

**SECOND ADDENDUM TO
CONTRACT BETWEEN THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA
AND THE STATE OF FLORIDA DEPARTMENT OF HEALTH DOING BUSINESS IN
SARASOTA COUNTY f/k/a THE SARASOTA COUNTY HEALTH DEPARTMENT**

THIS ADDENDUM is entered into this _____ day of _____, 2013, by and between The School Board of Sarasota County, Florida, a body corporate under the laws of the State of Florida (the "School Board") and The Florida Department of Health doing business in Sarasota County, formerly known as Sarasota County Health Department ("DOH-Sarasota").

R E C I T A L S

A. The parties hereto entered into a contract on December 10, 2002 (the "Contract"), to provide Senior Community Health Nurses for nurse services in non-ESE District high schools, and an Addendum to that Contract on July 20, 2010.

B. The parties hereto desire to modify the Contract and Addendum under the following terms and conditions.

NOW, THEREFORE, the parties do hereby agree as follows:

1. Paragraph II.B. of the Contract, as modified by the Addendum, shall be replaced in its entirety with the following language:

"II. B. Shall, for each school year this Contract remains in effect, remit, upon receipt of required financial statements and requests for payment, total compensation not to exceed \$70,000.00 for the period from July 1 to June 30. The total compensation shall be payable in four installments payments due on September 30, December 30, March 30, and June 30, pursuant to invoices submitted."

2. The parties acknowledge and agree that the remainder of all the other terms of the Contract and Addendum shall remain in full force and effect during the term of this Second Addendum.

3. Where there is any conflict between the terms of this Second Addendum and the Contract and Addendum, the terms of this Second Addendum shall control.

IN WITNESS WHEREOF, the parties have executed this Second Addendum as of the date first above written.

THE SCHOOL BOARD OF SARASOTA
COUNTY, FLORIDA

BY: _____
Jane Goodwin, Chair

Approved for Legal Content
June 5, 2013, by Matthews, Eastmoore,
Hardy, Crauwels & Garcia, Attorneys for
The School Board of Sarasota County, Florida
Signed: ASH

THE STATE OF FLORIDA DEPARTMENT OF
HEALTH DOING BUSINESS IN SARASOTA
COUNTY

BY: Charles H. Henry
Charles H. Henry, Administrator

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA
 FINANCIAL SERVICES DEPARTMENT
 1960 LANDINGS BLVD. -- SARASOTA, FL 34231-3331
 PHONE (941) 927-9000 -- FAX (941) 927-4017

CONTRACT FOR SERVICES BY INDEPENDENT CONTRACTORS

(See reverse side for definition of independent contractor)

NAME Florida Department of Health in Sarasota County	VENDOR # _____
STREET/BOX PO Box 2658	CONTRACT # _____
CITY/STATE/ZIP Sarasota, FL 34230	

LAST 4 DIGITS OF SS# _____ **FEDERAL IDENTIFICATION #** _____
CONTACT PERSON Sherri Reynolds **CONTACT PHONE** _____

DESCRIPTION - COST STRIP - APPROVAL

SERVICES RENDERED: The School Board of Sarasota County, Florida, hereinafter called the School Board, and the above named Independent Contractor, agree as follows:

The School Board shall pay the Independent Contractor for the following services:
A collaborative project between the School Board and Sarasota County
Government to hire RN's for each high school.

To be performed during the following time period:
July 1, 2013 through June 30, 2014

Payment shall be made (with submission of request for payment form 006-80-FIN) as follows:
quarterly payments upon invoicing

I have read the reverse side of this document, and I certify that I am not an employee of the School Board of Sarasota County, Florida and that I will perform the duties as indicated above. I shall provide evidence of the services performed to the center head indicated below. I agree to release and hold the School Board of Sarasota County, Florida and/or its employees, agents and volunteers harmless from and against all claims, judgments, costs, or other expenses arising out of bodily injury or property damage resulting from my performance of the services specified in this contract. The State of Florida and its political subdivisions are governed by FS 768.28(16)

Signature of Acceptance by Independent Contractor [Signature] Date 6-5-13

COST STRIP:

Line	Fund Source*	Function	Object	Cost Center	Project	Amount
1	1101	6130	310	9051	0292	70000.00
2			310			
Total **						70,000

[If more than 2 cost strips attach addendum]

* For fund source 4421 see reverse side for special instructions, provisions & procedures.
 ** If total amount is over \$50,000 please indicate:

SCHOOL BOARD APPROVAL DATE _____ **AGENDA ITEM #** _____

FINGERPRINTING:

Do the duties associated with this contract involve direct contact with students, access to school grounds when students are present or access to District funds? YES NO If yes, you must report to Human Resources for fingerprinting at your expense. Fingerprints were taken and criminal history was reviewed on _____ This person is approved to contract with the District

Human Resources Executive Director _____ Date _____

APPROVALS:

I certify that this contract is essential and internal resources are not available within the School District.

Cost Center Head/Director: _____ DATE: _____
 Supervisor of Above _____ DATE: _____
 Financial Services, Treasurer _____ DATE: _____

INSTRUCTIONS

This contract must be signed and approved by all parties before the services may commence. If the independent contractor is to receive payment for travel, the payment cannot exceed the travel allowances permitted under Florida Statute 112.061. This contract must be approved by the School Board of Sarasota County, if it is in excess of \$50,000. The dividing contracts in order to circumvent the \$50,000 limit will result in notification to the School Board.

An IRS Form 1099 will be issued for all transactions covered by Federal regulation.