AGREEMENT

THIS AGREEMENT made and entered into this 1st day of October, 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, this Agreement this 2005.	the par 9th	ties day	hereto of	have <u>Nover</u>	duly mber	executed
SIGNED, SEALED & DELIVERED IN THE PRESENCE OF:			ARD OF O			ISSIONERS DA
Brenda & Sixuille	_	BY:	ANSLEY ITS: CF	7.7.	7 (L) REE N	cu_
Jone Shally		ATTES	JØHN	A. CRI EX-OF	San AWFORD FICTO	CLERK
Cherist Cum	es = BY	of N	COUNCIL NASSAU C MARTEI S: EXECU	COUNTY,	, FLOR	
Contract approved as to for	rm:					
MICHAEL S. MULLIN County Attorney						

AFFIDAVIT

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

Maulle Skin SIGNATURE TITLE: DIrector

State of Florida County of Nassau

- 16	* The	foregoi	ing ins	trument	was	acknowledged	before	me	this
\mathcal{M}	day	of	Nov.	,	2005,	by Warrellen	Heron		, as
V	tepr	escutat	ive	, 0:	f the	acknowledged by <u>Variellen</u> NCCOA			
who	is pe	ersonally	y known	to me	or who	has produced		•	
as	identi	ification	and wh	o did t	ake an	oath.			

Notary Public

State of Florida at Large My Commission expires:

