

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 01/09/2017

Contract/Lease Control #: C17-2509-TDD

Bid #: N/A

Contract/Lease Type: AGREEMENT

Award To/Lessee: OKALOOSA COUNTY SHERIFF'S OFFICE

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 01/09/2017

Term: INDEFINTIE

Description of Contract/Lease: ECCC SECURITY SERVICES

Department: TDD

Department Monitor: DUNWORTH

Monitor's Telephone #: 850-609-5385

Monitor's FAX # or E-mail: cdunworth@co.okaloosa.fl.us

Closed: _____

cc: Finance Department Contracts & Grants Office



Secondary Employment Services Okaloosa County Sheriff's Office

Contact Information:			
Business/ Requestor: <u>Okaloosa County Board of County Commissioners</u>			
Mailing Address: <u>5479A Old Bethel Road</u>			
City: <u>Crestview</u>	State: <u>FL</u>	Zip: <u>32536</u>	Website: <u>myokaloosa.com</u>
Point of Contact: <u>Melissa Read</u>		Title: <u>Convention Center General Manager</u>	
Main #: <u>850-609-3800</u>	Office #: <u>850-609-3913</u>	Cell #: <u>850-609-3913</u>	
Email: <u>mread@myokaloosa.com</u>		Fax #: <u>n/a</u>	

Please only fill out the below section if you have a management company who will be remitting checks.

Management Company:			
Company Name: _____			
Mailing Address: _____			
City: _____	State: _____	Zip: _____	Website: _____
Point of Contact (<i>accounting</i>): _____		Title: _____	
Main #: _____	Office #: _____	Cell #: _____	
Email: _____		Fax #: _____	

IMPORTANT INFORMATION ON FEES:

The Okaloosa County Sheriff's Office cannot accept cash payments for administrative fees. Payments to the Sheriff's Office must be in the form of check or money order. Payments to deputies may be in cash at the time of the detail, or by check/money order if remitted after the fact in the name of the individual deputy.

PAYMENT DUE UPON INVOICING

Job Location Information:			
Location Name: <u>Destin-Fort Walton Beach Convention Center</u>		Gate Code: <u>n/a</u>	
Street Address: <u>1250 Miracle Strip Pkwy SE</u>			
		Suite #: _____	Bldg. #: _____ Rm/Hall: _____
City: <u>Fort Walton Beach</u>	State: <u>FL</u>	Zip: <u>32548</u>	POC: <u>Melissa Read</u>
Additional Information for the Deputy: _____			

CONTRACT#: C17-2509-TDD OKALOOSA COUNTY SHERIFF'S OFFICE ECCS SECURITY SERVICES EXPIRES: INDEFINITE			

Job Information Section:

Are there any other agencies working this detail? No Yes, namely Convention Center staff

Does this detail require road closure, traffic interruption, and/or event permitting? No Yes (Attach Permit)

Alcohol sold? No Yes Alcohol served? No Yes Number of Deputies: _____

Describe job duties requested of deputies (i.e., traffic control, crowd control, general security, etc.) _____

Duties vary by type of event.

Requests for service will be submitted on an as needed basis.

Requested Shift Schedule:

Start Date: _____ Start Time: _____ to End Date: _____ End Time: _____

Start Date: _____ Start Time: _____ to End Date: _____ End Time: _____

Start Date: _____ Start Time: _____ to End Date: _____ End Time: _____

Start Date: _____ Start Time: _____ to End Date: _____ End Time: _____

If this an ongoing detail you may email requested schedules to offduty@sheriff-okaloosa.org

Agreement

I understand and agree to pay the Okaloosa County Sheriff's Office an administration fee of \$3/hour/deputy for the use of agency equipment (vehicle, fuel, uniforms, accessories, etc.). I understand an Okaloosa County deputy engaged in secondary employment is not covered by the Workers' Compensation Program or liability provisions of the agency's insurance plan except when engaged in law enforcement related actions. In the event of a non-enforcement-related injury, the deputy falls under the Secondary Employer's Workers' Compensation coverage or liability insurance. If I do not provide this coverage, I must notify the deputy that he/she is assuming individual responsibility as an independent contractor. I also understand and agree that the Sheriff's Office reserves the right to cancel a secondary employment detail without notice and recall deputies when necessary for community safety. The Sheriff's Office may revoke any detail that is determined to be a conflict of interest or creates liability to the Sheriff's Office. Revocation may be in writing or verbal. The Okaloosa County Sheriff's Office Secondary Employment Program is voluntary for deputies; approval of this application does not guarantee coverage.

