

**EXHIBIT B**

**CONTRACT, LEASE, AGREEMENT CONTROL FORM**

Date: 3/4/2003

Contract/Lease Control #: 0901 CR  
C03-0891-PII-68

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

Award To/Lessee: CRESTVIEW AEROSPACE CORPORATION

Lessor: \_\_\_\_\_

Effective Date: 2/11/2003 \$0

Term: INDEFINITE

Description of Contract/Lease: GRANT PARTICIPATING PARTY

Department Manager: GROWTH MANAGEMENT

Department Monitor: PAT BLACKSHEAR

Monitor's Telephone #: 651-7180

Monitor's FAX #: 651-7706

Date Closed: \_\_\_\_\_



# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
03/04/2021

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

<b>PRODUCER NAME</b> CONTACT PERSON AND ADDRESS Willis Towers Watson Northeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA		<b>PHONE</b> (A/C, No, Ext): 1-877-945-7378	<b>COMPANY NAME AND ADDRESS</b> Factory Mutual Insurance Company 270 Central Ave Johnston, RI 029194949	<b>NAIC NO:</b> 21482
<b>FAX</b> (A/C, No): 1-888-467-2378		<b>E-MAIL ADDRESS:</b> certificates@willis.com		
<b>CODE:</b> _____ <b>SUB CODE:</b> _____		<b>POLICY TYPE</b> Commercial Property		
<b>AGENCY CUSTOMER ID #:</b> _____		<b>LOAN NUMBER</b> _____		<b>POLICY NUMBER</b> 1081176
<b>NAMED INSURED AND ADDRESS</b> L3Harris Technologies, Inc. Corporate Risk Management 1025 W. NASA Blvd. Melbourne, FL 32919		<b>EFFECTIVE DATE</b> 03/01/2021	<b>EXPIRATION DATE</b> 03/01/2022	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
<b>ADDITIONAL NAMED INSURED(S)</b>		<b>THIS REPLACES PRIOR EVIDENCE DATED:</b>		

IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH

**PROPERTY INFORMATION (ACORD 101 may be attached if more space is required)  BUILDING OR  BUSINESS PERSONAL PROPERTY**LOCATION/DESCRIPTION  
5486 Fairchild Road Crestview Florida 32539-8155

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 EVIDENCE OF PROPERTY INSURANCE 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.

**COVERAGE INFORMATION**

PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 35,000,000	DED:		
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	If YES, LIMIT: Included	<input checked="" type="checkbox"/> Actual Loss Sustained; # of months: 12
BLANKET COVERAGE	<input checked="" type="checkbox"/>	If YES, indicate value(s) reported on property identified above: \$	
TERRORISM COVERAGE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
IS DOMESTIC TERRORISM EXCLUDED?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
LIMITED FUNGUS COVERAGE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If YES, LIMIT: _____ DED: _____
FUNGUS EXCLUSION (If "YES", specify organization's form used)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
REPLACEMENT COST	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
AGREED VALUE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
COINSURANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If YES, _____ %
EQUIPMENT BREAKDOWN (If Applicable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If YES, LIMIT: _____ DED: _____
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If YES, LIMIT: \$35,000,000 DED: _____
- Demolition Costs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If YES, LIMIT: \$35,000,000 DED: _____
- Incr. Cost of Construction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If YES, LIMIT: \$35,000,000 DED: _____
EARTH MOVEMENT (If Applicable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If YES, LIMIT: _____ DED: _____
FLOOD (If Applicable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If YES, LIMIT: _____ DED: _____
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	<input type="checkbox"/>	<input type="checkbox"/>	If YES, LIMIT: \$35,000,000 DED: _____
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	<input type="checkbox"/>	<input type="checkbox"/>	If YES, LIMIT: _____ DED: _____
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**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.

