

Lee County Board Of County Commissioners

September 27, 2002

Agenda Item Summary

Blue Sheet No. 20021110

1. REQUESTED MOTION:

ACTION REQUESTED: (1) Approve FY2003 contracts for the Partnering for Results program as adopted at the final public hearing on September 19, 2002 and authorize the Chairman to sign the contracts once completed by the community agencies. (2) Approve FY2003 contract for United Way of Lee County in the amount of \$30,000 for Information and Referral Services and authorize the Chairman to sign the contract once completed by the United Way of Lee County.

WHY ACTION IS NECESSARY: To legally execute Partnering for Results contracts with the fifteen (15) human services agencies receiving a total of \$2,357,894 and the United Way of Lee County.

WHAT ACTION ACCOMPLISHES: Provides County funding for social service programs.

2. DEPARTMENTAL CATEGORY:

COMMISSION DISTRICT #

C5B

3. MEETING DATE:

10-15-2002

4. AGENDA:

- CONSENT
- ADMINISTRATIVE
- APPEALS
- PUBLIC
- WALK ON
- TIME REQUIRED:

5. REQUIREMENT/PURPOSE:
(Specify)

- STATUTE
- ORDINANCE
- ADMIN. CODE
- OTHER

6. REQUESTOR OF INFORMATION:

- A. COMMISSIONER N/A
- B. DEPARTMENT HUMAN SERVICES
- C. DIVISION N/A

BY: KAREN B. HAWES, DIRECTOR

Karen B. Hawes 9/27/02

7. BACKGROUND:

The Human Services Partnering for Results Review Panel made recommendations to the Board of County Commissioners to allocate \$2,357,894 to fifteen (15) agencies. The final recommendations were accepted during the September 19, 2002 public hearing. A total of \$30,000 was allocated to United Way of Lee County to continue Information and Referral Services which was previously provided by AgeLink of Lee County. The Board set aside funds from the total Partnering for Results allocation on July 9, 2002 for this purpose.

This action requests that the Board approve the contracts for the amounts specified on the attached sheet and provide authorization to the Chairman to sign each contract upon receipt from the agencies. The contracts will be reviewed by staff and forwarded to the Board Chairman for signature.

Funds are available in account string:
FC5690200100.508210

Attachments: FY2003 allocations to Community Agencies
Department of Human Services Standard Provider Contract

8. MANAGEMENT RECOMMENDATIONS:

Recommend Approval

9. RECOMMENDED APPROVAL:

A Department Director	Purchasing or Contracts	C Human Resources	D Other	E County Attorney	F Budget Services				G County Manager
		N/A			OA	OM	Risk	GC	
<i>Karen B. Hawes</i>	N/A			<i>Budella</i> <i>Hawes</i>	<i>RK</i> 10/2	<i>OK</i> 10/2/02	<i>OK</i> 10/03/02	<i>OK</i> 10/2/02	<i>OK</i>

10. COMMISSION ACTION:

- APPROVED
- DENIED
- DEFERRED
- OTHER

RECEIVED BY
COUNTY ADMIN. *RK*
10/2 9/15
COUNTY ADMIN.
FORWARDED TO: *BL*

REC'D.
BY CO. ATTY.
10/11/02
1:55 PM
CO. ATTY. *BL*
FORWARDED TO:
Budget

Partnering For Results FY 2002-03 Budget

Agency	Funded Amount
1. Abuse Counseling & Treatment, Inc.	\$ 239,747.00
2. Big Brothers Big Sisters of SW FL, Inc.	\$ 144,750.00
3. Catholic Hispanic Social Services	\$ 105,111.00
4. Child Care of SW FL, Inc.	\$ 400,000.00
5. Dr. Piper Center Social Services, Inc.	\$ 87,378.00
6. Impact for Developmental Education, Inc.	\$ 216,500.00
7. LARC, Inc.	\$ 443,395.00
8. Lutheran Services	\$ 46,605.00
9. Island Coast Aids Network, Inc.	\$ 167,500.00
10. Senior Friendship Centers of Lee County, Inc.	\$ 104,779.00
11. South West Florida Addiction Services, Inc.	\$ 173,098.00
12. Children's Advocacy Center, Inc.	\$ 50,000.00
13. The Nations Association, Inc.	\$ 24,031.00
14. The Village Center	\$ 80,000.00
15. Visually Impaired Persons of SW FL, Inc.	<u>\$ 75,000.00</u>
Total	\$2,357,894.00
16. United Way of Lee County	<u>\$ 30,000.00</u>
TOTAL ALLOCATION	\$2,387,894.00

CFSA # _____
 CFDA # _____
 Contract No. _____
 Funding Source: _____

STANDARD UNIT OF SERVICE CONTRACT

**CONTRACT BETWEEN
 THE LEE COUNTY BOARD OF COUNTY COMMISSIONERS
 And**

THIS **CONTRACT** is entered into this _____ day of _____, _____, between Lee County, hereinafter referred to as "**COUNTY**" and _____, a Not-for-Profit Corporation existing under the laws of the State of Florida and, hereinafter referred to as "**PROVIDER**".

WHEREAS, COUNTY believes it to be in the public interest to provide certain activities to the Lee County residents through the **PROVIDER** according to this Contract, the agency's intent as stated in the proposal and attachments and/or exhibits, and all other terms and conditions as specified.

NOW THEREFORE, in consideration of the mutual covenants, promises, and representations contained herein **COUNTY** and the **PROVIDER** agree as follows:

ARTICLE I SCOPE OF SERVICES

Program	Unit Description	Total # Program Units	Total # units purchased by County	Total Cost per Unit	Unit cost reimbursed by County
				\$	\$
				\$	\$
				\$	\$

The **COUNTY** has agreed to purchase the service listed above at the stated unit cost. Contracts are based upon the purchase of a fixed number of units of service at the unit cost reimbursed by the county.

Program(s) must be implemented to serve residents of Lee County in accordance with the approved FY2003 proposal(s) and exhibits/attachments.

ARTICLE II TERM OF CONTRACT

This Contract shall begin _____ and end _____ unless terminated as specified in Article VIII, Suspension/Termination.

ARTICLE III COMPENSATION AND REPORTS

A. Contract Payment

Payments will be made by the **COUNTY** to the **PROVIDER** and the **PROVIDER** agrees to accept as full compensation the total amount not to exceed \$ _____ for services rendered during the term of this Contract, subject to the provisions of Article III B Deferred Payment/Return of Funds and Article VIII,

Suspension/Termination. Funding is contingent upon the availability of funds.

B. Deferred Payment/Return of Funds

The **COUNTY** may defer payment to the **PROVIDER** for noncompliance with contract deliverables or program requirements.

If as a result of monitoring or audit, unallowable or unsupported costs are found, no further payments will be made until the full amount of overpayment is remitted to Lee County or a repayment agreement is accepted by Lee County. If the monitoring or audit occurs after the term of this contract, the **PROVIDER** will be required to remit funds to the **COUNTY** in accordance with the repayment conditions below.

The **PROVIDER** agrees to return to the **COUNTY** any overpayments due to funds disallowed pursuant to the terms of this Contract. Such funds shall be considered **COUNTY** funds and must be refunded to the **COUNTY** within thirty (30) days of receiving notice from the **COUNTY** in writing regarding the overpayment. Should repayment not be made in a timely manner, the **COUNTY** will charge interest of one (1) percent per month compounded on the outstanding balance after forty (40) calendar days after the date of notification or discovery. The **PROVIDER** will be required to reimburse the **COUNTY** for any acts of non-compliance resulting in disallowed costs or fines.

C. Contract Deliverables

1. Required Reports (check if included in contract)

- EXHIBIT 1- Payment Request for Unit costs contract- Due monthly by the 20th of the following month**
Must be based upon approved unit cost and actual uncompensated units provided during the reporting period. Payment will be made upon receipt and approval by the **COUNTY** of a completed Payment Request. Copies of supporting documentation for units provided during the reporting period must be attached to the Payment Request.
- EXHIBIT 1 - Payment Request for Line item contract- Due 20 days following reporting period**
All payments will be reimbursement for expenses already paid for services rendered during the contract period. Required documentation will include vendor invoice, payroll journal, or other original documentation, as well as a copy of the **PROVIDER'S** check.
 monthly quarterly upon project completion
- EXHIBIT 1A - - Allocation by Service Activity – SHP only**
- EXHIBIT 2 – Program/Demographics – Due _____**
- EXHIBIT 3 – Performance Outcomes Report – Due _____**
- EXHIBIT 4 - Unit Cost Analysis Report – Due last day of month following the end of the quarter**
- EXHIBIT 5- Annual Progress Report or Closeout Report- Due _____**
- EXHIBIT 6- Request for Contract Modification– Due no later than 45 days prior to end of contract term; effective the first day of the month in which it is received by the **COUNTY**.**

2. **Required Documents**

- ATTACHMENT A - Certificate of Insurance-** insert in contract

Audited Financial Statement and Management Letter – Due 180 days following the end of PROVIDER'S fiscal year _____

Monitoring Reports – A copy of monitoring reports provided by other agencies including the agencies response for programs funded by COUNTY will be due no later than 30 days after receipt by the PROVIDER.

