

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 03/16/2017

Contract/Lease Control #: C17-2542-GM

Bid #: NA

Contract/Lease Type: AGREEMENT

Award To/Lessee: FL. Dept. of Education

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 12/14/2015

Expiration Date: 12/14/2020

Description of
Contract/Lease: PUBLIC TRANSPORTATION, BUS PASSES

Department: GM

Department Monitor: KAMPERT

Monitor's Telephone #: 850-651-7180

Monitor's FAX # or E-mail: EKAMPERT@CO.OKALOOSA.FL.US

Closed:

Cc: Finance Department Contracts & Grants Office

Username Password

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Search Results

Current Search Terms: fl dept.* of education*

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No records found for current search.

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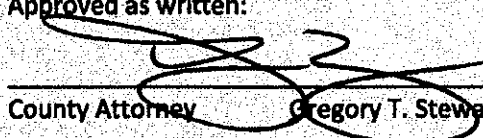
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CONTRACT & LEASE INTERNAL COORDINATION SHEET

Contract/Lease Number: _____	Tracking Number: <u>1553-16</u>
Contractor/Lessee Name: <u>Vocational Rehab</u>	Grant Funded: YES _____ NO <u>X</u>
Purpose: <u>Application to provide Transit SVS</u>	
Date/Term: _____	1. <input type="checkbox"/> GREATER THAN \$50,000
Amount: _____	2. <input type="checkbox"/> GREATER THAN \$25,000
Department: <u>GM</u>	3. <input type="checkbox"/> \$25,000 OR LESS
Dept. Monitor Name: <u>Kranpet/Willis</u>	
Document has been reviewed and includes any attachments or exhibits.	

Purchasing Coordination	
	Date: <u>10-26-15</u>
Purchasing Manager or Designee	Joanne Kublik or Sunnie Estes

Risk Management Review	
Approved as written: <u>NA</u>	Date: _____
Risk Manager or designee	Laura Porter or Krystal King

County Attorney Review	
Approved as written:	Date: <u>10/28/15</u>
	County Attorney Gregory T. Stewart, Lynn Hoshihara, Kerry Parsons or designee

Following Okaloosa County approval:

Contracts & Grants	
Document has been received:	Date: _____
Contracts & Grants Manager	



State Board of Education

Marva Johnson, *Chair*
John R. Padget, *Vice Chair*
Members
Gary Chartrand
John A. Colón
Rebecca Fishman Lipsey
Michael Olenick
Andy Tuck

Pam Stewart
Commissioner of Education

Contract # C17-2542-GM
FL. DEPT. OF EDUCATION
PUBLIC TRANSPORTATION, BUS PASSES
EXPIRES: 12/14/2020

Notice of Vendor Registration

Business Name: OKALOOSA COUNTY BOCC

Vendor ID#: 596000765

Individual Name (if different):

Vendor Address: 101 E JAMES LEE BLVD, ROOM 104
CRESTVIEW, FL 32536

Services to be provided: PUBLIC TRANSPORTATION, BUS PASSES

Registration Date: 12/14/15

Registration Expiration Date: 12/14/2020

Information Needed for Renewal prior to above expiration date:
SUBMISSION OF A NEW APPLICATION.

Vendor Registration Unit
Email: vrvendors@vr.fldoe.org
Phone: 850-245-3401
Fax: 850-245-3394

c:

ALEISA C. MCKINLAY

Director, Division of Vocational Rehabilitation

2nd Floor • 4070 Esplanade Way • Tallahassee, FL 32399-7016

Toll Free: 1-800-451-4327 • 850-245-3399 • FAX: 850-245-3392 • www.rehabworks.org

TTY users dial 711 • VP users connect via VRS



Vocational
Rehabilitation

**TRANSPORTATION PROVIDER
APPLICATION**

MYFLORIDAMARKETPLACE VENDOR NUMBER F596006765
Business Federal Employer Identification or Individual Social Security Number

NAME OF BUSINESS (as registered in MyFloridaMarketPlace): Okaloosa County Board of
County Commissioners DBA Okaloosa County

INDIVIDUAL'S NAME: Nathan D. Boyles
Please indicate the name of the individual for whom the application applies.

