



**HERNANDO COUNTY  
BOARD OF COUNTY COMMISSIONERS**

15470 FLIGHT PATH DR  
BROOKSVILLE, FL 34604

**PURCHASE ORDER-CHANGE NO. 24000089-1**

PAGE NO. 1

bids@polydyneinc.com

84118 FAX: 912-880-2070

POLYDYNE INC  
1 CHEMICAL PLANT RD  
RICEBORO GA 31323

**PDF**

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UTILITIES - WISCON ROAD COMPLEX  
15400 WISCON ROAD  
P BROOKSVILLE FL 34601

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ORDER DATE: 10/12/23		BUYER: KMAURA		REQ. NO.: RQ240058	REQ. DATE: 09/30/24
TERMS: NET 30 DAYS		F.O.B.: FOB DESTINATION		DESC.: CONTRACT 23-P00098/FH POL	
ITEM#	QUANTITY	UOM	DESCRIPTION	UNIT PRICE	EXTENSION
<p>This Purchase is a Piggy-Back off Agency Named: City of Homestead, in accordance with its Contract No. 202231, Hernando County File No. 23-P00098/FH, BOCC Use Approved on: 06/27/2023, Doc ID No. 12345. The Contract Terms and Conditions apply, and the Purchase Order terms and conditions (This PO) do not apply to this purchase. This contract will expire on: 09/30/2024</p> <p>The County Contact Person is: Landis Legg, Phone Number: (352) 754-4819 The Contractor Contact is: Alexander Smiley, Phone Number: (912) 884-8731 Email: asmiley@snf.com</p> <p>5/17/2024 - CHANGE ORDER NO. 1 - LB Contract #: 23-P00098/FH Grant: NO CO #1 is to increase line 1 to cover outstanding invoices as well as estimated invoices for this FY.</p> <p>Increase Line 1 \$50,000.00; New Line Total \$207,000.00 Old PO Total \$157,000.00 New PO Total \$207,000.00</p> <p>Dept 07121 Account 5305208 Line #1 \$50,000.00</p>					

ITEM#	ACCOUNT	AMOUNT	PROJECT CODE	PAGE TOTAL \$
				TOTAL \$
<b>PDF</b>				
<b>Copy</b>				
<i>Carl Rouseff - Jntc</i>				

\*\*SEE TERMS AND CONDITIONS ON REVERSE SIDE\*\*

**APPROVED BY:**

CHIEF PROCUREMENT OFFICER

**HERNANDO COUNTY PURCHASE ORDER TERMS AND CONDITIONS**

**GENERAL**

The condition of this order may not be changed by Vendor/Contractor. If order is not acceptable, return to Hernando County Purchasing and Contracts Department. Failure of a Vendor/Contractor to deliver according to this purchase order awarded to him or to comply with any of the terms and conditions therein may disqualify him from receiving future orders.

**QUALITY**

All material or services furnished on this order must be as specified and subject to County inspection and approval within a reasonable time after delivery at destination. Variations in materials or services from those specified in this order must not be made without written authority from the Chief Procurement Officer. Materials rejected will be returned at the Vendor/Contractor's risk and expense.

**QUANTITY/PRICE**

The quantity of materials ordered or the prices specified must not be exceeded without written authority being first obtained from the Chief Procurement Officer.

**INDEMNITY AND INSURANCE**

The Vendor/Contractor agrees to indemnify and hold harmless Hernando County, including its officers, agents and employees, from all claims, damages, losses and expenses, including reasonable attorneys' fees, and costs brought or incurred on account of injuries or damages sustained by any party due to the operations of the Vendor/Contractor under this contract. The Vendor/Contractor further agrees to provide workers' compensation for all employees, and to maintain such general and auto liability insurance as is deemed necessary by the County for the particular circumstances and operations of the Vendor/Contractor. The Vendor/Contractor further agrees to provide the County with Certificates of Insurance, indicating the amount of coverage in force, upon request.

**PACKING**

Packages must be plainly marked with shipper's name and purchase order number; charges are not allowed for boxing or crating unless previously agreed upon in writing.

**DELIVERY**

All materials must be shipped F. O. B. destination. The County will pay no freight or express charges, except by previous agreement. If specific purchase is negotiated on the basis of F.O.B. shipping point, VENDOR/CONTRACTOR ARE TO PREPAY SHIPPING CHARGES AND ADD TO INVOICE. Delivery must actually be affected within the time stated on purchase made between 8:00 AM and 5:00 PM Monday to Friday inclusive unless otherwise stated. In case of default by the Vendor/Contractor, Hernando County may procure the articles or services covered by this order from other sources and hold the Vendor/Contractor responsible for any excess occasioned thereby.

