

**COLUMBIA COUNTY BOARD OF COUNTY COMMISSIONERS**

**POST OFFICE BOX 1529  
LAKE CITY, FLORIDA 32056-1529**

**COLUMBIA COUNTY SCHOOL BOARD ADMINISTRATIVE COMPLEX**

**372 WEST DUVAL STREET  
LAKE CITY, FLORIDA 32055**

**AGENDA ADDITION**

**MAY 17, 2018**

**5:30 P.M.**

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**Ben Scott, County Manager**

- (1) State Aid to Libraries Grant – Amendment 1**

**STATE AID TO LIBRARIES GRANT  
AMENDMENT NUMBER 1 TO THE GRANT AGREEMENT  
BETWEEN  
THE STATE OF FLORIDA, DEPARTMENT OF STATE  
AND  
Columbia County for and on behalf of  
Columbia County Public Library**

This Amendment is to the State Aid to Libraries Grant Agreement between the State of Florida, Department of State, Division of Library and Information Services, hereinafter referred to as the DIVISION, and Columbia County for and on behalf of Columbia County Public Library hereinafter referred to as the "Grantee."

The parties entered into a grant agreement dated March 28, 2018, for implementation of a State Aid to Libraries Grant. The parties now mutually desire to amend certain terms and conditions of the grant agreement.

In consideration of the covenants contained herein, it is agreed as follows:

1. All sections of the original grant agreement not specifically amended by this or a prior written amendment and all prior written amendments are hereby reaffirmed.
2. Section 2 of the grant agreement is hereby revised as follows:
  2. **Length of Agreement.** This agreement shall begin on October 1, 2017 and continue until all grant funds have been expended, unless terminated in accordance with the provisions of Section 28 of this agreement.
3. Section 3 of the grant agreement is hereby revised as follows:
  3. **Expenditure of Grant Funds.** The Grantee shall only obligate or expend grant funds during the length of the agreement. No costs incurred after termination of the Agreement shall be allowed unless specifically authorized by the Division.
4. This amendment shall be effective upon execution.

This amendment is executed and entered into \_\_\_\_\_.

THE GRANTEE

DEPARTMENT OF STATE

By: \_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Typed Name and Title of Authorized Official

\_\_\_\_\_  
Typed Name and Title

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness