POLK COUNTY SECOND AMENDMENT TO CONTRACT FOR SERVICES CONTRACT #20-219-IHC

This Second Amendment to Contract for Services ("Second Amendment") by and between <u>Talbot House Ministries of Lakeland, Inc.</u>, a Florida not-for-profit corporation ("TALBOT HOUSE"), and Polk County, a political subdivision of the State of Florida ("COUNTY") is effective as of October 1, 2022, ("Second Amendment Effective Date"). (TALBOT HOUSE and COUNTY shall be referred to jointly as the "Parties").

RECITALS

WHEREAS, the Parties entered into that certain Contract for Services, which is effective from the 1st day of October, 2020 (the Contract); and

WHEREAS, the Parties entered into the First Amendment for the purposes of a one-time allowance of reimbursement for the purchase of capital expenditures for TALBOT HOUSE's dental program and for purposes of modifying certain provisions of the Contract; and

WHEREAS, the Parties now desire to enter into this Second Amendment for the purposes of extending the term of the Contract and modifying certain provisions of the Contract; and

WHEREAS, capitalized terms used but not otherwise defined herein shall have the meaning ascribed to them in the Contract;

NOW THEREFORE, in consideration of the mutual promises set forth herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged by the Parties, the Parties agree as follows:

- 1. The foregoing recitals are true and correct and are incorporated herein by reference.
- 2. The term of the Contract is effective from October 1, 2020 through September 30, 2025 (the Contract).
- 3. Exhibit D Budget is amended to include the attached Exhibit D for the extended term of the Contract.
- 4. Article IV: REPORTING is amended to be REPORTING AND POLK HEALTHCARE PLAN REFERRALS and is amended to add the following sections:
 - 4.5 Polk HealthCare Plan Membership Referrals.
 - A. TALBOT HOUSE shall request and obtain information from each individual who seeks Services from TALBOT HOUSE sufficient for TALBOT HOUSE to determine whether the individual could qualify for membership in the Polk HealthCare Plan. For purposes of making the determination, TALBOT HOUSE shall assume the information an individual provides is accurate and true. If TALBOT HOUSE determines an individual could qualify for Polk HealthCare Plan membership, then TALBOT HOUSE shall electronically refer the individual to the COUNTY via the shared data information system.
 - B. TALBOT HOUSE acknowledges its referral of potentially qualified individuals to the Polk HealthCare Plan is an integral part of the Contract consideration it provides the COUNTY.
 - 4.6 Reporting will be monitored for correct and timely submission as well as referrals to the Polk HealthCare Plan as part of the evaluation and monitoring process described in Article V below. If TALBOT HOUSE would materially fail to comply with its Contract obligations, the COUNTY may seek the remedies stated in Article XV of this Contract.

- 5. Article V: EVALUATION AND MONITORING Section 5.1 is amended and restated as follows:
 - TALBOT HOUSE agrees that the COUNTY will monitor and evaluate TALBOT HOUSE's performance of its Contract activities as determined necessary by the COUNTY to include without limitation TALBOT HOUSE's Article IV reporting and referral obligations. The continuation of the Contract is contingent upon the evaluations substantiating TALBOT HOUSE is satisfactorily performing all its Contract obligations. Such monitoring and evaluation shall be based on the terms of this Contract and outcome measures. TALBOT HOUSE agrees to furnish upon request to the COUNTY or its designees, and make copies and/or transcriptions of such records and information as determined necessary by the COUNTY for purposes of monitoring and evaluation under this Contract and shall submit to the COUNTY any information and status reports required by the COUNTY on forms approved by the COUNTY.
- 6. Except as specifically set forth in this Second Amendment, all the terms and conditions of the Contract shall remain in full force and effect.

IN WITNESS WHEREOF, the Parties hereto duly execute this Second Amendment effective the Second Amendment Effective Date.

| TALBOT HOUSE MINISTRIES OF LAKELAND, INC., | POLK COUNTY , a political subdivision of the |
|--|---|
| a Florida not-for-profit corporation | State of Florida |
| By: Brenda Reddout, Executive Director | By: |
| Brenda Reddout, Executive Director | Dr. Martha Santiago, Chair |
| Date: 7 Sept 2022 | Date: |
| | |
| | ATTEST: Stacy M. Butterfield, Clerk |
| Maria M. Crysx | By: |
| Withess | Deputy Clerk |
| Barbara H. Chance | Approved as to form and legal sufficiency: |
| Witness | D. |
| | By: |
| | County Attorney's Office |

