

EXHIBIT B

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: MAY 9, 2012

Contract/Lease Control #: #C12-1952-GM

Bid #: NA Contract/Lease Type: MOA

Award To/Lessee: ECONOMIC DEVELOPMENT COUNCIL

Lessor/Owner: OKALOOSA COUNTY

Effective Date: 05/01/2012

Expiration Date: INDEFINITE

Description of Contract/Lease: MILITARY SUSTAINABILITY PARTNERSHIP

Department Manager: GM

Department Monitor: KAMPERT

Monitor's Telephone #: 651-7180

Monitor's FAX # OR E-Mail: EKAMPERT@CO.OKALOOSA.FL.US

Date Closed: _____

Remarks:

Cc: Finance Dept Contracts & Grants Division



ECONDEV-01

SWILLIAMS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/11/2018

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 Fisher Brown Bottrell Insurance, Inc. 19 West Garden Street Suite 300 Pensacola, FL 32502	CONTACT NAME: Kelli Williams	
	PHONE (A/C, No, Ext): (850) 444-7630	FAX (A/C, No): (601) 208-8408
E-MAIL ADDRESS: kwilliams@fbbins.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Southern-Owners Insurance Company		10190
INSURER B: FCCI Insurance Company		10178
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED

The Economic Development Council of Okaloosa Co. FL Inc
 PO Box 4097
 Fort Walton Beach, FL 32549-4097

COVERAGES **CERTIFICATE NUMBER:** **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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: General Aggregate	X		78253154	05/18/2018	05/18/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <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"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		001WC18A38422	05/18/2018	05/18/2019	<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)
Certificate Holder is listed as Additional Insured with regards to general liability, if required by written contract.

C12-1952-GM

CERTIFICATE HOLDER County of Okaloosa FL 5479A 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 <i>Kelli Williams</i>



C12-1952-GM ECONDEV-01

BRUSH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/05/2017

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 Fisher Brown Bottrell Insurance, Inc. 1701 West Garden Street Pensacola, FL 32502	CONTACT NAME: Kelli Williams	
	PHONE (A/C, No, Ext): (850) 444-7630 FAX (A/C, No): (601) 208-8408 E-MAIL ADDRESS: kwilliams@fbbins.com	
INSURED The Economic Development Council of Okaloosa Co. FL Inc PO Box 4097 Fort Walton Beach, FL 32549-4097	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Southern-Owners Insurance Company	10190
	INSURER B : FCCI Insurance Company	10178
	INSURER C :	
	INSURER D :	
	INSURER E :	

COVERAGES **CERTIFICATE NUMBER:** **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 CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: General Aggregate			78253154	05/18/2017	05/18/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <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 OCCUR <input type="checkbox"/> EXCESS LIAB CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below			001WC17A38422	05/18/2017	05/18/2018	PER STATUTE 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, I)

**Contract # C12-1952-GM
 ECONOMIC DEVELOPMENT COUNCIL
 MILITARY SUSTAINABILITY PARTNERSHIP
 EXPIRES: INDEFINITE**

CERTIFICATE HOLDER County of Okaloosa FL 602-C N Pearl St 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
---	--



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/24/2015

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).

PRODUCER Fisher Brown Bottrell Insurance, Inc. 1701 West Garden Street Pensacola, FL 32502	CONTACT NAME: Dorothy Haynes	
	PHONE (A/C, No, Ext): (800) 487-2973	FAX (A/C, No): (850) 438-4678
E-MAIL ADDRESS: DHaynes@fbbins.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Southern Owners Insurance Co		10190
INSURER B: FCCI Insurance Company		10178
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED

The Economic Development Council of Okaloosa Co. FL Inc
 PO Box 4097
 Fort Walton Beach, FL 32549-4097

COVERAGES

CERTIFICATE NUMBER:

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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: General Aggregate			78249660	01/15/2016	01/15/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED 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"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE
B	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		N/A	001WC15A38422	05/18/2015	05/18/2016	<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)

CERTIFICATE HOLDER

CANCELLATION

County of Okaloosa FL
 602-C N Pearl St
 Crestview, FL 32536

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

Debra C Lloyd



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/29/2015

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).

