



Florida Department of Environmental Protection
CONCESSIONAIRE QUARTERLY EVALUATION

Required Signatures: Adobe Signature

Park: FLORIDA CAVERNS Concessionaire: FLORIDA CAVERNS GIFT SHOP

Fiscal Year: 2021 / 2022 Quarter: ☐ JAS ☒ OND ☐ JFM ☐ AMJ

1. GROSS SALES:

	Point of Sale	Month	Previous Yr. Sales	Current Yr. Sales	% +/-	Prev. Yr. Expenses	Current Yr. Expenses
A.		2021 JULY	\$ 0.00	\$ 183,699.55	0.00%	\$ 21,671.37	\$ 114,002.59
		AUGUST	\$ 29.97	\$ 88,154.68	294,043.08%	\$ 14,593.20	\$ 72,891.84
		SEPTEMBER	\$ 54.24	\$ 66,039.17	121,653.63%	\$ 20,984.92	\$ 99,381.44
		Subtotal	\$ 84.21	\$ 337,893.40	401,150.92%	\$ 57,249.49	\$ 286,275.87
B.		OCTOBER	\$ 38,910.05	\$ 80,928.57	0.00%	\$ 11,640.13	\$ 71,383.52
		NOVEMBER	\$ 45,686.68	\$ 81,279.40	77.91%	\$ 35,853.81	\$ 92,641.34
		DECEMBER	\$ 37,139.57	\$ 70,961.72	91.07%	\$ 43,354.30	\$ 76,586.15
		Subtotal	\$ 121,736.30	\$ 233,169.69	0.00%	\$ 90,848.24	\$ 240,611.01
C.					0.00%		
					0.00%		
					0.00%		
		Subtotal	\$ 0.00	\$ 0.00	0.00%	\$ 0.00	\$ 0.00
D.					0.00%		
					0.00%		
					0.00%		
		Subtotal	\$ 0.00	\$ 0.00	0.00%	\$ 0.00	\$ 0.00
E.					0.00%		
					0.00%		
					0.00%		
		Subtotal	\$ 0.00	\$ 0.00	0.00%	\$ 0.00	\$ 0.00



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F.					0.00%		
					0.00%		
					0.00%		
Subtotal			\$ 0.00	\$ 0.00	0.00%	\$ 0.00	\$ 0.00
G.					0.00%		
					0.00%		
					0.00%		
Subtotal			\$ 0.00	\$ 0.00	0.00%	\$ 0.00	\$ 0.00
H.					0.00%		
					0.00%		
					0.00%		
Subtotal			\$ 0.00	\$ 0.00	0.00%	\$ 0.00	\$ 0.00
I.					0.00%		
					0.00%		
					0.00%		
Subtotal			\$ 0.00	\$ 0.00	0.00%	\$ 0.00	\$ 0.00
J.					0.00%		
					0.00%		
					0.00%		
Subtotal			\$ 0.00	\$ 0.00	0.00%	\$ 0.00	\$ 0.00
K.					0.00%		
					0.00%		
					0.00%		
Subtotal			\$ 0.00	\$ 0.00	0.00%	\$ 0.00	\$ 0.00
L.					0.00%		
					0.00%		
					0.00%		
Subtotal			\$ 0.00	\$ 0.00	0.00%	\$ 0.00	\$ 0.00
TOTAL GROSS SALES			\$ 121,820.51	\$ 571,063.09	0.00%	\$ 148,097.73	\$ 526,886.88



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Comments required for change in gross sales:

*** Previous year's sales were affected by COVID-19. This year's sales show an increase over the previous year's due to the Park Campground reopening on October 1, 2021. Also, additional special interest tours have generated more sales.

PLEASE ATTACH QUARTERLY SALES TAX RETURN & INCOME STATEMENT FOR THE QUARTER.

2. ACCOUNTING

		Yes	No	N/A
A	Books of original entry are maintained daily and kept on file for audit purposes (3 years minimum).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Source documents, including cash register tapes, are maintained on file for audit purposes (3 years minimum).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Inventories are conducted on a schedule acceptable to Park Manager's standards.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	All invoices and checks are kept on file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Purchases for supplies or services by the Concessionaire are made by check or through an imprest fund replenished by check.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Refunds are substantiated with a customer signed document using rubber stamp and ledger.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	Adequate point of sale controls are used.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	Sales personnel with access over cash are adequately supervised.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I	Responsibilities for receiving, depositing and recording cash receipts are assigned to different persons.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J	Personnel with access over cash do not clear cash register.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K	All sales are rung up on cash register.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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L	Cash register has visual display facing customer and showing total sales transaction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M	Cash register has dual tape system.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N	Each customer is offered a sales receipt and all points of sale have a clearly visible sign asking customers to request a receipt.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O	Cash register drawers are closed after each transaction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P	Pre-numbered receipts are used when specified by the agreement or when cash register is impractical.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments required for all NO responses:

- ** NOTES** 2. F. Most Accounting & sales documentation requirements are handled through digital/electronic means. Hard copies & physical documentation are kept on file for the required retention period.
2. G. Brenda Shirah closes and verifies shifts, insuring adequate Point-of-Sale controls are used.

3. REPORTING/DOCUMENTATION

A. Insurance/Security

		Yes	No	Expire	Amount
1	General Liability Insurance (Department and Trustees named as additional insured)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	02/20/2022	1000000.00
2	Automobile Insurance (Department and Trustees named as additional insured)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
3	Workers' Compensation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	06/05/2022	
4	Other as needed	<input type="checkbox"/>	<input type="checkbox"/>	N/A	



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B. List the type of security, expiration date, and amount.