D. **Contract Closeout**

1. **Partnering for Results** : The **COUNTY** reserves the right to withhold payment until the final year-end Unit Cost Analysis Report has been received and the unit cost has been verified by the Department of Human Services. Final report due **30 days** following end of contract.
2. **HOME** –Closeout package for each property will be due **120 days** after closing.
3. **Supportive Housing Program** – Final payment request and Annual Progress Report will be due **45 days** from last day of contract term.
4. **CDBG** – Final payment request and demographics reports due by the **20th of the month following** term end.

ARTICLE IV AUDITS, MONITORING, AND RECORDS

A. **Monitoring**

The **PROVIDER** agrees to permit persons duly authorized by the **COUNTY** and the Federal or State grantor agency (if applicable) or any representatives to inspect all records, papers, documents, facility's goods and services of the **PROVIDER** and/or interview any clients and employees of the **PROVIDER** to be assured of satisfactory performance of the terms and conditions of this contract to the extent permitted by the law after giving the **PROVIDER** reasonable notice. The monitoring is a limited scope review of the contract and agency management and does not relieve the **PROVIDER** of its obligation to manage the grant in accordance with the applicable rules and sound management practices.

Following such monitoring the **COUNTY** will deliver to the **PROVIDER** a written report regarding the manner in which services are being provided. The **PROVIDER** will rectify all noted deficiencies within the specified period of time indicated in the monitor report or provide the **COUNTY** with a reasonable and acceptable justification for not correcting the noted shortcomings. The **PROVIDER'S** failure to correct or justify the deficiencies within the time specified by the **COUNTY** may result in the withholding of payments, being deemed in breach or default, or termination of this Contract.

PROVIDER must supply **COUNTY** with copies of all monitoring reports of programs that are funded by the **COUNTY** including agency response, within thirty (30) days of receipt.

B. **Audits and Inspections**

The **PROVIDER** will make all records referenced in Article IV. C., and all items included on financial statements available for audit or inspection purposes at any time during normal business hours and as often as **COUNTY** deems necessary.

The Clerk of Courts Internal Audit division, the Federal or State grantor agency (if applicable), Lee County employees, or any of their duly authorized representatives have the right of timely and unrestricted access to any books, documents, papers, or other records of **PROVIDER** or Certified Public Accountant (CPA) that are pertinent to the contract, in order to make audits, examinations, excerpts, transcripts and copies of such documents. If contract non-compliance or material weaknesses in the organization are noted, the **COUNTY** or other authorized representatives have the right to unlimited access to records during an audit or inspection. This includes timely and reasonable access to a **PROVIDER'S** personnel for the purpose of interview and discussion related to such documents.

C. Records

The **PROVIDER** shall retain all financial, client demographic, and programmatic records, supporting documentation, statistical records and other records which are necessary to document service provision, client demographics, expenditures, income and assets of the **PROVIDER** by funding source, program, and functional expenses category during the term of this contract and five (5) years from the date of contract expiration. If any litigation, claim, negotiation, audit, or other action involving the records has been initiated before the expiration of the 5-year period, the records shall be retained for one (1) year after the final resolution of the action and final resolution of all issues that arise from such action.

D. Independent Audit

An original, bound audit of the agency's financial statements in accordance with Generally Accepted Accounting Principals (GAAP), and/or current Generally Accepted Government Auditing Standards (GAGAS) as applicable, including the auditor's opinion, requisite reports on internal control and compliance if required, management letter addressing internal controls, and management's response to such letter, must be submitted to the **COUNTY** no later than one hundred eighty (180) days following the end of **PROVIDER'S** fiscal year along with any corrective action plan if applicable. Failure to submit the report within the required time frame will result in the withholding of payment requested, or termination of the contract by the **COUNTY**.

