POLK COUNTY
SECOND AMENDMENT TO CONTRACT FOR SERVICES
CONTRACT #20-007-IHC

This Second Amendment to Contract for Services ("Second Amendment") by and between **The School Board of Polk County, Florida for Traviss Technical College**, a Florida not-for-profit corporation ("TRAVISS"), and Polk County, a political subdivision of the State of Florida ("COUNTY") is effective as of October 1, 2025, ("Second Amendment Effective Date"). (TRAVISS 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, through September 30, 2023 (the Contract); and

WHEREAS, the Parties entered into the First Amendment for the purposes of increasing funding for a one-time allowance of reimbursement for the purchase of capital expenditures, and for the purposes of extending the term of the Contract through September 30, 2025 and modifying certain provisions of the Contract; and

WHEREAS, the Parties now desire to enter into this Second Amendment for the purposes of increasing funding for a one-time allowance of reimbursement for the purchase of capital expenditures, and 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 fourth 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 and will automatically renew in accordance with Article XVI: TERM (below).

3. Article II: FUNDING Section 2.1 is amended and restated as follows:

   2.1 The COUNTY agrees to pay TRAVISS the budgeted amount not to exceed:

   A. One Hundred Eleven Thousand and no/100 dollars ($111,000) – October 1, 2020 to September 30, 2021

   B. One Hundred Eleven Thousand and no/100 dollars ($111,000) – October 1, 2021 to September 30, 2022

   C. One Hundred Thirty-Six Thousand and no/100 dollars ($136,000) – October 1, 2022 to September 30, 2023

   D. One Hundred Eleven Thousand and no/100 dollars ($111,000) – October 1, 2023 to September 30, 2024

   E. One Hundred Eleven Thousand and no/100 dollars ($111,000) – October 1, 2024 to September 30, 2025

   F. One Hundred Sixty-Five Thousand Five Hundred and no/100 dollars ($165,500) – October 1, 2025 to September 30, 2026

   G. One Hundred Twenty-Two Thousand and no/100 dollars ($122,000) – October 1, 2026 to September 30, 2027 and subsequent years

   as described in Exhibit D ("Budget") and pursuant to the procedures listed at ARTICLE III herein. Notwithstanding the foregoing or anything to the contrary contained herein, the COUNTY's obligation to pay the aforementioned amount is expressly contingent on annual appropriations being approved by the COUNTY's Board of County Commissioners of the referenced budgeted amount.

4. Article IV: REPORTING AND POLK HEALTHCARE PLAN REFERRALS (as amended by the First Amendment) section 4.1 is amended and restated as follows:

4.1 TRAVISS shall provide the COUNTY with the below Quarterly Reporting. Quarterly Reporting is due by the last calendar day of the month following the end of each quarter.

A. Executive Summary (Exhibit C)

B. VHCPP Report – TRAVISS will furnish to the COUNTY a copy of the VHCPP Report that TRAVISS provides to the Florida Department of Health. This report shall be provided annually and is due by July 31st of each year.

C. Summary of Services – TRAVISS will use the county-wide, COUNTY provided electronic shared data information system to determine and record client eligibility, track program data, and services. From the data entered into the shared data information system by the tenth (10th) of the following month of each quarter, a Community Partner Quarterly Report (CPQR) will be generated by the shared data information system for review and signature to signify agreement with the data reported.

5. Article VIII: GENERAL PROVISIONS (as amended by the First Amendment), is amended and restated as follows:

8.6 Employment Eligibility Verification (E-Verify)

A. Unless otherwise defined herein, terms used in this Section which are defined in Section 448.095, Florida Statutes, as may be amended from time to time, shall have the meaning ascribed in said statute.

B. Pursuant to Section 448.095 (5), Florida Statutes, the contractor hereto, and any subcontractor thereof must register with and use the E-Verify system to verify the work authorization status of all new employees of the contractor or subcontractor. The contractor acknowledges and agrees that (i) the COUNTY and the contractor may not enter into this Contract, and the contractor may not enter into any subcontracts hereunder, unless each party to this Contract, and each party to any subcontracts hereunder, registers with and uses the E-Verify system; and (ii) use of the U.S. Department of Homeland Security's E-Verify System and compliance with all other terms of this Certification and Section 448.095, Florida Statutes, is an express condition of this Contract, and the COUNTY may treat a failure to comply as a material breach of this Contract.

