

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 10/07/2022
Contract/Lease Control #: C20-2887-TDD
Procurement#: SINGLE SOURCE
Contract/Lease Type: CONTRACT
Award To/Lessee: CVENT
Owner/Lessor: OKALOOSA COUNTY
Effective Date: 10/01/2021
Expiration Date: 09/30/2023 WITH YR RENEWALS
Description of: AD LISTING, DASHBOARD AND EVENT DIAGRAMMING
Department: IDD
Department Monitor: ADAMS
Monitor's Telephone #: 850-651-7131
Monitor's FAX # or E-mail: JADAMS@MYOKALOOSA.COM

Closed:

Cc: BCC RECORDS

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

Procurement/Contract/Lease Number: C20-2887000 Tracking Number: 4920-22
 Procurement/Contractor/Lessee Name: Cvent Grant Funded: YES ___ NO X
 Purpose: 2nd Renewal
 Date/Term: 9-30-2023
 Department #: 1173 1410
 Account #: 548070 548070
 Amount: 13,228.00 19,994.00
 Department: JDD Dept. Monitor Name: Adms

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

Purchasing Review

Procurement or Contract/Lease requirements are met:
DeRita Mason Date: 9-8-22
 Purchasing Manager or designee Jeff Hyde, DeRita Mason, Jessica Darr, Amber Hammonds

2CFR Compliance Review (if required)

Approved as written: no Federal Grant Name: _____
 _____ Date: _____
 Grants Coordinator Suzanne Ulloa

Risk Management Review

Approved as written: see email attached Date: 9-20-22

 Risk Manager or designee Kristina LoFria

County Attorney Review

Approved as written: see email attached Date: 9-15-22

 County Attorney Lynn Hoshihara, Kerry Parsons or Designee

Department Funding Review

Approved as written: _____ Date: _____

IT Review (if applicable)

Approved as written: _____ Date: _____



CERTIFICATE OF LIABILITY INSURANCE

9/8/2022

DATE (MM/DD/YYYY)

8/9/2022

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 Lockton Insurance Brokers, LLC CA License #OF15767 Three Embarcadero Center, Suite 600 San Francisco CA 94111 (415) 568-4000	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : National Fire Insurance Co of Hartford</td> <td>20478</td> </tr> <tr> <td>INSURER B : The Continental Insurance Company</td> <td>35289</td> </tr> <tr> <td>INSURER C : Allied World Insurance Company</td> <td>22730</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : National Fire Insurance Co of Hartford	20478	INSURER B : The Continental Insurance Company	35289	INSURER C : Allied World Insurance Company	22730	INSURER D :		INSURER E :		INSURER F :
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INSURER F :															
INSURED 1417009 Cvent, Inc. Attn: Legal Department - Compliance 1765 Greensboro Station Place McLean VA 22102															

COVERAGES CVEIN01 **CERTIFICATE NUMBER:** 16911664 **REVISION NUMBER:** XXXXXXXX

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"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			6043168492	8/8/2022	12/8/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 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 checked="" type="checkbox"/> Comp. Ded. \$500 <input type="checkbox"/> Coll. Ded. \$500			6043168508	8/8/2022	12/8/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			6043168539	8/8/2022	12/8/2023	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$ XXXXXXXX
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	6075557731 (AOS) 6043168511 (CA)	8/8/2022 8/8/2022	8/8/2023 8/8/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Tech. E&O/Network Security & Privacy/Cyber Prop			0313-0552	9/8/2021	9/8/2022	\$5M
A				6043168492	8/8/2022	12/8/2023	BPP: \$21,529,038 / \$1,000 Ded BIEE: \$5,335

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

Oklaloosa County Contract # C20-2887-TDD

CERTIFICATE HOLDER

16911664

Oklaloosa County Board of County Commissioners
 302 N. Wilson Street, Suite 301
 Crestview, FL 32536

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

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DeRita Mason

From: Lynn Hoshihara
Sent: Wednesday, September 14, 2022 12:53 PM
To: DeRita Mason
Cc: 'Parsons, Kerry'
Subject: Re: C20-2887-TDD: Cvent Marketing Renewals for CVB and CC

This is approved.