C. Permits and Licenses

	Yes	No	Expire	Amount
Permits and licenses are current	<input checked="" type="checkbox"/>	<input type="checkbox"/>		N/A
Permit/License:	N/A	N/A		N/A
Permit/License:	N/A	N/A		N/A
Permit/License:	N/A	N/A		N/A

D. Commission Payments

	Yes	No	N/A
Payments are submitted accurately and on time.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. Other Required Reports and Documentation

	Yes	No	N/A	Expire	Amount
1. Annual Limited Engagement Documents are submitted accurately and by required deadline.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
2. Annual Profit & Loss Statements are submitted accurately and by required deadline.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
3. Monthly Gross Sales Reports are submitted accurately and by required deadline.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A



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4.	E-Verify Employment Eligibility Verification completed with copies of completed files for all personnel.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
5.	Sexual Offender Check completed with copies of completed files for all personnel.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
6.	Annual PCI Compliance Self-Assessment is complete, current, and on file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Safety Plan provided to Park Manager and is revised and approved annually.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A

Comments required for all NO responses:

PLEASE INCLUDE COPIES OF INSURANCE POLICIES IF UPDATED FROM LAST QUARTER

4. HEALTH/SAFETY

		Yes	No	N/A
A	Employees follow basic personal hygiene practices.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Food storage areas and refrigeration units are maintained in clean condition.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Food contact surfaces are properly maintained and cleaned.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	All other surfaces are cleaned daily (food surface areas, floors, walls, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
E	Cleaning/chemical supplies stored separately from food.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
F	Cleaning/chemical supplies are in compliance with Environmental Protection Plan.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	Leftovers are disposed of properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
H	Food is stored properly and in appropriate containers.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



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I	Corrected all deficiencies noted in most recent health inspection.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments required for all NO responses:

5. ADA/SAFETY

		Yes	No	N/A
A	Concessionaire is located on safe and accessible route.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	First aid kit is available and maintained. Suggested, but not required for boating operations to have AED. AED available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Operations are equipped with EECs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Facility is free of public safety hazards.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Provide the name of their A & I Liaison.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Accessibility and inclusion policy is made available to everyone. Employees are knowledgeable on accommodating persons with disabilities. Location of Posting:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	Provided accessibility information in written publications such as website and brochures.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments required for all NO responses:

5. E. -- A & I Liaison = Brenda DeGroot Shirah

5. F. -- Location of Posting for "Accessibility and Inclusion Policy" = the Visitor Center



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6. OPERATIONS

		Yes	No	N/A
A	Concessionaire provides the services outlined in the terms of the Agreement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Concessionaire maintains and posts operating days/hours as outlined in terms of the Agreement. (Any variances approved in writing.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Inventories comply with agreed upon merchandise standards and are sufficiently stocked to meet demand.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Rate/Fee/Menu boards are properly maintained and prices are current.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Prices are fair and comparable with others in area, confirmed by Park Manager.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Merchandise is price marked.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	All signage is appropriate, maintained and approved by Park Manager.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	Sales area is neat, organized and clean.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I	Interpretive tour scripts are approved by Park Manager.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J	Website is well maintained, promotes a satisfactory image for the Park and provides information on fees and services accurately.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K	Concessionaire utilizes disposable serving supplies produced from recyclable or biodegradable materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
L	Concessionaire offers alternative menu items such as vegetarian and gluten-free.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
M	Corrects all deficiencies noted by Agreement Manager.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N	Concessionaire is open to suggestions for improving service to visitors.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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7. STAFF

		Yes	No	N/A
A	Employees are identified by either uniform or name badge, and personal appearance standards and uniforms are in compliance with the terms of the Agreement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Employees are knowledgeable about the Park.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Employees are courteous, helpful, and ensure an understanding and use of the principles of hospitality.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Sufficient number of employees to service visitors.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Number of employees. <u>15</u>	N/A	N/A	N/A

Comments required for all NO responses:

8. SPACE & EQUIPMENT

		Yes	No	N/A
A	Equipment maintenance is in compliance with terms of Agreement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Building maintenance is in compliance with terms of Agreement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Grounds maintenance is in compliance with terms of Agreement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Comments required for all NO responses:

9. CAPITAL IMPROVEMENTS

		Yes	No	N/A
A	Schedule of Capital Improvements is maintained.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Capital Improvements are performed in accordance with the terms of the Agreement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Any deviations from negotiated Capital Improvements are well documented and approved by the Department. Please attach documentation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Capital Improvements are satisfactorily completed by scheduled deadline.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments required for all NO responses:



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10. CURRENT CONTACT INFO

Phone: 318-816-8416

Fax: N/A

Email Address: floridacavernsgiftshop@gmail.com

Mailing Address: 3345 Caverns Road
Marianna, FL 32446

11. GENERAL COMMENTS

What plans are going well, and what could be improved?

Concessionaire continues to communicate with Park Management and the Park's CSO in a clear and timely manner.

Concessionaire featured a Halloween-related event with special cave tours that was very popular with the community. They offer additional special interest tours, such as the Flashlight Tours and Paranormal Tours, which has helped increase the park's visitation and revenue.