C. By entering into this Contract, the contractor becomes obligated to comply with the provisions of Section 448.095, Florida Statutes, "Employment Eligibility," as amended from time to time. This includes but is not limited to utilization of the E-Verify System to verify the work authorization status of all newly hired employees and requiring all subcontractors to provide an affidavit attesting that the subcontractor does not employ, contract with, or subcontract with, an unauthorized alien. The contractor shall maintain a copy of such affidavit for the duration of this Contract. Failure to comply will lead to termination of this Contract, or if a subcontractor knowingly violates the statute or Section 448.09(1), Florida Statutes, the subcontract must be terminated immediately. If this Contract is terminated pursuant to Section 448.095, Florida Statutes, such termination is not a breach of contract and may not be considered as such. Any challenge to termination under this provision must be filed in the Tenth Judicial Circuit Court of Florida no later than 20 calendar days after the date of termination. If this Contract is terminated for a violation of Section 448.095, Florida Statutes, by the contractor, the contractor may not be awarded a public contract for a period of 1 year after the date of termination. The contractor shall be liable for any additional costs incurred by the COUNTY as a result of the termination of this Contract. Nothing in this section shall be construed to allow intentional discrimination of any class protected by law.

6. The Contract is amended to add Article XVI: TERM:

16.1 This Contract shall commence on the Effective Date. This Contract shall automatically renew for one-year renewal terms under the same terms and conditions as the preceding term. The one-year renewal terms shall commence October 1st of their renewal year without further action of either Party unless: (i) the Contract has been terminated prior to that date pursuant to Article XV; or (ii) on or before July 1st prior to renewal, the COUNTY delivers notice to TRAVISS that the COUNTY has elected not to extend the Contract for the upcoming renewal term.

7. Exhibit A Scope of Services is attached to this Second Amendment for reference.

8. Exhibit B Performance Objectives is amended and replaced with the attached Exhibit B Performance Objectives of this Second Amendment.

9. Exhibit C Executive Summary is attached to this Second Amendment for reference.

10. Exhibit D Budget is amended to include the attached Exhibit D Budget of this Second Amendment.

11. Exhibit E Invoice Sample is amended and replaced with the attached Exhibit E Invoice Sample of this Second Amendment.

12. 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.

THE SCHOOL BOARD OF POLK COUNTY, FLORIDA

By: _____
Frederick Heid, Superintendent of Schools

Date: 6/7/22

_____
Witness

Elizabeth Warren
Witness

POLK COUNTY, a political subdivision of the State of Florida

By: _____
_____, Chair

Date: _____

ATTEST: Stacy M. Butterfield, Clerk

By: _____
Deputy Clerk

Approved as to form and legal sufficiency:

By: _____
County Attorney's Office

SCOPE OF SERVICES

TRAVISS will provide volunteer dental services for those patients verified as qualified Polk County residents that are at or below 200% of the FPL guidelines. TRAVISS is a volunteer provider program and has no obligation to provide services to those who do not meet the eligibility criteria and/or if the services needed are not available or within the Scope of Services.

TRAVISS will:

- Coordinate a volunteer provider network to provide dental care, and when available, ancillary and diagnostic services to include, but not be limited to, radiographs, nutritional counseling, oral hygiene instructions and restorative, extractions, surgical extractions, prosthetics, endodontics, and limited preventative services to improve oral health;

- Recruit dental health care providers who have an active license from the appropriate licensing agency of the State of Florida to provide health and wellness related dental services;

- Refer potentially eligible patients to the Polk HealthCare Plan.

PERFORMANCE OBJECTIVES

TRAVISS will meet the minimum objectives:

- Provide Services to 75 Qualified Residents
- 80% of clients will receive Oral Hygiene Instructions
- 80% of clients will receive Nutrition Counselling
- 80% of clients will receive Oral Cancer Screenings

EXECUTIVE SUMMARY

EXECUTIVE SUMMARY
Partner Name

Period of Report From _____ to _____

Please answer the below questions based on your organizations activity during the quarter reported.

I. Services Provided

Have you been able to offer new specialty services? ☐ Yes ☐ No

Comments: _____

Did you stop or have an interruption offering any services? ☐ Yes ☐ No

Reason: _____

Have you started a new health program? ☐ Yes ☐ No

Comments: _____

Do you see a need in the population served for a specific service you do not currently provide? ☐ Yes ☐ No

Comments: _____

II. Service Hours / Days

List days and hours clinic is open to the public: _____

Comments: _____

III. Personnel

Have you had a change in staffing of key personnel? ☐ Yes ☐ No

Comments: _____

IV. Funding

Federal Funding: _____

State Funding: _____

County Funding (other than IHC funding): _____

Municipal Funding: _____

Private Funding: _____

Donations: (monies, pharmaceuticals, eyeglasses, labs, x-rays, equipment, etc.) _____

Fund Raisers\Events Earnings: _____

Total Additional Funding: $ -

Are you actively applying for other grants? ☐ Yes ☐ No

Are you actively planning/organizing any fund raising events? ☐ Yes ☐ No

V. Additional Comments

_____

_____

BUDGET

Funding Period:	FY 25/26
Awarded Agency:	Polk County School Board for the Maynard A. Traviss Technical College
Project Name:	Traviss Technical College - Dental Program
Contract #:	20-007-IHC
Award Amount:	$165,500.00

