



December 13, 2022

Kevin Ruane
District One

Cecil L Pendergrass
District Two

Ray Sandelli
District Three

Brian Hamman
District Four

Mike Greenwell
District Five

Roger Desjarlais
County Manager

Richard Wesch
County Attorney

Donna Marie Collins
Hearing Examiner

Ms. Rachel Juel
C/o Aon
ComPsych Employee Assistance Programs, Inc.
455 N Cityfront Plaza Dr., NBC Tower – 13th Floor
Chicago, IL 60611

Subject: Extension of Annual Contract No. RFP180386LKD
Employee Benefits – Employee Assistance Program

Dear Ms. Juel:

This is to inform you that Lee County agrees to extend the above subject contract for an additional 1-year period, from 1/1/23 through 12/31/23.

We are hereby extending the annual contract for an additional 1-year period under the same terms and conditions as the original award.

If you have any questions regarding this letter, please contact me at (239) 533-8871.

Sincerely,

Kimberly Urban

Kimberly Urban
Contracts Analyst
Procurement Management Division

C: Project File



Lee County
Southwest Florida

Procurement Management Division
2115 Second Street, 1st Floor
Fort Myers, FL 33901

Notice of Extension

Kevin Ruane
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October 19, 2022

Ms. Rachel Juel
c/o Aon
ComPsych Employee Assistance Programs, Inc.
455 N Cityfront Plaza Dr., NBC Tower – 13th Floor
Chicago, IL 60611

Re: Extension of Annual Contract No. RFP180386LKD
Employee Benefits – Employee Assistance Program

Dear Ms. Juel:

Lee County Board of County Commissioners (County) and ComPsych Employee Assistance Program, Inc., (Vendor), by execution of this Notice of Extension, have both agreed to the First extension of the above referenced contract/agreement for the period of January 1, 2023 through December 31, 2023, one-year at the agreed upon terms and conditions.

The issuance of the purchase order is done with the understanding that all provisions in the solicitation are binding, establishing a contractual obligation by both the County and the Vendor.

If this extension is acceptable, please acknowledge by signing and returning a copy of this letter with a copy of your current Certificate of Insurance to my attention.

Please return an executed copy of this letter and current Certificate of Insurance by Tuesday, November 1, 2022. If you have any questions, please contact me at (239) 533-8871 or kurban@leegov.com.

Lee County


Signature of Authorized Official
Mary G. Tucker, CPPO, CPPB, CPM

Print Name

Director of Procurement Management

Title

Date

12/12/22

Vendor Acknowledgement:


Signature

ROBERT J. MAWERS

Print Name

CHIEF FINANCIAL OFFICER

Title

Date

10/26/2022

P.O. Box 398, Fort Myers, Florida 33902-0398 (239) 533-2111

Internet address <http://www.lee-county.com>

AN EQUAL OPPORTUNITY AFFIRMATIVE ACTION EMPLOYER



Lee County Procurement Management
Signatory Authorization Affidavit

Date: 10/26/2022 Company Name: COMPTON ("Company")

AUTHORIZATION: The Affiant warrants the truth and accuracy of this Affidavit to statements hereinafter made. The Affiant acknowledges that it is of critical importance that the individuals signing legally binding documents on the Company's behalf possess the authority to bind the Company so that both parties are bound by the terms of said documents. The Affiant further acknowledges that the Lee County Board of County Commissioners ("County") reserves the right to request supporting documentation regarding signatory authorization, at any time, and a document will be rejected, if it does not comply exactly with the signature authorization requirements.

INSTRUCTIONS: This Authorization Affidavit shall only be executed by the following:

- Corporation: President or CEO
- LLC: Managing Member, if manager-managed LLC or Member, if member-managed LLC
- Sole Proprietor: Owner
- An individual authorized to sign on the Company's behalf as evidenced by internal Company documentation delegating signing authority to that individual. Please attach internal Company documentation, if applicable.

All signatures on this Affidavit must be wet, non-electronic and non-digital original signatures. If you have more than four Authorized Signatories, please duplicate this page. A wet, non-electronic and non-digital original signature is required on each page. The following individuals are hereby authorized, as representatives of the Company identified above, to sign and execute legally binding documents on behalf of the Company.

Authorized Signatory Name	Title
<u>ROBERT J. MALLON</u>	<u>CHIEF FINANCIAL OFFICER</u>

By executing this Affidavit, I hereby authorize the individuals shown above to sign and execute legally binding documents on behalf of the Company. I further acknowledge that it shall be the sole responsibility of the Company to provide an updated Signatory Authorization Affidavit, upon any change in signatory authorization, to the County, Attention: Procurement Management Director, 1500 Monroe Street, 4th Floor, Fort Myers, FL 33901.

[Signature]
(Signature of Affiant)

CHIEF FINANCIAL OFFICER
(Title: President, CEO, Managing Member,
Member, Owner)

10/21/22
(Date)

ROBERT J. MALLON
(Printed Name of Affiant)



STATE OF
COUNTY OF

The foregoing instrument was signed and acknowledged before me this

20 th who produced the following as identification

[Signature]
20 day of OCTOBER
SUSIE YOON
(type of identification and number or personally known)

Notary Public Signature

Printed Name of Notary Public

Commission Number/Expiration