

BOARD OF COUNTY COMMISSIONERS

John E. Manning
District One

Brian Bigelow
District Two

Ray Judah
District Three

Tammy Hall
District Four

Frank Mann
District Five

Karen B. Hawes
County Manager

Michael D. Hunt
County Attorney

Diana M. Parker
County Hearing Examiner

April 2, 2012

**Mr. James Isom
City of Sanibel
800 Dunlop Road
Sanibel, FL 33957**

**SUBJECT: Contract # 5989
Amendment # 1**

Dear Mr. Goodson:

In the interest of saving time and paper, it is necessary to amend the current contract language for Contract # 5989. The language change will simplify internal contract processing procedures and eliminate the need for additional coping. It does not change your responsibility to submit supporting documentation with your payment requests.

Enclosed are three original signed contract amendments for Lee County Contract #5989. **Please review and sign all three (3), keep one (1) for your records and return two (2).**

Thank you for your timely attention to this issue and please feel free to contact me if you have any questions.

Sincerely,



Contract Specialist



CONTRACT AMENDMENT

Submit (3) three originals

PROVIDER/DEVELOPER: City of Sanibel

Contract No.: 5989

Effective Date of Amendment: 3-23-12

Amendment No.: 2

Contract Term: 10/1/11 - 9/30/12

Page 1 of 1

Justification (Explain why amendment is needed):

To clarify the original intent and specific wording of the contract it is necessary to amend the contract to elucidate and simplify internal contract processing protocols.

A. Language Modification (reference appropriate contract article)

C. Contract Deliverables

1. Required Reports (checked boxes are applicable)

EXHIBIT 1- Payment Request - Due: Monthly by the 20th of the following month. All payments will be **reimbursement** for expenses/services rendered during the contract term and paid prior to final payment request due date as indicated in the Contract Closeout Section (Article III 2 D). ~~"Copies of supporting documentation must be attached to the Payment Request."~~ *Copies of supporting documentation is required as part of the Payment Request for review of grant compliance and before payment will be made by Human Services.*

Reimbursement for eligible expenses will be made after review and authorization of a correct and complete Exhibit 1 and all required back up documentation. Eligible expenses are defined as uncompensated expenses incurred during the term of the contract and paid prior to final payment request due date as indicated in the Contract Closeout Section (Article III 2 D).

B. Budget Amendment: (include revised detailed budget) - N/A - No change in budget

LEE COUNTY

Verified by: *Debbie Paxton*
Title: Contract Specialist
Date: 3-30-12

Reviewed by: *Anna Hill*
Title: Contract Manager
Date: 3-30-12

Approved by: *[Signature]*
Title: Director, Department Human Services
Date: 4-2-12

PROVIDER:

Authorized Official: _____
(signature)

Name typed: _____

Title: _____

Date: _____

APPROVED AS TO FORM:

[Signature]
CITY ATTORNEY

If an attachment is included, add provider name, contract number and effective date of amendment on attachment.

Distribution of originals: 1) Provider 2) Department of Human Services 3) DHS Fiscal

APPROVED FINANCIAL SUFFICIENCY
[Signature]
Finance Director



CONTRACT AMENDMENT

Submit (3) three originals

PROVIDER/DEVELOPER: City of Sanibel
Contract No.: 5989
Effective Date of Amendment: 3-23-12
Contract Term: 10/1/11 - 9/30/12

Amendment No.: 2
Page 1 of 1

Justification (Explain why amendment is needed):

To clarify the original intent and specific wording of the contract it is necessary to amend the contract to elucidate and simplify internal contract processing protocols.

A. Language Modification (reference appropriate contract article)

C. Contract Deliverables

1. Required Reports (checked boxes are applicable)

EXHIBIT 1- Payment Request - Due: Monthly by the 20th of the following month. All payments will be **reimbursement** for expenses/services rendered during the contract term and paid prior to final payment request due date as indicated in the Contract Closeout Section (Article III 2 D). ~~"Copies of supporting documentation must be attached to the Payment Request."~~ *Copies of supporting documentation is required as part of the Payment Request for review of grant compliance and before payment will be made by Human Services.*
Reimbursement for eligible expenses will be made after review and authorization of a correct and complete Exhibit 1 and all required back up documentation. Eligible expenses are defined as uncompensated expenses incurred during the term of the contract and paid prior to final payment request due date as indicated in the Contract Closeout Section (Article III 2 D).

B. Budget Amendment: (include revised detailed budget) - N/A - No change in budget

LEE COUNTY

Verified by: *Debbie Paxton*
Title: Contract Specialist
Date: 3-30-12

Reviewed by: *Sharon Helker*
Title: Contract Manager
Date: 3-30-12

Approved by: *[Signature]*
Title: Director, Department Human Services
Date: 4-2-12

PROVIDER:

Authorized Official: _____
(signature)

Name typed: _____

Title: _____

Date: _____

APPROVED AS TO FORM:

[Signature]
CITY ATTORNEY

If an attachment is included, add provider name, contract number and effective date of amendment on attachment.

Distribution of originals: 1) Provider 2) Department of Human Services 3) DHS Fiscal

APPROVED FINANCIAL SUFFICIENCY
[Signature]
Sylvia A. Edwards, Finance Director



CONTRACT AMENDMENT

Submit (3) three originals

PROVIDER/DEVELOPER: City of Sanibel
Contract No.: 5989
Effective Date of Amendment: 3-23-12
Contract Term: 10/1/11 - 9/30/12

Amendment No.: 2
Page 1 of 1

Justification (Explain why amendment is needed):

To clarify the original intent and specific wording of the contract it is necessary to amend the contract to elucidate and simplify internal contract processing protocols.

A. Language Modification (reference appropriate contract article)

C. Contract Deliverables

1. Required Reports (checked boxes are applicable)

EXHIBIT 1- Payment Request - Due: Monthly by the 20th of the following month. All payments will be **reimbursement** for expenses/services rendered during the contract term and paid prior to final payment request due date as indicated in the Contract Closeout Section (Article III 2 D). ~~"Copies of supporting documentation must be attached to the Payment Request."~~ *Copies of supporting documentation is required as part of the Payment Request for review of grant compliance and before payment will be made by Human Services.*
Reimbursement for eligible expenses will be made after review and authorization of a correct and complete Exhibit 1 and all required back up documentation. Eligible expenses are defined as uncompensated expenses incurred during the term of the contract and paid prior to final payment request due date as indicated in the Contract Closeout Section (Article III 2 D).

B. Budget Amendment: (include revised detailed budget) - N/A - No change in budget

LEE COUNTY

Verified by: *Debbie Taylor*
Title: Contract Specialist
Date: 3-30-12

Reviewed by: *Norma Delkew*
Title: Contract Manager
Date: 3-30-12

Approved by: *[Signature]*
Title: Director, Department Human Services
Date: 4-2-12

PROVIDER:

Authorized Official: _____
(signature)

Name typed: _____

Title: _____

Date: _____

APPROVED AS TO FORM:

[Signature]
CITY ATTORNEY

If an attachment is included, add provider name, contract number and effective date of amendment on attachment.

Distribution of originals: 1) Provider 2) Department of Human Services 3) DHS Fiscal

APPROVED FINANCIAL SUFFICIENCY
[Signature]
Sylvia A. Edwards, Finance Director