

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 10/29/2021

Contract/Lease Control #: C21-2988-TDD

Procurement#: NA

Contract/Lease Type: AGREEMENT

Award To/Lessee: CRESTVIEW AREA SHELTER FOR THE HOMELESS

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 10/01/2020

Expiration Date: 09/30/2021

Description of: GRANT FUNDING ASSISTANCE

Department: BCC

Department Monitor: HOFSTAD

Monitor's Telephone #: 850-651-7515

Monitor's FAX # or E-mail: JHOFSTAD@MYOKALOOSA.COM

Closed: October 29, 2021

Cc: BCC RECORDS

22100041

CONTRACT CLOSE-OUT CHECKLIST
(To Be Prepared by the Contracts & Lease Coordinator)

DATE: October 8, 2021

TO: Finance Department

SUBJECT: Contract No. C21-2988-BCC

MANAGING DEPARTMENT: BCC

CONTRACTOR'S NAME: CRESTVIEW AREA SHELTER FOR THE HOMELESS

PROJECT TITLE: GRANT FUNDING ASSISTANCE

The attached has met the final payment contract requirement in subject contract.

		Yes	No	
1.	Final Invoice	X		
2.	Completed Contract/Lease Payment Approval Form	X		
3.	Close-Out Documents	Yes	No	N/A
	a. Signed Release of Lien			X
	b. Proof of Completion Advertisement			X
	c. Certificate of Insurance			X
	d. Consent of Surety to Final Payment			X
	e. Proof of Performance/Payment Bond Continuation 12 Months Following Final Payment			X
	f. Grants approval/signature			X
4.	Remarks			

OMB DIRECTOR

DATE



**Crestview Area
Shelter for the
Homeless**

120 Duggan Ave., Crestview, FL 32536 || 850-398-5670
Admin@CrestviewShelter.org || ChuckandAnnSprague@gmail.com

September 29, 2021

4th Quarter Invoice for Front Line Helping Hands

Medical Expenses + Nurse Salary July 2021 = \$3,249.51

Medical Expenses + Nurse Salary August 2021 = \$2,960.38

Medical Expenses + Nurse Salary September 2021 = \$1,079.56

TOTAL INVOICE 4TH QUARTER = \$ 7,289.81

Submitted by: Ann Sprague, President

Crestview Area Shelter for the Homeless