CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date:	06/14/2024
Contract/Lease Control #:	C21-3093-PS
Procurement#:	RFQ PS 37-12
Contract/Lease Type:	AGREEMENT
Award To/Lessee:	BELL & COMPANY VENTURES, LLC
Owner/Lessor:	OKALOOSA COUNTY
Effective Date:	07/12/2024
Expiration Date:	07/11/2025
Description of:	EMS MEDICAL DIRECTOR
Department:	PS
Department Monitor:	MADDOX
Monitor's Telephone #:	850-651-7150
Monitor's FAX # or E-mail:	PMADDOX@MYOKALOOSA.COM
Closed:	<u></u>

CC: BCC RECORDS



CONTRACT/LEASE RENEWAL FORM

May 13, 2024

Bell and Company Ventures

Attn: Dr. Todd Bell

2049 Palmetto Lakes Drive

Navarre, FL 32566

RE: Contract Renewal (C21-3093-PS)

CONTRACT: C21-3093-PS

Dr. Todd D. Bell, M.D. EMS Medical Director EXPIRES: 07/11/2025

Dear Dr. Bell.

The Okaloosa County Board of County Commissioners agrees to renew the subject contract/lease, #C21-3093-PS, for an additional term. The contract renewal period will be 07/12/24 to 07/11/25. The annual budgeted amount for this contract is \$20,000/\$1,000 education allowance. All other terms and conditions of the original agreement shall remain in full force and effect through the duration of this renewal.

If you are in agreement, please sign below and return this form along with a current Certificate of Insurance listing Okaloosa County as co-insured (if applicable).

COUNTY REPRESENTATIVES	AUTHORIZED COMPANY REPRESENTATIVE
Dept. Director Signature:	Contractor: Bell and Company Ventures
Date: DeRita DeRita Deligitally signed by DeRita Deligitally signed by DeRita Deligitally signed by DeRita Mason Dete: 2024.06.14 (as prescribed below on item 1)	Approved By:
Date:	
Approved By:(as prescribed below on item 1)	Title: EMS Medical Director
Date:	Date: 7-13-2024

County Department Instructions:

- 1) Obtain signatures from Department Director, authorized Company Representative and then Purchasing Manager <\$25K and less, OMB Director \$25K to \$50K, County Administrator <\$100K and less or Board >\$100K, as necessary. If Board approval is required, the Chairman and County Administrator's signatures are required. Make sure the company provides a current Certificate of Insurance. (If applicable).
- 2) Keep a copy of this form for your records.
- 3) Send original to Contracts and Lease Coordinator at Purchasing Department.

 If you have any questions please contact the Purchasing Manager at 850-689-5960, Fax: 850-689-5970