

BOCC CONTRACT APPROVAL FORM

(Request for Contract Preparation)

CONTRACT
TRACKING NO.

CM3059-A1

BOCC AP

GENERAL INFORMATION

Requesting Department FIRE RESCUE

Contact Person: SCOTT TITTLE

Telephone: (904) 330-6606 Fax: () Email: TTITTLE@NASSAUCOUNTYFL.COM

CONTRACTOR INFORMATION

Name: BOUND TREE MEDICAL, LLC

Address: 5000 TUTTLE CROSSING BLVD. DUBLIN OH 43016
City State Zip

Contractor's Administrator Name: CHARLIE PHIPPS Title: _____

Telephone: (800) 533-0523 Fax: () Email: CHARLIE.PHIPPS@BOUNDTREE.COM

IDENTIFY WHO WILL SIGN CONTRACT ON BEHALF OF CONTRACTOR (NAME AND EMAIL ADDRESS)

Authorized Signatory Name: CHRISTOPHER FYFFE

Authorized Signatory Email: CHRISTOPHER.FYFFE@BOUNDTREE.COM

CONTRACT INFORMATION

Contract Name: MEDICAL SUPPLIES

Description: PIGGYBACK AGREEMENT FOR MEDICAL SUPPLIES UNDER VOLUSIA COUNTY, FL CONTRACT NO. 55502032A-1
GOODS AND/OR SERVICES TO BE PROCURED, PHYSICAL LOCATION, ETC.

Total Amount of Contract: EST \$100,000
APPROXIMATE IF NECESSARY

Source of Funds/Account: 01261526-552221 Termination/Cancellation: 7/12/2023

Authorized Signatory: JEFF GRAY

IDENTIFY WHO WILL SIGN CONTRACT ON BEHALF OF BOCC

Contract Dates: From: 7/12/2022 to: 7/12/2023

Status: X New Renew Amend# WA/Task Order

How Procured: Sole Source Single Source ITB RFP RFQ Coop. X Other PIGGYBACKING

If Processing an Amendment:

Contract #: Increased Amount to Existing Contract:

New Contract Dates: to Total or Amended Amount:

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