27/2023 3:08:49 PM Viewed: 3/27/2023 3:47:13 PM Signed: 3/27/2023 3:47:30 PM</p>
<p>Taco E. Pope, AICP tpope@nassaucountyfl.com County Manager Nassau County BOCC Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<p><i>Taco E. Pope AICP</i></p> <p>Signature Adoption: Pre-selected Style Using IP Address: 50.238.237.26</p>	<p>Sent: 3/27/2023 3:47:34 PM Viewed: 3/27/2023 5:22:28 PM Signed: 3/27/2023 5:22:46 PM</p>
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
<p>Evelyn Burton eburton@nassaucountyfl.com Procurement Nassau County BOCC Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<p style="text-align: center; border: 2px solid blue; padding: 5px;">COPIED</p>	<p>Sent: 3/27/2023 5:23:06 PM Viewed: 3/27/2023 5:23:06 PM Signed: 3/27/2023 5:23:06 PM</p>

Carbon Copy Events	Status	Timestamp
Clerk Admin clerkservices@nassaucountyfl.com Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 3/27/2023 5:22:50 PM Viewed: 3/28/2023 8:32:42 AM
BOCC AP boccap@nassauclerk.com Nassau County Clerk Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Accepted: 2/4/2021 9:59:11 AM ID: 6238f06a-a4ad-4d45-a7f5-929d04629059	COPIED	Sent: 3/27/2023 5:22:51 PM
Procurement Staff BOCCProcurement@nassaucountyfl.com Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 3/27/2023 5:22:53 PM
Jennifer Kirkland jkirkland@nassaucountyfl.com Nassau County BOCC Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 3/27/2023 5:22:54 PM

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	3/20/2023 4:24:30 PM
Certified Delivered	Security Checked	3/27/2023 5:22:28 PM
Signing Complete	Security Checked	3/27/2023 5:22:46 PM
Completed	Security Checked	3/27/2023 5:22:54 PM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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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:

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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.

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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.

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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;

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