

#### Florida Department of Environmental Protection

#### CONCESSIONAIRE QUARTERLY EVALUATION

Park:	Florida Caverns State Park		Concessionaire: Florida Caverns Gift Shop	
	Fiscal Year	:2023/2 <b>0</b> 24	Quarter: OND	

#### 1. GROSS SALES:

	Point of Sale	Month	Previous Yr. Sales	Current Yr. Sales	<b>%</b> +/-	Previous Yr. Expenses	Current Yr. Expenses
A.	2023	July	\$187,448.61	\$239,449.36	0.00%	\$161,213.65	\$172,535.55
		August	\$102,092.30	\$114,757.70	12.41%	\$160,675.64	\$202,932.77
		September	\$86,904.99	\$101,949.24	17.31%	\$94,103.70	\$126,537.53
		Subtotal	\$376,445.90	\$456,156.30	21.17%	\$415,992.99	\$502,005.85
B.	2023	October	\$76,185.59	\$95,829.69	25.78%	\$71,383.52	\$102,956.84
		November	\$64,817.64	\$106,443.23	64.22%	\$104,149.79	\$95,609.21
		December	\$59,770.52	\$90,543.12	51.48%	\$73,153.01	\$183,404.28
		Subtotal	\$200,773.75	\$292,816.04	45.84%	\$248,686.32	\$381,970.33
	TOTAL GROSS SALES		\$577,219.65	\$748,972.34	29.76%	\$664,679.31	\$883,976.18

Comments required	for change in gross sales	s:		
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## PLEASE ATTACH QUARTERLY SALES TAX RETURN & INCOME STATEMENT FOR THE QUARTER.

#### 2. ACCOUNTING

V. 1. 1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		Yes	No No	N/A
A.	Books of original entry are maintained daily and kept on file for audit purposes (3 years minimum).	Х		
<b>B</b> .	Source documents, including cash register tapes, are maintained on file for audit purposes (3 years minimum).	х		
C.	Inventories are conducted on a schedule acceptable to Park Manager's standards.	Х		
D,	All invoices and checks are kept on file.	х		
E	Purchases for supplies or services by the Concessionaire are made by check or through an imprest fund replenished by check.	х		-
F.	Refunds are substantiated with a customer signed document using rubber stamp and ledger.	х		
G.	Adequate point of sale controls are used.	х		
H.	Sales personnel with access over cash are adequately supervised.	х		
İ.	Responsibilities for receiving, depositing and recording cash receipts are assigned to different persons.	x		
J.	Personnel with access over cash do not clear cash register.	х		
K.	All sales are rung up on cash register.	Х		

L,	Cash register has visual display facing customer and showing total sales transaction.	х	
M.	Cash register has dual tape system.	Х	
1.5	Each customer is offered a sales receipt and all points of sale have a clearly visible sign asking customers	х	
O.	Cash register drawers are closed after each transaction.	х	
Ρ	Pre-numbered receipts are used when specified by the agreement or when cash register is impractical.	x	

nments required for a	ili NO responses.		* * * * * * * * * * * * * * * * * * *	 	
		- W			

#### 3. REPORTING/DOCUMENTATION

A. Insurance/Security

		Yes	No	Expire	Amount
	General Liability Insurance (Department and Trustees named as additional				
$1_{ij}$	insured)	х			
	Automobile Laurence (December of Tourism and a stational instant)				
2	Automobile Insurance (Department and Trustees named as additional insured)		X		
3	Workers' Compensation	X			
4	Other as needed				

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

FCGS General Liability -	- State Farm	Amount \$1,000,000	Expiration	02/20/2024
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FCGS

Workers' Compensation Insurance -- Insurance Company of the West -- Amount \$1,000,000 -- Expiration 06/05/2024

Sweet Beans Food

Truck -- General Liability-- Expiration 03/06/2024

#### PLEASE INCLUDE COPIES OF INSURANCE POLICIES IF UPDATED FROM LAST QUARTER

#### C. Permits and Licenses

	Yes	No	Expire
FCGS Permits and Licenses are current	X		
Sweet Beans Food Truck Food Permit	x		6/1/2024
Sweet Beans Food Truck Safe Serve	х		9/1/2028
Annual Food Permit	x		1/4/2025
Livery Operator Permit	x		11/18/2024
Annual Resale Certification for Sales Tax	X	ili Wee	12/31/2023

D. Commission Payments

	Yes	No	N/A
Payments are submitted accurately and on time.	Х		

E. Other Required Reports and Documentation

		Yes	No	N/A	Expire	Amount
1	Annual Limited Engagement Documents are submitted				N/A	N/A
	accurately and by required deadline.	X				
2	Annual Profit & Loss Statements are submitted accurately and				N/A	N/A
	by required deadline.	х				
3	Monthly Gross Sales Reports are submitted accurately and by				N/A	N/A
н. 17	required deadline.	X				

4	E-Verify Employment Eligibility Verification completed with		N/A	N/A
2	copies of completed files for all personnel.	x		
5	Sexual Offender Check completed with copies of completed		N/A	N/A
P. Ville	files for all personnel.	x		
6	Annual PCI Compliance Self-Assessment is complete, current,			
2071	and on file.	x	EXP 01/2024	
7	Safety Plan provided to Park Manager and is revised and		N/A	N/A
	approved annually.	v l		
STAND.	approved annually.	X		

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.	x		
В.	Food storage areas and refrigeration units are maintained in clean condition.	x		
C.	Food contact surfaces are properly maintained and cleaned.	х		
<b>D</b> .	All other surfaces are cleaned daily (food surface areas, floors, walls, etc.).	X		
E.	Cleaning/chemical supplies stored separately from food.	x		
F.	Cleaning/chemical supplies are in compliance with Environmental Protection Plan.	x		
G.	Leftovers are disposed of properly.	х		
H	Food is stored properly and in appropriate containers.	x		

Com	ments required for all NO responses:	New 19	h	X
		w/ 1 /w		and the same of
. A	DA/SAFETY	Yes	No	N/A
	Concessionaire is located on safe and accessible route.	X	1,10	- Marian
	First aid kit is available and maintained.  Suggested, but not required for boating operations to have AED. AED available?	x		
	Operations are equipped with EECs.	X		
	Facility is free of public safety hazards.	X		
	Provide the name of their A & I Liaison. Brenda Shirah	х		
	Accessibility and inclusion policy is made available to everyone. Employees are knowledgeable on accommodating persons with disabilities.	x		
	Provided accessibility information in written publications such as website and brochures.	Х		
Com	ments required for all NO responses:			
,=				

#### 6. OPERATIONS

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

Com	ments required for all NO responses:			
_ ~_	aniforms are in compliance with the terms of the Agreement.  loyees are knowledgeable about the Park.    Now the Park is a series of the Agreement is a series of the principles of the principl			
7. ST	AFF			
6.75.8		Yes	No	N/A
A.	Employees are identified by either uniform or name badge, and personal appearance standards			
2.2		X		
В.	Employees are knowledgeable about the Park.	X		
C.	Employees are courteous, helpful, and ensure an understanding and use of the principles of			
	hospitality.	X		
D.	Sufficient number of employees to service visitors.	x		
E.	Number of employees. 22	X		
		to an arm to a man		<u> </u>
Com	ments required for all NO responses:			
	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.  B. Employees are knowledgeable about the Park.  C. Employees are courteous, helpful, and ensure an understanding and use of the principles of hospitality.  D. Sufficient number of employees to service visitors.  E. Number of employees.  22  Comments required for all NO responses:  8. SPACE AND EQUIPMENT  Yes No  A. Equipment maintenance is in compliance with terms of Agreement.			
l				
8. SF	PACE AND EQUIPMENT			
		Yes	No	N/A
A.	Equipment maintenance is in compliance with terms of Agreement.	v		
B.	Building maintenance is in compliance with terms of Agreement.	X		
		X		
C.	Grounds maintenance is in compliance with terms of Agreement.	x		
CHAR CH		1 A	L	

Comments required for	r all NO responses:	 	 	

#### 9. CAPITAL IMPROVEMENTS

V		Yes	No	N/A
A.	Schedule of Capital Improvements is maintained.			
		X		
В.	Capital Improvements are performed in accordance with the terms of the Agreement.			
		х		
C.	Any deviations from negotiated Capital Improvements are well documented and approved by the			
200	Department. Please attach documentation.	х		
D.,	Capital Improvements are satisfactorily completed by scheduled deadline.			
		x		

#### Comments required for all NO responses:

Capital improvements completed in this quarter:

- 1. Caution Glass \$5,200 Safety Video Kiosk for Cavern Tour.
- 2. Rodolfo Gomez & Fidel Lopez \$500 Bench for customers at departure point.
- 3. Best Buy \$5180.41 SunbriteTV Pro 2 43 Inch HD Outdoor TV Full sun for safety video
- 4. Best Buy \$322.48 Sanus Elite wall mount, hardware and labor required for TV mount

10. CURRENT CONTACT INFO	0		
Phone:	(850) 526-2650	Fax:	
	Brenda Shirah, Manager		
Email Address:	floridacavernsgiftshop@gmail.com		
Mailing Address:	Florida Caverns Gift Shop LLC	_	
	3345 Caverns Road, Marianna, FL 32446	_	
11. GENERAL COMMENTS			
What plans are going well, and wh	nat could be improved?		
Find the general terms and general terms are general terms.			
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i.			
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Concessionaire Signature	Brenda Shirah, Manager	Agreement Manager Signature	Bryan Kaczmarek, APM
011	-	2	
Dela		27/4	
Date		Date	
allulanell			
01/11/2024		11 JAN 24	
Distribution:			
Email to Operational Services			

Email to District

Email to Concessionaire



## Florida Department of Environmental Protection

## CONCESSIONAIRE QUARTERLY EVALUATION

Park: Florida Caverns State Park	Concessionaire: Florida Caverns Gift Shop
Fiscal Year: 2023/2024	Overt

Fiscal Year: 2023/2024

Quarter: OND

#### 1. GROSS SALES:

Point of Sale	Month	Previous Yr. Sales	Current Yr. Sales	% +/-	Previous Yr. Expenses	Current Yr. Expenses
		\$187,448.61		0.00%		
	August	\$102,092.30	\$114,757.70	12.41%		,
	September	\$86,904.99	\$101,949.24		***************************************	
3. 2022	Subtotal	\$376,445.90	The second secon		4. 1,. 00.70	
2023	October	\$76,185.59	\$95,829.69		\$71,383.52	\$102,956.84
· · · · · · · · · · · · · · · · · · ·	November	\$64,817.64	\$106,443.23		\$104,149.79	
	December	\$59,770.52	\$90,543.12	51.48%	\$73,153.01	\$183,404.28
	Subtotal	\$200,773.75	\$292,816.04		\$248,686.32	\$381,970.33
TOTAL GROSS SALES		\$577,219.65			\$664,679.31	\$883,976.18

Comments required for change in gross sales:	
PLEASE ATTACH QUADTED I VOALEGE AV DETENDANT	

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

#### 2. ACCOUNTING

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

Cash register has visual display facing customer and showing total sales transaction.	X	
Cash register has dual tape system.		
	X	
Each customer is offered a sales receipt and all points of sale have a clearly visible sign asking customers	X	 
Cash register drawers are closed after each transaction.	X	<del> </del>
Pre-numbered receipts are used when specified by the agreement or when cash register is impractical.	x	<u> </u>

r	Comments required for all NO responses:
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## 3. REPORTING/DOCUMENTATION