The audit must be conducted by an independent licensed certified public accountant who has received an unmodified opinion on their current Peer Review and must be in accordance with the General Accounting Office (GAO) Yellow Book, generally accepted Government Auditing Standards, OMB Circular A-133 "Audits of Institutions of Higher Education and other Non-Profit Organizations" if applicable, the Florida Single Audit Act (F.S. 215.97) if applicable, and the Auditor General Rule 10.550 (Government) or 10.650 (Not For Profit) as applicable. The audit must specifically identify the programs that are funded by this Lee County contract either in the statement of functional expenses, revenues and expenditures, footnotes, schedule of federal awards and state financial assistance or as supplemental data in the financial statements. The statement should be consistent with programs detailed in the corresponding proposal(s) and exhibit(s).

ARTICLE V MODIFICATIONS

If the actual unit cost is determined to be less than the total cost per unit, the **COUNTY** will reserve the right to reduce the contract to the amount needed to purchase the stated number of units at the actual unit cost. If the **COUNTY** is paying a part of the total unit cost, the amount reimbursed by the **COUNTY** will be reduced proportionately.

For contract modifications, Exhibit 6 - Request for Contract Modification is required. The **COUNTY** reserves the right to approve or deny all contract modifications. An approved modification shall be effective the first day of the month in which it is received by the **COUNTY**. Modifications will not be considered within 45 days of the end of the contract term.

ARTICLE VI CONTRACTOR STATUS

A. Independent Contractor

It is the Parties' intention that the **PROVIDER** will be an independent contractor and not the County's employee for all purposes, including, but not limited to, the application of the Fair Labor Standards Act minimum wage and overtime payments, Federal Insurance Contribution Act, the Social Security Act, the Federal Unemployment Tax Act, the provisions of the Internal Revenue Code, Florida revenue and taxation law, Florida Worker's Compensation law and Florida Unemployment Insurance Law. The **PROVIDER** will retain sole and absolute discretion in the judgment of the manner and means of carrying out the **PROVIDER'S** activities and responsibilities hereunder. The **PROVIDER** agrees that it is a separate and independent enterprise from the public employer, that it has made its own investment in its business, and that it will utilize a high level of skill necessary to perform the work. This agreement shall not be construed as creating any joint employment relationship between the **PROVIDER** and **COUNTY**, and **COUNTY** will not be liable for any obligation incurred by the **PROVIDER**, including but not limited to unpaid minimum wages and /or overtime premiums.

B. Subcontracts

Primary roles and responsibilities of **PROVIDER** cannot be subcontracted. It is mutually agreed that any County-funded program component that is subcontracted by **PROVIDER** must have a written contract upon execution of this contract. The **PROVIDER** must ensure each subcontractor conforms to the terms and conditions of this contract and must be subject to indemnification as stated in Article VII.

ARTICLE VII RISK MANAGEMENT

A. Indemnification

The **PROVIDER** will defend, hold harmless, and indemnify the **COUNTY** from and against any and all liability, loss, claims, damages, wages or overtime compensation due its employees, costs, attorneys' fees, and expenses of whatever kind or nature which the **COUNTY** may sustain, incur, or be required to pay either by reason of the loss or improper use of any monies disbursed or to be disbursed hereunder including but not limited to fraud, embezzlement, or dishonesty on the part of any person represented or employed by the **PROVIDER**, or by reason of the intentional or negligent act of the **PROVIDER** or its agents, representatives and/or employees.

The **PROVIDER** further agrees that it will, at its own expense, defend any and all claims, actions, suits, or proceedings that may be brought against the **COUNTY** in connection with the above and satisfy, pay, and discharge any and all judgments or other resolution of claims that may be entered against the **COUNTY** in any such action or proceedings.

The **PROVIDER** further agrees that it is responsible for any and all claims arising from the hiring of individuals relating to activities provided under the Contract. All individuals hired are employees of the **PROVIDER** and not of the **COUNTY**.