**ADDITIONAL INTEREST**

<input type="checkbox"/> CONTRACT OF SALE <input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE <input checked="" type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LENDER S  AUTHOR: _____
<b>NAME AND ADDRESS</b> Okaloosa County 5749 A Old Bethel Road Crestview, FL 32536		<b>CONTRACT#:</b> C03-0901-GM <b>L3 HARRIS-CRESTVIEW AEROSPACE</b> <b>GRANT PARTICIPATING PARTY</b> <b>EXPIRES: INDEFINITE</b>

© 2003-2015 ACORD CORPORATION. All rights reserved.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/8/2018

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**  
Arthur J. Gallagher Risk Management Services, Inc.  
250 Park Avenue  
3rd Floor  
New York NY 10177

**CONTACT NAME:** Sabrina Garibaj  
**PHONE (A/C, No, Ext):** 212-994-7082  
**FAX (A/C, No):**  
**EMAIL ADDRESS:** Sabrina\_Garibaj@ajg.com

**RECEIVED**  
**MAR 21 2018**  
**BY: ..Purc...**

**INSURED**  
L3 Technologies, Inc. -Crestview Aerospace  
600 Third Avenue  
New York, NY 10016

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Insurance Company of State of PA	19429
INSURER B : National Union Fire Insurance Company of	19445
INSURER C : American Home Assurance Company	19380
INSURER D : Commerce and Industry Insurance Company	19410
INSURER E : New Hampshire Insurance Company	23841
INSURER F :	

### COVERAGES

**CERTIFICATE NUMBER:** 909669888

**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 checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Includes Product <input checked="" type="checkbox"/> Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		4611510	2/1/2018	2/1/2019	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A A A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y		7093465(AOS) 7093464 (MA) 7093463 (VA)	2/1/2018 2/1/2018 2/1/2018	2/1/2019 2/1/2019 2/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			28189447	2/1/2018	2/1/2019	EACH OCCURRENCE \$25,000,000 AGGREGATE \$25,000,000 \$
C D E	<input 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	014122580 (CA) 014122581 (FL) 014122583 (ME)	2/1/2018 2/1/2018 2/1/2018	2/1/2019 2/1/2019 2/1/2019	<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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
WC Policy# 014122579 (AK,AZ,IL,KY,NC,NH,NJ,PA,UT,VA,VT) - INSURANCE CO OF STATE OF PA - 02/01/18 02/01/19  
WC Policy# 014122584 (AL,AR,CO,CT,DC,DE,GA,HI,IA,ID,IN,KS,LA,MD,MI,MN,MO,MS,NE,NM,NV,NY,OK,OR,RI,SC,SD,TN,TX,WV) - INSURANCE CO OF STATE OF PA - 02/01/18 02/01/19  
WC Policy# 014122582 (MA,ND,OH,WA, WI,WY) - NEW HAMPSHIRE INSURANCE COMPANY - 02/01/18 02/01/19  
RE: Leased Property, Crestview, FL 32539 See Attached...  
L92-0051-AP / W03-0228-AP / L10-0362-AP  
C03-0901-GM / C08-1664-AP

### CERTIFICATE HOLDER

Okaloosa County  
5749 A Old Bethel Road  
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

AGENCY CUSTOMER ID: \_\_\_\_\_  
LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Arthur J. Gallagher Risk Management Services, Inc.		NAMED INSURED L3 Technologies, Inc. -Crestview Aerospace 600 Third Avenue New York, NY 10016	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Okaloosa County is included as an additional insured (blanket endorsement) solely with respect to General Liability and Auto Liability coverages as evidenced herein as required by written contract with respect to leased premises. 30 day notice of cancellation/10 day non-pay.



Factory Mutual Insurance Company  
 300 Kimball Drive  
 Suite 200  
 Parsippany, New Jersey  
 07054-2712  
 United States of America  
 Tel: (1) 973 402-2200  
 Fax: (1) 973 402-1070

**CERTIFICATE OF INSURANCE**

This document is issued as a matter of information only and confers no rights upon the document holder. This certificate does not amend, extend, or alter the coverage, terms, exclusions, conditions, or other provisions afforded by the policy. We hereby certify that insurance coverage is now in force with our Company as outlined below.

**Policy No.:** 1031515 **Policy Term**  
**Account No.:** 1-30326 **Effective Date:** 01 January 2018  
**Expiration Date:** 01 January 2019

**NAMED INSURED:**

L3 Technologies, Inc.