A. Insurance/Security

1	General Liability Insurance (Department and Trustees named as additional insured)	Yes	No	Expire	Amount
		X			
2	Automobile Insurance (Department and Trustees named as additional insured)		X		
3	Workers' Compensation	X			<u> </u>
4	Other as needed				

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

FCGS General Liability -- State Farm -- Amount \$1,000,000 -- Expiration 02/20/2024

Workers' Compensation Insurance -- Insurance Company of the West -- Amount \$1,000,000 -- Expiration 06/05/2024

**FCGS** Sweet Beans Food

Truck -- General Liability-- Expiration 03/06/2024

## PLEASE INCLUDE COPIES OF INSURANCE POLICIES IF UPDATED FROM LAST QUARTER

#### C. Permits and Licenses

	Yes	No	Expire
FCGS Permits and Licenses are current	х		Expire
Sweet Beans Food Truck Food Permit	х		6/1/2024
Sweet Beans Food Truck Safe Serve	Х		9/1/2028
Annual Food Permit	X		1/4/2025
Livery Operator Permit	х		11/18/2024
Annual Resale Certification for Sales Tax	х		12/31/2023

D. Commission Payments

	Yes	No	N/A
Payments are submitted accurately and on time.			
<u></u>	X		İ
		<u> </u>	

E. Other Required Reports and Documentation

Annual Limited Engagement Documents are submitted	Yes	No N/A	Expire	Amount
accurately and by required deadline.	X		N/A	N/A
Annual Profit & Loss Statements are submitted accurately and by required deadline.	X		N/A	N/A
3 Monthly Gross Sales Reports are submitted accurately and by required deadline.	X		N/A	N/A

E-Verify Employment Eligibility Verification completed with copies of completed files for all personnel.	x	N/A	N/A
5 Sexual Offender Check completed with copies of completed	A	N/A	N/A
files for all personnel.	X		13/74
6 Annual PCI Compliance Self-Assessment is complete, current,			
and on file.	x	EXP 01/2024	
7 Safety Plan provided to Park Manager and is revised and		N/A	N/A
approved annually.		IN/A	IN/A
Name of the second seco	X		

Comments required for all NO responses:

## PLEASE INCLUDE COPIES OF INSURANCE POLICIES IF UPDATED FROM LAST QUARTER

#### 4. HEALTH/SAFETY

		Yes	No	N/A
Α.	Employees follow basic personal hygiene practices.			14/7.
В.	Food storage areas and refrigeration units are maintained in clean condition.	X		
		X		
C.	Food contact surfaces are properly maintained and cleaned.			
D.	All other surfaces are cleaned daily (food surface areas, floors, walls, etc.).	X		
D .		x		
Ε,	Cleaning/chemical supplies stored separately from food.			
F.	Cleaning/chemical supplies are in compliance with Environmental Protection Plan.	X		
<b>J</b> .		Х		
	Leftovers are disposed of properly.	v		<del></del>
l.	Food is stored properly and in appropriate containers.	X		
1		x		

I. Corrected all deficiencies noted in most recent health inspection.			
Comments required for all NO responses:			X
	<u> </u>	<del></del>	<u> </u>
		<del></del>	
5. ADA/SAFETY			
	Yes	No I	XI/A
A. Concessionaire is located on safe and accessible route.	X	<u>Kirkera y</u> NO. 33.13.	N/A
B. First aid kit is available and maintained.	X		
Suggested, but not required for boating operations to have AED. AED available?  C. Operations are equipped with EECs.			
	X		
D. Facility is free of public safety hazards.	х		
Provide the name of their A & I Liaison. Brenda Shirah	X		<del></del>
Accessibility and inclusion policy is made available to everyone. Employees are knowledgeable on accommodating persons with disabilities.	Х		
Provided accessibility information in written publications such as website and brochures.	X		
Comments required for all NO responses:			<del> </del>
			<del></del>

#### 6. OPERATIONS

A.	Concessionaire provides the services outlined in the terms of the Agreement.	Yes	No	N/A
	The common in the terms of the Agreement.			_
В.	Concessionaire maintains and posts operating days/hours as outlined in terms of the Agreement.	X		
<u> </u>	<u>(Any variances approved in writing)</u>	х		
C.	Inventories comply with agreed upon merchandise standards and are sufficiently stocked to meet demand.			
D.	Rate/Fee/Menu boards are properly maintained and prices are current.	X		<u>                                     </u>
Ε.	Prices are fair and comparable with others in area, confirmed by Park Manager.	X		<u> </u>
7.	Merchandise is price marked.	X		
<del>3.</del>	All signage is appropriate, maintained and approved by Park Manager.	X		
1.	Sales area is neat, organized and clean.	X		
	Interpretive tour scripts are approved by Park Manager.	X	<u> </u>	
	Website is well maintained, promotes a satisfactory image for the Park and provides information	X		
	on rees and services accurately.	x		
6 30C C	Concessionaire utilizes disposable serving supplies produced from recyclable or biodegradable materials.	X		
5	Concessionaire offers alternative menu items such as vegetarian and gluten-free.			
1.	Corrects all deficiencies noted by Agreement Manager.	X		
	Concessionaire is open to suggestions for improving service to visitors.	X		
		x		

Comments required for all NO responses:			
7. STAFF			<del>.</del>
A. Employees are identified by either uniform or name hades and	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.  B. Employees are knowledgeable about the Park.	X		
C. Employees are courteous, helpful, and ensure an understanding and use of the principles of hospitality.	X		
D. Sufficient number of employees to service visitors.	X		
E. Number of employees. 22	X		
Comments required for all NO responses:		<del></del>	
8. SPACE AND EQUIPMENT			
A: Equipment maintenance is in compliance with terms of Agreement.	Yes	No	N/A
B. Building maintenance is in compliance with terms of Agreement.	X X		
C. Grounds maintenance is in compliance with terms of Agreement.	X		

