

# FORSYTH COUNTY

## BOARD OF COMMISSIONERS

MEETING DATE: MAY 12, 2014 AGENDA ITEM NUMBER: 9


**SUBJECT: RESOLUTION AUTHORIZING EXECUTION OF AN AMENDMENT TO A CONTRACT BETWEEN FORSYTH COUNTY AND TRICARE, P.A. FOR PSYCHOLOGICAL SERVICES AS ORDERED BY THE COURT AND REQUESTED BY THE DEPARTMENT OF SOCIAL SERVICES FOR CASE PLANNING AND SERVICES DELIVERY  
(DEPARTMENT OF SOCIAL SERVICES)**

**COUNTY MANAGER'S RECOMMENDATION OR COMMENTS:** Recommend Approval

### SUMMARY OF INFORMATION:

See attached

ATTACHMENTS:  YES  NO

SIGNATURE:  COUNTY MANAGER DATE: May 8, 2014

**RESOLUTION AUTHORIZING EXECUTION OF AN AMENDMENT TO  
A CONTRACT BETWEEN FORSYTH COUNTY AND TRICARE, P.A.  
FOR PSYCHOLOGICAL SERVICES AS ORDERED BY THE COURT AND  
REQUESTED BY THE DEPARTMENT OF SOCIAL SERVICES FOR  
CASE PLANNING AND SERVICES DELIVERY  
(DEPARTMENT OF SOCIAL SERVICES)**

**BE IT RESOLVED** by the Forsyth County Board of Commissioners that the Chairman or County Manager and Clerk to the Board are hereby authorized to execute, on behalf of Forsyth County, the attached contract amendment between Forsyth County and TriCare, P.A. in the amount of \$60,000 for psychological services as ordered by the Court and requested by the Department of Social Services for case planning and services delivery, subject to a pre-audit certificate thereon by the Chief Financial Officer, where applicable, and approval as to form and legality by the County Attorney. The original contract is incorporated herein by reference.

**BE IT FURTHER RESOLVED** that the County Manager is hereby authorized to execute, on behalf of Forsyth County, subsequent contracts or contract amendments with this provider for these services within budgeted appropriations in current and future fiscal years if these services are necessary.

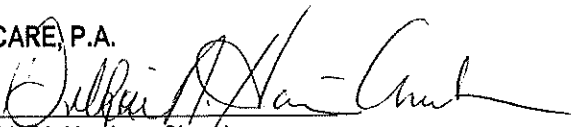
Adopted this the 12<sup>th</sup> day of May 2014.



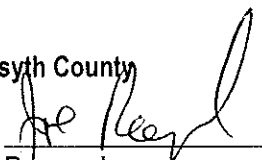
This Amendment is hereby effective upon its full execution. All other terms and conditions as set forth in the original agreement document shall remain in full force and effect for the duration of this agreement and are incorporated herein by reference as if fully set forth herein.

ATTEST:

TRICARE, P.A.

By:   
Debbie N. Harrison-Church  
Practice Administrator

Forsyth County

By:   
Joe Raymond  
Director, Dept. of Social Services

By: \_\_\_\_\_  
J. Dudley Watts, Jr.  
County Manager

ATTEST:

By: \_\_\_\_\_  
Carla D. Holt  
Clerk to the Board

Approved as to form and legality:

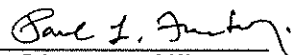
Date: \_\_\_\_\_

By: \_\_\_\_\_  
Assistant County Attorney

This instrument has been preaudited in the manner required by the Local Government Budget and Fiscal Control Act.

5/1/2014

Date

  
Director of Finance