Lynn M. Hoshihara
County Attorney
Okaloosa County, Florida

Please note: 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
Sent: Thursday, September 8, 2022 7:30 AM
To: Lynn Hoshihara
Cc: 'Parsons, Kerry'; Lydia Garcia
Subject: FW: C20-2887-TDD: Cvent Marketing Renewals for CVB and CC

Good morning,
Please review and approve the attached.
Thank you,

DeRita Mason



DeRita Mason, CPPB, NIGP-CPP
Senior Contracts and Lease Coordinator
Okaloosa County Purchasing Department
5479A Old Bethel Road
Crestview, Florida 32536
(850) 689-5960
dmason@myokaloosa.com

DeRita Mason

From: Lydia Garcia
Sent: Tuesday, September 20, 2022 1:45 PM
To: DeRita Mason; Charlotte Dunworth
Subject: RE: Cvent UPDATE: C20-2887-TDD: Cvent Marketing Renewals for CVB and CC

Risk Management approves for insurance purposes.



Kind Regards,

L. Garcia
Public Records Request & Contracts Specialist

OKALOOSA COUNTY BCC
Risk Management
Direct: 850.689.4111
Fax: 850.689.5973 |
Email: riskinfo@myokaloosa.com

302 N. Wilson St. Suite 301
Crestview, FL 32539

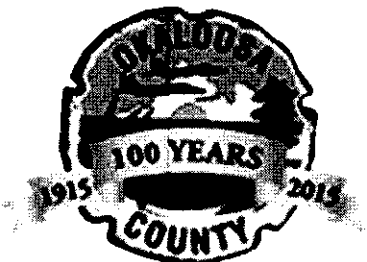
<https://myokaloosa.com/>

Please note: 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, September 20, 2022 1:10 PM
To: Charlotte Dunworth <cdunworth@myokaloosa.com>; Lydia Garcia <lgarcia@myokaloosa.com>
Subject: RE: Cvent UPDATE: C20-2887-TDD: Cvent Marketing Renewals for CVB and CC

Thank you, with that being said, can I get a final approval.
Thank you again for all your help Lydia.

DeRita Mason





SUPPLIER & VENUE SOLUTIONS

Customer: Destin-Fort Walton Beach Convention Center

Cvent, Inc.

Billing Address:
1250 Miracle Strip Pkwy. SE
Fort Walton Beach, FL 32548

1765 Greensboro Station Place, 7th Floor
Tysons Corner, VA 22102
Billing Dept. Phone: 703.226.3522
Billing Dept. Email: Receivables@cvent.com

Software, Enhanced RFP Services, Paid Advertising, Analytics, Fees and Usage Totals

Total Price Before Discount USD 18,242.00

Discount USD 5,014.00

TOTAL FEES PAYABLE in USD* USD 13,228.00

Listing Advertisement(s), Software, Services and CONNECT	Quantity	Service Term	Fee
CSN Advertising - 3 Diamond	1	10/1/2022 - 9/30/2023	USD 10,028.00

Cvent Event Diagramming & Interactive Floor Plans (formerly Social Tables), and Cvent Sales & Catering CRM	Quantity	Unit	Service Term	Fee
Cvent Event Diagramming (Venues)	1	License	10/1/2022 - 9/30/2023	USD 3,200.00

Contract Term

The term is 10/1/2022 to 9/30/2023.

Services

The Cvent services set forth herein ("Services"), subject to the applicable Terms of Use located at: <http://www.cvent.com/en/product-terms-of-use.shtml>. This Order Form and applicable Terms of Use, collectively, comprise the "Agreement." The Term and Fees Associated with the Services are as set forth above.

Payment Terms

Annual Upfront by Invoice; Payment due Net 30 from Invoice Date.

Tax/VAT/GST/ABN ID #:

Purchase Order #:

Price does not include sales tax or any other applicable taxes.

Please put PO here if required

Pricing Valid Through: 9/9/2022

Additional Terms

Diamond Waitlist Opt-In Signature

By checking this box and providing your initials signature, you are opting into the diamond waitlist terms as outlined herein.

CONTRACT: C20-2887-TDD

CVENT

AD LISTING, DASHBOARD & EVENT DIAGRAMMING

EXPIRES: 09/30/2023 W/1 1 YR RENEWALS

Billing Contact Details:	Billing Address:	Service Address:
Name: Melissa Read	Street: 1250 Miracle Strip Pkwy. SE	Street: 1250 Miracle Strip Pkwy. SE
Title: General Manager	City: Fort Walton Beach	City: Fort Walton Beach
Email: mread@myokaloosa.com	State: FL	State: FL
Phone: (850) 609-3903	Zip Code: 32548	Zip Code: 32548
	Country: US	Country: US

Cvent Signatory

Customer Signatory

Signatory represents that s/he is the authorized to bind the Supplier entity listed above.