In exchange for the services listed above, I agree to pay the following hourly rate:

- Tier 1- \$27, Tier 2- \$37, Tier 3- \$42 (Paid directly to the OCSO deputy performing the services) and \$3.00 (Paid directly to the Okaloosa County Sheriff's Office for each deputy assigned to the detail). Tier 2 rates are determined by the District Commander by venue. Tier 3 rates are applicable if the service date falls within the times listed on the Holiday Rate Guide (published annually and located on the [OCSO website](#)). The Okaloosa County Sheriff's Office is only authorized to accept checks or money orders for administrative fees.

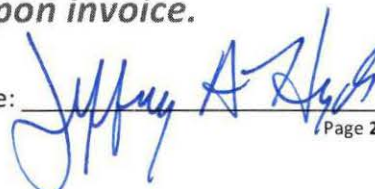
A minimum of three business days' notice (72 hours) is required to process the application. Requests not meeting the three-day processing schedule will be assessed a convenience fee. The rate of pay will be \$40.00 (\$37 Deputy, \$3 OCSO) an hour with a four hour minimum charge; short notice holiday coverage requests will require Tier 3 rates with a four hour minimum charge.

Should I cancel the detail with less than a 24 hour notice, I agree to pay for two (2) hours of compensation, including administrative fees, at the applicable rate. If the canceled detail was a short notice detail, I agree to pay for four (4) hours of compensation. Details whose duration is cut short will be billed for the full contracted duration unless stipulated in this agreement (e.g. weather dependent events, roadway construction, etc.).

The undersigned agrees to remit payment upon invoice.

Print Name: Jeff Hyde

Date: 03/16/2021

Signature: 

Okaloosa County Purchasing Manager

FOR OFFICE USE ONLY

Approved

Tier 1

Approved By: _____ **Date:** _____

Denied

Tier 2

Div. Commander: _____ **Date:** _____

Tier 3

Holiday (from Rate Guide): _____

Business/Requestor Name: _____

Notes:

A Waiver and Release of Liability must be submitted to the County by each deputy performing services.

**PROCUREMENT/CONTRACT/LEASE
INTERNAL COORDINATION SHEET**

Procurement/Contract/Lease Number: C17-2509-PP Tracking Number: 4255-21
Procurement/Contractor/Lessee Name: Shen FF's Office Grant Funded: YES ___ NO X
Purpose: Secondary Employment Services
Date/Term: indefinite
Department #: 1173
Account #: 534200
Amount: under 10K
Department: TRAP Dept. Monitor Name: adams

1. GREATER THAN \$100,000
2. GREATER THAN \$50,000
3. \$50,000 OR LESS

Purchasing Review

Procurement or Contract/Lease requirements are met:
Ueda Mosa Date: 3-9-21
Purchasing Manager or designee Jeff Hyde, DeRita Mason, Jessica Darr, Angela Etheridge

2CFR Compliance Review (if required)

Approved as written: no federal funds Grant Name: _____
Date: _____
Grants Coordinator

Risk Management Review

Approved as written: see email attached Date: 3-9-2021
Risk Manager or designee Lisa Price

County Attorney Review

Approved as written: see email attached Date: 3-16-2021
County Attorney Lynn Hoshihara, Kerry Parsons or Designee

Department Funding Review

Approved as written: _____ Date: _____

IT Review (if applicable)

Approved as written: _____ Date: _____

DeRita Mason

From: Parsons, Kerry <KParsons@ngn-tally.com>
Sent: Tuesday, March 16, 2021 3:47 PM
To: DeRita Mason
Cc: Lynn Hoshihara; Lisa Price
Subject: RE: Sheriff C17-2509-TDD

This is approved for legal purposes.

Kerry A. Parsons, Esq.

**Nabors
Giblin &
Nickerson**
ATTORNEYS AT LAW

1500 Mahan Dr. Ste. 200
Tallahassee, FL 32308
T. (850) 224-4070
kparsons@ngn-tally.com

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From: DeRita Mason <dmason@myokaloosa.com>
Sent: Tuesday, March 9, 2021 8:30 AM
To: Parsons, Kerry <KParsons@ngn-tally.com>
Cc: Lynn Hoshihara <lhoshihara@myokaloosa.com>; Lisa Price <lprice@myokaloosa.com>
Subject: FW: Sheriff C17-2509-TDD

Good morning,

Please review and approve.