**DESCRIPTION AND LOCATION OF PROPERTY COVERED:**

Real and Personal Property  
 5486 Fairchild Road  
 Crestview, Florida 32539-8155, USA

**Location No.:** **INDEX No.:**  
 PI01 084495.11

**Division:**  
 Platform Integration Systems

**COVERAGE IN FORCE:** (subject to limits of liability, deductibles and conditions in the Policy)

**Insurance Provided:** **Peril:** **Limit Of Liability:**  
 Property Damage All Risk USD 225,317,000

**ADDITIONAL INTERESTS:**

Additional interests as detailed below are covered in accordance with Certificates of Insurance issued to such interests and on file with this Company. Loss, if any, shall be payable to such additional interests, as their interests may appear, and in accordance with loss payment provisions of the Policy.

**CERTIFICATE TERM:** **Effective:** 01 January 2018  
**Expires:** 01 January 2019

**INTEREST TYPE:**

Loss Payee in accordance with the Additional Interest clause stated above.

Okaloosa County  
 5749 A Old Bethel Road  
 Crestview, Florida 32536, USA

Coverage for building, improvements, and betterments as respects Okaloosa County's interest in the above insured location.

Property Damage applies on a Repair or Replacement Value basis.

W92-0091-AP / W03-0228-AP / W10-0362-AP  
 C03-0901-GU / C08-1664-AP

Okaloosa County  
 5749 A Old Bethel Road  
 Crestview, Florida 32536, USA

Certificate No: 00192-001

*Emma Lalovic*

Authorized Signature / Issue Date  
 Emma Lalovic / 28 December 2017

For questions, contact: Melanie Robertson



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/31/2018

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  
Arthur J. Gallagher Risk Management Services, Inc.  
250 Park Avenue  
3rd Floor  
New York NY 10177

**RECEIVED**  
FEB 14 2018  
BY: P. R. C. H.

CONTACT NAME: Sabrina Garibaj  
PHONE (A/C, No, Ext): 212-994-7082 FAX (A/C, No):  
E-MAIL ADDRESS: Sabrina\_Garibaj@ajg.com  
INSURER(S) AFFORDING COVERAGE NAIC #  
INSURER A: Insurance Company of State of PA 19429  
INSURER B :  
INSURER C :  
INSURER D :  
INSURER E :  
INSURER F :

INSURED  
L-3 Communications Integrated Systems  
c/o L3 Technologies, Inc  
600 Third Avenue  
New York NY 10016

COVERAGES CERTIFICATE NUMBER: 1748851711 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 checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Includes Product <input checked="" type="checkbox"/> Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			4611510	2/1/2018	2/1/2019	EACH OCCURRENCE	\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
							MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
							PRODUCTS - COMP/OP AGG	\$2,000,000
								\$
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						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"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			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)  
Okaloosa County is included as additional insured under blanket endorsement solely with respect to general liability coverage as evidenced herein as required by written contract with respect to premises leased by the named insured.

C03-0901-91

CERTIFICATE HOLDER  
County of Okaloosa Board of County Commissioners  
602-C N. 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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/28/2016

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).

<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, Inc. 250 Park Avenue 3rd Floor New York NY 10177	<b>CONTACT NAME:</b> Sabrina Garibaj <b>PHONE (A/C, No, Ext):</b> 212-994-7082 <b>E-MAIL ADDRESS:</b> Sabrina_Garibaj@ajg.com	<b>FAX (A/C, No):</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> L-3 Communications Integrated Systems L.P. c/o L-3 Communications Corp 600 Third Avenue New York NY 10016	<b>INSURER A:</b> Insurance Company of State of PA	<b>NAIC #</b> 19429
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:** 1251490815                      **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 checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Includes Product <input checked="" type="checkbox"/> Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			3796518	2/1/2016	2/1/2017	EACH OCCURRENCE	\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
							MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
							PRODUCTS - COMP/OP AGG	\$2,000,000
								\$
	<b>AUTOMOBILE LIABILITY</b> <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 <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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)

Okaloosa County is included as additional insured under blanket endorsement solely with respect to general liability coverage as evidenced herein as required by written contract with respect to premises leased by the named insured.

