

DOCUMENT ROUTING FORM

2015 OCT 21 PM 3:33

NAME OF DOCUMENT: **FIRST AMENDMENT TO AGREEMENT FOR EMPLOYEE HEALTH CENTER/CLINIC ADMINISTRATION (with Marathon Health, Inc.)**Approved Comm. Mtg. on: **9/16/15**CAM #: **15-1020**ITEM #: **PUR-3**Routing Origin: ☒ ProcurementAlso attached: ☒ copy of CAM ☒ Original Documents1) **Procurement Division:** Delivered # 2 Originals to City Attorney's Office on 10/21/15.2) **City Attorney's Office:** Approved as to Form # 2 Originals and Delivered to L. Blanco City Manager on 10/22/15.**PAUL G. BANGEL** PGG/JL3) **City Manager:** Please indicate if item is CIP Funded, sign where indicated, and forward ____ originals to Mayor.CIP FUNDED ☐ YES ☐ NO

Capital Investment / Community Improvement Projects

Capital Investment / Community Improvement Projects defined as having a life of at least 10 years and a cost of at least \$50,000 and shall mean improvements to real property (land, buildings, fixtures) that add value and/or extend useful life, including major repairs such as roof replacement, etc. Term "Real Property" include: land, real estate, realty, real.4) **Mayor:** Please sign as indicated and forward ____ originals to Clerk for attestation and City seal.**INSTRUCTIONS TO CLERK'S OFFICE**5) **City Clerk:** Retains one original and forwards 1 original documents to:**Linda Blanco, Procurement, X5141**☒ Original Route form to Jennifer Larregui, CAO

**FIRST AMENDMENT TO AGREEMENT BETWEEN THE CITY OF FORT
LAUDERDALE AND MARATHON HEALTH, INC., FOR EMPLOYEE HEALTH
CENTER/CLINIC ADMINISTRATION**

THIS FIRST AMENDMENT to Agreement between the City of Fort Lauderdale and Marathon Health, Inc., for Employee Health Center/Clinic Administration, made and entered into on the 16th day of September, 2015, is by and between the City of Fort Lauderdale, a Florida municipality, ("City"), whose address is 100 North Andrews Avenue, Fort Lauderdale, FL 33301-1016, and Marathon Health, Inc., a Delaware corporation authorized to transact business in the State of Florida, ("Contractor"), whose address is 20 Winooski Falls Way, Suite 400, Winooski, VT 05404.

WHEREAS, the City and the Contractor entered into an Agreement between the City of Fort Lauderdale and Marathon Health, Inc., for Employee Health Center/Clinic Administration, dated December 5, 2012, ("Contract"),

NOW, THEREFORE, the City and the Contractor hereby agree as follows:

1. The provision contained in Paragraph 7 of Part III of Exhibit A of the Contract, requiring the Contractor to submit a request for cost adjustment at least ninety days prior to the contract anniversary date, is waived solely for the purpose of this First Amendment to Agreement between the City of Fort Lauderdale and Marathon Health, Inc., for Employee Health Center/Clinic Administration.

2. In lieu of the cost amount set forth in the Contract, for the period October 4, 2015, through April 3, 2016, the City agrees to pay the Contractor \$441,682.44, divided in equal monthly installments, for services performed pursuant to the Contract.

IN WITNESS WHEREOF, the City and the Contractor execute this First Amendment to Agreement between the City of Fort Lauderdale and Marathon Health, Inc., for Employee Health Center/Clinic Administration as follows:

ATTEST:

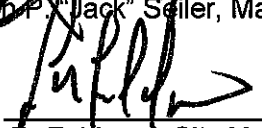


Jeffrey A. Modarelli, City Clerk

CITY OF FORT LAUDERDALE

By: 

John P. "Jack" Seiler, Mayor

By: 

Lee R. Feldman, City Manager

Approved as to form:



Senior Assistant City Attorney

ATTEST:

Scott Laplant
Scott Laplant, Secretary

(Corporate Seal)

Marathon Health, Inc.

By: Jerry Ford
Jerry Ford, Chief Executive Officer

STATE OF Vermont
COUNTY OF Chittenden

The foregoing instrument was acknowledged before me this 16 day of October, 2015, by Jerry Ford as Chief Executive Officer for Marathon Health, Inc., a Delaware corporation authorized to transact business in the State of Florida.

(SEAL)

Sherry Lapette
Notary Public, State of Vermont
(Signature of Notary Public)

Sherry Lapette
(Print, Type, or Stamp Commissioned Name
of Notary Public)

Personally Known ☒ OR Produced Identification _____
Type of Identification Produced _____