LOCATION ADDRESS: 101 E. James Lee Blvd Rm 104 302 N. Wilson St, Ste 203
Crestview FL 32536-1359
City State Zip Code + 4 Digit

MAILING ADDRESS: Same
City State Zip Code + 4 Digit

REMITTANCE ADDRESS: 302 N. Wilson St Ste 203
Crestview FL 32536
City State Zip Code + 4 Digit

TELEPHONE NUMBER: 850/651-7200 FAX NUMBER: 850/689-4272

CONTACT NAME AND TITLE: Janet Willis, Transit Coordinator/Grants Manager

CONTACT EMAIL ADDRESS AND PHONE NUMBER:
Jwillis@Co. Okaloosa. Fl.us 850/609-7003
Email Address Phone Number

TYPE OF BUSINESS OR SERVICE FOR WHICH YOU ARE APPLYING FOR REGISTRATION. Please choose
vendor service type as listed in the Vendor Qualifications Manual.
Public Administration (Transit)

IS BUSINESS CLASSIFIED AS PRIVATE OR PUBLIC?
PRIVATE ENTITY OR PUBLIC ENTITY

TRANSPORTATION PROVIDER
APPLICATION (Page 2)

TO YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING IN THE DEPARTMENT OF EDUCATION?

Circle One: YES **NO**

IF YES, PLEASE INDICATE WHO _____

PLEASE READ AND SIGN BELOW:

We will accept and render services to clients of the Division of Vocational Rehabilitation (DVR) on a non-discriminatory basis without regard to race, color, religion, sex, national origin, age, disability, political affiliation or belief. I/We agree to comply with the Americans with Disability Act of 1990 as appropriate to the business.

Signature

Date

Printed Name of Applicant

IS YOUR APPLICATION COMPLETE?

- Registered in MyFloridaMarketPlace
- Submitted the electronic W-9 to the Department of Financial Services
- Signed and dated application
- Notarized Attestation of Liability Insurance
- Included "Type of Business or Service" for which you are applying for registration

Please mail or fax application and all required documents to:
Florida Department of Education
Division of Vocational Rehabilitation
Vendor Registration Unit
4070 Esplanade Way, 2nd Floor
Tallahassee, FL 32399-7016
Fax Number: 850-245-3394

If you have any questions that pertain to this application, please contact
Vendor Registration Unit at 866-580-7438 or 850-245-3401
We can also be contacted via email at
VRVendors@vr.fldoe.org

State of Florida, Department of Education
Division of Vocational Rehabilitation

ATTESTATION OF LIABILITY INSURANCE
Transportation Providers

As a condition of becoming a vendor to provide Transportation services for the Department of Education/Division of Vocational Rehabilitation (DOE/DVR), Okaloosa County Board of County Commission (vendor) as the owner/operator of for-hire passenger transportation vehicles, assures financial responsibility to respond in damages for liability as required under sections 324.021(7), 324.031(4) and 324.032(1)(a), Fla. Stat., as applicable.

Additionally, Okaloosa County Board of County Commission (vendor) will maintain said financial responsibility during the period of registration and shall present proof of same upon request by the DOE/DVR to maintain a current qualified Vendor Registration status. Failure to do so will result in revocation of its qualified status and termination of all rights to provide Transportation services.

Okaloosa County Board of County Commission
(Vendor)

By: _____

Nathan D. Bayles
(Printed Name of Authorized Representative)

Chairman

(Signatory Capacity) 302 N. Wilson St. Ste 203

101 E. James Lee Blvd Pent 104
(Address)

Lrestview, FL 32536-1359

850 / 651-7200
(Telephone)

850 / 689-4272
(Fax)

Nov. 17, 2015
(Date)

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20____ by _____

(Name of Person Making Statement)

(Signature of Notary Public)

(Print, Type, or Stamp)

(Commissioned Name of Notary Public)

Personally known _____ or Produced Identification _____

Type of Identification produced _____



Department of Financial Services
Division of Accounting and Auditing - Bureau of Vendor Relations

