



**HERNANDO COUNTY
BOARD OF COUNTY COMMISSIONERS**

15470 FLIGHT PATH DR
BROOKSVILLE, FL 34604

PURCHASE ORDER-CHANGE NO. 25000136-1

PAGE NO. 1

Laura.Shimmons@iparametrics.com

104312
IPARAMETRICS LLC
6515 SHILOH RD STE 200
ALPHARETTA GA 30005-8351

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HERNANDO COUNTY EOC
18900 CORTEZ BLVD
BROOKSVILLE FL 34601

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ORDER DATE: 10/18/24		BUYER: LBROWN		REQ. NO.: 0	REQ. DATE:
TERMS: NET 30 DAYS		F.O.B.: DESTINATION		DESC.: EPO FOR RELIEF EFFORTS	
ITEM#	QUANTITY	UOM	DESCRIPTION	UNIT PRICE	EXTENSION
<p>This Emergency Purchase is in accordance with Hernando County Purchasing Policy 060F. The estimated dollar amount reflected is only a County estimate. The Contractor/Vendor shall provide final invoice to the County Project Manager detailing the actual costs involve for final invoicing amount. The Department will process a Change Order to the Purchase Order revising the amount of the emergency for processing and payment by Accounts Payable. Contract Terms and Conditions apply; Hernando County Contract # 25-P0193; Contract expires July 26, 2025.</p> <p>County Contact: Erin Thomas, Phone Number: (352) 587-3030 Contractor Contact: Falon Alo, Phone Number: (732) 996-4818 Email: falon.alo@iparametrics.com</p> <p>12/5/2024 Change Order No 1 - MP CHANGE ORDER NO. 1 IS TO CORRECT THE NOTES ON THIS EMERGENCY PURCHASE ORDER: REPLACE "HERNANDO COUNTY PURCHASING POLICY 060F" WITH "HERNANDO COUNTY PROCUREMENT POLICY".</p>					

ITEM#	ACCOUNT	AMOUNT	PROJECT CODE	PAGE TOTAL \$
				TOTAL \$
PDF				Copy
				<i>Caleb Rouseff - State</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/.

INSURANCE

The Contractor shall maintain in effect at all times during the performance of the services insurance coverage according to the Contract between Contractor and COUNTY. All waiver of subrogation provisions of the Contract apply. In the absence of a current Contract, 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 the County agrees in writing to lower limits) and with insurers and under forms of policies satisfactory to COUNTY; Contractor shall endorse Hernando County as an additional insured on the commercial general liability (additional insured shall read "Hernando County Board of County Commissioners"); Contractor waives subrogation as to the General Liability policy unless a policy condition prohibits pre-loss waiver of subrogation, in which case Contractor shall request of the insurer that the policy be endorsed with a Waiver of Transfer of Rights of Recovery Against Others unless such policy prohibits such an endorsement or voids coverage should VENDOR/CONTRACTOR enter into such an agreement on a pre-loss basis.

<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 Of Subrogation)	\$ 2,000,000 Products-Comp. Ops Agg. \$ 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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ORDER DATE: 10/18/24		BUYER: LBROWN		REQ. NO.: 0	REQ. DATE:
TERMS: NET 30 DAYS		F.O.B.: DESTINATION		DESC.: EPO FOR RELIEF EFFORTS	
ITEM#	QUANTITY	UOM	DESCRIPTION	UNIT PRICE	EXTENSION
			40011-5303401 0 .00		
01	95585.40	JOB	EPO SUPPORT COORDINATION OF ONGOING RESPONSE EFFORTS	1.0000	95,585.40

ITEM#	ACCOUNT	AMOUNT	PROJECT CODE	PAGE TOTAL \$	95,585.40
01	40011 5303401	95,585.40	MILTON24	TOTAL \$	95,585.40

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CHIEF PROCUREMENT OFFICER

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<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 (Additional Insured & Wavier Of Subrogation)	\$ 2,000,000 General Aggregate \$ 2,000,000 Products-Comp. Ops Agg. \$ 1,000,000 Each Occurrence \$ 5,000 Medical Expense
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CHANGE DATE: 12/05/24

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TERMS: NET 30 DAYS		F.O.B.: DESTINATION		DESC.: CHANGE ORDER - 1	
ITEM#	QUANTITY	UOM	DESCRIPTION	UNIT PRICE	EXTENSION
12/5/2024 Change Order No 1 - MP CHANGE ORDER NO. 1 IS TO CORRECT THE NOTES ON THIS EMERGENCY PURCHASE ORDER: REPLACE "HERNANDO COUNTY PURCHASING POLICY 060F" WITH " HERNANDO COUNTY PROCUREMENT POLICY".					
40011-5303401 0 .00					
01	.00		JOB EPO SUPPORT COORDINATION OF ONGOING RESPONSE EFFORTS	.0000	.00

ITEM#	ACCOUNT	AMOUNT	PROJECT CODE	PAGE TOTAL \$.00
01	40011 5303401	.00	MILTON24	TOTAL \$.00

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Option of Split Limits:	
(1.) Bodily Injury	\$ 1,000,000 Per Person or \$1,000,000 Per Accident

Hernando County Board of County Commissioners Change Order Request

_____ Add Line(s)	_____ Cancel Outstanding Balance	_____ Increase/Decrease Funds
_____ Delete Line(s)	_____ Change Project Number	_____ Increase/Decrease Blanket
_____ Cancel Purchase Order	_____ Change Account Number	_____ Increase/Decrease Quantity

Today's Date: 12-05-2024
PO/Contract #: 25000136
Change Order Number: 1
Requisition Number: 25000136
Vendor's Name on PO: IPARAMETICS LLC
Department/Employee: LINDSEY BROWN

Instructions: In the explanation, details of the request must be provided. All requests must include account number, line item number, project number, new purchase order total. Include details as if entering a new requisition. If change request is due to new agreements, quotes, projects, etc. necessary documents must be attached.

Explanation:

Justification: CHANGE ORDER NO. 1 IS TO CORRECT THE NOTES ON THIS EMERGENCY PURCHASE ORDER:
 REPLACE "HERNANDO COUNTY PURCHASING POLICY 060F" WITH "HERNANDO COUNTY PROCUREMENT POLICY".

40011-5303401 0 .00

Department Approval: JEFF ROGERS **Date:** 12-05-2024
Chief Procurement Officer: FRAN HALLET **Date:** 12-05-2024

BOCC Approval Date: _____
 (BOCC Required per Purchasing 080E)