Thank you,

DeRita Mason



DeRita Mason, CPPB
Senior Contracts and Lease Coordinator

DeRita Mason

From: Lisa Price
Sent: Tuesday, March 9, 2021 9:32 AM
To: DeRita Mason
Subject: RE: Sheriff C17-2509-TDD

Approved by Risk for insurance purposes.

Lisa Price
Public Records & Contracts Specialist
302 N Wilson Street, Suite 301
Crestview, FL. 32536
(850) 689-5979
lprice@myokaloosa.com



"Kindness is the language which the deaf can hear and the blind can see"
Mark Twain

For all things Wellness please visit:
<http://www.myokaloosa.com/wellness>

Due to Florida's very broad public records laws, most written communications to or from county employees regarding county business are public records, available to the public and media upon request. Therefore, this written e-mail communication, including your e-mail address, may be subject to public disclosure.

From: DeRita Mason <dmason@myokaloosa.com>
Sent: Tuesday, March 9, 2021 7:30 AM
To: 'Parsons, Kerry' <KParsons@ngn-tally.com>
Cc: Lynn Hoshihara <lhoshihara@myokaloosa.com>; Lisa Price <lprice@myokaloosa.com>
Subject: FW: Sheriff C17-2509-TDD

Good morning,

Please review and approve.

Thank you,

DeRita Mason

PROCUREMENT/CONTRACT/LEASE INTERNAL COORDINATION SHEET

Procurement/Contract/Lease Number: C17-2509-T00 Tracking Number: 2337-17
Procurement/Contractor/Lessee Name: Okaloosa city sheriff's office Grant Funded: YES NO
Purpose: ECCC Security Sys.
Date/Term: Indef. 1. GREATER THAN \$50,000
Amount: As needed basis per rate schedule 2. GREATER THAN \$25,000
Department: T00 3. \$25,000 OR LESS
Dept. Monitor Name: Dunworth

Purchasing Review

Procurement requirements are met:


Purchasing Director or designee

Date: 8/7/2017
Greg Kisela, DeRita Mason, Matthew Young

2CFR Compliance Review (if required)

Approved as written:

NA
Grants Coordinator

Date: _____
Renee Biby

Risk Management Review

Approved as written:


Risk Manager or designee

Date: 8-7-17
Laura Porter or Krystal King

County Attorney Review

Approved as written:

see approval date 7-20-17
County Attorney

Date: _____
Gregory T. Stewart, Lynn Hoshihara, Kerry Parsons or Designee

Following Okaloosa County approval:

Contracts & Grants

Document has been received:

Contracts & Grants Manager

Date: _____
Marcella Eubanks, Mindy Kovalsky, Ashley Endris

**TOURIST DEVELOPMENT DEPARTMENT
CONTRACT APPROVAL FORM**

CONTRACTOR NAME: OKALOOSA COUNTY SHERIFF'S OFFICE

PURPOSE: ECCC SECURITY SERVICES

TERM: INDEFINITE

AMOUNT: As needed basis per rate structure attached

I have reviewed the above-referenced Contract Payment Request and find it to be in compliance with the Tourist Development Department Operations & Procedures Manual, the Okaloosa County Purchasing Manual and applicable local, state and federal laws, rules and regulations.

(Initial applicable authorization)

 LH This approval authorizes the contract to be entered into by the County and executed by the appropriate authorizing official in accordance with the Okaloosa County Purchasing Manual.

_____ This approval authorizes the payment under the Contract to be processed for payment.

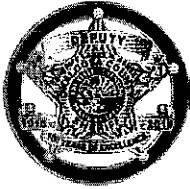
APPROVED AS TO FORM AND LEGALITY:



TDD ATTORNEY

LYNN HOSHIHARA

JULY 20, 2017



Secondary Employment Services Application

OKALOOSA COUNTY SHERIFF'S OFFICE

CONTACT INFORMATION

Business Name: Okaloosa County Board of County Commissioners
(Full Company Name)

Street: 5479A Old Bethel Road E-Mail Address: gkisela@co.okaloosa.fl.us

Suite #: _____ Bldg #: _____ Rm/Hall: _____ City: Crestview State: FL Zip: 32536

Contact Information: Fields, Wes Title: ECCC Security Coordinator
(Last, First, Middle)

Office #: 850-609-3920 FAX #: 850-609-5095 E-Mail Address: wfields@co.okaloosa.fl.us