BUDGET

BUDGET FORM

TALBOT HOUSE MINISTRIES

MEDICAL

814 North Kentucky Avenue Lakeland, FL 33801

To: Polk Co., a political subdivision of the State of Florida

Indigent Health Care

2135 Marshall Edwards Drive

Bartow, FL 33830

Agreement # 20-219-IHC

| | | | | | | | | Annual |
|--------------------------------|--|------|----|--------------|----|---------------|----|-------------|
| Category | Description | FTEs | Oc | t'23-Sept'24 | 00 | ct'24-Sept'25 | In | -Kind Match |
| | Clinical Staff Salaries | | \$ | 65,000.00 | \$ | 65,000.00 | | |
| | Administrative Staff Salaries | | \$ | 25,000.00 | \$ | 25,000.00 | | |
| | Fringe and Benefits | 18% | \$ | 16,200.00 | \$ | 16,200.00 | | |
| Personnel Total: | | | \$ | 106,200.00 | \$ | 106,200.00 | \$ | - |
| | Direct Services to Patients (medical services/supplies, medications, etc.) | | \$ | 3,000.00 | \$ | 3,000.00 | \$ | 839,124.00 |
| | Staff Travel for Patient Services | | \$ | 500.00 | \$ | 500.00 | | |
| | Subcontractor Fees (Medical procedures, screenings, labs, X-Rays) | | \$ | 2,500.00 | \$ | 2,500.00 | | |
| | Conference/Training | | \$ | 1,500.00 | \$ | 1,500.00 | | |
| Program Direct Services | Program Direct Services Total: | | \$ | 7,500.00 | \$ | 7,500.00 | \$ | 839,124.00 |
| | Professional Fees (Accounting, legal, auditing, payroll fees, temporary labor) | | \$ | 1,000.00 | \$ | 1,000.00 | | |
| | Insurance/License (Liability, auto, workers comp and professional licensing) | | \$ | 1,500.00 | \$ | 1,500.00 | | |
| | Dues /Membership (subscriptions) | | \$ | 500.00 | \$ | 500.00 | | |
| | Communication (telephone, internet, fax) | | \$ | 1,000.00 | \$ | 1,000.00 | | |
| | Utilities (water, electric, gas, sewer) | | \$ | 1,000.00 | \$ | 1,000.00 | | |
| | Rentals/Leases (building, land, for admin offices) | | \$ | 2,500.00 | \$ | 2,500.00 | | |
| | Maintenance/Repairs (of office space) | | \$ | 10,000.00 | \$ | 10,000.00 | | |
| | Office Supplies (general office, computer and equipment <\$1,000) | | \$ | 1,500.00 | \$ | 1,500.00 | | |
| | Other: | | \$ | 4,138.00 | \$ | 4,138.00 | | |
| Operational Total: | | | \$ | 23,138.00 | \$ | 23,138.00 | \$ | - |
| Grand Total: | | | \$ | 136,838.00 | \$ | 136,838.00 | \$ | 839,124.00 |

The foregoing budget and timeline are for planning purposes of the parties and are not binding. Any revisions to the budget must be submitted in writing to Indigent Health Care, Fiscal Services, 2135 Marshall Edwards Drive, Bartow FL 33830 or scanned color copy via email to ihcfiscal@polk-county.net

Authorized Representative Name and Title (Print)

BUDGET

BUDGET FORM

TALBOT HOUSE MINISTRIES

DENTAL

814 North Kentucky Avenue Lakeland, FL 33801

To: Polk Co., a political subdivision of the State of Florida

Indigent Health Care

2135 Marshall Edwards Drive

Bartow, FL 33830

Agreement # 20-219-IHC

Annual

| | | | | | | | | Annual |
|----------------------------|--|------|-----|-------------|-----|--------------|-----|------------|
| Category | Description | FTEs | Oct | '23-Sept'24 | Oct | t'24-Sept'25 | In- | Kind Match |
| | Clinical Staff Salaries | | \$ | 30,000.00 | \$ | 30,000.00 | | |
| | Administrative Staff Salaries | | | | | | | |
| | Fringe and Benefits | 18% | \$ | 6,000.00 | \$ | 6,000.00 | | |
| Personnel Total: | | | \$ | 36,000.00 | \$ | 36,000.00 | \$ | - |
| | Direct Services to Patients (medical services/supplies, medications, etc.) | | \$ | 2,400.00 | \$ | 2,400.00 | \$ | 52,658.10 |
| | Staff Travel for Patient Services | | | | | | | |
| | Subcontractor Fees (Medical procedures, screenings, labs, X-Rays) | | | | | | | |
| | Conference/Training | | | | | | | |
| Program Direct Services To | otal: | | \$ | 2,400.00 | \$ | 2,400.00 | \$ | 52,658.10 |
| | Professional Fees (Accounting, legal, auditing, payroll fees, temporary labor) | | | | | | | |
| | Insurance/License (Liability, auto, workers comp and professional licensing) | | | | | | | |
| | Dues /Membership (subscriptions) | | | | | | | |
| | Communication (telephone, internet, fax) | | | | | | | |
| | Utilities (water, electric, gas, sewer) | | | | | | | |
| | Rentals/Leases (building, land, for admin offices) | | | | | | | |
| | Maintenance/Repairs (of office space) | | | | | | | |
| | Office Supplies (general office, computer and equipment <\$1,000) | | | | | | | |
| | Other: | | | | | | | |
| Operational Total: | | | \$ | - | \$ | - | \$ | - |
| Grand Total: | | | \$ | 38,400.00 | \$ | 38,400.00 | \$ | 52,658.10 |

The foregoing budget and timeline are for planning purposes of the parties and are not binding. Any revisions to the budget must be submitted in writing to Indigent Health Care, Fiscal Services, 2135 Marshall Edwards Drive, Bartow, FL 33830 or scanned color copy via email to ihcfiscal@polk-county.net

Authorized Representative Name and Title (Print)

Authorized Representative Signature

7 Sept 23