# OF THE RATE AGREEMENT

This amendment, entered into between the FAMILY CENTRAL, INC. hereinafter referred to as the "Agency", and

# The School Board of Palm Beach County (SACC)

hereinafter referred to as the "Provider" amends the above referenced EARLY LEARNING CHILD CARE RATE AGREEMENT as follows:

# Page 6 Section VIII Paragraph A:

# Currently reads:

PROVIDER:

Signature:

Name:

Title:

Date:

A. Term. This Rate Agreement is effective as of February 2, 2005, and will automatically terminate on December 31, 2005 hereinafter referred to as the "Agreement Period" unless terminated earlier as provided herein.

#### Has been amended to read as follows:

Arthur C. Johnson, Ph.D

Superintendent of Schools

A. Term. This Rate Agreement is effective as of February 2, 2005, and will automatically terminate on <u>February 28, 2006</u> hereinafter referred to as the "Agreement Period" unless terminated earlier as provided herein.

# Signature: Name: Thomas E. Lynch Name: Barbara A. Weinstein, Ed.D. Title: Board Chairman Title: President/Chief Executive Officer Date: Date:

FAMILY CENTRAL, INC.:

# CONTRACT REVIEW CHECKLIST

Consistency with Law and School I	Board Policy: Comments
Consistent with School Board Policy	YES
Consistent with Florida, federal and local laws	YES
Contract Terms:	Comments
Term (Duration of Contract)	2 MONTHS EXTENSION ENDING 3/28/0
Termination Clause	YES
Insurance /Liability Issues/ Indemnification	N/A
Regulatory issues	N/A
Confidentiality Provision	N/A
Warranties	N/A
Labor issues	NA
Disclaimers	N/A
Governing Law & Venue	N/A
Business Principles:	Comments
Sound Business Principles	KES
Reasonableness of Fees	YES
Payment Terms  -Lump sum, installments  -Payment Due dates  -Late fees	
Other Issues:	Comments
Conflict of Interest Disclosures	N/A
Non-Negotiable Issues	No
Miscellaneous Issues	No
Appropriate Departmental Sign-off	YES
Special Considerations:	to the appropriate District staff and/or Division Chief. YES X NO
	By: Attorney (Name and Date)



### THE SCHOOL DISTRICT OF PALM BEACH COUNTY Request for Document Approval by Legal Services

DIRECTIONS: Allow two weeks for review and approval. DO NOT use "ASAP" for a required date. A specific due date is required. Your document may be returned for failure to complete the information below.

DOION.
Date Submitted11/30/05 Number of Copies Submitted1
Name of Document Family Central Rate Agreement
School/Department Submitting After School Programming, Dept. 9012
Contact Person Ken Hall Telephone ( 561 ) 434 - 8785 PX 48785
Date Required 12/5/05 ( DO NOT use "ASAP" - a specific date is required)
is this a continuation/duplication of prior document?
If any changes, are they marked? N/A
Is substance of document acceptable to your Assistant Superintendent or Director?
Are permits required?   Yes  No
Have required permits been obtained? ☐ Yes ☐ No 🗵 N/A
Do you wish to pick up document?   Yes  NoPony?  Yes  No
Comments:
Please Pony to Gail Verrigni, Safe Schools
SIGNATURE OF DEPARTMENT HEAD OR AREA EXECUTIVE DATE
Attorney Assigned 4. Alexine Date of completion by Attorney 11/30/05
PBSD 1733 (NEW 4/23/1999)

Dec 1 2005 12:42

Fax:561-969-5888

DAC. Room C-143