

Nassau County Parks & Recreation

Facility Modification Requirements

Requests for improvements, acceptance of donations both material and monetary:

1. This process should be completed even if Youth Sports Organization is paying for the requested work. This will ensure proper steps have taken place to achieve the modification.
2. A quote(s)/estimate(s)/invoice(s) for the purchase and installation of the new item(s)/materials/labor.
Three (3) quotes are required for purchases over \$1,000.00.
One (1) quote or estimate is required for all other purchases.
3. Include a diagram, map or layout clearly showing the location for the proposed placement or modification.
4. Vendors must be on the County's approved vendor list. Staff reserves the right to choose an alternate.
5. Parks and Recreation will work with the Budget Department to have the request recognized and approved by the Board of County Commissioners.
6. Requests made after July 1 will not be processed until the new Fiscal Year (after 10/1).
7. Once we have approval from the Board of County Commissioners, the project can proceed.

Please contact Jay Robertson, Parks and Recreation Director at jrobertson@nassaucountyfl.com or 904.530.6127 if you have additional questions.

Nassau County Parks and Recreation

45195 Musslewhite Rd. | Callahan | FL 32011

Facility Modification Request Form

All changes to County owned and maintained Parks and Recreation properties must be reviewed, approved & overseen by the Nassau County Parks and Recreation Department prior to making any changes.

Please complete this form & return to the Parks and Recreation Director for review.

Date: _____ Name of Park/Field/Facility: _____

Name: _____ Organization: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____ Check one: _____ Permanent _____ Temporary Modification _____ Other

Give a detailed explanation of your request. Attach documentation: quotes (Three (3) quotes if cost is over \$1,000, One (1) quote if under \$1,000), maps (GIS Website/Google), design if applicable, web links, whatever is needed to support your request. Attach additional pages if needed.

Recreation Staff Only

Recreation Facility Management Team: _____ Date Received: _____

_____ Copy given to Maintenance Staff _____ Copy given to Applicant:

Recommendations: Approved/Denied/Approved With Conditions:

Parks & Recreation Director: _____ Date: _____