Comments required	d for all NO responses:			
			<u> </u>	
		<del>-</del>		

#### 9. CAPITAL IMPROVEMENTS

Α.	Sphodulo of Control I	Yes	No	N/A
	Schedule of Capital Improvements is maintained.			**************************************
В.	Capital Improvements are performed in accordance with the terms of the Agreement.	X		
c.	Any deviations from negotiated Capital Improvements are well documented and approved by the	X		
	Department. Please attach documentation.  Capital Improvements are satisfactorily completed by scheduled deadline.	X		
	- The state of the completed by scheduled deadline.	X		

Comments required for all NO responses:

Capital improvements completed in this quarter:

- 1. Caution Glass \$5,200 Safety Video Kiosk for Cavern Tour.
- 2. Rodolfo Gomez & Fidel Lopez \$500 Bench for customers at departure point.
- 3. Best Buy \$5180.41 SunbriteTV Pro 2 43 Inch HD Outdoor TV Full sun for safety video
- 4. Best Buy \$322.48 Sanus Elite wall mount, hardware and labor required for TV mount

10. CURRENT CONTACT INI	FO	
Phone:	(850) 526-2650	Form
Email Address:	Brenda Shirah, Manager floridacavernsgiftshop@gmail.com	Fax:
Mailing Address:	Florida Caverns Gift Shop LLC 3345 Caverns Road, Marianna, FL 32446	
11. GENERAL COMMENTS		
What plans are going well, and wh	nat could be improved?	
Concessionaire Signature		
Bidr_	Brenda Shirah, Manager	Agreement Manager Signature Bryan Kaczmarek, APM
O1/11/2024		Date 11 VAN 24
Distribution:		
Email to Operational Services		

Email to District

Email to Concessionaire



#### Florida Department of Environmental Protection

#### CONCESSIONAIRE QUARTERLY EVALUATION

Park: Florida Caverns State Park			Concessionaire: Florida Caverns Gift Shop
	Fiscal Year:	2023/2024	Quarter: JAS

#### 1. GROSS SALES:

			Previous Yr.	Current Yr.		Previous Yr.	Current Yr.
	Point of Sale	Month	Sales	Sales	% +/-	Expenses	Expenses
A.	2023	July	\$187,448.61	\$239,449.36	0.00%	\$161,213.65	\$172,535.55
		August	\$102,092.30	\$114,757.70	12.41%	\$160,675.64	\$202,932.77
		September	\$86,904.99	\$101,949.24	17.31%	\$94,103.70	\$126,537.53
		Subtotal	\$376,445.90	\$456,156.30	21.17%	\$415,992.99	\$502,005.85
	TOTAL GROSS SALES		\$376,445.90	\$456,156.30	21.17%	\$415,992.99	\$502,005.85

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).	X		
В.	Source documents, including cash register tapes, are maintained on file for audit purposes (3 years minimum).	X		
C.	Inventories are conducted on a schedule acceptable to Park Manager's standards.	X		
D.	All invoices and checks are kept on file.	X		
E.	Purchases for supplies or services by the Concessionaire are made by check or through an imprest fund replenished by check.	X		
F.	Refunds are substantiated with a customer signed document using rubber stamp and ledger.	X		
G.	Adequate point of sale controls are used.	X		
Н.	Sales personnel with access over cash are adequately supervised.	X		
I.	Responsibilities for receiving, depositing and recording cash receipts are assigned to different persons.	X		
J.	Personnel with access over cash do not clear cash register.	X		
K.	All sales are rung up on cash register.	X		

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

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#### 3. REPORTING/DOCUMENTATION

#### A. Insurance/Security

		Yes	No	Expire	Amount
	General Liability Insurance (Department and Trustees named as additional				
1	insured)	X			
2	Automobile Insurance (Department and Trustees named as additional insured)		X		
3	Workers' Compensation	X			
4	Other as needed				

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

FCGS General Liability State Farm Amount \$1,000,000 Expiration 02/20/2
---

FCGS

Workers' Compensation Insurance -- Insurance Company of the West -- Amount \$1,000,000 -- Expiration 06/05/2024

Sweet Beans Food

Truck -- General Liability-- Expiration 03/06/2024

#### PLEASE INCLUDE COPIES OF INSURANCE POLICIES IF UPDATED FROM LAST QUARTER

#### C. Permits and Licenses

	Yes	No	Expire
FCGS Permits and Licenses are current			
	X		12/31/2023
Sweet Beans Food Truck Food Permit			
	X		6/1/2024
Sweet Beans Food Truck Safe Serve			
	X		9/1/2028
Permit/License			
	N/A	N/A	

#### D. Commission Payments

	Yes	No	N/A
Payments are submitted accurately and on time.			
	X		

#### E. Other Required Reports and Documentation

		Yes	No	N/A	Expire	Amount
1	Annual Limited Engagement Documents are submitted				N/A	N/A
	accurately and by required deadline.	X				
2	Annual Profit & Loss Statements are submitted accurately and				N/A	N/A
	by required deadline.	X				
3	Monthly Gross Sales Reports are submitted accurately and by				N/A	N/A
	required deadline.	X				

4	E-Verify Employment Eligibility Verification completed with			N/A	N/A
	copies of completed files for all personnel.	X			
5	Sexual Offender Check completed with copies of completed			N/A	N/A
	files for all personnel.	X			
6	Annual PCI Compliance Self-Assessment is complete, current,				
	and on file.	X		EXP 01/2024	
7	Safety Plan provided to Park Manager and is revised and			N/A	N/A
	approved annually.	v			
		X			