Concessionaire Signature

Bd m

Agreement Manager Signature

[Signature]

Date

1/19/22

Date

19 Jan 2022

Distribution:

Email to Operational Services

Email to District

Email to Concessionaire



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Required Signatures: **Adobe Signature**

Park: FLORIDA CAVERNS Concessionaire: FLORIDA CAVERNS GIFT SHOP

Fiscal Year: 2021 / 2022

Quarter: ☒ JAS ☐ OND ☐ JFM ☐ AMJ

1. GROSS SALES:

	Point of Sale	Month	Previous Yr. Sales	Current Yr. Sales	% +/-	Prev. Yr. Expenses	Current Yr. Expenses
A.		2021 JULY	\$ 0.00	\$ 183,699.55	0.00%	\$ 21,671.37	\$ 114,002.59
		AUGUST	\$ 29.97	\$ 88,154.68	294,043.08%	\$ 14,593.20	\$ 72,891.84
		SEPTEMBER	\$ 54.24	\$ 66,039.17	121,653.63%	\$ 20,984.92	-\$ 99,381.44
		Subtotal	\$ 84.21	\$ 337,893.40	401,150.92%	\$ 57,249.49	\$ 87,512.99
B.					0.00%		
					0.00%		
					0.00%		
		Subtotal	\$ 0.00	\$ 0.00	0.00%	\$ 0.00	\$ 0.00
C.					0.00%		
					0.00%		
					0.00%		
		Subtotal	\$ 0.00	\$ 0.00	0.00%	\$ 0.00	\$ 0.00
D.					0.00%		
					0.00%		
					0.00%		
		Subtotal	\$ 0.00	\$ 0.00	0.00%	\$ 0.00	\$ 0.00
E.					0.00%		
					0.00%		
					0.00%		
		Subtotal	\$ 0.00	\$ 0.00	0.00%	\$ 0.00	\$ 0.00



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F.					0.00%		
					0.00%		
					0.00%		
Subtotal			\$ 0.00	\$ 0.00	0.00%	\$ 0.00	\$ 0.00
G.					0.00%		
					0.00%		
					0.00%		
Subtotal			\$ 0.00	\$ 0.00	0.00%	\$ 0.00	\$ 0.00
H.					0.00%		
					0.00%		
					0.00%		
Subtotal			\$ 0.00	\$ 0.00	0.00%	\$ 0.00	\$ 0.00
I.					0.00%		
					0.00%		
					0.00%		
Subtotal			\$ 0.00	\$ 0.00	0.00%	\$ 0.00	\$ 0.00
J.					0.00%		
					0.00%		
					0.00%		
Subtotal			\$ 0.00	\$ 0.00	0.00%	\$ 0.00	\$ 0.00
K.					0.00%		
					0.00%		
					0.00%		
Subtotal			\$ 0.00	\$ 0.00	0.00%	\$ 0.00	\$ 0.00
L.					0.00%		
					0.00%		
					0.00%		
Subtotal			\$ 0.00	\$ 0.00	0.00%	\$ 0.00	\$ 0.00
TOTAL GROSS SALES			\$ 84.21	\$ 337,893.40	0.00%	\$ 57,249.49	\$ 87,512.99



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Comments required for change in gross sales:

PREVIOUS YEAR'S SALES AFFECTED BY CLOSURE DUE TO COVID-19 PRECAUTIONS & REQUIREMENTS

PLEASE ATTACH QUARTERLY SALES TAX RETURN & INCOME STATEMENT FOR THE QUARTER.

2. ACCOUNTING

		Yes	No	N/A
A	Books of original entry are maintained daily and kept on file for audit purposes (3 years minimum).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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F	Refunds are substantiated with a customer signed document using rubber stamp and ledger.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	Adequate point of sale controls are used.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	Sales personnel with access over cash are adequately supervised.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I	Responsibilities for receiving, depositing and recording cash receipts are assigned to different persons.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J	Personnel with access over cash do not clear cash register.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K	All sales are rung up on cash register.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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L	Cash register has visual display facing customer and showing total sales transaction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M	Cash register has dual tape system.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N	Each customer is offered a sales receipt and all points of sale have a clearly visible sign asking customers to request a receipt.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O	Cash register drawers are closed after each transaction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P	Pre-numbered receipts are used when specified by the agreement or when cash register is impractical.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments required for all NO responses:

- ** NOTES** 2. F. Most Accounting & sales documentation requirements are handled through digital/electronic means. Hard copies & physical documentation are kept on file for the required retention period.
2. G. Brenda Shirah closes and verifies shifts, insuring adequate Point-of-Sale controls are used.

3. REPORTING/DOCUMENTATION

A. Insurance/Security

		Yes	No	Expire	Amount
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3	Workers' Compensation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	06/05/2022	
4	Other as needed	<input type="checkbox"/>	<input type="checkbox"/>	N/A	



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B. List the type of security, expiration date, and amount.

C. Permits and Licenses

	Yes	No	Expire	Amount
Permits and licenses are current	<input checked="" type="checkbox"/>	<input type="checkbox"/>		N/A
Permit/License:	N/A	N/A		N/A
Permit/License:	N/A	N/A		N/A
Permit/License:	N/A	N/A		N/A

D. Commission Payments

	Yes	No	N/A
Payments are submitted accurately and on time.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. Other Required Reports and Documentation

	Yes	No	N/A	Expire	Amount
1. Annual Limited Engagement Documents are submitted accurately and by required deadline.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
2. Annual Profit & Loss Statements are submitted accurately and by required deadline.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
3. Monthly Gross Sales Reports are submitted accurately and by required deadline.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A



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4.	E-Verify Employment Eligibility Verification completed with copies of completed files for all personnel.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
5.	Sexual Offender Check completed with copies of completed files for all personnel.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
6.	Annual PCI Compliance Self-Assessment is complete, current, and on file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Safety Plan provided to Park Manager and is revised and approved annually.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A

Comments required for all NO responses:

PLEASE INCLUDE COPIES OF INSURANCE POLICIES IF UPDATED FROM LAST QUARTER

4. HEALTH/SAFETY

		Yes	No	N/A
A	Employees follow basic personal hygiene practices.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Food storage areas and refrigeration units are maintained in clean condition.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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D	All other surfaces are cleaned daily (food surface areas, floors, walls, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
E	Cleaning/chemical supplies stored separately from food.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
F	Cleaning/chemical supplies are in compliance with Environmental Protection Plan.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	Leftovers are disposed of properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
H	Food is stored properly and in appropriate containers.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



Florida Department of Environmental Protection
CONCESSIONAIRE QUARTERLY EVALUATION

I	Corrected all deficiencies noted in most recent health inspection.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments required for all NO responses:

5. ADA/SAFETY

		Yes	No	N/A
A	Concessionaire is located on safe and accessible route.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	First aid kit is available and maintained. Suggested, but not required for boating operations to have AED. AED available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Operations are equipped with EECs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Facility is free of public safety hazards.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Provide the name of their A & I Liaison.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Accessibility and inclusion policy is made available to everyone. Employees are knowledgeable on accommodating persons with disabilities. Location of Posting:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	Provided accessibility information in written publications such as website and brochures.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments required for all NO responses:

5. E. -- Brenda DeGroot Shirah is the A & I Liaison

5. F. -- Posting of Accessibility and Inclusion policy Location = the Visitor Center



Florida Department of Environmental Protection
CONCESSIONAIRE QUARTERLY EVALUATION

6. OPERATIONS

		Yes	No	N/A
A	Concessionaire provides the services outlined in the terms of the Agreement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Concessionaire maintains and posts operating days/hours as outlined in terms of the Agreement. (Any variances approved in writing.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Inventories comply with agreed upon merchandise standards and are sufficiently stocked to meet demand.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Rate/Fee/Menu boards are properly maintained and prices are current.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Prices are fair and comparable with others in area, confirmed by Park Manager.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Merchandise is price marked.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	All signage is appropriate, maintained and approved by Park Manager.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	Sales area is neat, organized and clean.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I	Interpretive tour scripts are approved by Park Manager.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J	Website is well maintained, promotes a satisfactory image for the Park and provides information on fees and services accurately.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K	Concessionaire utilizes disposable serving supplies produced from recyclable or biodegradable materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
L	Concessionaire offers alternative menu items such as vegetarian and gluten-free.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
M	Corrects all deficiencies noted by Agreement Manager.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N	Concessionaire is open to suggestions for improving service to visitors.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Florida Department of Environmental Protection
CONCESSIONAIRE QUARTERLY EVALUATION

7. STAFF

		Yes	No	N/A
A	Employees are identified by either uniform or name badge, and personal appearance standards and uniforms are in compliance with the terms of the Agreement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Employees are knowledgeable about the Park.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Employees are courteous, helpful, and ensure an understanding and use of the principles of hospitality.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Sufficient number of employees to service visitors.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Number of employees. 18	N/A	N/A	N/A

Comments required for all NO responses:

8. SPACE & EQUIPMENT

		Yes	No	N/A
A	Equipment maintenance is in compliance with terms of Agreement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Building maintenance is in compliance with terms of Agreement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Grounds maintenance is in compliance with terms of Agreement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Florida Department of Environmental Protection
CONCESSIONAIRE QUARTERLY EVALUATION

Comments required for all NO responses:

9. CAPITAL IMPROVEMENTS

		Yes	No	N/A
A	Schedule of Capital Improvements is maintained.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Capital Improvements are performed in accordance with the terms of the Agreement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Any deviations from negotiated Capital Improvements are well documented and approved by the Department. Please attach documentation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Capital Improvements are satisfactorily completed by scheduled deadline.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments required for all NO responses:



Florida Department of Environmental Protection
CONCESSIONAIRE QUARTERLY EVALUATION

10. CURRENT CONTACT INFO

Phone: 318-816-8416

Fax: N/A

Email Address: floridacavernsgiftshop@gmail.com

Mailing Address: 3345 Caverns Road
Marianna, FL 32446

11. GENERAL COMMENTS

What plans are going well, and what could be improved?

Concessionaire continues to communicate with Park Management in a clear and timely manner.

Concessionaire has already added more tour "package deals" that have proven to increase revenue and reach more customers.

Communication between the Concessionaire and the Park's CSO is helping create more possible events to help increase visitation.

Concessionaire Signature

A handwritten signature in purple ink, appearing to be "Bd Br", written over a horizontal line.

Agreement Manager Signature

A handwritten signature in black ink, appearing to be "B. H. H.", written over a horizontal line.

Date

10/20/21

Date

20 Oct 2021

Distribution:

Email to Operational Services

Email to District

Email to Concessionaire



Florida Department of Environmental Protection
CONCESSIONAIRE QUARTERLY EVALUATION

