



Start Date: 08/01/2019  
 Contract End Date: 07-31-2020  
 Purchase Order #: PO0614

## PURCHASE ORDER CONTRACT

CAPITAL HEALTH PLAN  
 1545 RAYMOND DIEHL ROAD  
 TALLAHASSEE, FL 32308  
 SMALL GROUP BILLING DAYE  
 850-383-3311 OPTION 4  
 enrollment@chp.org

Bill To CareerSource Florida, Inc.  
 PO Box 13179  
 Tallahassee, FL 32317  
 Send invoice to Violet Sharpe,  
 Manager  
[accountspayable@careersourceflorida.com](mailto:accountspayable@careersourceflorida.com)  
[ida.com](http://ida.com)  
 Phone 850-846-6375

Ship To CareerSource Florida, Inc.  
 2308 Killearn Center Blvd  
 Suite 101  
 Tallahassee, FL 32309

**Compliance with federal regulations:** All contracts involving federal funds will contain certain contractual provisions required by applicable sections 2 CFR Part 200 Appendix II to Part 200, OMB Uniform Guidance for Federal Financial Assistance and are included in this contract by reference herein. For purchases \$10,000 or more, this full purchase order contract is inclusive of an addendum of notices, certifications, and assurances - Attachment to Purchase Order Contract. Funding for this Purchase Order Contract is fully supported by the U.S. Departments of Labor, Health and Human Services, and Agriculture as part of awards to this contractor totaling the amount indicated above.

<i>Shipping Method</i>	<i>Payment Terms</i>	<i>Reference</i>
	ACH-Bank draft	Group Medical Insurance 8/1/19 - 7/31/20, Requested by: Christine Daye

<i>Memo</i>	<i>Qty</i>	<i>UOM</i>	<i>Unit Price</i>	<i>Line Total</i>
Group Medical Insurance - Quoted Premium \$362,163 for 8/1/19 - 7/31/20-Subject to change based on employee elections; new enrollments and terminations	12	Each	30,180.25	\$362,163.00
			<b>SUBTOTAL</b>	<b>\$362,163.00</b>
			<b>TOTAL</b>	<b>\$362,163.00</b>