Comments required	d for al	l NO	responses:
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### 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.	X		
В.	Food storage areas and refrigeration units are maintained in clean condition.	X		
C.	Food contact surfaces are properly maintained and cleaned.	X		
D.	All other surfaces are cleaned daily (food surface areas, floors, walls, etc.).	X		
E.	Cleaning/chemical supplies stored separately from food.	X		
F.	Cleaning/chemical supplies are in compliance with Environmental Protection Plan.	X		
G.	Leftovers are disposed of properly.	X		
H.	Food is stored properly and in appropriate containers.	X		

I.	Corrected all deficiencies noted in most recent health inspection.	X		
Com	ments required for all NO responses:			
5. A	DA/SAFETY			
		Yes	No	N/A
A.	Concessionaire is located on safe and accessible route.	X		
B.	First aid kit is available and maintained.	X		
	Suggested, but not required for boating operations to have AED. AED available?			
C.	Operations are equipped with EECs.	X		
D.	Facility is free of public safety hazards.	X		
E.	Provide the name of their A & I Liaison. Brenda Shirah	X		
F.	Accessibility and inclusion policy is made available to everyone. Employees are knowledgeable on accommodating persons with disabilities.	X		
G.	Provided accessibility information in written publications such as website and brochures.	X		
Com	ments required for all NO responses:			l

#### **6. OPERATIONS**

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

Com	ments required for all NO responses:			
7. ST	CAFF			
		Yes	No	N/A
A.	Employees are identified by either uniform or name badge, and personal appearance standards	1 03	110	14/11
	and uniforms are in compliance with the terms of the Agreement.	X		
B.	Employees are knowledgeable about the Park.	x		
C.	Employees are courteous, helpful, and ensure an understanding and use of the principles of			
	hospitality.	x		
D.	Sufficient number of employees to service visitors.	Х		
E.	Number of employees. 19	х		
Com	ments required for all NO responses:			
8. SP	PACE AND EQUIPMENT			
		Yes	No	N/A
A.	Equipment maintenance is in compliance with terms of Agreement.	x		
B.	Building maintenance is in compliance with terms of Agreement.			
C.	Grounds maintenance is in compliance with terms of Agreement.	X		

Com	ments required for all NO responses:			
9. C	APITAL IMPROVEMENTS			
		Yes	No	N/A
A.	Schedule of Capital Improvements is maintained.	X		
В.	Capital Improvements are performed in accordance with the terms of the Agreement.	Х		
C.	Any deviations from negotiated Capital Improvements are well documented and approved by the Department. Please attach documentation.	X		
D.	Capital Improvements are satisfactorily completed by scheduled deadline.			
		X		
Com	ments required for all NO responses:			

10. CURRENT CONTACT INFO	)	
Phone:	(850) 526-2650	Fax:
	Brenda Shirah, Manager	
Email Address:	floridacavernsgiftshop@gmail.com	
Mailing Address:	Florida Caverns Gift Shop LLC	
	3345 Caverns Road, Marianna, FL 32446	
11. GENERAL COMMENTS		
What plans are going well, and what	at could be improved?	
Concessionaire Signature	Brenda Shirah, Manager	Agreement Manager Signature Bryan Kaczmarek, APM
RIM		634
De		at up
1 .		
Date 10/17/23		Date 170ct 2023
1.100		1100, 202

#### Distribution:

Email to Operational Services

Email to District

Email to Concessionaire



#### Florida Department of Environmental Protection

#### CONCESSIONAIRE QUARTERLY EVALUATION

Park: Florida Caverns State Park			Concessionaire: Florida Caverns Gift Shop			
	Fiscal Year:	2022/2023	Quarter:AMJ			

#### 1. GROSS SALES:

			Previous Yr.	Corrent Yr.		Previous Yr.	Current Yr.
	Point of Sale	Month	Sales	Sales	%+/-	Expenses	Expenses
A.	2022	July	\$183,699.55	\$187,448.61	0.00%	\$114,002.59	\$161,213.65
		August	\$88,154.68	\$101,994.25	15.70%	\$72,891.94	\$160,675.64
		September	\$66,039.17	\$86,904.99	31.60%	\$100,381.41	\$94,103.70
7		Subtotal	\$337,893.40	\$376,347.85	11.38%	\$287,275.94	\$415,992.99
B.		October	\$80,928.57	\$76,185.59	-5.86%	\$71,383.52	\$85,954.73
		November	\$81,279.40	\$64,817.64	-20.25%	\$92,641.34	\$104,149.79
		December	\$70,961.72	\$59,770.52	-15.77%	\$76,586.15	\$73,153.01
		Subtotal	\$233,169.69	\$200,773.75	-13.89%	\$240,611.01	\$263,257.53
C.	2023	January	\$61,569.80	\$81,466.14	32.32%	\$83,362.10	\$72,958.39
		February	\$75,740.60	\$79,455.12	4.90%	\$82,379.13	\$58,333.53
		March	\$131,713.10	\$176,568.14	34.06%	\$82,770.88	\$101,177.58
		Subtotal	\$269,023,50	\$337,489.40	25.45%	\$248,512.11	\$232,469.50
D.		April	\$100,151.16	\$120,284.20	20.10%	\$103,350.41	\$136,504.32
		May	\$100,687.67	\$131,358.65	30.46%	\$93,897.24	\$94,792.00
		June	\$158,329.16	\$190,524.54	20.33%	\$144,437.25	\$96,029.14
gers, lage, Marketter		Subtotal	\$359,167.99	<b>\$4</b> 42,167.39	23.11%	\$341,684.90	\$327,325.46
E.					#DIV/0!		
					#DIV/0!		
					#DIV/0!		*****
		Subtotal	0	0	#DIV/0!	0	0