	Budget (Awarded for this contract)	Other Polk County Funding	State Funding	Local City Funding	Other Funding Sources	Total Program Annual Budget
A. *Personnel Salaries and Wages	$33,146.00					**$33,146.00**
B. *Fringe and Benefits	$15,097.00					**$15,097.00**
C. Staff Travel	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
1. Client Visiting Travel Costs						**$0.00**
2. Staff Training Registration Fees						**$0.00**
3. Staff Training Travel Costs						**$0.00**
D. Patient Care Costs	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
1. Medical / Dental Supplies						**$0.00**
2. Medical / Dental Equipment (less than $5,000)						**$0.00**
3. Prescription Meds						**$0.00**
4. Medical-Subcontractor Fees (i.e. Procedures, screenings, labs, X-Rays, other medical diagnostics)						**$0.00**
E. Contractual / Professional Services	$68,505.00	$0.00	$0.00	$0.00	$0.00	**$68,505.00**
1. Legal						**$0.00**
2. Audit						**$0.00**
3. Accounting						**$0.00**
4. Deaf and Hard of Hearing Services / Interpreting Services						**$0.00**
5. Background / Fingerprinting / Screening						**$0.00**
6. Pre-Employment Screening						**$0.00**
7. Information Technology related charges						**$0.00**
8. Biomedical waste, laundry, shredding, etc.						**$0.00**
9. Other Consulting / Contractual Services	$68,505.00					**$68,505.00**
F. Office Expenses	$4,385.00	$0.00	$0.00	$0.00	$0.00	**$4,385.00**
1. Telephone, Internet, Fax	$960.00					**$960.00**
2. Utilities						**$0.00**
3. Postage and Shipping						**$0.00**
4. Office Supplies						**$0.00**
5. Copying / Printing (Inside & Outside)						**$0.00**
6. Equipment (less than $5,000)						**$0.00**
7. Computers & Software (less than $5,000)	$3,425.00					**$3,425.00**
8. Furniture (less than $5,000)						**$0.00**
G. Lease / Rent	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
1. Medical / Operational Equipment						**$0.00**
2. Building						**$0.00**
H. Maintenance	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
1. Janitorial Services						**$0.00**
2. Routine Repairs						**$0.00**
I. Insurance						**$0.00**
J. Memberships & Subscriptions	$867.00	$0.00	$0.00	$0.00	$0.00	**$867.00**
1. Membership Fees	$87.00					**$87.00**
2. Subscriptions	$780.00					**$780.00**
K. Capital (Equipment, buildings, & land greater than $5,000)	$43,500.00					**$43,500.00**
Total Program	**$166,500.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$165,500.00**

* Cost of living adjustments are allowable on Fiscal Year Two and forward, not to exceed 3%.

The forgoing budget and timeline are for planning purpose and are not binding. Any revisions to the budget must be submitted in writing to the county. Please contact your assigned Contract Manager for assistance.

BUDGET

Funding Period:	FY 26/27 and subsequent years
Awarded Agency:	Polk County School Board for the Maynard A. Traviss Technical College
Project Name:	Traviss Technical College - Dental Program
Contract #:	20-007-IHC
Award Amount:	$122,000.00

	Budget (Awarded for this contract)	Other Polk County Funding	State Funding	Local City Funding	Other Funding Sources	Total Program Annual Budget
A. *Personnel Salaries and Wages	$33,146.00					**$33,146.00**
B. *Fringe and Benefits	$15,097.00					**$15,097.00**
C. Staff Travel	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
1. Client Visiting Travel Costs						**$0.00**
2. Staff Training Registration Fees						**$0.00**
3. Staff Training Travel Costs						**$0.00**
D. Patient Care Costs	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
1. Medical / Dental Supplies						**$0.00**
2. Medical / Dental Equipment (less than $5,000)						**$0.00**
3. Prescription Meds						**$0.00**
4. Medical-Subcontractor Fees (i.e. Procedures, screenings, labs, X-Rays, other medical diagnostics)						**$0.00**
E. Contractual / Professional Services	$68,505.00	$0.00	$0.00	$0.00	$0.00	**$68,505.00**
1. Legal						**$0.00**
2. Audit						**$0.00**
3. Accounting						**$0.00**
4. Deaf and Hard of Hearing Services / Interpreting Services						**$0.00**
5. Background / Fingerprinting / Screening						**$0.00**
6. Pre-Employment Screening						**$0.00**
7. Information Technology related charges						**$0.00**
8. Biomedical waste, laundry, shredding, etc.						**$0.00**
9. Other Consulting / Contractual Services	$68,505.00					**$68,505.00**
F. Office Expenses	$4,385.00	$0.00	$0.00	$0.00	$0.00	**$4,385.00**
1. Telephone, Internet, Fax	$960.00					**$960.00**
2. Utilities						**$0.00**
3. Postage and Shipping						**$0.00**
4. Office Supplies						**$0.00**
5. Copying / Printing (Inside & Outside)						**$0.00**
6. Equipment (less than $5,000)						**$0.00**
7. Computers & Software (less than $5,000)	$3,425.00					**$3,425.00**
8. Furniture (less than $5,000)						**$0.00**
G. Lease / Rent	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
1. Medical / Operational Equipment						**$0.00**
2. Building						**$0.00**
H. Maintenance	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
1. Janitorial Services						**$0.00**
2. Routine Repairs						**$0.00**
I. Insurance						**$0.00**
J. Memberships & Subscriptions	$867.00	$0.00	$0.00	$0.00	$0.00	**$867.00**
1. Membership Fees	$87.00					**$87.00**
2. Subscriptions	$780.00					**$780.00**
K. Capital (Equipment, buildings, & land greater than $5,000)						**$0.00**
Total Program	**$122,000.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$122,000.00**

