## CONTRACT, LEASE, AGREEMENT CONTROL FORM

| Date:                      | 09/14/2023   |
|----------------------------|--|
| Contract/Lease Control #:  | C20-2973-TDD   |
| Procurement#:              | N/A  |
| Contract/Lease Type:       | AGREEMENT – RENEWAL #3                                 |
| Award To/Lessee:           | NWFSC, CHOCTAWHATCHEE BASIN ALLIANCE                   |
| Owner/Lessor:              | OKALOOSA COUNTY  |
| Effective Date:            | 10/01/2022   |
| Expiration Date:           | 09/30/2024 W/1 1 YR RENEWALS                           |
| Description of:            | CHOCTAWHATCHEE BAY WATER QUALITY MONITORING & ANALYSIS |
| Department:                | TDC  |
| -                          |  |
| Department Monitor:        | ADAMS  |
| Monitor's Telephone #:     | 850-651-7131   |
| Monitor's FAX # or E-mail: | JADAMS@MYOKALOOSA.COM                                  |
| Closed:                    |  |
|                            |  |

CC: BCC RECORDS



## CONTRACT/LEASE RENEWAL FORM

Date: September 5, 2023 CONTRACT: C20-2973-TDD Company: NWFSC Choctawhatchee Basin NWFSC, Choctawhatchee Basin Alliance Choctawhatchee Bay Water Quality Monitoring Attn: Allison McDowell EXPIRES:09/30/2024 w/1 1 yr renewals Address: 109 South Greenway Trail City, St. Zip: Santa Rosa Beach, FL 32459 RE: Monitor & Analysis Contract Renewal Dear Ms. McDowell, The Okaloosa County Board of County Commissioners agrees to renew the subject contract/lease, # C20-2973-TDD for an additional term. The contract renewal period will be Oct. 1, 2023 to Sept. 30, 2024 . The annual budgeted original agreement shall remain in full force and effect through the duration of this renewal. If you are in agreement, please sign below and return this form along with a current Certificate of Insurance listing Okaloosa County as co-insured (if applicable). COUNTY REPRESENTATIVES <u>AUTHORIZED COMPANY REPRESENTATIVE</u> Digitally signed by Jennifer Adams Date: 2023.09.13 Contractor: Northwest Florida State College Dept. Director Jennifer Tanner McKnight Signature: Adams harlotte harlotte Date: \_\_\_\_ McKnight, Tanner Digitally signed by DeRita Mason DeRita (mcknighs) Approved By: Mason Approved By: (as prescribed below on item 1) Date: \_ Digitally signed by Faye VP Business Operations & Finance Approved By: Douglas (as prescribed below on item 1) 9/12/2023 Date: Date: \_ **County Department Instructions:** 

- 1) Obtain signatures from Department Director, authorized Company Representative and then Purchasing Manager <\$25K and less, OMB Director \$25K to \$50K, County Administrator <\$100K and less or Board >\$100K, as necessary. If Board approval is required, the Chairman and County Administrator's signatures are required. Make sure the company provides a current Certificate of Insurance. (If applicable).
- 2) Keep a copy of this form for your records.
- 3) Send original to Contracts and Lease Coordinator at Purchasing Department.

  If you have any questions please contact the Purchasing Manager at 850-689-5960, Fax: 850-689-5970