AMENDMENT 10

This Amendment, entered into between the Florida Council Against Sexual Violence, hereinafter referred to as the "Council" and Alachua County Board of Commissioners, hereinafter referred to as the "Provider," amends subcontract number 16TFGR17.

Accordingly, the subcontract is amended as follows:

1. The Provider shall receive an award in the amount of $208,835.00 for the period July 1, 2023 – June 30, 2024.

2. Attachment I, F. Special Provisions, 3. Publication Requirement language is deleted entirely.

3. Attachment II, Exhibit 1, Financial and Compliance Audit, is deleted entirely and replaced as attached hereto.

4. Attachment III (invoice) is deleted entirely and replaced as attached hereto.

This amendment shall begin on July 1, 2023 and shall be retroactive to that date if executed thereafter.

All provisions in the subcontract and any attachments thereto in conflict with this amendment shall be and are hereby changed to conform to this amendment.

All provisions not in conflict with this amendment are still in effect and are to be performed at the level specified in the subcontract.

This amendment and all its attachments are hereby made a part of the subcontract.

IN WITNESS THEREOF, the parties hereto have caused this three (3) page amendment to be executed by their officials thereunto duly authorized.

ALACHUA COUNTY BOARD OF COMMISSIONERS: FLORIDA COUNCIL AGAINST SEXUAL VIOLENCE

BY: _____   BY: _____

NAME: _____   NAME: Jennifer L. Dritt, LCSW_____

TITLE: _____   TITLE: Executive Director_____

DATE: _____   DATE: _____

EXHIBIT – 1

1.   **FEDERAL RESOURCES AWARDED TO THE SUBRECIPIENT PURSUANT TO THIS AGREEMENT CONSIST OF THE FOLLOWING:**

Federal Program 1_____N/A_____CFDA#_____ Title_____ $_____

Federal Program 2_____N/A_____CFDA#_____ Title_____ $_____

TOTAL FEDERAL AWARDS $_____

COMPLIANCE REQUIREMENTS APPLICABLE TO THE FEDERAL RESOURCES AWARDED PURSUANT TO THIS AGREEMENT ARE AS FOLLOWS:

2.   **STATE RESOURCES AWARDED TO THE RECIPIENT PURSUANT TO THIS AGREEMENT CONSIST OF THE FOLLOWING:**

CSFA# 64.061   Title Rape Crisis Program Trust Fund – Sexual Battery Victims' Access to Services Act $45,120.00.

CSFA# 64.069   Title: Rape Crisis Centers $163,715.00.

TOTAL STATE FINANCIAL ASSISTANCE AWARDED PURSUANT TO SECTION 215.97, F.S.: $208,835.00.

Financial assistance not subject to Sec. 215.97, F.S. or 2 CFR Part §200.40: $_____

COMPLIANCE REQUIREMENTS APPLICABLE TO STATE RESOURCES AWARDED PURSUANT TO THIS AGREEMENT ARE AS FOLLOWS:

    FL Dept. of Financial Services, Reference Guide for State Expenditures

_____

Matching and Maintenance of Effort *

Matching resources for federal program(s):

Program: __N/A_____CFDA#_____Title_____ $_____

Maintenance of Effort (MOE):

Program: ___N/A_____CFDA#_____Title_____ $_____

*Matching Resources, MOE, and Financial Assistance not subject to Sec. 215.97, F.S. or 2 CFR Part §200.306 amounts should not be included by the Provider when computing the threshold for single audit requirements totals.   However, these amounts could be included under notes in the financial audit or footnoted in the Schedule of Expenditures of Federal Awards and State Financial Assistance (SEFA). Matching, MOE, and Financial Assistance not subject to Sec. 215.97, F.S. or 2 CFR Part §200.306 is not considered State/Federal Assistance.

Attachment III

Provider: Alachua County Board of Commissioners	**Subcontractor Number:** 16TFGR17

| **Address:** 218 SE 24th Street, Gainesville, FL, 32641 ||

Service Period (check one)	**TF Monthly Rate**	**GR Monthly Rate**
Jul-23 ☐ Nov-23 ☐ Mar-24 ☐ Aug-23 ☐ Dec-23 ☐ Apr-24 ☐ Sept- 23 ☐ Jan-24 ☐ May-24 ☐ Oct-23 ☐ Feb-24 ☐ June-24 ☐	July 2023 – May 2024 $3,760.00.	July 2023 – May 2024 $13,642.00.
	June 2024 $3,760.00.	June 2024 $13,653.00.

Summary of Payments

	TF	GR
SFY 2023-24 Allocation:	$45,120.00.	$163,715.00.
Amount of this invoice:	$	$

(FOR FCASV USE ONLY)

July 2023-May 2024 combined monthly total: **$17,402.00.**

June 2024 combined total: **$17,413.00.**

(NOTE: ALL FUNDS MUST BE ENCUMBERED BY June 30th.)

I certify that the above report is a true and correct reflection of this period's activities, as stipulated in this contract.

_____   _____
Signature of Provider Agency Official   Date

_____   _____
Print Name and Title   Phone #

Penalties

_____ $_____

_____ $_____

Total: $

	TF	GR
Invoice Request:	$	$
Less Penalty:	$	$
Amount Approved:	$	$

Total Approved For Payment By The Council: $_____

_____   _____
Signature   Date