

**THIRD AMENDMENT TO OCTOBER 1, 2013 NEW FREEDOM AGREEMENT
Contract C13-10-449**

THIS THIRD AMENDMENT, made this _____ day of _____, 2017, between **ST. LUCIE COUNTY**, a Political Subdivision of the State of Florida, hereinafter called the "County," and **COUNCIL ON AGING OF ST. LUCIE, INC**, a Florida non-profit corporation (the "Agency"):

WITNESSETH:

WHEREAS, on May 15, 2014, the parties entered into an Agreement wherein the County agreed to disburse Federal Transit Administration (FTA) grant funds in a total amount of \$23,085.00 (twenty-three thousand eighty-five and 00/100 dollars) and provide match of \$23,085.00 (twenty-three thousand eighty-five and 00/100 dollars) for the project; and,

WHEREAS, on June 17, 2014, the parties entered into a First Amendment to the Agreement to provide for supplemental funds awarded under the New Freedom (NF) grant in the amount of forty-five thousand eight hundred three and 00/100 dollars (\$45,803.00); and,

WHEREAS, on October 27, 2014, the parties entered into a Second Amendment to the Agreement to provide for supplemental funds awarded under the New Freedom (NF) grant in the amount of thirteen thousand eighty-five and 00/100 dollars (\$13,085.00); and,

WHEREAS, the parties desire to further amend the Grant Agreement to reduce the total amount of the grant funds in order to transfer those funds to the After Hours Voucher program.

NOW, THEREFORE, in consideration of the mutual benefits received by each party the parties hereby agree to amend the Grant Agreement as follows:

1. Paragraph 1 shall be amended to read as follows:
 1. The Agency shall be awarded FTA funds of fifty-one thousand two hundred fifty-four and 00/100 dollars (\$51,254.00) and provide a fifty-one thousand two hundred fifty-four and 00/100 dollars (\$51,254.00) match for the Project.
 2. All other terms and conditions of the Grant Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, the parties have caused the execution by their duly authorized officials as of the day and year first written above.

ATTEST:

**BOARD OF COUNTY COMMISSIONERS
ST. LUCIE COUNTY, FLORIDA**

DEPUTY CLERK

BY _____
CHAIRMAN

**APPROVED AS TO FORM AND
CORRECTNESS:**

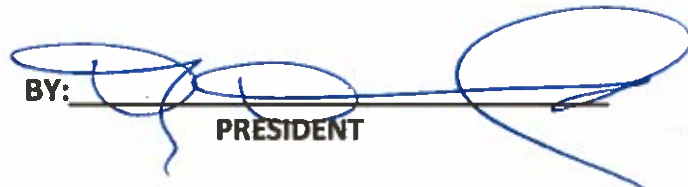
COUNTY ATTORNEY

ATTEST:

COUNCIL ON AGING OF ST. LUCIE, INC.



SECRETARY

BY: 

PRESIDENT
(SEAL)