

# Board Meeting Agenda Item Executive Summary

**Supt.'s Office Use Only**  
 Board Meeting 3-20-07  
 Agenda Consent  
 Item No. H. 10.

<b>Board Meeting Date:</b>	March 20, 2007
<b>Submitted By:</b>	Kathy Black
<b>Item Description:</b>	AMENDMENT #0001-Basic Health Services Agreement

**Purpose and Explanation:**

AMENDMENT #0001 is an amendment to the original Basic Health Services Agreement, which provided salaries and benefits for two nurses, one aide and one-half of an administrative secretary's salary. This amendment provides an extra \$13,500.00 to be used by school health services for equipment, training and or tools.

**BUDGETARY IMPACT**

<b>Funding Source (Description):</b>	<b>Amount:</b>
--------------------------------------	----------------

<b>Staff Attorney Review &amp; Approval</b> <i>(For Contracts Only)</i>	Date: _____ Initial: _____	ADDITIONAL INFORMATION Yes: _____ No: _____
--	-------------------------------	--

AMENDMENT #0001

THIS AMENDMENT, entered into between the State of Florida, Department of Health, hereinafter referred to as the "department" and School Board of Alachua County, hereinafter referred to as the "provider", amends contract # AC602.

1. Section II, Paragraph A is hereby amended to read:

**A. Contract Amount**

To pay for contracted services according to the conditions of Attachment I in an amount not to exceed \$118,243.00 subject to the availability of funds. The State of Florida's performance and obligation to pay under this contract is contingent upon an annual appropriation by the Legislature. The costs of services paid under any other contract or from any other source are not eligible for reimbursement under this contract.

2. Attachment I, C.1. is hereby amended to read:

**C. METHOD OF PAYMENT**

1. This is a **Cost Reimbursement** contract. Cost reimbursement will be as budget outline in Attachment IV. The Department shall pay the provider, upon satisfactory completion of both the services and all terms and conditions specified in this contract, the amount of **\$118,243.00**, subject to availability of funds.

3. Exhibit 1, 2. State Funding is hereby amended to read:

**2. STATE FUNDS AWARDED TO THE PROVIDER PURSUANT TO THIS CONTRACT CONSIST OF THE FOLLOWING:**

Matching funds for federal program(s) CFDA# \_\_\_\_\_ Title \_\_\_\_\_ \$ \_\_\_\_\_

State non-recurring funds:

CSFA# \_\_\_\_\_ Title Mother and Child Health \$ 13,500.00

State funds subject to § 215.97, Florida Statutes:

CSFA# \_\_\_\_\_ Title Tobacco TF \$ 104,743.00

TOTAL STATE FUNDS AWARDED PURSUANT TO § 215.97, F.S. \$ 118,243.00

**COMPLIANCE REQUIREMENTS APPLICABLE TO STATE FUNDS AWARDED PURSUANT TO THIS CONTRACT ARE AS FOLLOWS:**

1. The School Health Services Act, § 381.0056, F.S., § 381.0057, F.S., § 381.0059, F.S., and Full Service Schools, §402.3026, F.S.
2. Chapter 64F-6.001-6.006, F.A.C.
3. School Health Services Plan.
4. Guidelines in the School Health Services Handbook (Manual HRSM 150-25), all of which are hereby incorporated by reference and any subsequent revisions made during the contract period.

4. Attachment IV is hereby amended to read:

See Attachment IV included in this amendment.

This amendment shall begin on 2/28/2007, or the date on which the amendment has been signed by both parties, whichever is later.

All provisions in the contract and any attachments thereto in conflict with this amendment shall be and are hereby changed to conform with this amendment.

All provisions not in conflict with this amendment are still in effect and are to be performed at the level specified in the contract.

This amendment and all its attachments are hereby made a part of the contract.

IN WITNESS THEREOF, the parties hereto have caused this 3 page amendment to be executed by their officials thereunto duly authorized.

PROVIDER: School Board of Alachua County

STATE OF FLORIDA  
DEPARTMENT OF HEALTH

SIGNED  
BY: \_\_\_\_\_

SIGNED  
BY: \_\_\_\_\_

NAME: VIRGINIA S. CHILDS

NAME: THOMAS R. BELCUORE

TITLE: CHAIRPERSON

TITLE: DIRECTOR , ALACHUA COUNTY

HEALTH DEPARTMENT

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

FEDERAL ID NUMBER:

F596000050011