B. Insurance

The **PROVIDER** agrees to provide and maintain during the term of this Contract Commercial General Liability insurance insuring the **PROVIDER** against any and all claims, demands, or causes of action whatsoever for injuries received or damage to property incurred in the performance of the terms of this Contract or the use,

occupation, management, or control of any facility herein provided for and the improvements there to. Such a policy of insurance will insure the **PROVIDER** in an amount not less than \$300,000 to cover any or all bodily injury, personal injury, and/or property damage claim connected with any accident or occurrence that may arise or be claimed to have arisen against the **PROVIDER**. The **PROVIDER** must furnish an appropriate Certificate of Insurance (Attachment A) naming Lee County Board of County Commissioners as Certificate Holder and Additional Insured. The **PROVIDER** agrees that the coverage granted to the Additional Insured applies on a primary basis, with the Additional Insured's coverage being excess. The **PROVIDER** agrees that this insurance requirement shall not relieve or limit **PROVIDER'S** liability and that the **COUNTY** does not in any way represent that the insurance required is sufficient or adequate to protect the **PROVIDER'S** interests or liabilities, but are merely minimums. Renewal of Certificates of Insurance and bonding and renewals must be submitted to:

Risk Management
Lee County Board of County Commissioners
P.O. Box 398 Fort Myers, Florida 33902-0398

C. Bonding

The **PROVIDER** must provide fidelity bonding for all employees that handle **PROVIDER'S** funds. The amount of the bond must be equivalent to the highest daily cash balance of the **PROVIDER**. Proof of this bonding must be submitted to the **COUNTY** prior to the date of execution of this contract.

ARTICLE VIII SUSPENSION/TERMINATION

A. Suspension

The **COUNTY** reserves the right to suspend funding for failure to comply with the requirements of this contract.

In the event **PROVIDER** ceases operation for any reason or files for protection from creditors under bankruptcy law, any remaining unpaid portion of this Contract, less funds for expenditures already incurred, shall be retained by the **COUNTY** and the **COUNTY** shall have no further funding obligation to the **PROVIDER** with regard to those unpaid funds.

B. Termination by COUNTY

The **COUNTY** may at any time and for any reason cancel this Contract by giving twenty-four (24) hours written notice to the **PROVIDER** by certified mail following a determination by the Board of County Commissioners, at its sole discretion, that such cancellation is in the best interest of the people of the county. From the date of cancellation, neither party shall have any further obligation unless specified in the termination notice.

C. Termination by PROVIDER

The **PROVIDER** may at any time and for any reason cancel this Contract by giving seventy-two (72) hours prior written notice to the **COUNTY** by certified mail of such and specifying the effective date.

COUNTY'S obligation to make any payments under any provision of this Contract shall cease on the effective date of termination.

ARTICLE IX ASSURANCE, CERTIFICATIONS, AND COMPLIANCE

The **PROVIDER** agrees that compliance with these assurances and certifications constitutes a condition of continued receipt of or benefit from funds provided through this Contract, and that it is binding upon the **PROVIDER**, its successors, transferees, and assignees for the period during which services are provided. The **PROVIDER** further assures that all contractors, subcontractors, or others with whom it arranges to provide services or benefits to participants or employees in connection with any of its programs and activities are not discriminating against those participants or employees in violation of statutes, regulations, guidelines and standards. By acceptance of this funding, the **PROVIDER** assures and certifies the following:

- A. That it will comply with all applicable laws, ordinances and regulations of the United States, the State of Florida, the **COUNTY**, and the municipalities as said laws, ordinances and regulations exist and are amended from time to time. In entering into this contract, the **COUNTY** does not waive the requirements of any **COUNTY** or local ordinance or the requirements of obtaining any permits or licenses that are normally required to conduct business or activity contemplated by the **PROVIDER**.
- B. That it will comply with Chapter 760, Florida Statutes and Lee County Ordinance 00-19 which prohibit discrimination in housing on the basis of race, color, national origin, sex, religion, disability or familial status.
- C. That it will comply with Chapter 760, Florida statutes and Lee County Ordinance 00-18 which prohibit discrimination in employment on the basis of race, color, national origin, sex, religion, disability or marital status.
- D. That it will not discriminate in the provision of services on the basis of race, color, national origin, sex, religion, disability, marital status or familial status.
- E. That it will administer its programs under procedures, supervision, safeguards, and such other methods as may be necessary to prevent fraud and abuse, and that it will target its services to those who most need them.
- F. That if clients are to be transported under this contract, the **PROVIDER** will comply with the provisions of Chapter 427, Florida Statutes, which requires the coordination of transportation for the disadvantaged.
- G. That any products or materials purchased with contract funds shall be procured in accordance with the provisions of Chapter 403.7065, Florida Statutes, which refers to the procurement of products or materials with recycled content.
- H. That it will comply with the Americans with Disabilities Act of 1990, P. L. 101-336, which prohibits discrimination on the basis of disability and requires reasonable accommodation for persons with disabilities.
- I. That it shall report any unusual incidents involving funded activities to the **COUNTY**, in writing, within five (5) calendar days of the occurrence or the **COUNTY** may terminate this Contract. Unusual incidents include, but are not limited to those events which are reported to local police authorities by the **PROVIDER** or any person whose report requires any type of response by local law enforcement authorities; those events which result in physical injury to a person receiving **PROVIDER** services that are underwritten in any way by the **COUNTY**; or, those incidents or events which result in a report to or investigation arising from a call to the Florida Abuse Hotline. In accordance with Chapter 415, Florida Statute, an employee of the **PROVIDER** who knows or has reasonable cause to suspect that a child, aged person, or disabled adult has been abused, neglected, or exploited, shall immediately report such knowledge or suspicion to the Florida Abuse Hotline on the statewide toll-free number (1-800-96-ABUSE).

