

EXHIBIT B

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: AUGUST 8, 2011

Contract/Lease Control #: #C11-1896-PS

Bid #: NA Contract/Lease Type: MOU

Award To/Lessee: NORTHWEST FLORIDA STATE COLLEGE

Lessor/Owner: OKALOOSA COUNTY

Effective Date: 08/02/2011

Expiration Date: INDEFINITE

Description of Contract/Lease: MOU FOR PET SHELTER @ NWFSC

Department Manager: PS

Department Monitor: D. VILLANI

Monitor's Telephone #: 651-7150

Monitor's FAX # OR E-Mail: DVILLANI@CO.OKALOOSA.FL.US

Date Closed: _____

Cc: Finance Dept Contracts & Grants Division



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/25/2016

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 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 Arthur J. Gallagher Risk Management Services, Inc. 200 S. Orange Ave Suite 1350 Orlando FL 32801		CONTACT NAME: PHONE (A/C, No., Ext): 352-955-2190 FAX (A/C, No.): E-MAIL ADDRESS:	
INSURED Northwest Florida State College 100 College Blvd. Niceville, FL 32578-1347		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : Qualified Self Insurer	
		INSURER B :	
		INSURER C :	
		INSURER D :	
		INSURER E :	

COVERAGES

CERTIFICATE NUMBER: 1014183424

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 type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			RMC20160301	3/1/2016	3/1/2017	EACH OCCURRENCE \$200,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ Ea Occurrence Agg \$300,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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 type="checkbox"/> N / A						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Self Insured per Florida Statute 768.28 - \$200,000 per Person / \$300,000 per Occurrence Aggregate.
RE: The Choctawhatchee Basin Alliance (CBA) and Okaloosa County student-led restoration project May 1-31, 2016.

03-09-16P04:01 RCVD

1896

CERTIFICATE HOLDER

CANCELLATION

Okaloosa County 601-A North Pearl Street Crestview FL 32536 USA	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
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EXHIBIT D

CONTRACT & LEASE INTERNAL COORDINATION SHEET

Contract/Lease Number: _____

Tracking Number: 283-11

Contractor/Lessee Name: Northwest Florida State College

Purpose: MOU Pet Friendly Shelter

Date/Term: Indefinite - as Needed

1. ☐ GREATER THAN \$50,000

Amount: N/A

2. ☐ GREATER THAN \$25,001

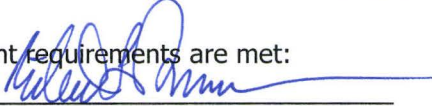
Department: Pubic Safety

3. ☐ \$25,000 OR LESS

Dept. Monitor Name: Dino Villani

Purchasing Review

Procurement requirements are met:

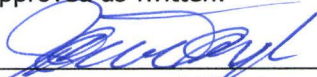


Contracts & Lease Coordinator

Date: 05-03-11

Risk Management Review

Approved as written:

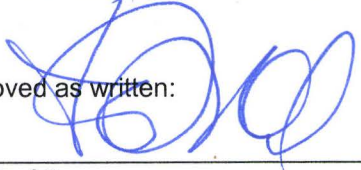


Risk Management Director

Date: 5-4-11

County Attorney Review

Approved as written:



County Attorney

Date: 5/24/11

Following Okaloosa County approval:

Contract & Grant

Document has been received:

Contracts & Grants Manager

Date: _____

ORIGINAL

CONTRACT # C11-1896-PS
NORTHWEST FLORIDA STATE COLLEGE
MOU FOR PET SHELTER @ NWFSC
EXPIRES: INDEFINITE

MEMORANDUM OF UNDERSTANDING

**USE OF NORTHWEST FLORIDA STATE COLLEGE FACILITY
AS A PET FRIENDLY SHELTER**

**THIS MEMORANDUM OF UNDERSTANDING IS ENTERED INTO BY
THE FOLLOWING PARTIES:**

NORTHWEST FLORIDA STATE COLLEGE

AND

OKALOOSA COUNTY

Florida Statutes 252.38 directs the use of personnel, school buildings, grounds and equipment for mass care shelters and transportation for evacuees during a state or local emergency, based upon the request of the local Emergency Management agency. In Okaloosa County the local Emergency Management Division is managed by the Chief of Emergency Management, and directed by the Director of the Department of Public Safety.