02-18-16A07:48 RCVD

0901

**CERTIFICATE HOLDER**                      **CANCELLATION**

County of Okaloosa Board of County Commissioners 602-C N. 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 
---	---



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/28/2016

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).

<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, Inc. 250 Park Avenue 3rd Floor New York NY 10177	<b>CONTACT NAME:</b> Sabrina Garibaj <b>PHONE (A/C, No, Ext):</b> 212-994-7082 <b>E-MAIL ADDRESS:</b> Sabrina_Garibaj@ajg.com <b>FAX (A/C, No):</b>													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Insurance Company of State of PA</td> <td>19429</td> </tr> <tr> <td>INSURER B : National Union Fire Ins Co of Pitts</td> <td>19445</td> </tr> <tr> <td>INSURER C : Commerce and Industry Insurance Com</td> <td>19410</td> </tr> <tr> <td>INSURER D : New Hampshire Insurance Company</td> <td>23841</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 : Insurance Company of State of PA	19429	INSURER B : National Union Fire Ins Co of Pitts	19445	INSURER C : Commerce and Industry Insurance Com	19410	INSURER D : New Hampshire Insurance Company	23841	INSURER E :		INSURER F :
INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A : Insurance Company of State of PA	19429													
INSURER B : National Union Fire Ins Co of Pitts	19445													
INSURER C : Commerce and Industry Insurance Com	19410													
INSURER D : New Hampshire Insurance Company	23841													
INSURER E :														
INSURER F :														
<b>INSURED</b> L-3 Communications-Crestview Aerospace 600 Third Avenue New York, NY 10016														

**COVERAGES**                      **CERTIFICATE NUMBER:** 1971618943                      **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 checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Includes Product <input checked="" type="checkbox"/> Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			3796518	2/1/2016	2/1/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A A A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			1861262 (AOS) 1861263 (MA) 1861261 (VA)	2/1/2016 2/1/2016 2/1/2016	2/1/2017 2/1/2017 2/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$			19086819	2/1/2016	2/1/2017	EACH OCCURRENCE \$25,000,000 AGGREGATE \$25,000,000 \$
B C D	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 checked="" type="checkbox"/> N	015519182 (CA) 015519183 (FL) 015519185 (ME)	2/1/2016 2/1/2016 2/1/2016	2/1/2017 2/1/2017 2/1/2017	<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

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

WC Policy# 015519181(AK,AZ,IL,KY,NC,NH,NJ,PA,UT,VA,VT) - INSURANCE CO OF STATE OF PA - 02/01/16 02/01/17  
 WC Policy# 015519180(AL,AR,CO,CT,DC,DE,GA,HI,IA,ID,IN,KS,LA,MD,MI,MN,MO,MS,MT,NE,NM,NV,NY,OK,OR,RI,SC,SD,TN,TX,WV) - INSURANCE CO OF STATE OF PA - 02/01/16 02/01/17  
 WC Policy# 015519184(MA,ND,OH,WA,WI,WY) - NEW HAMPSHIRE INSURANCE COMPANY - 02/01/16 02/01/17

See Attached...

<b>CERTIFICATE HOLDER</b>  Okaloosa County 602C North Pearl Street Crestview FL 32536 USA	<b>CANCELLATION</b>  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  <span style="font-size: 2em; color: blue;">0901</span>
---	---



AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



### ADDITIONAL REMARKS SCHEDULE

AGENCY Arthur J. Gallagher Risk Management Services, Inc.		NAMED INSURED L-3 Communications-Crestview Aerospace 600 Third Avenue New York, NY 10016	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Okaloosa County is included as an Additional Insured(CG20100704-form)solely with respect to General and Automobile liability coverages as evidenced herein as required by written contract with respect to work performed by the named insured.



# CERTIFICATE OF LIABILITY INSURANCE

0901

DATE (MM/DD/YYYY)  
1/26/2015

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).

