



Inter-Office Memorandum

Central Services Department/Purchasing Services
2725 Judge Fran Jamieson Way, Suite C303
Viera, FL 32940

(321) 617-7390
(321) 617-7391 Fax

TO: Frank Abbate, County Manager

THRU: Katherine Wall, Central Services Director *KW*

FROM: Mary Bowers, Purchasing Manager *Mary Bowers*

**SUBJECT: Bid #B-5-21-44 Fleet & Facility (NAPA) Vendor Management Inventory
Renewal #1 to Agreement**

On August 04, 2020 the Board of County Commissioners granted permission for Central Fleet to enter into an Agreement with Genuine Parts Company dba NAPA for providing turn-key solutions, providing a combination of equipment, products and services, delivery of parts, fluids, equipment, and supplies for the repair and maintenance of Brevard County's fleet of vehicles, trucks, generators and equipment.

The initial contract provided for a period of three (3) years with two 1-year renewal options. This will be the first renewal under this contract, which will be valid through **July 21, 2025**.

The County Attorney, Risk Management and Purchasing Offices have reviewed the renewal and attached is the AO-29 Contract Review and Approval Form expressing their approval of the contract extension. We are requesting the Chair sign the attached extension to the existing contract.

Please contact our office at (321) 617-7390 should you have any questions.

☒ Approved ☐ Not Approved
Frank Abbate *4/8/24*
Frank Abbate, County Manager Date

Attachments

Board Approval Memo
AO-29 Contract Review and Approval Form
First Extension of Existing Agreement

RECEIVED

APR - 5 2024

County Manager's
Office

BREVARD COUNTY
BOARD OF COUNTY COMMISSIONERS

CONTRACT REVIEW AND APPROVAL FORM

SECTION I - GENERAL INFORMATION

1. Contractor: Genuine Parts Company		2. Amount: \$8,500 monthly + per	
3. Fund/Account #: 389230		4. Department Name: Central Services/Fleet	
5. Contract Description: Fleet & Facility Related Vendor Management Inventory Logistics Management Solutions			
6. Contract Monitor: Carl Cotner		8. Contract Type: TERM CONTRACT	
7. Dept/Office Director: Katherine Wall			
9. Type of Procurement: Invitation to Bid (ITB)			

SECTION II - REVIEW AND APPROVAL TO ADVERTISE

APPROVAL

COUNTY OFFICE	YES	NO	SIGNATURE
User Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Purchasing	<input type="checkbox"/>	<input type="checkbox"/>	
Risk Management	<input type="checkbox"/>	<input type="checkbox"/>	
County Attorney	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION III - REVIEW AND APPROVAL TO EXECUTE

APPROVAL

COUNTY OFFICE	YES	NO	SIGNATURE
User Agency	<input type="checkbox"/>	<input type="checkbox"/>	
Purchasing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bowers, Mary <small>Digitally signed by Bowers, Mary Date: 2024.03.21 13:01:30 -04'00'</small>
Risk Management	<input type="checkbox"/>	<input type="checkbox"/>	
County Attorney	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Balser, Heather <small>Digitally signed by Balser, Heather Date: 2024.03.28 13:40:39 -04'00'</small>

SECTION IV - CONTRACTS MANAGEMENT DATABASE CHECKLIST

CM DATABASE REQUIRED FIELDS	Complete ✓
Department Information	<input type="checkbox"/>
Department	<input type="checkbox"/>
Program	<input type="checkbox"/>
Contact Name	<input type="checkbox"/>
Cost Center, Fund, and G/L Account	<input type="checkbox"/>
Vendor Information (SAP Vendor #)	<input type="checkbox"/>
Contract Status, Title, Type, and Amount	<input type="checkbox"/>
Storage Location (SAP)	<input type="checkbox"/>
Contract Approval Date, Effective Date, and Expiration Date	<input type="checkbox"/>
Contract Absolute End Date (No Additional Renewals/Extensions)	<input type="checkbox"/>
Material Group	<input type="checkbox"/>
Contract Documents Uploaded in CM database (Contract Form with County Attorney/ Risk Management/ Purchasing Approval; Signed/Executed Contract)	<input type="checkbox"/>
"Right To Audit" Clause Included in Contract	<input type="checkbox"/>
Monitored Items: Uploaded to database (Insurance, Bonds, etc.)	<input type="checkbox"/>

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BOARD OF COUNTY COMMISSIONERS**

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Risk Management	<input type="checkbox"/>	<input type="checkbox"/>	
County Attorney	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION III - REVIEW AND APPROVAL TO EXECUTE

APPROVAL

<u>COUNTY OFFICE</u>	<u>YES</u>	<u>NO</u>	<u>SIGNATURE</u>
User Agency	<input type="checkbox"/>	<input type="checkbox"/>	
Purchasing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bowers, Mary <small>Digitally signed by Bowers, Mary Date: 2024.03.21 13:01:30 -04'00'</small>
Risk Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Watson, Michael <small>Digitally signed by Watson, Michael Date: 2024.03.26 08:46:22 -04'00'</small>
County Attorney	<input type="checkbox"/>	<input type="checkbox"/>	

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CM DATABASE REQUIRED FIELDS	Complete ✓
Department Information	<input type="checkbox"/>
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