Main #: _____ Cell #: 850-217-9266

Accounts Payable Contact: Dunworth, Charlotte Phone #: 850-609-5385 Ext.: _____
(Last, First)

MANAGEMENT COMPANY

Management Company Name: _____

Street: _____ E-Mail: _____

P.O. Box: _____

Suite #: _____ Bldg #: _____ Rm/Hall: _____ City: _____ State: _____ Zip: _____

Management Company Representative: _____ Title: _____
(Last, First, Middle)

Main #: _____ FAX #: _____

Office #: _____ Cell #: _____

Management Company Accounts Payable Representative: _____ Phone #: _____ Ext.: _____
(Last, First, Middle)

E-Mail: _____

JOB SITE LOCATION INFORMATION

Location Name: Emerald Coast Convention Center Gate access community? Yes No

Address: 1250 Miracle Strip Pkwy SE Gate Code: _____

Suite #: _____ Bldg #: _____ Rm/Hall: _____ City: Fort Walton Beach Zip Code: 32547

REQUESTED SHIFT SCHEDULE

Is this an ongoing detail over 31 calendar days? Yes No

Please provide a listing of your requested shifts. (You may e-mail a detailed schedule to: offduty@sheriff-okaloosa.org.)

Start Date: Upon Request Start Time: _____ End Date: _____ End Time: _____

Start Date: _____ Start Time: _____ End Date: _____ End Time: _____

Start Date: _____ Start Time: _____ End Date: _____ End Time: _____

Start Date: _____ Start Time: _____ End Date: _____ End Time: _____

Should the requester cancel the detail with less than 24 hours notice, he/she agrees to pay for two (2) hours of compensation paid directly to the Okaloosa County Sheriff's Office deputy(s) assigned to the detail along with applicable administrative fees to OCSO.

JOB INFORMATION SECTION

Are there any other agencies working this detail? Yes No

If yes, which ones? _____

Number of deputies requested: _____ Anticipated crowd size: 1-49 50-149 150-299 300-599
600-999 1000-1499 1500-2499 2500+

Alcohol sold? Yes No Alcohol served? Yes No

Describe job duties requested of deputies (i.e., traffic control, crowd control, etc.) _____

Requests for service will be submitted on an as needed basis.

TYPE OF EVENT - Please describe the nature of your event (i.e., carnival, concert, traffic control, etc.) _____

SUBMITTED BY:

I understand and agree to pay the Okaloosa County Sheriff's Office an Equipment Usage Reimbursement fee for the use of any agency equipment (vehicles, fuel, uniforms, accessories, etc.). I understand an Okaloosa County deputy engaged in off-duty employment is not covered by the Workers' Compensation Program or liability provisions of the agency's insurance plan except when engaged in law enforcement related actions. In the event of a non-enforcement-related incident/injury, the deputy falls under the Off-Duty Employer's Workers' Compensation coverage or liability insurance. If you do not provide this coverage, you must notify the deputy that he or she is assuming individual responsibility as an independent contractor. I also understand and agree that the Sheriff's Office reserves the right to cancel an off-duty detail without notice and recall deputies when necessary for community safety. The Sheriff's Office may revoke any detail that is determined to be a conflict of interest or creates liability to the Sheriff's Office. Revocation may be in writing or verbal. In exchange for the services listed above, the above listed business/organization/person agrees to pay the following hourly rate:

Tier 1 - \$27; Tier 2 - \$37; Tier 3 - \$40 (Paid directly to the OCSO deputy performing the services) and \$3.00 (Paid directly to the Okaloosa County Sheriff's Office for each deputy assigned to the detail). Tier 2 rates are determined by the District Commander by venue. Tier 3 rates are applicable if the service date encompasses any OCSO recognized holiday (G.O. 36.04). The Okaloosa County Sheriff's Office is only authorized to accept checks or money orders for administrative fees.

A minimum of three business days' notice is required to complete the process. Requests not meeting the three day processing schedule will be assessed a convenience fee. The rate of pay will be \$40.00 (\$37 Deputy, \$3 OCSO) an hour with a four hour minimum charge; short notice holiday coverage requests will require Tier 3 rates with a four hour minimum charge.