PRODUCER Fisher Brown Bottrell Insurance, Inc. 1701 West Garden Street Pensacola, FL 32502	CONTACT NAME: Dorothy Haynes PHONE (A/C, No., Ext): (800) 487-2973 E-MAIL ADDRESS: dhaynes@fbbins.com	FAX (A/C, No): (850) 438-4678
	INSURER(S) AFFORDING COVERAGE	
INSURED The Economic Development Council of Okaloosa Co. FL Inc PO Box 4097 Fort Walton Beach, FL 32549-4097	INSURER A : Southern Owners Insurance Co	NAIC # 10190
	INSURER B : FCCI Insurance Company	NAIC # 10178
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			78249660	01/15/2015	01/15/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED 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"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$
B	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	001WC15A38422	05/18/2015	05/18/2016	<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)

CERTIFICATE HOLDER

CANCELLATION

County of Okaloosa FL 602-C N Pearl St Crestview, FL 32536	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 <i>Debra C. Lloyd</i>
--	--

C11-1856-CAO

1952

EXHIBIT D

**CONTRACT & LEASE
INTERNAL COORDINATION SHEET**

Contract/Lease Number: _____ Tracking Number: 425-12

Contractor/Lessee Name: Economic Development Council

Purpose: MDA - Military Sustainability Partnership

Date/Term: Indefinite 1. GREATER THAN \$50,000

Amount: N/A 2. GREATER THAN \$25,001

Department: Growth Mgmt. 3. \$25,000 OR LESS

Dept. Monitor Name: E. Kampert / K. Little

Purchasing Review

Procurement requirements are met: _____ Date: 4/24/12

[Signature]
Contracts & Lease Coordinator

Risk Management Review

Approved as written: _____ Date: 4-25-12

[Signature]
Risk Management Director

County Attorney Review

Approved as written: _____ Date: 5/6/12

[Signature]
County Attorney

Following Okaloosa County approval:

Contract & Grant

Document has been received: _____ Date: _____

Contracts & Grants Manager



Board of County Commissioners

Board of County Commissioners'
approval on May 1, 2012

State of Florida

Mr. David Goetsch, Chairman
Economic Development Council of Okaloosa County Florida, Inc.
P.O. Box 4097
Fort Walton Beach FL 32547

**CONTRACT # C12-1952-GM
ECONOMIC DEVELOPMENT COUNCIL
MILITARY SUSTAINABILITY PARTNERSHIP
EXPIRES: INDEFINITE**

Re: Memorandum of Agreement – Military Sustainability Partnership

Dear Chairman Goetsch,

The information below outlines the Economic Development Council's formal participation in the Northwest Florida Military Sustainability Partnership.

Section 1. INTENT

This Memorandum of Agreement provides for the creation of, membership in, and operation of the Northwest Florida Military Sustainability Partnership, a newly-formed entity created for the purpose of providing a permanent governmental agency dedicated to the viability of existing and future potential missions at Eglin Air Force Base, Eglin Reservation, and Hurlburt Field. The governmental body shall be known as the Northwest Florida Military Sustainability Partnership, hereinafter referred to as "Partnership." The Partnership shall fulfill its purpose by:

- (1) overseeing and coordinating implementation of the June 2009 Eglin Joint Land Use Study as may be amended from time to time;
- (2) coordinating amongst the various governmental agencies and private entities implementation of the July 2010 Tri-County Growth Management Plan as may be amended from time to time; and
- (3) facilitating the cost effective provision of infrastructure and services that serve the military installations and the surrounding communities by providing for the inter-jurisdictional review and coordination of the Partnership members' capital improvements plans and programs with the existing and emerging infrastructure and service needs of the military installations.

Section 2. MEMBERSHIP; TERMS OF OFFICE; OFFICERS; QUORUM; MEETINGS; REMOVAL

(1) Membership. One member and alternate will be designated by each government agency signatory to this agreement. Non-governmental agency membership will be by Memorandum of Agreement and will also provide one member and alternate.