The Parties hereby mutually desire to reach an understanding that will result in making the Northwest Florida State College facility available to Okaloosa County Emergency Management and American Humane Society staff for use as a Pet Friendly shelter during an emergency.

**NOW THEREFORE, BE IT MUTUALLY AGREED BY THE NORTHWEST FLORIDA
STATE COLLEGE AND OKALOOSA COUNTY THAT:**

1. The College will permit, upon request by Okaloosa County, the use of Building "S" (known as the Science Building), as a Pet Friendly shelter with a capacity to shelter 250 domesticated animals such as dogs and cats.
2. Okaloosa County agrees that it shall exercise reasonable care in the conduct of its activities in the facility. Reasonable care includes plastic sheeting on floors and walls, constructing a temporary dog run, providing training to shelter staff, animal kennels, animal food, water, and American Humane Society oversight of all shelter operations. Okaloosa County will ensure the facility is returned to the same condition prior to sheltering activities. All individuals sheltering domestic animals in the College facility shall sign a Hold Harmless Agreement. Okaloosa County will advise pet owners of the need to bring their own subsistence items. Okaloosa County will advise pet owners of the need to have pets inoculated with a rabies vaccine at a minimum.

3. The College's contact will be available through the Administration Office or other means during the time the College is not in operation. In the event the shelter needs to be opened, Okaloosa County Emergency Management will promptly contact the College's representative. The Division of Emergency Management will determine when to open the shelter. The Division of Emergency Management and Okaloosa County Animal Control will provide a knowledgeable animal shelter manager to coordinate the overall operation and various functions of the shelter (i.e., registration, communication, feeding/watering, exercise etc).

5. A facility survey will be conducted jointly by the College representative and the Okaloosa County representative at opening and closing of the shelter to identify any damages as a result of sheltering activities. Before and after photos will be taken to ensure accurate documentation of the facility status.

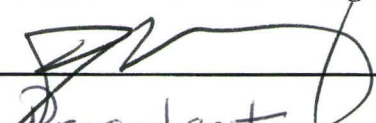
6. The College will furnish the name of the individual who will be primarily responsible for administering this Memorandum of Understanding for the College Board of Trustees. Okaloosa County will annually furnish the name of the individual who shall be responsible for administering this Memorandum of Understanding for Okaloosa County.

IN WITNESS THEREOF, Northwest Florida State College and the Okaloosa County Division of Emergency Management, has caused this Memorandum of Understanding to be executed, said agreement to become effective and operative with the fixing of the last signature hereto.

Northwest Florida State College

by _____

Title _____


President

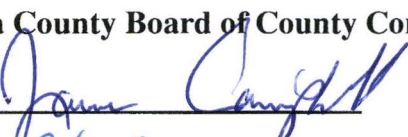
Date _____

7/20/11

Okaloosa County Board of County Commissioners

by _____

Title _____


Chairman

Date _____

Aug 2, 2011



Letter of Transmittal

To: Okaloosa County Board of County Commissioners
302 N. Wilson St. Suite 302
Crestview, FL 32536

From: Mia Checkley
Facilities Coordinator
Northwest Florida State College
100 College Blvd.
Niceville, Florida 32578

July 25, 2011

To Whom It May Concern,

Transmitted herewith are two copies of the Memorandum of Understanding regarding the use of Northwest Florida State College Facilities as a pet friendly shelter. These copies have been signed by the college president. Please sign and return one fully executed copy to my office at your earliest convenience.

Sincerely,



Mia Checkley



NORTHWEST FLORIDA
STATE COLLEGE