

**NASSAU COUNTY
BOARD OF COUNTY COMMISSIONERS**
96135 Nassau Place Suite 1
Yulee, FL 32097

VENDOR NAME & ADDRESS
Vendor HAYWORTH CREATIVE, INC.
Address 39 Sunrise Ave Ormond Beach, FL 320176

Kevin Hayworth
Phone 386-677-7000

DEPARTMENT
AITDC

REQUISITION 2023

REQUESTED BY: Gil Langley

VENDOR NUMBER	PURCHASE ORDER NUMBER	PURCHASE ORDER DATE	PURCHASE ORDER TOTAL	DISCOUNT TERMS	
DATE	DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT	FUND ACCOUNT NUMBER
10/1/2022	Public Relations Monthly Retainer	12	\$ 6,150.00	\$ 73,800.00	37523552-548710 PRSPC
10/1/2022	Media Monitoring	12	\$ 100.00	\$ 1,200.00	37523552-548710 PRSPC
10/1/2022	General PR Expenses	1	\$ 73,000.00	\$ 73,000.00	37523552-548710 PREXP
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	

Purchasing Process:
5.8 Other Professional Services

ORIGINAL - FINANCE COPY
COPY - DEPARTMENT COPY

Subtotal:
Total: **\$148,000.00**

Department Head / Managing Agent

I certify that, to the best of my knowledge, this requisition reflects accurate information, has been reviewed, budgeted for and follows the Nassau County Purchasing Policy.

Marshall Eyerman 11/17/2022

GL

Office of Management and Budget

I certify that, to the best of my knowledge, funds are available for payment and this purchase consistent with the Nassau County Purchasing Policy.

chris lacambra 11/17/2022

11/16/2022

Procurement Director

I attest that, to the best of my knowledge, this requisition is accurate and necessary and is consistent with the Nassau County Purchasing Policy.

Nassau Almohi 11/17/2022

County Manager

I certify that, to the best of my knowledge, the appropriate staff have reviewed and approved this Requisition and no other conditions would prevent approval.

[Signature] 11/21/2022

Exemptions / Sole Source / Single Source Certification Form

Date:	<u>October 20, 2022</u>	Contact Name:	Kevin Hayworth
Vendor Name:	<u>HAYWORTH CREATIVE, INC.</u>	Project:	BOCC Resolution 22-181
Address:	<u>39 SUNRISE AVENUE</u>	FY Cost:	<u>148,000.00</u>
	<u>ORMOND BEACH, FL 32176-2864</u>	Total Cost:	<u>148,000.00</u>
Phone:	<u>904-530-6010</u>	Account:	<u>37523552-548710PREXP, PRSPC</u>

Description of Goods and/or Services: Public Relations Firm - Monthly retainer for Public Relations Campaign

Source of Funds: County State Federal Other _____

Check one (1) of the following choices:

- | | | | |
|-------------------------------------|------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Exempt purchase: | <input type="checkbox"/> | Artistic Services FS 287.057 (3)(e)1. as defined under FS 287.012 |
| | | <input type="checkbox"/> | Professional Services: Nassau County Purchasing Policy (Chapter 1, Article VII, Section 1-141) - Purchasing policy Section (e) Purchases exempt from competitive or alternative methods. |
| | | <input type="checkbox"/> | Communications (5.2 – Nassau County Purchasing Policy Exemption) |
| | | <input type="checkbox"/> | Publications (5.3 – Nassau County Purchasing Policy Exemption) |
| | | <input type="checkbox"/> | Lodging and Transportation (5.5 – Nassau County Purchasing Policy Exemption) |
| | | <input checked="" type="checkbox"/> | Other Professional Services (5.8 – Nassau County Purchasing Policy Exemption) |

- | | | |
|--------------------------|----------------|---|
| <input type="checkbox"/> | Single Source: | The goods or services can be purchased from multiple sources, but in order to meet certain functional or performance requirements, there is only one economically feasible source for this purchase. (Attach letter from the vendor) |
| <input type="checkbox"/> | Sole Source | The goods or services can be legally purchased from only one source. (Attach letter from the vendor). Were alternatives evaluated? Yes <input type="checkbox"/> (If yes, explain why alternatives are unacceptable) No <input type="checkbox"/> (If no, explain why no alternatives were evaluated) |

If Sole or Single Source: Why are the requested goods or services the only goods or services that can satisfy your requirements? Indicate the unique features of the product or qualifications that are not available in any other product or service. Provide what steps have been undertaken to make this determination:

GL Department Head/Managing Agent - I certify that, to the best of my knowledge, this requisition reflects accurate information, has been reviewed, budgeted for, and follows the Nassau County Purchasing Policy. *Marshall Eymann* 11/17/2022

11/16/2022

Procurement Director - I certify that I have reviewed this request and concur that it is an Exempt, Sole or Single Source and is consistent with the Nassau County Purchasing Policy. *Janice Holmes* 11/17/2022

Office of Management and Budget Director - I certify that, to the best of my knowledge, funds are available for payment and this purchase is consistent with the Nassau County Purchasing Policy. *Chris Lacambra* 11/17/2022

County Manager - I certify that, to the best of my knowledge, the appropriate staff have reviewed and approved this Requisition and no other conditions would prevent approval. *[Signature]* 11/21/2022



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Florida Profit Corporation
HAYWORTH CREATIVE, INC.

Filing Information

Document Number	P99000046189
FEI/EIN Number	59-3580641
Date Filed	05/20/1999
State	FL
Status	ACTIVE

Principal Address

39 SUNRISE AVENUE
ORMOND BEACH, FL 32176-2864

Changed: 06/19/2018

Mailing Address

P O BOX 1985
ORMOND BEACH, FL 32175-1985

Changed: 02/07/2019

Registered Agent Name & Address

HAYWORTH, KEVIN
39 SUNRISE AVE.
ORMOND BEACH, FL 32176

Address Changed: 01/29/2001

Officer/Director Detail

Name & Address

Title PTSD

HAYWORTH, KEVIN
39 SUNRISE AVE
ORMOND BEACH, FL 32176

Title VP

HAYWORTH, MARIA

39 SUNRISE AVE.
ORMOND BEACH, FL 32176

Annual Reports

Report Year	Filed Date
2020	02/01/2020
2021	02/03/2021
2022	01/21/2022

Document Images

01/21/2022 -- ANNUAL REPORT	View image in PDF format
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