F.				#DIV/0!		
				#DIV/0!		
				#DIV/0!		
	Subtotal	0	0	#DIV/0!	0	0
G.				#DIV/0!		
				#DIV/0!		
				#DIV/0!		
	Subtotal	0.	0	#DIV/0!	0	0
H.				#DIV/0!		
				#DIV/0!		
				#DIV/0!		
	Subtotal	0	0.74	#DIV/0!	0	0
I.				#DIV/0!		
				#DIV/0!		
				#DIV/0!		
	Subtotal	0	0	#DIV/0!	0	0
J.				#DIV/0!		
				#DIV/0!		
				#DIV/0!		
27.27.6	Subtotal	0	0	#DIV/0!	0	0
K.				#DIV/0!		
				#DIV/0!		
				#DIV/0!		
	Subtotal		0	#DIV/0!	0	0
	TOTAL GROSS SALES	\$1,199,254.58	\$1,356,778.39	13.14%	\$1,118,083.96	\$1,239,045.48

Comments required for change in gross sales:	 	
		i
		;

## 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).	х		
В.	Source documents, including cash register tapes, are maintained on file for audit purposes (3 years minimum).	х		
C.	Inventories are conducted on a schedule acceptable to Park Manager's standards.	Х		
D.	All invoices and checks are kept on file.	x		
E.	Purchases for supplies or services by the Concessionaire are made by check or through an imprest fund replenished by check.	х		
F.	Refunds are substantiated with a customer signed document using rubber stamp and ledger.	х		
G.	Adequate point of sale controls are used.	х		" •
H	Sales personnel with access over cash are adequately supervised.	х		
I.	Responsibilities for receiving, depositing and recording cash receipts are assigned to different persons.	х		
J.	Personnel with access over cash do not clear cash register.	х		_
K.	All sales are rung up on cash register.	х		

L,	Cash register has visual display facing customer and showing total sales transaction.	х	334
М.	Cash register has dual tape system.	х	
SALE 4 (5.15)	Each customer is offered a sales receipt and all points of sale have a clearly visible sign asking customers	х	
0.	Cash register drawers are closed after each transaction.	х	
3 S. C. C. S.	Pre-numbered receipts are used when specified by the agreement or when cash register is impractical.	х	

Comments required for all NO respor	nses:	 	

#### 3. REPORTING/DOCUMENTATION

A. Insurance/Security

	Yes	No	Expire	Amount
General Liability Insurance (Department and Trustees named as additional				
1 insured)	X			
A Amanakila I				
2 Automobile Insurance (Department and Trustees named as additional insured)		X	<u> </u>	
3 Workers' Compensation	x			
4 Other as needed				

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

FCGS General Liability - State Farm -- Amount \$1,000,000 -- Expiration 02/20/2024

Workers' Compensation Insurance -- Insurance Company of the West -- Amount \$1,000,000 -- Expiration 06/05/2024

Truck -- General Liability -Expiration 03/06/2024

FCGS Sweet Beans Food

## PLEASE INCLUDE COPIES OF INSURANCE POLICIES IF UPDATED FROM LAST QUARTER

#### C. Permits and Licenses

	Yes	No	Expire
FCGS Permits and Licenses are current			
	x		12/31/2023
Sweet Beans Food Truck Food Permit			
	x		6/1/2024
Sweet Beans Food Truck Safe Serve			
	х		8/13/2023
Permit/License			
	N/A	N/A	

D. Commission Payments

	Yes	No	N/A
Payments are submitted accurately and on time.			
	X		

E. Other Required Reports and Documentation

	Yes	No	NA	Expire	Amount
Annual Limited Engagement Documents are submitted				N/A	N/A
accurately and by required deadline.	x				- 47.2
2 Annual Profit & Loss Statements are submitted accurately and				N/A	N/A
by required deadline.	x				1071
3 Monthly Gross Sales Reports are submitted accurately and by				N/A	N/A
required deadline.	x				1 W I K

4 E-Verify Employment Eligibility Verification completed with		N/A	N/A
copies of completed files for all personnel.	x		
5 Sexual Offender Check completed with copies of completed		N/A	N/A
files for all personnel.	x	2	141.
6 Annual PCI Compliance Self-Assessment is complete, current,			
and on file.	X		
7 Safety Plan provided to Park Manager and is revised and		N/A	N/A
approved annually.		17/11	1071
	<u>X</u>		

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.			
D	Food storong areas and refer the story is a second	X		·
В.	Food storage areas and refrigeration units are maintained in clean condition.	x		
C.	Food contact surfaces are properly maintained and cleaned.	, ,		
D.	All other surfaces are cleaned daily (food surface areas, floors, walls, etc.).	X		
		X		
E.	Cleaning/chemical supplies stored separately from food.	x		
<b>F.</b>	Cleaning/chemical supplies are in compliance with Environmental Protection Plan.	x	•	
G.	Leftovers are disposed of properly.			<u></u>
H.	Food is stored many alternative	X		
T1.	Food is stored properly and in appropriate containers.	_ x		

Corrected all deficiencies noted in most recent health inspection.			х
Comments required for all NO responses:			
New concessions inspected 06/01/2023	, , , , , , , , , , , , , , , , , , ,	·	
5. ADA/SAFETY			
	Yes	No	N/A
A. Concessionaire is located on safe and accessible route.	x		
B. First aid kit is available and maintained.	x		
Suggested, but not required for boating operations to have AED, AED available?			
C, Operations are equipped with EECs.	X		
Pacility is free of public safety hazards.	X		
E. Provide the name of their A & I Liaison. Brenda Shirah	x		-
Accessibility and inclusion policy is made available to everyone. Employees are knowledgeable on accommodating persons with disabilities.	х		
G. Provided accessibility information in written publications such as website and brochures.	х		
Comments required for all NO responses:			
	··· <u>-</u>	1.0	

## 6. OPERATIONS

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

DRP-128 (Effective 03-31-2017)