Required Signatures: **Adobe Signature**

Park: FLORIDA CAVERNS Concessionaire: FLORIDA CAVERNS GIFT SHOP

Fiscal Year: 2020 / 2021

Quarter: ☐ JAS ☐ OND ☐ JFM ☒ AMJ

1. GROSS SALES:

	Point of Sale	Month	Previous Yr. Sales	Current Yr. Sales	% +/-	Prev. Yr. Expenses	Current Yr. Expenses
A.		2020 JULY	\$ 83,353.29	\$ 0.00	0.00%	\$ 66,904.30	\$ 21,671.37
		AUGUST	\$ 49,872.07	\$ 29.97	-99.94%	\$ 34,984.35	\$ 14,593.20
		SEPTEMBER	\$ 40,470.61	\$ 54.24	-99.87%	\$ 22,252.16	\$ 20,984.92
		Subtotal	\$ 173,695.97	\$ 84.21	-99.95%	\$ 124,140.81	\$ 57,249.49
B.		OCTOBER	\$ 32,465.04	\$ 36,270.65	0.00%	\$ 20,354.64	\$ 9,000.73
		NOVEMBER	\$ 41,466.09	\$ 42,614.06	2.77%	\$ 25,009.92	\$ 32,781.19
		DECEMBER	\$ 38,077.07	\$ 34,608.21	-9.11%	\$ 43,144.69	\$ 40,822.94
		Subtotal	\$ 112,008.20	\$ 113,492.92	0.00%	\$ 88,509.25	\$ 82,604.86
C.		2021 JANUARY	\$ 44,967.85	\$ 45,390.64	0.94%	\$ 41,160.69	\$ 32,165.42
		FEBRUARY	\$ 34,275.70	\$ 18,438.63	-46.20%	\$ 29,709.78	\$ 13,889.24
		MARCH	\$ 12,579.01	\$ 76,199.79	505.77%	\$ 22,168.37	\$ 35,091.14
		Subtotal	\$ 91,822.56	\$ 126,803.84	38.10%	\$ 93,038.84	\$ 81,145.80
D.		APRIL	\$ 0.00	\$ 67,306.67	0.00%	\$ 26,591.83	\$ 66,602.17
		MAY	\$ 0.00	\$ 94,693.09	0.00%	\$ 23,618.32	\$ 47,887.53
		JUNE	\$ 0.00	\$ 141,360.66	0.00%	\$ 36,431.24	\$ 97,328.24
		Subtotal	\$ 0.00	\$ 303,360.42	0.00%	\$ 86,641.39	\$ 211,817.94
E.					0.00%		
					0.00%		
					0.00%		
		Subtotal	\$ 0.00	\$ 0.00	0.00%	\$ 0.00	\$ 0.00



Florida Department of Environmental Protection
CONCESSIONAIRE QUARTERLY EVALUATION

F.					0.00%		
					0.00%		
					0.00%		
Subtotal			\$ 0.00	\$ 0.00	0.00%	\$ 0.00	\$ 0.00
G.					0.00%		
					0.00%		
					0.00%		
Subtotal			\$ 0.00	\$ 0.00	0.00%	\$ 0.00	\$ 0.00
H.					0.00%		
					0.00%		
					0.00%		
Subtotal			\$ 0.00	\$ 0.00	0.00%	\$ 0.00	\$ 0.00
I.					0.00%		
					0.00%		
					0.00%		
Subtotal			\$ 0.00	\$ 0.00	0.00%	\$ 0.00	\$ 0.00
J.					0.00%		
					0.00%		
					0.00%		
Subtotal			\$ 0.00	\$ 0.00	0.00%	\$ 0.00	\$ 0.00
K.					0.00%		
					0.00%		
					0.00%		
Subtotal			\$ 0.00	\$ 0.00	0.00%	\$ 0.00	\$ 0.00
L.					0.00%		
					0.00%		
					0.00%		
Subtotal			\$ 0.00	\$ 0.00	0.00%	\$ 0.00	\$ 0.00
TOTAL GROSS SALES			\$ 377,526.73	\$ 543,741.39	0.00%	\$ 392,330.29	\$ 432,818.09



Florida Department of Environmental Protection
CONCESSIONAIRE QUARTERLY EVALUATION

Comments required for change in gross sales:

PLEASE ATTACH QUARTERLY SALES TAX RETURN & INCOME STATEMENT FOR THE QUARTER.

2. ACCOUNTING

		Yes	No	N/A
A	Books of original entry are maintained daily and kept on file for audit purposes (3 years minimum).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Source documents, including cash register tapes, are maintained on file for audit purposes (3 years minimum).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Inventories are conducted on a schedule acceptable to Park Manager's standards.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	All invoices and checks are kept on file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Purchases for supplies or services by the Concessionaire are made by check or through an imprest fund replenished by check.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Refunds are substantiated with a customer signed document using rubber stamp and ledger.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	Adequate point of sale controls are used.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	Sales personnel with access over cash are adequately supervised.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I	Responsibilities for receiving, depositing and recording cash receipts are assigned to different persons.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J	Personnel with access over cash do not clear cash register.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K	All sales are rung up on cash register.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Florida Department of Environmental Protection
CONCESSIONAIRE QUARTERLY EVALUATION

L	Cash register has visual display facing customer and showing total sales transaction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M	Cash register has dual tape system.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N	Each customer is offered a sales receipt and all points of sale have a clearly visible sign asking customers to request a receipt.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O	Cash register drawers are closed after each transaction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P	Pre-numbered receipts are used when specified by the agreement or when cash register is impractical.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments required for all NO responses:

**** NOTE **** Most Accounting & sales documentation requirements are handled through digital/electronic means.
Hard copies & physical documentation are kept on file for the required retention period.

