

EXHIBIT B

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 6/23/2005

Contract/Lease Control #: C05-1237-EMI-73

Bid #: N/A Contract/Lease Type: MOU AGREEMENT

Award To/Lessee: OKALOOSA-WALTON COLLEGE

Lessor:

Effective Date: 6/7/2005 \$0

Term: INDEFINITE

Description of Contract/Lease: EMERGENCY SHELTER BLDG "K"

Department Manager: PUBLIC SAFETY

Department Monitor: D. VILLANI

Monitor's Telephone #: 651-7150

Monitor's FAX #: 651-7170

Date Closed:



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 E-MAIL ADDRESS: FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE INSURER A: Qualified Self Insurer INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

Received
MAR 09 2016

INSURED
 Northwest Florida State College
 100 College Blvd.
 Niceville, FL 32578-1347
 Human Resources

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"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						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	N/A			PER STATUTE OTH-ER 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.

03-09-16 04:01 RCVD 1237

CERTIFICATE HOLDER Okaloosa County 601-A North Pearl Street Crestview FL 32536 USA	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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MEMORANDUM OF UNDERSTANDING BETWEEN
OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS (OCBCC)
AND
OKALOOSA-WALTON COLLEGE (OWC)

This memorandum of understanding (MOU) is entered into this 7th day of June 2005, between the **OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS (OCBCC)** and the **OKALOOSA-WALTON COLLEGE (OWC)**.

The purpose of this MOU is to set forth the general conditions under and by which the parties to this agreement will coordinate activities and resources for Building K or the Gymnasium on the OWC Niceville Campus to be used as a "Refuge of Last Resort."

Responsibilities:

The Okaloosa County Board of County Commissioners shall:

1. Obtain and install a three phase generator for the OWC lift station.
2. Obtain and install a generator sufficient to provide lighting in Building K or the Gymnasium as long as there are occupants in the shelter.
3. Install temporary shutters/devices where necessary.
4. Be responsible for the material cost and construction of temporary shutters.
5. Dismantle shutters after threat/emergency ceases to exist prior to the date of OWC classes resuming.
6. Be responsible for trash collection and disposal during and immediately following a shelter operation.
7. Be responsible for custodial care and any maintenance repair that is incurred as a result of shelter operation.
8. Be responsible for all supplies, including food and bedding, to accommodate occupants during shelter operations.
9. Occupy the facility for emergency operations until the threat/emergency ceases to exist with a maximum stay not to exceed thirty (30) days and not to interfere with the resumption of classes.
10. Indemnify OWC against liability during the time the facility is used as a "Refuge of Last Resort" to the extent permitted by law.

Okaloosa-Walton College shall:

1. Provide the physical facilities, Building K or the Gymnasium, Niceville Campus, to be converted to a "Refuge of Last Resort"
2. Provide access and assistance to establish Building K or the Gymnasium on the Niceville Campus, as a "Refuge of Last Resort" if deemed necessary by the County in the event of an impending disaster

CONTRACT: EMERGENCY SHELTER
BUILDING "K"
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OKALOOSA-WALTON COLLEGE
EXPIRES: INDEFINITE

3. Provide one College employee on the premises at all times the facility is operational
4. Provide access and use of the College's Food Service Preparation area if necessary
5. Provide assistance to locate volunteers to work the shelter such as AmeriCorps members

IN WITNESS WHEREOF, the parties have executed this MOU by their duly authorized officers on the date first written above.

ATTEST:

OKALOOSA COUNTY, FLORIDA

DON W. HOWARD
CLERK OF CIRCUIT COURT

By: *Gary J. Stanford*
Gary J. Stanford, Deputy Clerk



By: *William J. Roberts, III*
William J. Roberts, III, Chairman



ATTEST:

OKALOOSA-WALTON COLLEGE

By: *Carolynne Laux*

Name Carolynne Laux

Title Exe. Assist to President

By: *James R. Richburg*

Name James R. Richburg

Title President