Name: John Oliver

Name: Faye Douglas

Title: Director of Accounts, Hospitality Cloud

Title: OMB Director

Email: joliver@cvent.com

Email: fdouglas@myokaloosa.com

Phone: (571) 765-5683

Phone: +18506093800

Signature:

DocuSigned by:
John Oliver
A5C8AC71CEB145A...

Signature:

DocuSigned by:
Faye Douglas
1EE261A4CB79412...

Date Signed: 21-Sep-2022

Date Signed: 21-Sep-2022



SUPPLIER & VENUE SOLUTIONS

Customer: Destin-Fort Walton Beach Florida

Cvent, Inc.

Billing Address:
Okaloosa County Tourist Development Department 1540
Miracle Strip Pkwy P.O. Box 609
Fort Walton Beach, FL 32548

1765 Greensboro Station Place, 7th Floor
Tysons Corner, VA 22102
Billing Dept. Phone: 703.226.3522
Billing Dept. Email: Receivables@cvent.com

Software, Enhanced RFP Services, Paid Advertising, Analytics, Fees and Usage Totals

Total Price Before Discount USD 38,509.00

Discount USD 18,515.00

TOTAL FEES PAYABLE in USD* USD 19,994.00

Listing Advertisement(s), Software, Services and CONNECT	Quantity	Service Term	Fee
CSN Advertising - 3 Diamond	1	10/1/2022 - 9/30/2023	USD 10,028.00

Bundle Advertisement(s) & Microsite Packages	Quantity	Linked To	Ad Location	Service Term
CSN Productivity Tools - DG-Destination Request a Quote	1	Supplier Profile	Destin, FL	10/1/2022 - 9/30/2023
CSN Productivity Tools - CVB Copy Feature	1	N/A	Pensacola, FL	10/1/2022 - 9/30/2023

Reporting and Analytics	Quantity	Comp Set Venue Codes	Service Term	Net Total Price
CSN Business Intelligence - RFP Reports - Enterprise Dashboard - CVB	1	N/A	10/1/2022 - 9/30/2023	USD 6,299.00

Contract Term

The term is 10/1/2022 to 9/30/2023.

Services

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Purchase Order #:

Price does not include sales tax or any other applicable taxes.

Please put PO here if required

Pricing Valid Through: 9/9/2022

Additional Terms

Obligations. Cvent will maintain during the Term: (i) Workers' Compensation coverage as required by law and Employers' Liability Insurance in the amount of not less than \$1,000,000 per accident or illness; (ii) commercial general liability insurance under a comprehensive coverage form of policy in amounts of not less than \$1,000,000 for each incident and \$2,000,000 aggregate; (iii) comprehensive business automobile liability Insurance, covering the ownership, maintenance and operation of any automobile equipment, owned, hired or non-owned in an amount not less than \$1,000,000 for each incident; and (iv) professional liability/errors and omissions coverage in amounts of not less than \$5,000,000 for each incident and aggregate.

Certificate of Insurance. Upon Customer's written request, Cvent will provide Customer with a copy of its Certificate of Insurance evidencing the coverage set forth above. Except for Workers' Compensation coverage, Customer will be listed as Additional Insured.

Diamond Waitlist Opt-In Signature

By checking this box and providing your initials signature, you are opting into the diamond waitlist terms as outlined herein.

Billing Contact Details:	Billing Address:	Service Address:
Name: Melissa Read	Street: Okaloosa County Tourist Development Department 1540 Miracle Strip Pkwy P.O. Box 609	Street: 1540 Miracle Strip Pkwy P.O. Box 609
Title: General Manager	City: Fort Walton Beach	City: Fort Walton Beach
Email: mread@myokaloosa.com	State: FL	State: FL
Phone: (850) 609-3903	Zip Code: 32548	Zip Code: 32548
	Country: US	Country: US

Cvent Signatory	Customer Signatory <i>Signatory represents that s/he is the authorized to bind the Supplier entity listed above.</i>
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Name: John Oliver	Name: Faye Douglas
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Title: Director of Accounts, Hospitality Cloud	Title: OMB Director
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Email: joliver@cvent.com	Email: fdouglas@myokaloosa.com
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Phone: (571) 765-5683	Phone: +18506517647
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Signature:  A5C8AC71CEB145A	Signature:  1EE281A4CB79412
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Date Signed: 21-Sep-2022	Date Signed: 21-Sep-2022
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