Cor	nments required for all NO responses:			
			7.7	
7. S	TAFF			
A.	Employees are identified by either uniform or name badge, and personal appearance standards	Yes	No	N/A
	and uniforms are in compliance with the terms of the Agreement.			
В.	Employees are knowledgeable about the Park.	X		<u> </u>
c.	Employees are courteous, helpful, and ensure an understanding and use of the principles of	X		ļ
	hospitality.			
D.	Sufficient number of employees to service visitors.	<u> </u>		
		X		
P.	Number of employees. 17	x		
-				
Com	ments required for all NO responses:			
			·-	
		<u></u>	<del></del>	
8. SI	PACE AND EQUIPMENT			
		Yes	No	N/A
A.	Equipment maintenance is in compliance with terms of Agreement.	<u>.</u>	<u> </u>	
B.	Building maintenance is in compliance with terms of Agreement.	X	-	
		x		
C.	Grounds maintenance is in compliance with terms of Agreement.	v		
e in a series de la company		X		<u> </u>

10. CURRENT CONTACT INF	O	
Phone:	(850) 526-2650	Fax:
	Brenda Shirah, Manager	
Email Address:	floridacavernsgiftshop@gmail.com	<del></del>
Mailing Address:	Florida Caverns Gift Shop LLC	
	3345 Caverns Road, Marianna, FL 32446	<del>_</del>
11. GENERAL COMMENTS		
What plans are going well, and wh	hat could be improved?	
Concessionaire Signature	Brenda Shirah, Manager	Agreement Manager Signature  Bryan Kaczmarek, APM  Date 18 July 2023
Date July 18, 2023		Date 18 July 2023
Distribution:		

**Email to Operational Services** 

Email to Concessionaire

**Email to District** 



### Florida Department of Environmental Protection

### CONCESSIONAIRE QUARTERLY EVALUATION

Park: Florida Caverns State Park		Concessionaire: Florida Caverns Gift Shop	
Fiscal Y	ear: 2022/2023	Quarter: JFM	

#### 1. GROSS SALES:

			Previous Yr.	Current Yr.		Previous Yr.	Current Yr.
	Point of Sale	Month	Sales	Sales	% +/-	Expenses	Expenses
A.	2022	July	\$183,699.55	\$187,448.61	0.00%	\$114,002.59	\$161,213.65
		August	\$88,154.68	\$101,994.25	15.70%	\$72,891.94	\$160,675.64
		September	\$66,039.17	\$86,904.99	31.60%	\$100,381.41	\$94,103.70
		Subtotal	\$337,893.40	\$376,347.85	11,38%	\$287,275.94	<b>\$</b> 415, <b>99</b> 2.99
B.		October	\$80,928.57	\$76,185.59	-5.86%	\$71,383.52	\$85,954.73
		November	\$81,279.40	\$64,817.64	-20.25%	\$92,641.34	\$104,149.79
		December	\$70,961.72	\$59,770.52	-15.77%	\$76,586.15	\$73,153.01
		Subtotal	\$233,169.69	\$200,773.75	-13.89%	\$240,611.01	\$263,257.53
C.		January	\$61,569.80	\$81,466.14	32.32%	\$83,362.10	\$72,958.39
		February	\$75,740.60	\$79,455.12	4.90%	\$82,379.13	\$58,333.53
		March	\$131,713.10	\$176,568.14	34.06%	\$82,770.88	\$101,177.58
		Subtotal	\$269,023.50	\$337,489.40	25.45%	\$248,512.11	\$232,469.50
D.					#DIV/0!		_
					#DIV/0!		
				<del></del>	#DIV/0!		
S. W.		Subtotal	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00
E.					#DIV/0!		
					#DIV/0!		
					#DIV/0!		
10 (yr ). Y		Subtotal	0	0	#DIV/0!	0	. 0

F.				#DIV/0!		
				#DIV/0!		
			-	#DIV/0!		
	Subtotal	0	5 5-7 <b>0</b> c.7 c.4	#DIV/0!	0	0
G.				#DIV/0!		
				#DIV/0!		
				#DIV/0!		
	Subtotal	0	0	#DIV/0!	0	0
Н.				#DIV/0!		
				#DIV/0!		
				#DIV/0!		
	Subtotal	0	<b>0</b>	#DIV/0!	0	0
I.				#DIV/0!		
				#DIV/0!		
				#DIV/0!		
	Subtotal	0	0.524.73	#DIV/01	0	0
J.				#DIV/0!		
				#DIV/0!		
				#DIV/0!		
	Subtotal	0	0	#DIV/0!	0	0
K.				#DIV/0!		
				#DIV/0!		
				#DIV/0!		
	Subtotal	0	<b>0</b> . A	#DIV/0!	0	0
	TOTAL GROSS SALES	\$840,086.59	\$914,611.00	8.87%	\$776,399.06	\$911,720.02

oss sales:			
<u>)</u>	ss sales:	ss sales:	ss sales:

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

### 2. ACCOUNTING

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

L. Cash register has visual display facing customer and showing total sales transaction.	Х	
M. Cash register has dual tape system.	X	
N. Each customer is offered a sales receipt and all points of sale have a clearly visible sign asking customers	X	
Cash register drawers are closed after each transaction.	X	
Pre-numbered receipts are used when specified by the agreement or when cash register is impractical.	х	

Comments required for all NO responses:		 
	 <del></del>	
1		
1		

## 3. REPORTING/DOCUMENTATION

A. Insurance/Security

		Yes	No	Expire	Amount
35 ho 54	General Liability Insurance (Department and Trustees named as additional				
1	insured)	X			
(aryley and					
2	Automobile Insurance (Department and Trustees named as additional insured)		X		
3	Workers' Compensation	X			
4	Other as needed				

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

General Liability - State Farm A	Amount \$1,000,000	Expiration 02/20/2024
----------------------------------	--------------------	-----------------------

Workers'

Compensation Insurance -- Insurance Company of the West -- Amount \$1,000,000 -- Expiration 06/05/2023

#### PLEASE INCLUDE COPIES OF INSURANCE POLICIES IF UPDATED FROM LAST QUARTER

#### C. Permits and Licenses

	Yes	No	Expire
Permits and Licenses are current			
	x		12/31/2023
Permit/License			
	N/A	N/A	
Permit/License			
	N/A	N/A	
Permit/License			
	N/A	N/A	İ

D. Commission Payments

	Yes	No	N/A
Payments are submitted accurately and on time.			
	X		

E. Other Required Reports and Documentation

	Yes	No N/A	Expire	Amount
Annual Limited Engagement Documents are submitted			N/A	N/A
accurately and by required deadline.	X			
2 Annual Profit & Loss Statements are submitted accurately and			N/A	N/A
by required deadline.	X			
3 Monthly Gross Sales Reports are submitted accurately and by			N/A	N/A
required deadline.	X			

4	E-Verify Employment Eligibility Verification completed with		N/A	N/A
	copies of completed files for all personnel.	X		
5	Sexual Offender Check completed with copies of completed		N/A	N/A
39	files for all personnel.	х		
6	Annual PCI Compliance Self-Assessment is complete, current,			
10.44	and on file.	X		
7	Safety Plan provided to Park Manager and is revised and		N/A	N/A
	approved annually.	х		

Comments required	for all	NO	respo	onses:
-------------------	---------	----	-------	--------

## 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.	x		
В.	Food storage areas and refrigeration units are maintained in clean condition.			X
C.	Food contact surfaces are properly maintained and cleaned.			x
D.	All other surfaces are cleaned daily (food surface areas, floors, walls, etc.).	х		
E.	Cleaning/chemical supplies stored separately from food.			x
F.	Cleaning/chemical supplies are in compliance with Environmental Protection Plan.	Х		
G.	Leftovers are disposed of properly.			х
H.	Food is stored properly and in appropriate containers.			x

I. Corrected all deficiencies noted in most recent health inspection.	x		
Comments required for all NO responses:		NV-	
5. ADA/SAFETY			
	Yes	No	N/A
A. Concessionaire is located on safe and accessible route.	Х		
B. First aid kit is available and maintained.	x		
Suggested, but not required for boating operations to have AED. AED available?			
C. Operations are equipped with EECs.	Х		
D. Facility is free of public safety hazards.	X		
E. Provide the name of their A & I Liaison. Brenda Shirah	X		
F. Accessibility and inclusion policy is made available to everyone. Employees are knowledgeable on accommodating persons with disabilities.	х		
G. Provided accessibility information in written publications such as website and brochures.	х		`
Comments required for all NO responses:			

## **6. OPERATIONS**

70 7 70 70 45 1		Yes	No	NA
A.	Concessionaire provides the services outlined in the terms of the Agreement.	X		
B.	Concessionaire maintains and posts operating days/hours as outlined in terms of the Agreement.  (Any variances approved in writing.)	X		
C.	Inventories comply with agreed upon merchandise standards and are sufficiently stocked to meet demand.	X		
Đ.	Rate/Fee/Menu boards are properly maintained and prices are current.	x		
Е.	Prices are fair and comparable with others in area, confirmed by Park Manager.	X		:
P.	Merchandise is price marked.	x		
G.	All signage is appropriate, maintained and approved by Park Manager.	х		
H.	Sales area is neat, organized and clean.	х		
<b>I</b> :	Interpretive tour scripts are approved by Park Manager.	X		
J.	Website is well maintained, promotes a satisfactory image for the Park and provides information on fees and services accurately.	x		
ĸ.	Concessionaire utilizes disposable serving supplies produced from recyclable or biodegradable materials.	X		
L.	Concessionaire offers alternative menu items such as vegetarian and gluten-free.	x		
М.	Corrects all deficiencies noted by Agreement Manager.	x		
N.	Concessionaire is open to suggestions for improving service to visitors.	x		

Comments required for all NO responses:			<u>.                                    </u>
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.	x		
B. Employees are knowledgeable about the Park.	x	1	
Employees are courteous, helpful, and ensure an understanding and use of the principles of			
hospitality.	X		
D. Sufficient number of employees to service visitors.	X		
E. Number of employees. 16	х		
			·····
Comments required for all NO responses:			
8. SPACE AND EQUIPMENT			
	Yes	No	N/A
A. Equipment maintenance is in compliance with terms of Agreement.	х		<u> </u>
Building maintenance is in compliance with terms of Agreement.	x		
C. Grounds maintenance is in compliance with terms of Agreement.	x		
Control Control			<u> </u>

omments required for all NO responses:			<del></del>
. CAPITAL IMPROVEMENTS			
	Yes	No	N/A
Schedule of Capital Improvements is maintained.			
	Х		
Capital Improvements are performed in accordance with the terms of the Agreement.			
	X		
Any deviations from negotiated Capital Improvements are well documented and approved by the			
Department. Please attach documentation.	X		
Capital Improvements are satisfactorily completed by scheduled deadline.	x		
	Λ	<u> </u>	1
omments required for all NO responses:			
onments required for an ivo responses.			

10. CURRENT CONTACT INFO			
Phone:	(850) 526-2650	Fax:	
	Brenda Shirah, Manager		
Email Address:	floridacavernsgiftshop@gmail.com		
Mailing Address:	Florida Caverns Gift Shop LLC	_	
	3345 Caverns Road, Marianna, FL 32446		
		_	
11. GENERAL COMMENTS			
What plans are going well, and what	at could be improved?		
Concessionaire Signature	Brenda Shirah, Manager	Agreement Manager Signature	Bryan Kaczmarek, APM
D1 -			11101
Bd on		Vallamask	
		A Maria	/ ( / (
Date 4/19/23		Date 19 100 1	12.3
11 1/23		19700120	123
		*	
Distribution:			

Email to Operational Services Email to District

Email to Concessionaire