CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: <u>02/13/2020</u>

Contract/Lease Control #: C20-2917-HR

Procurement#: NA

Contract/Lease Type: <u>AGREEMENT</u>

Award To/Lessee: <u>TRUSTED EMPLOYEES</u>

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 02/10/2020

Expiration Date: <u>02/09/2021 W/YEARLY RENEWALS</u>

Description of <u>BACKGROUND CHECK SOFTWARE FOR COUNTY</u>

EMPLOYEES

Department: <u>HR</u>

Department Monitor: SISSON

Monitor's Telephone #: 850-689-5870

Monitor's FAX # or E-mail: <u>ESISSON@MYOKALOOSA.COM</u>

Closed:

Cc: BCC RECORDS

PROCUREMENT/CONTRACT/LEASE INTERNAL COORDINATION SHEET

Procurement/Contract/Lease Number: 730 Tracking Number: 3745-3
Procurement/Contractor/Lessee Name: Inusted Employees Grant Funded: YESNOX
Purpose: Backgrand Ored for Comb Emplayees
Date/Term: 1/2 W alto HUWals 1. GREATER THAN \$100,000
Department #: Various dets 2. GREATER THAN \$50,000
Account #: Various cyct 3. \$50,000 OR LESS
Amount: Pex regrest 12:00 per cleck.
Department: SHR Dept. Monitor Name: S
Purchasing Review
Procurement or Contract/Lease requirements are met:
Ullite Mc Date: 2-3-2020
Purchasing Manager or designee Jeff Hyde, DeRita Mason, Jesica Darr, Angela Etheridge
2CFR Compliance Review (if required)
Approved as written: M Fe dral from Grant Name:
Grants Coordinator Danielle Garcia
Risk Management Review
Approved as written: Nr R18k Illnest
Risk Manager or designee Edith Gibson or Karen Donaldson
County Attorney Review
Approved as written: see en wel awald
Date: 2-7-2020
County Attorney Lynn Hoshihara, Kerry Parsons or Designee
Department Funding Review Department funding confirmed:
Date:

DeRita Mason

DeRita Mason

From:	Parsons, Kerry < KParsons@ngn-taily.com>
Sent:	Friday, February 7, 2020 1:22 PM
To:	9e Rita Mason
Cc:	Eynn H oshihara; Karen Donalds on
Subject:	RE: Trusted Employees Online Client Signup
This is approved for le	5al parposes.
Kerry A. Parsons, E	∃sq.
Nabors	
Giblin & Nickerson	
CETRARITY AT LA	
1500 Mahan Dr. Ste.	
Tallahassee, Ft. 323 T. (850) 22/4/070	08
Kparsons@ngn-tally	.com
and its attachments may be intended recipient or an ago error and that any review, o	in this e-mail message is intended for the personal and confidential use of the recipient(s) named above. This message is an arternal-communication and, as such, is privileged and confidential, if the reader of this message is not the ent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in redictely by telephone or e-mail and delete the original message. Thank you!
cribi, predoction, y comme	an tray by a repriore of a final and object the original recoverage result year.
From: DeRita Mason <	dmanna @nwokaloosa.com>
Sent: Monday, Februa	
	arsons@ngn-tally.com>
Cc: Lynn Hoshihara < lh	oshihara@myokaloosa.com>; Karen Donaidson <kdonaldson@myokaloosa.com></kdonaldson@myokaloosa.com>
Subject: FW: Trusted E	Imployees Online Client Signup
Kerry,	
	to view a contract for HR. I am sure that they will need to sign the vendor's on scrutinized form,
but do we need to add	, ,
We want to use it for 3	B years so we will have Jeff sign.
Simply click below to a	accessic ar easy online signup or copy and paste the address into your web browser:
	n/ClientContractWelcome.cfm?InviteID=7DBF4230-B53D-6FDA-ACE4B227C8AC7A06
Thank you	
,	



7900 West 78th Street, Suite 400 Edina, MN 55439 Ph (888) 389-4026 | (952) 259-3030 Fax (888) 389-4023 | (952) 259-3031 www.TrustedEmployees.com CONTRACT#: C20-2917-HR
TRUSTED EMPLOYEES
BACKGROUND CHECK SOFTWARE FOR
COUNTY EMPLOYEES
EXPIRES: 02/09/2021 W/YEARLY RENEWALS

Online Client Signup

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TE User ID: 31200S	
The Parties	
Trusted Employees	
7900 West 78th Street, Suite 400	
Edina, MN 55439	
Ph (888) 389-4026 (952) 259-3011	
Fax (888) 389-4023 (952) 259-3031 www.TrustedEmployees.com	
David Haight, Sales Executive	
Client	
Company Name*	THE STREET AND ASSESSED AS A SECOND CONTROL OF THE STREET AS A SECOND CONT
Okaloosa County BCC	
Business Type*	
WebSite URL	
www.myokaloosa.com	
Corporate Address	
Street*	
302 N. Wilson St.	
City*	**************************************
Crestview	
State*	
FL	
Zip*	
32536	
Contact	
Name*	

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rice river were very en gestig spatial and source and manifestation of \$15,000 \$100 \$100 \$100 \$100 \$100 \$100 \$100

Package(s) of Products

PACKAGE 4: Advanced - Employment Report - includes:

Cost: \$29.99 per report

- Federal Level Criminal Search (includes 2 states)*
- · Most Wanted Search
- Nationwide Criminal SuperSearch
- Nationwide Sex Offender Registry Search
- OFAC / Global Terrorist Search
- Social Security Trace Plus
- Statewide/County Criminal Search (includes 2 counties)*
- PACKAGE 6: MVR Only includes:

Cost: \$10,00 per report

- Motor Vehicle Record Search*
- PACKAGE 7: Pre Employment Credit Only includes:

Cost: \$12.00 per report

Pre-Employment Credit Report (Experian)

Complimentary Services

- Apply Now and Invite Applicant on-line background release authorization
- · Auto-Fill Adverse Action Letters
- 24/7/365 Secure Online access
- Forms / Documents / Resource Library

Ala Carte Products and Pricing per transaction

Product	Price
Consent-Based SSN Verification	\$7.50
Education Verification	\$12.00
Employment Verification	\$12.00
	44000

Federal Criminal Search (per state)	\$10.00
Motor Vehicle Record Search	\$10.00
Pre Employment Credit Report	\$12.00
Professional License Verification	\$15.00
Statewide/County Criminal Search	\$12.00

<u>Additional fees</u> may apply for County searches, MVR searches, Education and Employment verifications when the Work Number, National Student Clearinghouse or any other data warehouse is used to house verification data.

Due to IDENTITY THEFT ISSUES all Credit Reporting Agencies require ONSITE INSPECTIONS on any employer requesting credit related information on applicants. This entails a one-time fee of \$75.00.

There is no fee if you will not be using Pre-employment Credit Reports.

Exemptions may apply for Financial, Non-Profit and Publicly Traded organizations.

General Company Info	mation		
Company Name*	and the language of the property of the contract of the contra		
Okaloosa County BCC			
Years in Business*	▼ yrs		mos.
Type of Ownership*			
Corporation			•
Number of Employees*			
900			
Do you have any other comp If Yes, please list	any name(s) or dba?*	Yes No	
Billing Address*		eer com ag a a commonoment and a face a confert. Eat a fact \$ 7 Ant \$ 1 Ant \$ 2 Ant \$	
302 N. Wilson St.			
City*	**************************************		
Crestview			
State*	e dan daala a sa dan elek dindonkere ni oos innononen ni dan daramanananan an annan ni ni ni ni nishar haca s	ar on moor on ea gara y da kilokon r enkilokolomila kilokolomila kalikolomila kalikolomila kalikolomila kaliko	MANUELANGO, AND COMMON STANKARS PROSECTION CONTROL OF THE STANKARS PROSECTION CONTROL
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32536			
Phone*			
850-689-5870			
Physical Street Address* (no	P.O. box numbers, ple	ease)	
302 N. Wilson St			TRADE TO THE TOTAL TO THE

City*	
Crestview	ggenery v. o or ger one enemy ger en general gerelde de ditte AMM (MISSA MENTE) (2-).
State*	\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
FL	
Zip*	886-888-8-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-
32536	
Have you been located at this address for more than 1 year?* Yes No Direct Dial Phone*	one di lance de s securi s securi s securi s se securi s securi se
850-689-5870	Mr. 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Will you maintain your file at home or in an office?* Home Office Have you previously been a Rental History Reports or Trusted Employees customer?* Yes No	
Business Information Tax ID # (Business and Corporations)	MA IPA
	Medical Months and the state of
Tax ID # (Business and Corporations)	
Tax ID # (Business and Corporations) Estimated # of Reports you will order monthly*	ormation
Tax ID # (Business and Corporations) Estimated # of Reports you will order monthly* Permissible Purpose/Appropriate Use Please check the specific purpose for which the product information will be used. (What will you do with the info	

Signatures

The Initial Term of this Order Document is twelve (12) months. Services shall automatically terminate, without notice to the Client, if the Client ceases all use of the Services for a period of at least ninety (90) consecutive days.

This Order Document is an offer to make an offer and does not constitute a valid contract between the Parties until countersigned by MRI. Any pricing terms in this Order Document are valid for thirty (30) days following issuance of this Order Document. The terms and conditions found at www.mrisoftware.com/screeningtermsandconditions ("MRI Terms and Conditions"), are incorporated by reference and made a part of this Order Document as fully as if set forth herein. The MRI Terms and Conditions may be amended from time to time by MRI. Capitalized terms that are not otherwise defined in this Order Document shall have the meanings set forth in the MRI Terms and Conditions. The Master Agreement, Screening Services Schedule, Access Security Requirement, Internet Delivery Security Requirements, Additional Fair Credit Reporting Requirements, and Professional Services Schedule shall specifically govern this Order Document. In the event of a conflict between an Order Document and the Master Agreement, the Master Agreement shall prevail, provided, however, that such standard variable terms such as price, quantity, term length and License Metrics, tax exempt status, payment terms and the like shall be as specified on each Order Document. If the Order Document contains language that specifically overrides an enumerated section of the Master Agreement, such specific language in the Order Document shall prevail against the

enumeratea language in the Master Agreement.
By signing this Order Document, Client verifies that it has read the MRI Terms and Conditions, and acknowledges its agreement to be bound by them.
Client
Invalid signature. Please try again.
Hung A Hyde
Purchasing Manager
02/10/2020
Date*
bate
Complete
A copy of this Order Document will be emailed to you upon completion of the enrollment process.