Vendor Direct Deposit Authorization

<input checked="" type="checkbox"/> New request		<input type="checkbox"/> Change account number	
Social Security Number or Federal Employer Identification Number		59-6000765	
Business Name		Okaloosa County Board of County Com.	
Business fax number	Business phone number		
Mailing address			
302 N. Wilson Street			
City	State	ZIP code	
Crestview	FL	32536	
I authorize Direct Deposit Section to verify with the financial institution the accuracy of the account information provided. I authorize the State of Florida to initiate credit entries and, if necessary, a debit entry in order to reverse a credit entry made in error in accordance with NACHA rules. I authorize these payment instructions and accept the terms and conditions for Electronic Funds Transfer payments on the reverse side of this form.			
Authorized Signature	DATE	Acct. Dir.	
Jodi Gates	10/9/15		
Printed Name	DATE		
Jodi Gates	10/9/15		
E-mail address			
jgates@okaloosaclerk.com			
Financial Institution Name	Type of account (check one)	<input checked="" type="checkbox"/> Checking	<input type="checkbox"/> Savings
Sun Trust Bank			
Account Name			
Okaloosa Co BCC			
Routing Number	Customer Account Number		
061000104	0458210003824		
<input type="checkbox"/> Check this box if you do not want to receive by mail a paper copy of EFT Remittance Advice after funds are deposited to your designated account; this information is available online at http://www.dfs.state.fl.us/directdeposit .			
I have verified that the routing and account numbers provided above are correct. I have also verified that the person signing as the payee is authorized to open and use the account specified above.			
Representative Name	Representative Signature	Bobbi McMir	
Bobbi McMir			
Title of Representative	DATE	10-13-15	
Bank Officer			
Business fax number	Business phone number	850 435 1206	
850 435 1282			
Mailing address			
220 W Garden Street			
City	State	ZIP code	
Pensacola	FL	32502	
<input type="checkbox"/> Check this box if your funds are deposited into a U.S. financial institution and the entire amount is subsequently forwarded to a financial institution in a foreign country. See the institution page for further information on International ACH Transactions.			
Send the ORIGINAL form to the address below:			
Department of Financial Services Direct Deposit Section 200 East Gaines Street Tallahassee, Florida 32399-0359			



Department of Financial Services
Division of Accounting and Auditing -- Bureau of Vendor Relations

Instructions for Direct Deposit Authorization

Please contact us at (850) 413-5517 or e-mail at DirectDeposit@MyFloridaCFO.com if you have any questions or need assistance.

Section 1: Transaction Type: Select the appropriate transaction type(s):

- **New request** - If a payee is not currently on direct deposit with the state.
- **Change** - If payee has a current direct deposit with the state and is requesting a change to the record. (example: change of payee name, financial institution, account number and etc)

Section 2: Authorization for Setup or Changes: Enter the information of the Payee.

Note: The social security number is required to be collected pursuant to 26 USC 6109, and will only be used for the purpose of complying with filing requirements imposed by the Internal Revenue Code and to comply with Section 119.071(5)(a)7, F.S.

The name on the Direct Deposit Payment Authorization Form must match the Payee name on file with the State of Florida Vendor payment system for payments to be sent electronically. If you are currently receiving payments via State warrant, you should list the first line of Payee exactly as it appears on the State of Florida warrant.

Payees have the option to receive a paper copy of the direct deposit information by mail. Please note that the information is available online at <http://flair.dbf.state.fl.us/dispub2/cvnhphst.htm> immediately after the payment is deposited into the payees designated account.

Section 3: Financial Institution: Contact your financial institution to confirm your direct deposit account information. Have the completed form signed by a Representative of the Financial Institution. The individual authorizing the form must be an authorized signer on the bank account that the funds are being sent to. Verification will be conducted by the Department, via a telephone call to the Authorized Signer, to confirm the business name, account and transit-routing information of the financial institution.

Section 4: International ACH Transactions (IAT): Check this box if your funds are deposited in a U.S. financial institution and the entire amount is subsequently forwarded to a financial institution in a foreign country. Banking industry rules require the State, as originator of electronic payments, to identify payments where the entire payment amount is subsequently transferred to a financial institution outside the United States. The rules are referred to as "International ACH Transaction (IAT) rules" and are pursuant to requirements of the Office of Foreign Assets Control (OFAC), which is part of the United States Treasury. If an electronic payment is identified as an IAT transaction, the electronic payment must be sent to your financial institution in a special format. Contact your Financial Institution to see if IAT rules apply to you.

The State of Florida does not send payments electronically to financial institutions outside the United States.

Terms and Conditions

Processing time is approximately 4 to 6 weeks following receipt of the completed form. Please complete all information requested on this form.

Providing account information does not authorize the State of Florida to access account activity on your account.

We will initiate a pre-notification to your financial institution prior to making payment based on this authorization. The pre-notification is a zero dollar entry transmitted to your financial institution for the purpose of verifying the accuracy of the account and transit-routing numbers provided and entered into our system.

An authorized representative of the payee must make any changes to the information provided on this form in writing. Changes to account information will cause the original authorization to be immediately inactivated and the new account information will be processed as described above. The authorization will remain in effect until terminated in writing with sufficient notice to the State to allow adequate time to effect termination. The State will not be responsible for any loss that may arise solely by reason of error, mistake or fraud regarding information provided on this Direct Deposit Payment Authorization Form.

The State cannot send payments to different accounts at this time. All payments from the State of Florida will be sent to the single account you designate.