<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, Inc. 250 Park Avenue 3rd Floor New York NY 10177	<b>CONTACT NAME:</b> Guadalupe Vera	
	<b>PHONE (A/C No., Ext):</b> 212-994-7072	<b>FAX (A/C No.):</b>
<b>E-MAIL ADDRESS:</b> Guadalupe_Vera@ajg.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Insurance Company of State of PA		19429
<b>INSURER B:</b> Commerce and Industry Insurance Com		19410
<b>INSURER C:</b> New Hampshire Insurance Company		23841
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**COVERAGES**                      **CERTIFICATE NUMBER:** 106964352                      **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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Includes Product <input checked="" type="checkbox"/> Liability) GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			6634112	2/1/2015	2/1/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <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"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A B C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	017731433 (CA) 017731434 (FL) 017731437 (ME)	2/1/2015 2/1/2015 2/1/2015	2/1/2016 2/1/2016 2/1/2016	<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

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

WC Policy# 017731436(AK,AZ,IL,KY,NC,NH,NJ,PA,UT,VA,VT) - INSURANCE CO OF STATE OF PA - 02/01/15 02/01/16  
 WC Policy# 017731435(AL,AR,CO,CT,DC,DE,GA,HI,IA,ID,IN,KS,LA,MD,MI,MN,MO,MS,MT,NE,NM,NV,NY,OK,OR,RI,SC,SD,TN) - INSURANCE CO OF STATE OF PA - 02/01/15 02/01/16  
 WC Policy# 0177314389(MA,ND,OH,WA,WI) - NEW HAMPSHIRE INSURANCE COMPANY - 02/01/15 02/01/16

Okaloosa County, The Emerald Coast Convention Center and all officers thereof are included as an Additional Insured See Attached...

<b>CERTIFICATE HOLDER</b>  Okaloosa County 602C North Pearl Street Crestview FL 32536 USA	<b>CANCELLATION</b>  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 
---	--

Recvd 2-3-15

PARTICIPATING PARTY AGREEMENT

THIS CONTRACT AND AGREEMENT, BY AND BETWEEN:

OKALOOSA COUNTY, A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA,  
(HEREINAFTER REFERRED TO AS THE "COUNTY "), AND

Crestview Aerospace Corporation  
5486 Fairchild Road  
Crestview, Florida 32539

(Hereinafter referred to as "CAC") on this 11 day of February, A.D. 2003.

WITNESSETH:

WHEREAS, Okaloosa County expects to receive approval from the State of Florida Department of Community Affairs, (hereinafter called "the Department") for a Small Cities Community Development Block Grant (hereinafter the "CDBG Grant"); and

WHEREAS, this Participating Party Agreement is contingent upon the actual award of the CDBG Grant as evidenced by an executed CDBG Award Agreement (hereinafter the "Award Agreement") between Okaloosa County and the Department; and

WHEREAS, CAC, a corporation registered to do business in Florida, intends to expand its aerospace manufacturing facility within the unincorporated area of Okaloosa County, Florida and Okaloosa County has agreed to provide grant funded public facilities to service the CAC facility site, (e.g., provide CDBG funded fire protection facilities); and

WHEREAS, the direct result of the anticipated CDBG grant will be the construction of public facilities to serve the CAC facility so that CAC can begin facility operations and create jobs within Okaloosa County ; and

WHEREAS, in order for the County to receive the grant funds, the CDBG Grant Award Agreement requires that CDBG funds only be expended on eligible activities and meet a National Objective pursuant to 24 C.F.R. Part 570.202(a)(3) and for the removal of architectural barriers to handicapped persons; and

WHEREAS, because of the foregoing conditions and circumstances respecting the County's receipt of said CDBG grant funds, it is necessary that there be made certain agreements and understandings between the County and CAC;

CONTRACT: GRANT PARTICIPATING  
PARTY SUBAGREEMENT  
CONTRACT NO: C03-0901-PH-68  
CRESTVIEW AEROSPACE CORPORATION  
EXPIRES: INDEFINITE

NOW, THEREFORE, in these premises, and for and in consideration of the mutual promises, covenants, undertakings and representations, Okaloosa County and CAC do hereby agree as follows:

(A) That CAC shall satisfactorily document the creation of at least 30 full-time equivalent permanent jobs, of which 16 full-time equivalent permanent jobs are to be held by or made available to members of low to moderate income families as specified in the application for assistance. If more than 30 full-time equivalent permanent net new jobs are created, fifty one percent (51%) of those jobs shall be made available to members of low and moderate-income families.

These jobs shall be created no later than the termination date of this agreement, as may be amended. Documentation shall be the Florida Small Cities CDBG Program Household Income Survey Form for each job created. The documentation of the creation of these jobs shall be retained by CAC or a third party employment agency retained for such purposes for a period of three years following the expiration of this Agreement. CAC shall interview those applicants meeting its minimum job requirements. CAC shall hire the most qualified applicant from the total applicant pool, provided vacancies exist. Should CAC be unable to hire persons from low- and moderate-income households and a TANF client, CAC shall document CAC's attempts to hire such persons by demonstrating that CAC has interviewed referrals from agencies that assist low- and moderate-income persons. Such agencies include the local TANF agency, area vocational schools, Work Force Florida and their successors.

(B) That the failure of CAC to create or cause to be created or to satisfactorily document the creation of the agreed upon number of jobs to be made available to members of low to moderate income families, or to expend or satisfactory document the expenditure of the full amount of leverage dollars agreed upon in the application, shall be an act of default under this Participating Party Agreement.

(C) That CAC shall provide such training to all job applicants *that are hired*, including members of low to moderate income families, as would normally and reasonably be required for any CAC employee, so as to equip them with skills required for them to perform the jobs to be created.

(D) That Crestview Aerospace Corporation expend at a minimum, after the date of the site visit, the amount of leverage referenced on Form CDBG-E3(I)(A) of the Grant Application and on Attachment A to the CDBG Grant Agreement. The funds are to be expended on capital equipment, and Crestview Aerospace Corporation will furnish documentation of its expenditure. This documentation shall be provided to the Recipient in a form and content satisfactory to the Department that allows accurate ready comparison between expenditures and related activities as defined on Form CDBG-E-3(I)(A). This documentation shall be provided to the Recipient as expenditures occur;

(E) That Crestview Aerospace Corporation shall construct or cause to be constructed one or more buildings which shall accommodate at a minimum the facility described in the Application (the "Crestview Aerospace Corporation Facility"). The capital equipment shall remain titled in the

name of Crestview Aerospace Corporation until such time as all requirements in paragraph 8(A) of the Attachment G - Special Conditions of the Grant Agreement have been satisfied;

(F) That, if requested by the County, CAC shall provide the County and/or its agents such reasonable information concerning the project as the County may reasonably require as it relates specifically to the conditions of the grant.

(G) That Crestview Aerospace Corporation shall begin construction and furnish to the Recipient evidence of Crestview Aerospace Corporation's commencement of construction on the Crestview Aerospace Corporation Facility within a time frame to be negotiated between Crestview Aerospace Corporation and the Recipient;

(H) That this Crestview Aerospace Corporation Participating Party Agreement and any amendments thereto, must be approved by the Department as to form and content. The right of approval granted to the Department with respect to changes in the Crestview Aerospace Corporation Participating Party Agreement between the Recipient and Crestview Aerospace Corporation shall survive the term of this Agreement. The Department does not assume any liability or responsibility for the accuracy or enforceability of the Crestview Aerospace Corporation Participating Party Agreement through the exercise of this right of approval;

(I) That this agreement shall not expire until the issuance of a letter by the Department to the County approving the grant administrative closeout. Any extension of the Grant Award Agreement pursuant to Fla. Admin. Code Rule 9B-43.014 shall act as an extension to this Participating Party Agreement and the County shall provide CAC with notice of said extension. Failure of the County to notify CAC of such an extension shall not invalidate this provision. CAC's obligations related to this agreement shall end when it has met its obligations as set forth herein;

(J) That CAC shall interview TANF clients who are included within its pool of qualified applicants and attempt to hire at least one TANF client (if qualified) after the date of the site visit and prior to the submission of the grant administrative closeout as provided on Form CDBG-E-4(4);

