

RESOLUTION 2013 - 18

RESOLUTION BY THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA, APPROVING THE TERMS, PROVISIONS, CONDITIONS, AND REQUIREMENTS OF AN AGREEMENT BETWEEN ST. JOHNS COUNTY, FLORIDA, AND FLORIDA DRUG TESTING INC., FOR THE PROVISION OF DRUG SCREENING SERVICES, AND RELATED SERVICES, FOR 2012-2013, AND AUTHORIZING THE COUNTY ADMINISTRATOR TO EXECUTE THE AGREEMENT ON BEHALF OF ST. JOHNS COUNTY.

WHEREAS, St. Johns County, Florida (County), on behalf of the St. Johns County Juvenile Drug Court Program (SJCJDCP), seeks to enter into a Letter of Agreement with Florida Drug Testing Inc.(FDT), in order to provide drug screening services, and related services for 2012-2013; and

WHEREAS, the (SJCJDCP) has recommended that the County and FDT formalize the relationship, and execute a Letter of Agreement for 2012-2013, so that FDT can provide such drug screening services, and related services for 2012-2013, for the benefit of the SJCJDCP;

WHEREAS, the 2012-2013 Letter of Agreement between the County, and FDT establishes the rights, duties, and responsibilities of both the County and FDT with respect to providing drug screening services, and related services;

WHEREAS, the County reviewed the terms, provisions conditions, and requirements of the 2012-2013 Letter of Agreement (attached hereto, and incorporated herein as Exhibit "A"); and

WHEREAS, the County has determined that accepting the terms of the 2012-2013 Letter of Agreement, and entering into a said 2012-2013 Letter of Agreement will serve the interest of the County.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA, AS FOLLOWS:

Section 1. The above Recitals are hereby incorporated into the body of this Resolution, and are adopted as Findings of Fact.

Section 2. The Board of County Commissioners hereby approves the terms, provisions, conditions, and requirements of the 2012-2013 Agreement for provisions, of Drug Screening Services between St Johns County, Florida, and Florida Drug Testing Incorporated, and authorizing the County Administrator to execute the 2012-2013 Letter of Agreement on behalf of St Johns County.

PASSED AND ADOPTED by the Board of County Commissioners of St. Johns County, State of Florida, and this 15 day of January, 2013.

**BOARD OF COUNTY COMMISSIONERS
OF ST. JOHNS COUNTY, FLORIDA**

By: 
Jay Morris, Chairman

ATTEST: CHERYL STRICKLAND, CLERK

By: 
Deputy Clerk of Courts



Request for Taxpayer Identification Number and Certification

Give Form to the
 requester. Do not
 send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Florida Drug Testing, Inc	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶ _____	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
234 S. Volusia Avenue		
City, state, and ZIP code		
Orange City, FL 32763		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number																							
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4	6	-	1	5	6	0	3	2	9														

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶ <i>Lauren Brewer</i>	Date ▶ <i>12-14-12</i>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

**LETTER OF AGREEMENT
DRUG SCREENING SERVICES for
ST. JOHNS JUVENILE DRUG TREATMENT DIVISION**

The purpose of this agreement is to specify the drug screening services that will be provided to St. Johns County, hereinafter known as the COUNTY by Florida Drug Testing, Inc., hereinafter known as the DRUG SCREENER, for the St. Johns County Juvenile Drug Treatment Division. Understanding the importance of effectively detecting and deterring the use of certain substances by program participants and candidates, both parties agree that timely, accurate screening is of great importance.

Therefore, the DRUG SCREENER agrees to:

1. Charge a \$15.00 flat fee per specimen - this will include
 - A. 12 panel urine drug detection including alcohol
 - B. GC/MS confirmation on all positives with quantitative amounts - at no extra charge
 - C. Lab analysis for alterations
 - D. Provide observed urine collections by our staff
 - E. Transport urine specimens to the lab
 - F. Customize reporting to meet the needs of St Johns County Adult Drug Court
 - G. Provide monthly invoicing by the fifth of the following month of services rendered
 - H. Maintain Florida Drug Testing, Inc #1 goal of provide outstanding customer
2. Collect urine samples from program participants and candidates at the primary collection site at EPIC Community Services in St. Augustine, or the St. Johns County Courthouse up to three (3) times per week on the days and times requested by the Program Coordinator for duration of ninety (90) minutes each time collections are made or until all scheduled samples are collected. Participants and/ or candidates will be given a sixty (60) minute time window to report in and ninety (90) minutes total to actually provide a urine sample.
3. Provide the Program Coordinator with the most current version of written lab procedures;
4. During every screening event:
 - A. Closely adhere to written lab procedures.
 - B. Directly observe sample collection by same sex employee. (Male- male, female- female)
 - C. Check and record the temperate sample.
 - D. Check and record for dilution of the sample (i.e. creatinine).

