

**FIRST AMENDMENT TO
INTERLOCAL AGREEMENT
FISCAL AGENT SERVICES
FOR THE STATE ATTORNEY'S
VICTIM SERVICE DEPARTMENT**

THIS FIRST AMENDMENT TO THE INTERLOCAL AGREEMENT ("Amendment") by and between the **STATE ATTORNEY FOR THE 19TH JUDICIAL CIRCUIT** ("SA") and **INDIAN RIVER COUNTY, MARTIN COUNTY, OKEECHOBEE COUNTY,** and **ST. LUCIE COUNTY,** political subdivisions of the State of Florida that collectively constitute the 19th Judicial Circuit (the "Counties") (the SA and the Counties will be collectively referred to as the "Parties"), for the purpose of providing fiscal agent services for the SA's Victim Service Department ("VSD").

WHEREAS, Section 163.01, Florida Statutes, provides that public agencies may cooperate by agreement to provide necessary and essential public services; and,

WHEREAS, the purpose of Section 163.01, Florida Statutes, is to permit public agencies to make the most efficient use of their powers by cooperating with other public agencies for their mutual benefit; and,

WHEREAS, on December 12, 2023, the Parties entered into the Interlocal Agreement wherein St. Lucie agreed to provide fiscal agent services to the SA VSD; and,

WHEREAS, the Parties desire to amend the Interlocal Agreement to change the name of the program, establish its independence from the SA and update St. Lucie's fiscal agent responsibilities.

NOW THEREFORE, in consideration of the mutual advantages afforded to the Parties, the Counties, and the SA agree as follows:

1. All references to "State Attorney's Victim Services Department" or "VSD" are hereby amended to read "Sexual Assault Assistance Program of the Treasure Coast and Okeechobee County" or "SAAP."
2. Paragraph 3 is hereby amended as follows:

Fiscal Agent Responsibilities.

Effective December 15, 2023, St. Lucie agrees to:

- Be the fiscal agent for SAAP for any grants that SAAP receives.
- Administer the SAAP budget including funds received for the Counties and any grants.
- Review and authorize requests for payments to vendors subject to compliance with St. Lucie purchasing procedures.

- Process purchase orders submitted by SAAP subject to compliance with St. Lucie purchasing procedures.
- Provide one St. Lucie Purchasing Card to SAAP, the use of which must comply with St. Lucie purchasing procedures.
- Process SAAP payroll through St. Lucie’s payroll system in accordance with St. Lucie’s processes and procedures. Where appropriate, any SAAP employee on St. Lucie’s payroll shall be subject to St. Lucie’s personnel policies, including the Employee Handbook, as amended.
- Handle IT related services for the SAAP in accordance with St. Lucie policies and procedures. In exchange for assuming the responsibilities, the SA agrees to cooperate with St. Lucie where appropriate.

For purposes of clarity, the provision of fiscal agent services does not include:

- Office space or maintenance of space
- Asset management – no capital expenditures are expected

3. Except as amended herein, the remaining terms and conditions of the Interlocal Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, the parties have executed this Amendment by their duly authorized officials on the dates stated below.

ATTEST:

**BOARD OF COUNTY COMMISSIONERS
INDIAN RIVER COUNTY, FLORIDA**

Clerk

BY: _____
Chair

(SEAL)

Date: _____

**APPROVED AS TO FORM AND
CORRECTNESS:**

County Attorney

**BOARD OF COUNTY COMMISSIONERS
MARTIN COUNTY, FLORIDA**

ATTEST:

**Carolyn Timmann, Clerk of the
Circuit Court and Comptroller**

BY: _____
Sarah Heard, Chair

(SEAL)

Date: _____

**APPROVED AS TO FORM AND
LEGAL SUFFICIENCY:**

Elyse A. Elder, County Attorney

**BOARD OF COUNTY COMMISSIONERS
OKEECHOBEE COUNTY, FLORIDA**

ATTEST:

Clerk

(SEAL)

BY: _____
Chair

Date: _____

**APPROVED AS TO FORM AND
CORRECTNESS:**

County Attorney

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

ATTEST:

Clerk

(SEAL)

BY: _____
Chair

Date: _____

**APPROVED AS TO FORM AND
CORRECTNESS:**

County Attorney

WITNESS:

Notary Public (and Seal)

**STATE ATTORNEY 19TH JUDICIAL CIRCUIT,
FLORIDA**

By: _____

Date: _____