(2) Terms of Office. The terms of office for each member and alternate shall be 3 years. Each term shall expire on June 30 in the year of expiration of the term.

(3) Each member and alternate shall be formally appointed for a term of office by each respective member's and alternate's governing body.

(4) The Chair will be the member appointed by the Okaloosa County Commission. A vice chair, and secretary shall be selected by and from the Partnership members. In the absence of a member who is an office holder, that member's alternate shall fulfill the office of the member. The term of office for the vice chair and secretary shall be 1 year, and no person shall hold the same office for more than two consecutive terms.

(5) A quorum shall consist of a simple majority of the membership, and action shall be taken by a simple majority vote of those members in attendance.

(6) A member or alternate may be removed by that member's or alternate's governing authority, but only for grounds constituting misfeasance, neglect of duty, incompetence, permanent inability to perform his or her official duties, or commission of a felony. The unexcused failure to attend three consecutive regular meetings of the Partnership shall be deemed neglect of duty, without limiting the meaning of that term.

(7) Except as otherwise provided, vacancies in office shall be filled by the governing body for which the vacancy in the Partnership exists for the balance of the term. In such cases, the appointment shall be made by the appropriate governing body not later than 30 days after the office has become vacant.

(8) At any time during a term that a member shall become a constitutional officer of his or her respective community, other than County Commissioner, City Councilmember, Mayor, or any other governing body, the member shall cease to be a member as of such time, and the governing body of the member's agency shall appoint another member to serve the remaining term of office; and a resignation from such office shall not restore such person to the Partnership.

Section 3. POWERS

The Partnership shall have all power and authority necessary, convenient, or desirable to accomplish the purposes of this agreement, including, but not limited to, the power to:

(1) Adopt rules for the regulation of its affairs and the conduct of its business, and rules for the operation of the system, and to enforce and administer all such rules;

(2) Recommend personnel to serve as Executive Director and other staff as necessary whose duties and salaries shall be recommended by the Partnership (with the approval of the Okaloosa County Commission) as necessary to carry out the duties and responsibilities as directed by the Partnership;

(3) Provide oversight of the duties of the Executive Director in the implementation of the 2009 Joint Land Use Study, 2010 Growth Management Plan, and the ongoing activities supporting Eglin Air Force Base and Hurlburt Field as sustainable installations. The Partnership may also plan for and study those emerging issues and projects, as necessary, including the feasibility of constructing, operating, and maintaining such projects deemed necessary to the provision of current infrastructure and services that serve the military installations and the surrounding communities, and to provide for such infrastructure and services that serve the needs of the military installations in Okaloosa, Santa Rosa, and Walton Counties, and plan for and study the environmental and economic feasibility of such projects;

(4) Coordinate and encourage public and private development in connection with the outcomes of such studies as referenced above;

(5) Coordinate the application for and acceptance of grants and coordinate donations of any type of property, labor, and other things of value from public and private sources to the appropriate jurisdiction;

(6) Recommend to employ or contract for technical experts, consultants, or other staff as may be deemed necessary and to determine their qualifications, duties, and compensation; and may appoint any advisory committee deemed necessary;

(7) Do all acts necessary in order to carry out the purposes of this act.

Section 4. LOCATION, ADMINISTRATIVE SUPPORT

The Partnership will maintain an office in Okaloosa County. As such, the Board of County Commissioners shall provide office space in one of its office facilities for any staff of the Partnership, as well as the necessary computer, desk, use of a County vehicle, office supplies, and other costs typically associated with office work.

Section 5. NOTICE OF MEETINGS

The Partnership shall give reasonable notice of those meetings required by Florida's Sunshine Laws.

Section 6. POWERS GRANTED, SUPPLEMENTAL

The powers granted by this act shall be regarded as supplemental and additional to powers conferred by other laws, and, unless inconsistent with such powers, shall not be regarded as in derogation of or as repealing any powers now existing under any other law, whether general, special, or local.