- E. Check for the presence of nitrates and/ or other adulterants.
 - F. Use an approved chain of custody form that provides the donor the opportunity to disclose recent use of any and all substances before the sample is collected.
 - G. Provide a copy of the final Chain of Custody form in which participants admit to drug use to the Program Coordinator.
5. Be able to screen for the following substances with GC/MS confirmation on all identified positive samples: Cocaine, Alcohol, Cannabinoids, Amphetamines, Methamphetamines, Methadone, PCP, Morphine, Codeine, Hydrocodone, Hydromorphone, Phenobarbital, Secobarbital, Pentobarbital, Amobarbital, Desalkylflurazepam, Nordiazepam, Temazepam, Oxazepam, Nitrazepam, Clonazepam, Lorazepam, A-oh-alprazolam, Triazepam, Propoxyphene Metabolite, Methaqualone, Oxycodone and Oxymorphone and other mutually agreed upon substances.
6. Maintain the use of cut-off levels that the Program Coordinator approved, as indicated on the Florida Drug Testing, Inc., chart.
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7. Establish with the assistance of the Program Coordinator and maintain a system by which participants can phone in on a daily basis to find out if they will be required to provide urine sample each and everyday of the year. Such collection will be coordinated with the Program Coordinator. Collection will be made on the random dates that the Program Coordinator requests each month, to include some Saturdays, Sundays and Holidays.
8. Provide by email the negative and positive screening results to the Program Coordinator, within 24 hours of collection. Provide all GC/MS positive results within 48 - 72 hours to the Program Coordinator.
9. Follow the program's policy of confirming positive results via GC/MS testing.
10. GC/MS testing results will be emailed to the Program Coordinator as soon as received from the lab performing the confirmation.
11. Attend Pre-Hearings and/ or Hearings when requested by the Program Coordinator, to provide insight into questions about cross reactivity, the chain of custody, testing procedures, etc. The Program Coordinator will schedule this appearance with sample collections as to maximize the effectiveness of the DRUG SCREENER's visit.

12. Be available by the Program Coordinator by phone / email between 8AM and 7PM on a daily basis.
13. Use alternative screening tools such as breathalyzers, oral fluid testing only after approval of the Program Coordinator.
14. Submit an accurate written invoice requesting payment to the Program Coordinator by the fifth of each month for services rendered the month prior. The invoice will include the number of each type of screen completed, the total amount due and any other reasonable information requested by the Program Coordinator.

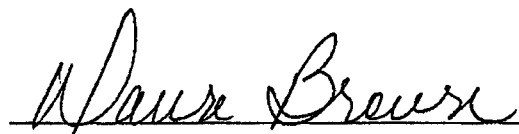
The COUNTY agrees to:

1. Make the Program Coordinator available to coordinate and assist the DRUG SCREENER.
 2. Strive to keep the number of samples collected each time to at least ten (10).
 3. Provide the DRUG SCREENER a monthly calendar of the testing days, times, and locations.
 4. Contingent upon the availability of funding, the COUNTY agrees to compensate the DRUG SCREENER at the following flat rate of \$15.00 per specimen for a 12 panel urine drug screen, to include testing for alcohol.
- The maximum amount paid under this contract for this one-year term will not exceed twenty four thousand three hundred eighty nine dollars and zero cents (\$24,389.00) and is subject to the availability of funding.

TERMS AND TERMINATION

The COUNTY and DRUG SCREENER affirm that this agreement shall commence on October 1, 2012 and terminate no later than September 30, 2013, unless earlier terminated is provided herein. Either party may terminate the contract without cause with a minimum thirty (30) days written notice.

Agree this 8 day of January 2013 in St. Augustine, Florida.



Dawn Brown

Florida Drug Testing, Inc.

234 S. Volusia Avenue

Orange City, Florida 32763

Michael D. Wanchick, County Administrator, St. Johns County