3. REPORTING/DOCUMENTATION

A. Insurance/Security

		Yes	No	Expire	Amount
1	General Liability Insurance (Department and Trustees named as additional insured)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	02/20/2022	1000000.00
2	Automobile Insurance (Department and Trustees named as additional insured)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
3	Workers' Compensation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	06/05/2022	
4	Other as needed	<input type="checkbox"/>	<input type="checkbox"/>		



Florida Department of Environmental Protection
CONCESSIONAIRE QUARTERLY EVALUATION

B. List the type of security, expiration date, and amount.

C. Permits and Licenses

	Yes	No	Expire	Amount
Permits and licenses are current	<input checked="" type="checkbox"/>	<input type="checkbox"/>		N/A
Permit/License:	N/A	N/A		N/A
Permit/License:	N/A	N/A		N/A
Permit/License:	N/A	N/A		N/A

D. Commission Payments

	Yes	No	N/A
Payments are submitted accurately and on time.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. Other Required Reports and Documentation

	Yes	No	N/A	Expire	Amount
1. Annual Limited Engagement Documents are submitted accurately and by required deadline.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
2. Annual Profit & Loss Statements are submitted accurately and by required deadline.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
3. Monthly Gross Sales Reports are submitted accurately and by required deadline.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A



Florida Department of Environmental Protection
CONCESSIONAIRE QUARTERLY EVALUATION

4.	E-Verify Employment Eligibility Verification completed with copies of completed files for all personnel.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
5.	Sexual Offender Check completed with copies of completed files for all personnel.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
6.	Annual PCI Compliance Self-Assessment is complete, current, and on file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Safety Plan provided to Park Manager and is revised and approved annually.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A

Comments required for all NO responses:

PLEASE INCLUDE COPIES OF INSURANCE POLICIES IF UPDATED FROM LAST QUARTER

4. HEALTH/SAFETY

		Yes	No	N/A
A	Employees follow basic personal hygiene practices.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Food storage areas and refrigeration units are maintained in clean condition.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Food contact surfaces are properly maintained and cleaned.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	All other surfaces are cleaned daily (food surface areas, floors, walls, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
E	Cleaning/chemical supplies stored separately from food.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
F	Cleaning/chemical supplies are in compliance with Environmental Protection Plan.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	Leftovers are disposed of properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
H	Food is stored properly and in appropriate containers.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



Florida Department of Environmental Protection
CONCESSIONAIRE QUARTERLY EVALUATION

I	Corrected all deficiencies noted in most recent health inspection.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments required for all NO responses:

5. ADA/SAFETY

		Yes	No	N/A
A	Concessionaire is located on safe and accessible route.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	First aid kit is available and maintained. Suggested, but not required for boating operations to have AED. AED available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Operations are equipped with EECs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Facility is free of public safety hazards.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Provide the name of their A & I Liaison.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Accessibility and inclusion policy is made available to everyone. Employees are knowledgeable on accommodating persons with disabilities. Location of Posting:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	Provided accessibility information in written publications such as website and brochures.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments required for all NO responses:

5. E. -- Brenda DeGroot Shirah is the A & I Liaison

5. F. -- Posting of Accessibility and Inclusion policy Location = the Visitor Center



Florida Department of Environmental Protection
CONCESSIONAIRE QUARTERLY EVALUATION

6. OPERATIONS

		Yes	No	N/A
A	Concessionaire provides the services outlined in the terms of the Agreement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Concessionaire maintains and posts operating days/hours as outlined in terms of the Agreement. (Any variances approved in writing.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Inventories comply with agreed upon merchandise standards and are sufficiently stocked to meet demand.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Rate/Fee/Menu boards are properly maintained and prices are current.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Prices are fair and comparable with others in area, confirmed by Park Manager.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Merchandise is price marked.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	All signage is appropriate, maintained and approved by Park Manager.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	Sales area is neat, organized and clean.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I	Interpretive tour scripts are approved by Park Manager.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J	Website is well maintained, promotes a satisfactory image for the Park and provides information on fees and services accurately.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K	Concessionaire utilizes disposable serving supplies produced from recyclable or biodegradable materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
L	Concessionaire offers alternative menu items such as vegetarian and gluten-free.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
M	Corrects all deficiencies noted by Agreement Manager.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N	Concessionaire is open to suggestions for improving service to visitors.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Florida Department of Environmental Protection
CONCESSIONAIRE QUARTERLY EVALUATION

7. STAFF

		Yes	No	N/A
A	Employees are identified by either uniform or name badge, and personal appearance standards and uniforms are in compliance with the terms of the Agreement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Employees are knowledgeable about the Park.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Employees are courteous, helpful, and ensure an understanding and use of the principles of hospitality.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Sufficient number of employees to service visitors.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Number of employees. average = 13 (depending on season & customer attendance)	N/A	N/A	N/A

Comments required for all NO responses:

8. SPACE & EQUIPMENT

		Yes	No	N/A
A	Equipment maintenance is in compliance with terms of Agreement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Building maintenance is in compliance with terms of Agreement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Grounds maintenance is in compliance with terms of Agreement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Florida Department of Environmental Protection
CONCESSIONAIRE QUARTERLY EVALUATION

Comments required for all NO responses:

9. CAPITAL IMPROVEMENTS

		Yes	No	N/A
A	Schedule of Capital Improvements is maintained.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Capital Improvements are performed in accordance with the terms of the Agreement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Any deviations from negotiated Capital Improvements are well documented and approved by the Department. Please attach documentation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Capital Improvements are satisfactorily completed by scheduled deadline.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments required for all NO responses:



Florida Department of Environmental Protection
CONCESSIONAIRE QUARTERLY EVALUATION

10. CURRENT CONTACT INFO

Phone: 318-816-8416

Fax: N/A

Email Address: floridacavernsgiftshop@gmail.com

Mailing Address: 3345 Caverns Road
Marianna, FL 32446

11. GENERAL COMMENTS

What plans are going well, and what could be improved?

The Concessionaire has been diligent about communicating with Park Management and providing reports and documentation in a timely manner.

