

AGREEMENT

THIS AGREEMENT made and entered into this 9th day of February, 2005, by and between the County of Nassau, a political subdivision of the State of Florida, hereinafter referred to as COUNTY, and the Council on Aging, hereinafter referred to as COUNCIL.

WITNESSETH

WHEREAS, it is in the best interest of the citizens of Nassau County that there be a Council on Aging, and

WHEREAS, the COUNCIL provides many services for the aging residents of Nassau County;

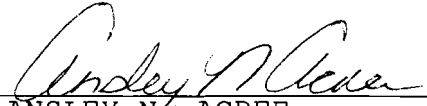
NOW, THEREFORE, the parties hereto agree as follows:

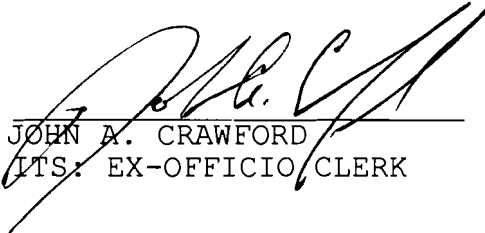
1. For and in consideration of the sum of \$85,000.00, which shall be paid in quarterly installments, during the month of November, February, May and August, the COUNCIL does hereby agree to perform services that will benefit the residents of Nassau County. Said services to include but not be limited to the following:
 - a. Continuing the present level of services provided for the aging at the COUNCIL'S main center.
2. The COUNCIL shall make their financial records available to the COUNTY for purposes of an audit, if requested by the COUNTY. The COUNTY shall require an audit of previous year's financial records to be performed by an independent accounting firm. The audit report must be presented to the COUNTY before the May distribution will be made.
3. All facilities, programs and services shall be compliant with the Florida Accessibility Code and the federal Americans with Disabilities Act (ADA). Failure to provide facilities, programs, and services that are compliant with both the Florida Accessibility Code and the federal Americans with Disabilities Act (ADA) shall be considered a breach of the contract.

IN WITNESS WHEREOF, the parties hereto have duly executed this Agreement this 18th day of February, 2005.

SIGNED, SEALED & DELIVERED
IN THE PRESENCE OF:

BOARD OF COUNTY COMMISSIONERS
NASSAU COUNTY, FLORIDA

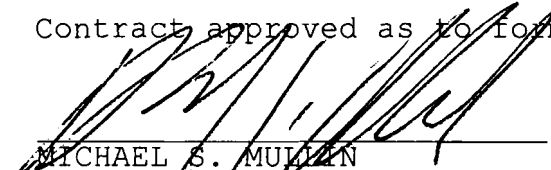
BY: 
ANSLEY N. ACREE
ITS: CHAIRMAN

ATTEST: 
JOHN A. CRAWFORD
ITS: EX-OFFICIO CLERK

THE COUNCIL ON AGING
OF NASSAU COUNTY, FLORIDA

BY: 
ITS: EXECUTIVE DIRECTOR

Contract approved as to form:


MICHAEL S. MULLIN
County Attorney

AFFIDAVIT

I, Mariellen Heron, certify that our programs and facilities are in compliance with the Federal Americans with Disabilities Act and the Florida Accessibility Code.

Mariellen Heron
SIGNATURE
TITLE: Executive Director

State of Florida
County of Nassau

The foregoing instrument was acknowledged before me this 18th day of February, 2005, by Mariellen Heron, as Executive Director, of the Nassau County Council on Aging, Inc. who is personally known to me or who has produced _____ as identification and who did take an oath.

Cheryl Cummins

Notary Public
State of Florida at Large
My Commission expires:



Cheryl Cummins
My Commission **DD364418**
Expires **October 10, 2008**