

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact

Fiscal Years	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>
Capital Expenditures					
Operating Costs	<u>18,027</u>	<u>24,787</u>			
External Revenues					
Program Income (County)					
In-Kind Match (County)					
Net Fiscal Impact	<u><u>18,027</u></u>	<u><u>24,787</u></u>			

ADDITIONAL FTE

POSITIONS (Cumulative)	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
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Is Item Included In Current Budget? Yes X No

Budget Account Exp No: Fund 5011 Department 700 Unit 7245 Object 3103
 Rev No: Fund Department Unit Object

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

Risk Management Fund - 5011

Departmental Fiscal Review: Jessica Toledo

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Dev. and Control Comments:

[Signature] 1/6/14
 OFMB 1/5/14

[Signature] 1/6/14
 Contract Administration
 1-6-14 B. W. Keller

B. Legal Sufficiency:

[Signature] 1/2/14
 Assistant County Attorney

C. Other Department Review:

 Department Director

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

**FIRST AMENDMENT
TO CONTRACT FOR
CONSULTING/PROFESSIONAL SERVICES
(Contract No. R2012 1144)**

THIS FIRST AMENDMENT, dated _____, 2014, to Contract No. R2012 1144, dated August 14, 2012, by and between Palm Beach County, a political subdivision of the State of Florida, by and through its Board of Commissioners, hereinafter referred to as the "COUNTY", and Island Medical Care LLC, a corporation, authorized to do business in the State of Florida, hereinafter referred to as the "PHYSICIAN".

WITNESSETH:

WHEREAS, the parties have entered into that certain Contract dated August 14, 2012, hereinafter referred to as the "CONTRACT", whereby the PHYSICIAN has agreed to provide onsite professional/consultant services in the area of Occupational Health; and

WHEREAS, the parties desire to modify the SCOPE of WORK, Exhibit "A," to increase the weekly schedule from two eight (8) hour days and one four (4) hour day to three eight (8) hour days; and

WHEREAS, the parties desire to modify ARTICLE 3 – PAYMENTS TO PHYSICIAN, Subparagraph A, to increase the not-to-exceed total CONTRACT amount from \$405,600.00 to \$448,413.35 and to delete the following language, "The PHYSICIAN shall notify the COUNTY's representative in writing when 90% of the "not to exceed amount" has been reached."

WHEREAS, the parties desire to modify the SCHEDULE OF PAYMENTS, EXHIBIT "B", to increase the hours per month from 80 hours at \$11,266.67 totaling \$405,600.00 to 96 hours at \$13,520.00 totaling \$448,413.35.

NOW THEREFORE, in consideration of the mutual covenants and agreements expressed herein, the COUNTY and the PHYSICIAN agree as follows:

1. SCOPE of WORK, EXHIBIT "A", third paragraph, is hereby amended to read as follows:

"The PHYSICIAN shall provide three eight (8) hour days each week. In the event the PHYSICIAN is unable to perform services on dates mutually

agreed upon, he/she agrees to perform additional coverage on subsequent dates."

2. ARTICLE 3 – PAYMENTS TO PHYSICIAN, paragraph A. is hereby amended to read as follows:

A. "The total amount to be paid by the COUNTY under this Contract for all services and materials including, if applicable, "out of pocket" expenses (specified in paragraph C below) shall not exceed a total contract amount of Four Hundred and Forty Eight Thousand and Four Hundred and Thirteen Dollars and Thirty Five cents (\$448,413.35). The PHYSICIAN will bill the COUNTY on a monthly basis, or as otherwise provided, at the amounts set forth in Exhibit "B" for services rendered toward the completion of the Scope of Work. Where incremental billings for partially completed items is permitted, the total billings shall not exceed the estimated percentage of completion as of the billing date.

3. SCHEDULE OF PAYMENTS, EXHIBIT "B", is hereby amended to read as follows:

SCHEDULE OF PAYMENTS

The Scope of Work to be completed by PHYSICIAN as defined in Exhibit "A" consists of specific completion phases which shall be clearly identified on a phase-by-phase basis upon submission to the COUNTY of certain "deliverables" as expressly indicated below. Compensation for the work tasks stated herein shall be in accordance with the following Schedule of Payments:

September 1, 2012 Through January 31, 2015

Dr Earl Campazzi	80 Hours per month @	\$ 11,266.67
Out of pocket Expense		\$ 0.00

February 1, 2012 Through August 31, 2015

Dr Earl Campazzi	96 Hours per month @	\$ 13,520.00
Out of pocket Expense		\$ 0.00

Contract total		\$448,413.35
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4. All other provisions of said CONTRACT, dated August 14, 2012, are hereby confirmed and, except as provided herein, are not otherwise altered or amended and shall remain in full force and effect.

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

ATTEST:
SHARON R. BOCK
CLERK AND COMPROLLER:

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS:

By: _____
Deputy Clerk

By: _____
Mayor Priscilla A. Taylor

WITNESS:

PHYSICIAN:

Annie Brewer
Signature

ISLAND MEDICAL CARE, LLC
Company Name

Annie Brewer
Name (type or print)

Earl J. Campazzi, Jr. M.D.
Signature

[Signature]
Signature

Earl J. Campazzi, Jr. M.D.
Typed Name

Mercedes Camillo
Name (type or print)

President
Title

(corp. seal)

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

APPROVED AS TO TERMS
AND CONDITIONS

By: _____
County Attorney

By: Nancy L. Balch
Risk Management