AMENDMENT 11

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, 2024 June 30, 2025.
- Attachment I. All references to reporting service data in the Sexual Violence Data Registry (SVDR) are
 revised to indicate that data shall be entered into the Department of Health approved database.
 Notification of the appropriate reporting system shall be provided by the Council. All other related
 requirements, including entry due date, remain.
- 3. Attachment I, C.4.b.4) is revised as follows:

SANE Pilot Data Collection Survey. The Provider shall complete the SANE Pilot Data Collection Survey, incorporated herein by reference, on Survey Monkey at the end of every six (6) month period; to provide data on all survivors provided SANE medical forensic exams and medical forensic exam advocacy and accompaniment services. For the period July 1 through December 31, the survey shall be completed by January 15 of each year. For the period January 1 through June 30, the survey shall be completed by July 15 of each year.

- 4. Attachment II, Exhibit 1, Financial and Compliance Audit, is deleted entirely and replaced as attached hereto.
- 5. Attachment III (invoice) is deleted entirely and replaced as attached hereto.

This amendment shall begin on July 1, 2024 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 AW | ARDS | | | | <u>\$</u> | | | |
| COMPLIANCE REQUIREMENTS APPLICABLE TO THE FEDERAL RESOURCES AWARDED PURSUANT TO THIS AGREEMENT ARE AS FOLLOWS: | | | | | | | | |
| 2. STATE RESO | | TO THE RECIPIE | ENT PURSUANT TO THIS AGREEN | MENT CO | NSIST OF THE | | | |
| CSFA# <u>64.061</u> Title_ | Rape Crisis Program | Trust Fund – Sex | ual Battery Victims' Access to Servi | ces Act | <u>\$45,120.00</u> | | | |
| CSFA# <u>64.069</u> Title: | Rape Crisis Centers | _ | | | <u>\$163,715.00</u> | | | |
| TOTAL STATE FINAN | CIAL ASSISTANCE A | AWARDED PURS | UANT 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 fo | r federal program(s): | | | | | | | |
| Program: <u>N/A</u> | CFDA# | Title | | \$ | | | | |
| Maintenance of Effort | (MOE): | | | | | | | |
| Program: <u>N/A</u> | 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-24 ☐ Nov-24 ☐ Aug-24 ☐ Dec-24 ☐ Jan-25 ☐ Oct-24 ☐ Feb-25 ☐ | | Mar-25 ☐ Apr-25 ☐ May-25 ☐ June-25 ☐ | | July 2024 –May 2025 \$3,760.00 | | July 2024 – May 2025 \$13,642.00 | | | |
| Oct-24 🗌 Feb | -25 🔲 | June-25 | | June 2025 | | June 2025 | | | |
| | | | | \$3,760.00 | | \$13,653.00 | | | |
| Summary of Payments | | | (FOR FCASV USE ONLY) | | | | | | |
| | TF | GR | | | | | | | |
| SFY 2024-25 Allocation: | \$45,120.00 | \$163,715.00 | | July 2024-May 2025 combined monthly total: \$17,402.00 | | | | | |
| Amount of this invoice: | \$ | \$ | | June 2025 combined total: \$17,413.00 | | | | | |
| | | | | <u>Penalties</u> | | | | | |
| | | \$ | | | | | | | |
| (NOTE: ALL FUNDS MUST BE ENCUMBERED BY June 30 th .) | | | | | | \$ | | | |
| | | | | | | Total: | \$ | | |
| I certify that the above report is a true and correct reflection of this period's activities, as stipulated in this contract. | | | TF | GR | | | | | |
| ' | | | | Invoice Request | \$ | \$ | | | |
| | | | | Less Penalty | \$ | \$ | | | |
| O'rest or (Decide Asse | 00000 | | | Amount Approved | \$ | \$ | | | |
| Signature of Provider Agency Official Date | | | | Total Approved For Payment By The Council: \$ | | | | | |
| Print Name and Title Phone # | | Signature | | Date | | | | | |