# CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date:	08/26/2022
Contract/Lease Control #:	C20-2973-TDD
Procurement#:	N/A
Contract/Lease Type:	AGREEMENT – RENEWAL #2
Award To/Lessee:	NWFSC, CHOCTAWHATCHEE BASIN ALLIANCE
Owner/Lessor:	OKALOOSA COUNTY
Effective Date:	10/01/2022
Expiration Date:	09/30/2023 W/2 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



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## CONTRACT/LEASE RENEWAL FORM

Date: 8/5/2022 Company NWFSC Choctawhatchee Basin Attn: Allison McDowell Address 109 South Greenway Trail City, St, Zip Santa Rosa Beach, FL 32459 RE: Monitor & Analysis Contract Renewal

#### CONTRACT #: C20-2973-TDD NWFSC, CHOCTAWHATCHEE BASIN ALLIANCE CHOCTAWHATCHEE BAY WATER QUALITY MONITORING & ANALYSIS EXPIRES: 09/30/2023 W/2 1 YR RENEWAL

### Dear Ms. McDowell

The Okaloosa County Board of County Commissioners agrees to renew the subject contract/lease,  $\#\underline{C20-2973-TDD}$  for an additional term. The contract renewal period will be  $\underline{October 1.2022}$  to  $\underline{September 30, 2023}$ . The annual budgeted amount for this contract is  $\underline{\$ 29,625.00}$ . All ot her terms and conditions of the 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	AUTHORIZED COMPANY REPRESENTATIVE
banotet D	Dept. Director Jennifer Digitally signed by Jennifer Adams Signature: Adams 12:52:03-05:00	Contractor: Choctawhatchee Basin Alliance of NWFSC
	Date: Jeffrey A Approved By: Hyde (as prescribed below on item 1)	Approved By:
	Date:	Title: Executive Director, CBA of NWFSC
	Date:	Date: 08/23/2022

#### **County Department Instructions:**

- Obtain si gnatures from Department D irector, a uthorized C ompany R epresentative a nd t hen 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