Section 7. FINANCIAL RECORDS, AUDIT

The financial records of the Partnership will be maintained by Okaloosa County and shall be audited as part of the County's Annual Financial Audit.

Section 8. INTENDED PROVISIONS OF THIS AGREEMENT

It is intended that the provisions of this Agreement shall be liberally construed for accomplishing the work authorized and provided for or intended to be provided for by this Agreement, and where strict construction would result in the defeat of the accomplishment of any part of the work authorized by this Agreement, and a liberal construction would permit or assist in the accomplishment of any part of the work authorized by this Agreement, the liberal construction shall be chosen.

Section 9. CONFLICT

In the event of a conflict of the provisions of this act with the provisions of any other act, the provisions of this act shall control to the extent of such conflict.

Section 10. SEVERABILITY; EFFECTIVE DATE

Should any word, phrase, sentence, subsection, section or other part of this Agreement be held by a court of competent jurisdiction to be illegal, void, unenforceable, or unconstitutional, then the part so held shall be severed from this Agreement and the remainder of this Agreement shall remain in full force and effect. This Agreement shall take effect as provided by law.

IN WITNESS THEREOF, the parties, by and through the undersigned, have entered into the Interlocal Agreement on the date and year written above.

BOARD OF COUNTY COMMISSIONERS
OKALOOSA COUNTY, FLORIDA



BY:

DON AMUNDS
CHAIRMAN

ATTEST:

DON W. HOWARD
Clerk of Court



THE ECONOMIC DEVELOPMENT COUNCIL
OF OKALOOSA COUNTY FLORIDA, INC.

BY:

DAVID GORTSCH
CHAIRMAN

ATTEST:

LARRY SASSANO
PRESIDENT



Economic Development Council
of Okaloosa County, Florida

April 16, 2012

Mr. Ken Little
Growth Project Coordinator
Okaloosa County Board of County Commissioners
1804 Lewis Turner Blvd, Suite 200
Fort Walton Beach FL 32547

Re: Military Sustainability Partnership

Dear Mr. Little:

The Economic Development Council servicing Okaloosa County recognizes the efforts of Okaloosa County to foster the viability of existing and future potential missions at our local military installations. The EDC is committed to investing its efforts to help sustain Eglin Air Force Base as the center of excellence in research, development, testing, training and evaluation. The Eglin complex is not only a key contributor to our nation's security, but is also the county's number one economic engine. As such, the EDC is honored to join in partnership with the Okaloosa County Tri-County Military Sustainability Partnership.

Representing the EDC in this partnership will be the EDC's consultant, Jim Breitenfeld, and Kay Rasmussen, the EDC's Vice President Community & Economic Development. We look forward to contributing to this initiative by providing a perspective of the business and private sector as it relates to smart growth in economic development.

Attached is a signed Memorandum of Agreement for participation in the Military Sustainability Partnership. Please provide a counter-signed MOA when fully executed.

The EDC looks forward to expanding its fruitful partnership with the county.

Sincerely,

Larry Sassano
President

enclosure



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/18/2014

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).

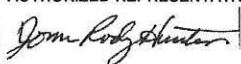
PRODUCER Fisher Brown Bottrell Insurance, Inc. 1701 West Garden Street Pensacola, FL 32502	CONTACT NAME: PHONE (A/C, No, Ext): (800) 487-2973	FAX (A/C, No): (850) 438-4678	
	E-MAIL ADDRESS:		
INSURED The Economic Development Council of Okaloosa Co. FL Inc PO Box 4097 Fort Walton Beach, FL 32549-4097	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Southern Owners Insurance Co		10190
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		

COVERAGES **CERTIFICATE NUMBER:** **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			78249660	01/15/2015	01/15/2016	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							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
								\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<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						BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
	DED							\$
	RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				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)

CERTIFICATE HOLDER Okaloosa County Purchasing Dept 1804 Lewis Turner Blvd Fort Walton Beach, FL 32547	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 
---	--

C12-1952-GM