**PAYMENT**

Partial billing will be accepted only for items received within the specified delivery period. Payments for items delivered after this specified delivery period will be made after the entire order is completed and accepted by Hernando County. Payment shall be made in accordance with Florida Statute 218, Florida Prompt Payment Act. Payment for accepted equipment/supplies/services will be accomplished by submission of an invoice, in duplicate; to the Ship To Address on the front of the purchase order unless otherwise indicated.

**MATERIAL SAFETY DATA SHEET**

The Vendor/Contractor agrees to furnish Hernando County with a current Material Safety Data Sheet (MSDS) on or before delivery of each and every hazardous chemical or substance purchased which is classified as toxic under Florida Statute 442. Appropriate labels and MSDSs shall be provided for all shipments. Send MSDSs and other pertinent data to: Hernando County Purchasing and Contracts Department, 20 North Main Street, Room 365, Brooksville, FL 34601-2828.

**OSHA REQUIREMENT**

The Vendor/Contractor or contractor hereby guarantees Hernando County that all materials, supplies and equipment as listed on the purchase order meet the requirements, specifications and standards as provided for under the Federal Occupations Safety and Health Administration Act of 1970, as from time to time amended and in force at the date thereof.

**LEGALLY AUTHORIZED WORKFORCE**

VENDOR/CONTRACTOR represents and warrants that VENDOR/CONTRACTOR is in compliance with all applicable federal, state and local laws, including, but not limited to, the laws related to the requirement of an employer to verify an employee's eligibility to work in the United States. VENDOR/CONTRACTOR is encouraged (but not required) to incorporate the IMAGE best practices into its business and, when practicable, incorporate verification requirements into its agreements with subcontractors. The IMAGE Best Practices can be found on the COUNTY'S website at [www.hernandocounty.us/pur/](http://www.hernandocounty.us/pur/).

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Unless otherwise specified, the Contractor shall, at its sole expense, maintain in effect at all times during the performance of the services insurance coverage with limits not less than those set forth below (unless limits have been lowered) and with insurers and under forms of policies satisfactory to COUNTY.

<u>Coverage</u>	<u>Minimum Amounts and Limits</u>
(a) Worker's Compensation	Statutory requirements at location of work
Employer's Liability	\$ 100,000 each accident
	\$ 100,000 by employee
	\$ 500,000 policy limit
(b) Commercial General Liability	\$ 2,000,000 General Aggregate
(Additional Insured & Wavier	\$ 2,000,000 Products-Comp. Ops Agg.
Of Subrogation)	\$ 1,000,000 Each Occurrence
	\$ 5,000 Medical Expense
(c) Automobile Liability	\$ 1,000,000 Combined Single Limit (owned, hired and non-owned)
Option of Split Limits:	
(1.) Bodily Injury	\$ 1,000,000 Per Person or \$1,000,000 Per Accident



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01	207000.00	EA	POLYMER, FOR GRAVITY BELT THICKENER, ORDERED ON AN AS-NEEDED BASIS.	1.0000	207,000.00

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01	07121 5305208	207,000.00		<b>TOTAL \$</b>	<b>207,000.00</b>

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*Carl Rouseff - State*

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# Hernando County Board of County Commissioners Change Order Request

Non- Construction       Construction

Purchase Order #: 24000089

Change Order #: 1

Vendor Name: POLYDYNE INC

Vendor #: 84118

Contract #: 23-P00098/FH

Department: HCUD

Project Description: POLYMER

Form Completed by (print name): KINSEY MAURA

Request Date: 05/03/2024

**Check Appropriate Boxes:**

Increase Funds

Add Lines (s)

No cost time extension

Decrease Funds

Change Account Number

Other: \_\_\_\_\_

Instructions: Please copy and paste the appropriate Change Order Script and fill in the blanks. Include justification and details for the change. If Change Order request is due to new agreements, quotes, projects, etc., please attach appropriate documentation as necessary.

**Detailed Justification/Explanation of Request:**

Contract #: 23-P00098/FH Grant: NO

CO #1 is to increase line 1 to cover outstanding invoices as well as estimated invoices for this fy.

Increase Line 1 \$50,000.00; New Line Total \$207,000.00

Old PO Total \$157,000.00 New PO Total \$207,000.00

Dept 07121 Account 5305208 Line #1 \$50,000.00

Budget approved 5/8/24

Original Purchase Order amount: \$ 157,000.00

Value of all prior Change Orders: \$ 0.00

Addition/Deduction for this Change Order: \$ 50,000.00

New Purchase Order Total: \$ 207,000.00

Vendor Signature (if Construction): \_\_\_\_\_

Date: \_\_\_\_\_

Dept Approver Name: Grace Sheppard, HCUD Finance Manager

Digitally signed by Grace Sheppard,  
HCUD Finance Manager  
Date: 2024.05.03 12:55:31 -04'00'

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Procurement Approver: Fran Hallett

Date: 5/8/24

Procurement Processor: Lindsey Brown

Date: 5/17/2024