



## II. FISCAL IMPACT ANALYSIS

**A. Five Year Summary of Fiscal Impact:**

Fiscal Years	2017	2018	2019	2020	2021	
Capital Expenditures	_____	_____	_____	_____	_____	
Operating Costs	_____	_____	_____	_____	_____	
External Revenues	_____	_____	_____	_____	_____	
In-Kind Match (County	_____	_____	_____	_____	_____	
<b>NET FISCAL IMPACT</b>	<u>_____*</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____	
Is Item Included in Current Budget:	Yes	_____	No	_____		
Budget Account No:	Fund	_____	Dept	_____	Unit	_____
	Program	_____			Object	_____

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

\* There is no fiscal impact with this item.

**C. Departmental Fiscal Review:**

*[Signature]* 4/28/17

### III. REVIEW COMMENTS

**A. OFMB Fiscal and/or Contract Development Comments:**

*[Signature]* 5/4/17  
OFMB STS/3 AS/3

*[Signature]* 5/8/17  
Contract Development and Control  
5/8/17

**B. Legal Sufficiency:**

*[Signature]* 5/8/17  
Assistant County Attorney

**C. Other Department Review:**

\_\_\_\_\_  
Department Director

### THIRD AMENDMENT TO AGREEMENT

**THIS THIRD AMENDMENT** to Agreement R2002-0548 dated April 16, 2002, as amended by R2006-2428 and R2012-0494 (collectively referred to herein as the "Agreement"), 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 ("County") and Health Care District of Palm Beach County, a political subdivision of the State of Florida, ("District").

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

1. The term of the Agreement expired on April 15, 2017, and shall be retroactively extended to April 15, 2022 pursuant to the exercise of the third five (5) year renewal option.
2. The Agreement is hereby modified to add the following:

#### **SECTION 19: NO THIRD PARTY BENEFICIARY**

No provision of this Agreement is intended to, or shall be construed to, create any third party beneficiary or to provide any rights to any person or entity not a party to this Agreement, including, but not limited to, any citizen or employees of the County and/or District.

3. The Agreement is hereby modified to add the following:

#### **SECTION 20: NONDISCRIMINATION**

Pursuant to Resolution R-2014-1421, as amended, it is the policy of the Board of County Commissioners of Palm Beach County that Palm Beach County shall not conduct business with nor appropriate any funds to any organization that practices discrimination on the basis of race, color, national origin, religion, ancestry, sex, age, familial status, marital status, sexual orientation, gender identity and expression, disability, or genetic information.

The District has submitted to County a copy of its non-discrimination policy which is consistent with the above paragraph, as contained in Resolution R-2014-1421, as amended, or in the alternative, if the District does not have a written non-discrimination policy, or one that conforms to the County's policy, it has affirmed through a signed statement provided to County that District will conform to the County's non-discrimination policy as provided in R-2014-1421, as amended.

4. Except as modified by this Third Amendment, the Agreement remains unmodified and in full force and effect in accordance with the terms thereof.

IN WITNESS WHEREOF, the parties have caused this Third Amendment to be executed as of the day and year first above written.

ATTEST:

SHARON R. BOCK  
CLERK & COMPTROLLER

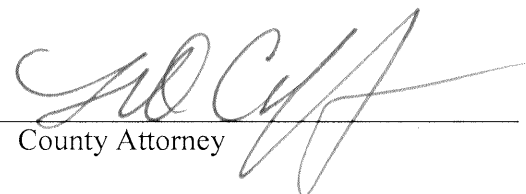
PALM BEACH COUNTY, a political  
subdivision of the State of Florida

By: \_\_\_\_\_  
Deputy Clerk

By: \_\_\_\_\_  
Paulette Burdick, Mayor

APPROVED AS TO FORM AND LEGAL  
SUFFICIENCY:

APPROVED AS TO TERMS AND  
CONDITIONS:

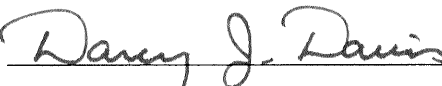
By:   
County Attorney

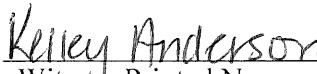
By:   
Audrey Wolf, Director  
 Facilities Development & Operations


ATTEST:

HEALTH CARE DISTRICT OF PALM  
BEACH COUNTY, a political subdivision of  
the State of Florida

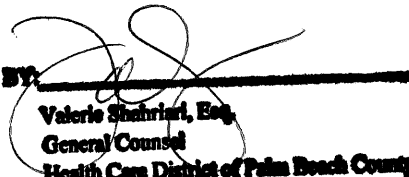
By:   
Witness Signature

By: 

  
Witness Printed Name

  
Print Name and Title

**APPROVED AS TO FORM AND LEGAL SUFFICIENCY**

BY:   
Valerie Shehrin, Esq,  
General Counsel  
Health Care District of Palm Beach County