The Concessionaire is trying to reach more customers and increase revenue by adding some tour "package deals" which offer a variety of tours. These include: Flash Light Tours and VIP Tour packages, as well as Cave Wedding "package deals". These "tour package deals" have already proven to be popular, and successful as a source of new revenue.

Concessions Management is working with the Park's CSO to find ways to promote the Park and explore possible events to attract more visitors.

Concessionaire Signature

[Signature]

Agreement Manager Signature

[Signature]

Date

7/14/21

Date

7/14/2021

Distribution:

Email to Operational Services

Email to District

Email to Concessionaire



Florida Department of Environmental Protection
CONCESSIONAIRE QUARTERLY EVALUATION

Required Signatures: **Adobe Signature**

Park: FLORIDA CAVERNS Concessionaire: FLORIDA CAVERNS GIFT SHOP

Fiscal Year: 2020 / 2021

Quarter: ☐ JAS ☐ OND ☒ JFM ☐ AMJ

1. GROSS SALES:

	Point of Sale	Month	Previous Yr. Sales	Current Yr. Sales	% +/-	Prev. Yr. Expenses	Current Yr. Expenses
A.		JULY	\$ 83,353.29	\$ 0.00	0.00%	\$ 66,904.30	\$ 21,671.37
		AUGUST	\$ 49,872.07	\$ 29.97	-99.94%	\$ 34,984.35	\$ 14,593.20
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		Subtotal	\$ 173,695.97	\$ 84.21	-99.95%	\$ 124,140.81	\$ 57,249.49
B.		OCTOBER	\$ 32,465.04	\$ 36,270.65	0.00%	\$ 20,354.64	\$ 9,000.73
		NOVEMBER	\$ 41,466.09	\$ 42,614.06	2.77%	\$ 25,009.92	\$ 32,781.19
		DECEMBER	\$ 38,077.07	\$ 34,608.21	-9.11%	\$ 43,144.69	\$ 40,822.94
		Subtotal	\$ 112,008.20	\$ 113,492.92	0.00%	\$ 88,509.25	\$ 82,604.86
C.		JANUARY	\$ 44,967.85	\$ 45,390.64	0.94%	\$ 41,160.69	\$ 32,165.42
		FEBRUARY	\$ 34,275.70	\$ 18,438.63	-46.20%	\$ 29,709.78	\$ 13,889.24
		MARCH	\$ 12,579.01	\$ 76,199.79	505.77%	\$ 22,168.37	\$ 35,091.14
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D.					0.00%		
					0.00%		
					0.00%		
		Subtotal	\$ 0.00	\$ 0.00	0.00%	\$ 0.00	\$ 0.00
E.					0.00%		
					0.00%		
					0.00%		
		Subtotal	\$ 0.00	\$ 0.00	0.00%	\$ 0.00	\$ 0.00



Florida Department of Environmental Protection
CONCESSIONAIRE QUARTERLY EVALUATION

F.					0.00%		
					0.00%		
					0.00%		
Subtotal			\$ 0.00	\$ 0.00	0.00%	\$ 0.00	\$ 0.00
G.					0.00%		
					0.00%		
					0.00%		
Subtotal			\$ 0.00	\$ 0.00	0.00%	\$ 0.00	\$ 0.00
H.					0.00%		
					0.00%		
					0.00%		
Subtotal			\$ 0.00	\$ 0.00	0.00%	\$ 0.00	\$ 0.00
I.					0.00%		
					0.00%		
					0.00%		
Subtotal			\$ 0.00	\$ 0.00	0.00%	\$ 0.00	\$ 0.00
J.					0.00%		
					0.00%		
					0.00%		
Subtotal			\$ 0.00	\$ 0.00	0.00%	\$ 0.00	\$ 0.00
K.					0.00%		
					0.00%		
					0.00%		
Subtotal			\$ 0.00	\$ 0.00	0.00%	\$ 0.00	\$ 0.00
L.					0.00%		
					0.00%		
					0.00%		
Subtotal			\$ 0.00	\$ 0.00	0.00%	\$ 0.00	\$ 0.00
TOTAL GROSS SALES			\$ 377,526.73	\$ 240,380.97	0.00%	\$ 305,688.90	\$ 221,000.15



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Comments required for change in gross sales:

Closure of facility due to COVID-19 restrictions.

PLEASE ATTACH QUARTERLY SALES TAX RETURN & INCOME STATEMENT FOR THE QUARTER.

2. ACCOUNTING

		Yes	No	N/A
A	Books of original entry are maintained daily and kept on file for audit purposes (3 years minimum).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Source documents, including cash register tapes, are maintained on file for audit purposes (3 years minimum).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Inventories are conducted on a schedule acceptable to Park Manager's standards.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	All invoices and checks are kept on file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Purchases for supplies or services by the Concessionaire are made by check or through an imprest fund replenished by check.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Refunds are substantiated with a customer signed document using rubber stamp and ledger.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	Adequate point of sale controls are used.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	Sales personnel with access over cash are adequately supervised.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I	Responsibilities for receiving, depositing and recording cash receipts are assigned to different persons.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J	Personnel with access over cash do not clear cash register.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K	All sales are rung up on cash register.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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L	Cash register has visual display facing customer and showing total sales transaction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M	Cash register has dual tape system.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N	Each customer is offered a sales receipt and all points of sale have a clearly visible sign asking customers to request a receipt.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O	Cash register drawers are closed after each transaction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P	Pre-numbered receipts are used when specified by the agreement or when cash register is impractical.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments required for all NO responses:

**** NOTE **** Most Accounting & sales documentation requirements are handled through digital/electronic means.
Hard copies & physical documentation are kept on file for the required retention period.

