

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Year	2010	2011	2012	2013	2014
Capital Expenditures	0	0	0	0	0
Operating Costs	0	0	0	0	0
External Revenues	0	0	0	0	0
Program Income (County)	0	0	0	0	0
In-Kind Match (County)	0	0	0	0	0
NET FISCAL IMPACT	0	0	0	0	0
# Additional FTE Positions (Cumulative)	—	—	—	—	—
Is Item Included in Current Budget? Yes ___ No ___					
Reporting Category _____					

B. Recommended Sources of Funds/Summary of Fiscal Impact:

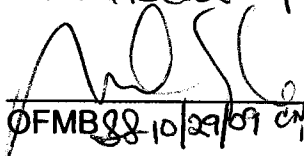
There is no fiscal impact associated with this item.


C. Departmental Fiscal Review: _____

III. REVIEW COMMENTS

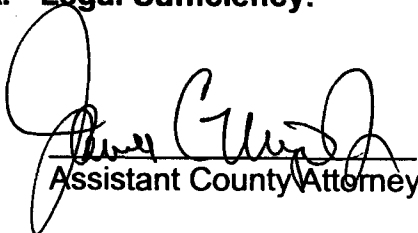
A. OFMB Fiscal and/or Contract Development & Control Comments:

No fiscal impact associated with this agenda item.


OFMB 10/29/09 11/2/09
10/28/09


Contract Dev and Control 11/4/09

A. Legal Sufficiency:


Assistant County Attorney 11/9/09

This amendment complies with
our review requirements.

A. Other Department Review:

Department Director

This summary is not to be used as a basis for payment.

SECOND AMENDMENT TO INTERLOCAL AGREEMENT

THIS SECOND AMENDMENT to Agreement R2003-1066, dated July 15, 2003, is made as of _____, by and between Palm Beach County, a political subdivision of the State of Florida, by and through its Board of County Commissioners, hereinafter referred to as the County, and Columbia JFK Medical Center, L.P., a corporation licensed to do business in the State of Florida ("Hospital") with a federal tax id number of 62-169 4180.

In consideration of the mutual promises contained herein, the County and Hospital agree as follows:

1. The term of Agreement R2003-1066, as amended by R2006-2227 expires on July 15, 2009, and shall be extended to July 14, 2012.
2. All other terms of Agreement R2003-1066 remain unmodified and in full force and effect.

IN WITNESS WHEREOF, the Board of County Commissioners of Palm Beach County, Florida has made and executed this Amendment on behalf of the County and Hospital has hereunto set its hand the day and year above written.

**SHARON R. BOCK,
CLERK & COMPTROLLER**

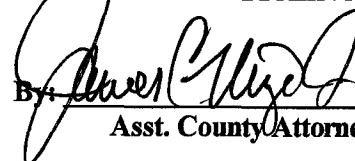
**PALM BEACH COUNTY, FLORIDA BY ITS
BOARD OF COUNTY COMMISSIONERS**

By: _____
Deputy Clerk

By: _____

**APPROVED AS TO FORM
AND LEGAL SUFFICIENCY**


**APPROVED AS TO TERMS
AND CONDITIONS**


By:  _____
Asst. County Attorney

By:  _____
Director Facilities Dev & Operations


ATTEST:

HOSPITAL:

By:  _____
Witness

By:  _____
Chief Executive Officer

**APPROVED AS TO FORM AND
LEGAL SUFFICIENCY:**



Hospital Attorney