- J. That it will comply with Chapter 216.347, Florida Statutes, which prohibits the expenditure of contract funds for the purpose of lobbying the legislature, state or county agencies .
- K. The **PROVIDER** will notify the **COUNTY** immediately of any funding source changes and/or additions from other sources that are different from that shown in the **PROVIDER'S** application. This notification must include a statement as to how this change in funding affects provision of service as well as the use of and continued need for **COUNTY** funds.
- L. That it will acknowledge support for activities funded wholly or in part by **COUNTY** funds.
- M. The **PROVIDER** will notify the **COUNTY** of any SIGNIFICANT changes to the **PROVIDER** organization to include articles of incorporation and bylaws within ten (10) working days of the effective date.

ARTICLE X NOTICES

Official notices concerning this Contract shall be directed to the following authorized representatives:

COUNTY:

ATTN: Contracts Specialist
 Lee County Department of Human Services
 83 Pondella Road, Suite 1
 Fort Myers, Florida 33903

Telephone: (239) 652-7918

Fax: (239) 652-7960

E-Mail:

PROVIDER:

Name:

Title:

Agency:

Address:

Telephone:

Fax: ()

E-Mail:

The signatures of the persons shown below are designated and authorized to sign all applicable reports:

	OR	
Name (printed/typed)		Name (printed/typed)
	Signature	
Title		Title

Signature

In the event that either party designates different representatives after execution of this contract, notice of the name and address of the new representative will be rendered in writing by authorized officer of **PROVIDER** to the **COUNTY**. The notification shall be attached to originals of this Contract.

ARTICLE XI SPECIAL PROVISIONS

If needed, PROVIDER may be called upon to assist COUNTY during a natural disaster or emergency.

ARTICLE XII ALL TERMS AND CONDITIONS INCLUDED

This contract and its attachments, and any exhibits referenced in said attachments, together with any documents incorporated by reference, contain all the terms and conditions agreed upon by the parties. There are no provisions, terms, conditions, or obligations other than those contained herein, and this contract shall supersede all previous communications, representations, or agreements, either verbal or written between the parties. If any term or provision of this contract is legally determined unlawful or unenforceable, the remainder of the contract shall remain in full force and effect and such terms or provisions shall be stricken.

IN WITNESS THEREOF, PROVIDER and COUNTY have caused this 9 page contract and all Contract Exhibits and Attachments as indicated on next page to be executed by their undersigned officials as duly authorized.

PROVIDER:

By: _____
Name (print)

(Signature of authorized officer)

Title

Date

COUNTY: LEE COUNTY

By: Robert P. Janes
Name (print)

(Signature of authorized officer)

Chairman, Board of County Commissioners
Title

Date

STATE OF FLORIDA
COUNTY OF LEE

The foregoing instrument was acknowledged before me this ___ day of _____, 2002, by

_____, who is personally known to me or who has produced _____ as identification and who did (did not) take an oath.

NOTARY:

By: _____
Notary of Public (Signature)

Name (typed)

ATTEST: CLERK OF CIRCUIT COURT

By: _____

Title: _____

Date: _____

**APPROVED AS TO FORM:
COUNTY ATTORNEY'S OFFICE**

By: _____

Title: _____

Date: _____