(K) All notices to be given hereunder shall be given by certified mail, return receipt requested, addressed to the respective parties at the following addresses, or to such other address or addresses as may from time to time be designated in a notice given for that purpose:

Mr. Chuck Shanklin, President  
Crestview Aerospace Corporation  
5486 Fairchild Road  
Crestview, Florida 32539

Ms. Pat Blackshear, Director, Growth Management  
Okaloosa County Board of County Commissioners  
1804 Lewis Turner Blvd., Suite 200  
Ft. Walton Beach, Florida 32547

IN WITNESS WHEREOF, the Parties hereto have executed this Agreement, each duly authorized so to do, effective the day and year first above.

CAC  
[Signature]  
Witness Signature #1 (as to CAC)

[Signature] as Vice President  
Signature & Title (Authorized Representative of CAC)

Cynthia G. Blocker  
Printed Name

Charles R. Shanklin V.P. of Aircraft Modificaitons  
Printed Name & Title (Authorized Representative of CAC)

[Signature]  
Witness Signature #2 (as to CAC)

Tammy Key  
Printed Name

Okaloosa County Board of County Commissioners

[Signature]  
Witness Signature #1 (as to County)

[Signature]  
Signature & Title (Chairman) County Manager

Lawrence S. Spies  
Printed Name

Chris L. Holley  
Printed Name & Title

[Signature]  
Witness Signature #2 (as to County)

Andy E. Aston  
Printed Name

Notary Stamp/Seal:

[Signature]  
SHERRY D. HARPER  
MY COMMISSION # CC 829340  
EXPIRES: Apr 30, 2003  
1-800-3-NOTARY His Notary Service & Bonding Co.

**RESOLUTION 02-108**

**RESOLUTION OF THE OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS, FLORIDA, AUTHORIZING THE CHAIRMAN TO MAKE APPLICATION TO THE FLORIDA DEPARTMENT OF COMMUNITY AFFAIRS FOR APPROVAL OF A COMMUNITY DEVELOPMENT BLOCK GRANT, ECONOMIC DEVELOPMENT CATEGORY (CDBG-ED); PROVIDING AN EFFECTIVE DATE; AND FOR OTHER PURPOSES.**

**WHEREAS, Okaloosa County, Florida is experiencing a need for improving area economic conditions; and**

**WHEREAS it is the desire of the County Commission to improve area economic conditions;**

**NOW THEREFORE, BE IT RESOLVED BY THE OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS, FLORIDA;**

**SECTION 1. That the CDBG-ED program is declared to be a workable program for improving area economic conditions and for creating jobs for low and moderate income persons as indicated in the proposed 2002 CDBG-ED grant application.**

**SECTION 2. The County Commission hereby directs the Chair, County Manager or Clerk of Court in his/her absence, to sign all necessary certifications of the Community Development Block Grant application(s).**

**SECTION 3. That the County Commission directs the Chair, County Manager or Clerk of Court in his/her absence to execute and submit the attached application to the Florida Department of Community Affairs (DCA) for state approval.**

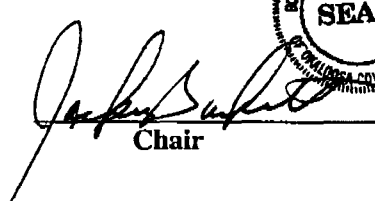
**SECTION 4.** That the Chair, County Manager or Clerk of Court in his/her absence, is authorized and directed to submit additional information in a timely manner as may be required by the Florida Department of Community Affairs during the application review process and after execution of a contract agreement with the Department.


**SECTION 5.** The proposed CDBG-ED grant application is consistent with the local comprehensive plan.

**SECTION 6.** The County's comprehensive plan is hereby adopted as the County's community development plan.

**SECTION 7.** That this Resolution shall take effect immediately upon its passage.

**ADOPTED** unanimously in open session of the Okaloosa Board of County Commissioners, Florida, on this 10th day of September, 2002.

  
Chair



**ATTEST:**