Print Name: Greg Kisela, Purchasing Director

Date: 8/11/17

Signature: 

FOR OFFICE USE ONLY

Approved Tier 1 Approved By: _____ Date: _____
 Denied Tier 2 Div. Commander: _____ Date: _____
 Tier 3 Holiday: _____

Notes: Clarifies the hourly rates identified on page 2:

Tier 1
\$27/hour paid directly to each Sheriff's deputy performing the services
\$3/hour per deputy performing services paid directly to the Okaloosa County Sheriff's Office

Tier 2
\$37/hour paid directly to each Sheriff's deputy performing the services
\$3/hour per deputy performing services paid directly to the Okaloosa County Sheriff's Office

Tier 3
\$40/hour paid directly to each Sheriff's deputy performing the services
\$3/hour per deputy performing services paid directly to the Okaloosa County Sheriff's Office

A Waiver and Release of Liability must be submitted by each deputy performing services.

Events require a Sheriff's Office supervisor for every five (5) deputies requested. The supervisor shall receive an additional \$3/hour from the County for functioning as a supervisor.



Secondary Employment Services Application

OKALOOSA COUNTY SHERIFF'S OFFICE

CONTACT INFORMATION (NOTE: Failure to fully complete all applicable information may result in processing delays.)

Business Name: Okaloosa County Board of County Commissioners
(Full Company Name)
Street: 5479A Old Bethel Road E-Mail Address: gkisela@co.okaloosa.fl.us
Suite #: _____ Bldg #: _____ Rm/Hall: _____ City: Crestview State: _____ Zip: 32536
Contact Information: Fields, Wes Title: ECCC Security Coordinator
(Last, First, Middle)
Phone #: 850-609-3920 FAX #: 850-609-5095 E-Mail Address: wfields@co.okaloosa.fl.us
Pager #: _____ Cell #: 850-217-9266
Business Accounts Payable Contact: Dunworth, Charlotte Phone #: 850-609-5385 Ext.: _____
(Last, First)

MANAGEMENT COMPANY (Complete this section if you rely on an outside management company to process your accounts payable.)

Management Company Name: _____
Street: _____ E-Mail: _____
P.O. Box: _____
Suite #: _____ Bldg #: _____ Rm/Hall: _____ City: _____ State: _____ Zip: _____
Management Company Representative: _____ Title: _____
(Last, First, Middle)
Work #: _____ FAX #: _____
Pager #: _____ Cell #: _____
Management Company Accounts Payable Representative: _____ Phone #: _____ Ext.: _____
(Last, First, Middle)
E-Mail: _____

JOB SITE LOCATION INFORMATION

Location Name: Emerald Coast Convention Center
Address: 1250 Miracle Strip Pkwy SE Gate access community? Yes No
Suite #: _____ Bldg #: _____ Rm/Hall: _____ City: Fort Walton Beach

REQUESTED SHIFT SCHEDULE

Is this an ongoing detail over 31 calendar days? Yes No

Please provide a listing of your requested shifts. (You may e-mail a detailed schedule to: offduty@sheriff-okaloosa.org.)

Start Date: Upon Request Start Time: _____ End Date: _____ End Time: _____

Start Date: _____ Start Time: _____ End Date: _____ End Time: _____

Start Date: _____ Start Time: _____ End Date: _____ End Time: _____

Start Date: _____ Start Time: _____ End Date: _____ End Time: _____

Should the requester cancel the detail with less than 24 hour notice, the above agrees to pay for two (2) hours of compensation paid directly to the Okaloosa County Sheriff's Office deputy(s) assigned to the detail including administrative fee.

JOB INFORMATION SECTION

Are there any other agencies working this detail? Yes No

If yes, which ones? _____

Number of deputies requested: _____ Anticipated crowd size: 1-49 50-149 150-299 300-599
600-999 1000-1499 1500-2499 2500+

Alcohol sold? Yes No Alcohol served? Yes No

Describe job duties requested of deputies (i.e., traffic control, crowd control, etc.) _____

Requests for service will be submitted on an as needed basis _____

TYPE OF EVENT - Please describe the nature of your event (i.e., carnival, concert, traffic control, etc.) _____


SUBMITTED BY:

I understand and agree to pay the Okaloosa County Sheriff's Office an Equipment Usage Reimbursement fee for the use of any agency equipment (vehicles, fuel, uniforms, accessories, etc.). I understand an Okaloosa County deputy engaged in off-duty employment is not covered by the Workers' Compensation Program or liability provisions of the agency's insurance plan except when engaged in law enforcement related actions. In the event of a non-enforcement-related incident/injury, the deputy falls under the Off-Duty Employer's Workers' Compensation coverage or liability insurance. If you do not provide this coverage, you must notify the deputy that he or she is assuming individual responsibility as an independent contractor. I also understand and agree that the Sheriff's Office reserves the right to cancel an off-duty detail without notice and recall deputies when necessary for community safety. The Sheriff's Office may revoke any detail that is determined to be a conflict of interest or creates liability to the Sheriff's Office. Revocation may be in writing or verbal. In exchange for the services listed above, the above listed business/organization/person agrees to pay the following hourly rate:

\$25 (Paid directly to the OCSO deputy performing the services) and \$3.00 (Paid directly to the Okaloosa County Sheriff's Office for each deputy assigned to the detail). The Okaloosa County Sheriff's Office and its personnel are only authorized to accept checks or money orders for services rendered. Two hour minimum.

A minimum of three business days' notice is required to complete the process. Requests not meeting the three day processing schedule will be assessed a convenience fee. The rate of pay will be \$38.00 an hour with a four hour minimum charge.

Print Name: Greg Kisela, Purchasing Director

Signature: 

Date: 1/9/17

FOR OFFICE USE ONLY

Approved Denied Approved By: _____ Date: _____

NOTES: SCOPE OF SERVICES (supercedes the hourly rates identified in the Submitted By box on page 2).

A tiered structure compensates deputies at a rate commensurate with the level of work required. Each County request for service will be evaluated by the Sheriff or designee using the following criteria to determine the appropriate tier:

- a. Type of entertainment
- b. Number of expected participants
- c. Whether alcohol is served/available
- d. Potential degree of liability imposed on the Sheriff

The Sheriff or designee will provide the County a determination of Tier level within one week of receiving each request.

Tier 1

~~\$27/hour paid directly to each Sheriff's deputy performing the services~~
~~\$3/hour per deputy performing services paid directly to the Okaloosa County Sheriff's Office~~
~~*A Waiver and Release of Liability must be submitted by each deputy.~~

Tier 2

~~\$37/hour paid directly to each Sheriff's deputy performing the services~~
~~\$3/hour per deputy performing services paid directly to the Okaloosa County Sheriff's Office~~
~~*A Waiver and Release of Liability must be submitted by each deputy.~~

Events will require a Sheriff's Office supervisor for every five (5) deputies requested. The supervisor shall receive an additional \$3.00 an hour from the County for functioning as a supervisor.

CONTRACT & LEASE INTERNAL COORDINATION SHEET

Contract/Lease Number: New Tracking Number: 2193-17
Contractor/Lessee Name: Okaloosa County Sheriff's Office Grant Funded: YES ___ NO ___
Purpose: ECCC Security Services

Date/Term: Indefinite 1. GREATER THAN \$50,000
Amount: As needed basis per rate schedule 2. GREATER THAN \$25,000
Department: TDD 3. \$25,000 OR LESS
Dept. Monitor Name: Dunworth
Document has been reviewed and includes any attachments or exhibits.

Purchasing Review

Procurement requirements are met:
Ch - Powell Date: 1/5/2017
Purchasing Director or designee Zan Fedorak, Charles Powell, DeRita Mason

Risk Management Review

Approved as written:
Laura Porter Date: 1/6/2017
Risk Manager or designee Laura Porter or Krystal King

County Attorney Review

Approved as written: See approval dated 1/4/2017
Date: _____
County Attorney Gregory T. Stewart, Lynn Hoshihara, Kerry Parsons or Designee

Following Okaloosa County approval:

Contract & Grant

Document has been received:

Contracts & Grants Manager Date: _____

**TOURIST DEVELOPMENT DEPARTMENT
CONTRACT APPROVAL FORM**

CONTRACTOR NAME: OKALOOSA COUNTY SHERIFF'S OFFICE

PURPOSE: ECCC SECURITY SERVICES

TERM: INDEFINITE

AMOUNT: As needed basis per rate structure attached

I have reviewed the above-referenced Contract Payment Request and find it to be in compliance with the Tourist Development Department Operations & Procedures Manual, the Okaloosa County Purchasing Manual and applicable local, state and federal laws, rules and regulations.

(Initial applicable authorization)

LH This approval authorizes the contract to be entered into by the County and executed by the appropriate authorizing official in accordance with the Okaloosa County Purchasing Manual.

_____ This approval authorizes the payment under the Contract to be processed for payment.

APPROVED AS TO FORM AND LEGALITY:



TDD ATTORNEY

LYNN HOSHIHARA

JANUARY 4, 2017