3. REPORTING/DOCUMENTATION

A. Insurance/Security

		Yes	No	Expire	Amount
1	General Liability Insurance (Department and Trustees named as additional insured)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	02/20/2022	1000000.00
2	Automobile Insurance (Department and Trustees named as additional insured)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
3	Workers' Compensation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	06/05/2021	
4	Other as needed	<input type="checkbox"/>	<input type="checkbox"/>		



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B. List the type of security, expiration date, and amount.

C. Permits and Licenses

	Yes	No	Expire	Amount
Permits and licenses are current	<input checked="" type="checkbox"/>	<input type="checkbox"/>		N/A
Permit/License:	N/A	N/A		N/A
Permit/License:	N/A	N/A		N/A
Permit/License:	N/A	N/A		N/A

D. Commission Payments

	Yes	No	N/A
Payments are submitted accurately and on time.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. Other Required Reports and Documentation

	Yes	No	N/A	Expire	Amount
1. Annual Limited Engagement Documents are submitted accurately and by required deadline.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
2. Annual Profit & Loss Statements are submitted accurately and by required deadline.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
3. Monthly Gross Sales Reports are submitted accurately and by required deadline.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A



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4.	E-Verify Employment Eligibility Verification completed with copies of completed files for all personnel.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
5.	Sexual Offender Check completed with copies of completed files for all personnel.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
6.	Annual PCI Compliance Self-Assessment is complete, current, and on file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Safety Plan provided to Park Manager and is revised and approved annually.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A

Comments required for all NO responses:

PLEASE INCLUDE COPIES OF INSURANCE POLICIES IF UPDATED FROM LAST QUARTER

4. HEALTH/SAFETY

		Yes	No	N/A
A	Employees follow basic personal hygiene practices.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Food storage areas and refrigeration units are maintained in clean condition.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Food contact surfaces are properly maintained and cleaned.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	All other surfaces are cleaned daily (food surface areas, floors, walls, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
E	Cleaning/chemical supplies stored separately from food.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
F	Cleaning/chemical supplies are in compliance with Environmental Protection Plan.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	Leftovers are disposed of properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
H	Food is stored properly and in appropriate containers.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



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I	Corrected all deficiencies noted in most recent health inspection.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments required for all NO responses:

5. ADA/SAFETY

		Yes	No	N/A
A	Concessionaire is located on safe and accessible route.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	First aid kit is available and maintained. Suggested, but not required for boating operations to have AED. AED available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Operations are equipped with EECs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Facility is free of public safety hazards.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Provide the name of their A & I Liaison.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Accessibility and inclusion policy is made available to everyone. Employees are knowledgeable on accommodating persons with disabilities. Location of Posting:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	Provided accessibility information in written publications such as website and brochures.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments required for all NO responses:

5. E. -- Brenda Shirah is A & I Liaison

5. F. -- Location of Posting of Accessibility and Inclusion policy = the Visitor Center



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6. OPERATIONS

		Yes	No	N/A
A	Concessionaire provides the services outlined in the terms of the Agreement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Concessionaire maintains and posts operating days/hours as outlined in terms of the Agreement. (Any variances approved in writing.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Inventories comply with agreed upon merchandise standards and are sufficiently stocked to meet demand.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Rate/Fee/Menu boards are properly maintained and prices are current.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Prices are fair and comparable with others in area, confirmed by Park Manager.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Merchandise is price marked.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	All signage is appropriate, maintained and approved by Park Manager.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	Sales area is neat, organized and clean.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I	Interpretive tour scripts are approved by Park Manager.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J	Website is well maintained, promotes a satisfactory image for the Park and provides information on fees and services accurately.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K	Concessionaire utilizes disposable serving supplies produced from recyclable or biodegradable materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
L	Concessionaire offers alternative menu items such as vegetarian and gluten-free.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
M	Corrects all deficiencies noted by Agreement Manager.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N	Concessionaire is open to suggestions for improving service to visitors.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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7. STAFF

		Yes	No	N/A
A	Employees are identified by either uniform or name badge, and personal appearance standards and uniforms are in compliance with the terms of the Agreement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Employees are knowledgeable about the Park.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Employees are courteous, helpful, and ensure an understanding and use of the principles of hospitality.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Sufficient number of employees to service visitors.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Number of employees. 14	N/A	N/A	N/A

Comments required for all NO responses:

8. SPACE & EQUIPMENT

		Yes	No	N/A
A	Equipment maintenance is in compliance with terms of Agreement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Building maintenance is in compliance with terms of Agreement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Grounds maintenance is in compliance with terms of Agreement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Comments required for all NO responses:

9. CAPITAL IMPROVEMENTS

		Yes	No	N/A
A	Schedule of Capital Improvements is maintained.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Capital Improvements are performed in accordance with the terms of the Agreement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Any deviations from negotiated Capital Improvements are well documented and approved by the Department. Please attach documentation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Capital Improvements are satisfactorily completed by scheduled deadline.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments required for all NO responses:



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10. CURRENT CONTACT INFO

Phone: 318-816-8416

Fax: N/A

Email Address: floridacavernsgiftshop@gmail.com

Mailing Address: 3345 Caverns Road
Marianna, FL 32446

11. GENERAL COMMENTS

What plans are going well, and what could be improved?

Concessionaire Signature

A handwritten signature in black ink, appearing to read "Robert D. Smith", written over a horizontal line.

Date

4/12/21

Agreement Manager Signature

A handwritten signature in blue ink, appearing to read "William B. Smith", written over a horizontal line.

Date

4-12-2021

Distribution:

Email to Operational Services

Email to District

Email to Concessionaire