* Cost of living adjustments are allowable on Fiscal Year Two and forward, not to exceed 3%.

The forgoing budget and timeline are for planning purpose and are not binding. Any revisions to the budget must be submitted in writing to the county. Please contact your assigned Contract Manager for assistance.

INVOICE SAMPLE

Logo
Name

Partner
[Street Address]
[City, ST ZIP Code]

Date: September 25, 2025
Invoice #: [100]
Service Period: [00-00-00 to 99-99-99]
Contract Number: [99-999-IHC]

To: Polk County, a political subdivision of the State of Florida
Community Health Care
2135 Marshall Edwards Drive
Bartow FL, 33830

Category / Description	Budget	Invoice 1st Quarter	Invoice 2nd Quarter	Invoice 3rd Quarter	Invoice 4th Quarter	YTD Total	Balance
Personnel Salaries and Wages	$ -					$ -	$ -
Fringe and Benefits	$ -					$ -	$ -
Staff Travel	$ -					$ -	$ -
Client Visiting Travel Costs	$ -					$ -	$ -
Staff Training Registration Fees	$ -					$ -	$ -
Staff Training Travel Costs	$ -					$ -	$ -
Patient Care Costs	$ -					$ -	$ -
Medical / Dental Supplies	$ -					$ -	$ -
Medical / Dental Equipment (less than $5,000)	$ -					$ -	$ -
Prescription Meds	$ -					$ -	$ -
Medical-Subcontractor Fees (i.e. Procedures, screenings, labs, X-rays, other medical diagnostics)	$ -					$ -	$ -
Contractual / Professional Services	$ -					$ -	$ -
Legal	$ -					$ -	$ -
Audit	$ -					$ -	$ -
Accounting	$ -					$ -	$ -
Deaf and Hard of Hearing Services / Interpreting Services	$ -					$ -	$ -
Background / Fingerprinting / Screening	$ -					$ -	$ -
Pre-Employment Screening	$ -					$ -	$ -
Information Technology related charges	$ -					$ -	$ -
Biomedical waste, laundry, shredding, etc.	$ -					$ -	$ -
Other Consulting / Contractual Services	$ -					$ -	$ -
Office Expenses	$ -					$ -	$ -
Telephone, Internet, Fax	$ -					$ -	$ -
Utilities	$ -					$ -	$ -
Postage and Shipping	$ -					$ -	$ -
Office Supplies	$ -					$ -	$ -
Copying / Printing (Inside & Outside)	$ -					$ -	$ -
Equipment (less than $5,000)	$ -					$ -	$ -
Computers & Software (less than $5,000)	$ -					$ -	$ -
Furniture (less than $5,000)	$ -					$ -	$ -
Lease / Rent	$ -					$ -	$ -
Medical / Operational Equipment	$ -					$ -	$ -
Building	$ -					$ -	$ -
Maintenance	$ -					$ -	$ -
Janitorial Services	$ -					$ -	$ -
Routine Repairs	$ -					$ -	$ -
Insurance	$ -					$ -	$ -
Memberships & Subscriptions	$ -					$ -	$ -
Membership Fees	$ -					$ -	$ -
Subscriptions	$ -					$ -	$ -
Capital (Equipment, Buildings and Land greater than $5,000)	$ -					$ -	$ -
Grand Total:	$ -	$ -	$ -	$ -	$ -	$ -	$ -

I certify the above to be accurate and in agreement with this agency's record and with the terms of this agreement. Additionally, I certify that any reports accompanying this invoice are true and correct reflection of this period's activities, as stipulated by this agreement.

Authorized Name (Print) _____ Title _____

Authorized Signature _____ Date _____