

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: Jennifer L. Dritt

NAME: Anna Prizzia

NAME: Jennifer L. Dritt, LCSW

TITLE: Chair

TITLE: Executive Director

DATE: Aug 10, 2023

DATE: 8/21/2023 | 6:03 AM PDT

DocuSigned by:  
Approved as to Form  
Robert C Swain  
Alachua County  
Attorney

**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	\$	
<b>TOTAL FEDERAL AWARDS</b>				\$	<u>                    </u>

**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# <u>64.061</u>	Title <u>Rape Crisis Program Trust Fund – Sexual Battery Victims’ Access to Services Act</u>	\$45,120.00.
CSFA# <u>64.069</u>	Title: <u>Rape Crisis Centers</u>	\$163,715.00.
<b>TOTAL STATE FINANCIAL ASSISTANCE AWARDED PURSUANT TO SECTION 215.97, F.S.:</b>		<b>\$208,835.00.</b>
Financial assistance <u>not subject</u> to Sec. 215.97, F.S. or 2 CFR Part §200.40:		\$ <u>                    </u>

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

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

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**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

<b>Provider:</b> Alachua County Board of Commissioners  <b>Address:</b> 218 SE 24th Street, Gainesville, FL, 32641	<b>Subcontractor Number:</b> 16TFGR17																								
<p style="text-align: center;"><u>Service Period</u> (check one)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <table style="width: 100%; border: none;"> <tr><td style="width: 50%;">Jul-23</td><td><input type="checkbox"/></td></tr> <tr><td>Aug-23</td><td><input type="checkbox"/></td></tr> <tr><td>Sept-23</td><td><input type="checkbox"/></td></tr> <tr><td>Oct-23</td><td><input type="checkbox"/></td></tr> </table> </td> <td style="width: 50%; border: none;"> <table style="width: 100%; border: none;"> <tr><td style="width: 50%;">Mar-24</td><td><input type="checkbox"/></td></tr> <tr><td>Apr-24</td><td><input type="checkbox"/></td></tr> <tr><td>May-24</td><td><input type="checkbox"/></td></tr> <tr><td>June-24</td><td><input type="checkbox"/></td></tr> </table> </td> </tr> </table>	<table style="width: 100%; border: none;"> <tr><td style="width: 50%;">Jul-23</td><td><input type="checkbox"/></td></tr> <tr><td>Aug-23</td><td><input type="checkbox"/></td></tr> <tr><td>Sept-23</td><td><input type="checkbox"/></td></tr> <tr><td>Oct-23</td><td><input type="checkbox"/></td></tr> </table>	Jul-23	<input type="checkbox"/>	Aug-23	<input type="checkbox"/>	Sept-23	<input type="checkbox"/>	Oct-23	<input type="checkbox"/>	<table style="width: 100%; border: none;"> <tr><td style="width: 50%;">Mar-24</td><td><input type="checkbox"/></td></tr> <tr><td>Apr-24</td><td><input type="checkbox"/></td></tr> <tr><td>May-24</td><td><input type="checkbox"/></td></tr> <tr><td>June-24</td><td><input type="checkbox"/></td></tr> </table>	Mar-24	<input type="checkbox"/>	Apr-24	<input type="checkbox"/>	May-24	<input type="checkbox"/>	June-24	<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"><u>TF Monthly Rate</u></th> <th style="width: 50%;"><u>GR Monthly Rate</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">July 2023 – May 2024 \$3,760.00.</td> <td style="text-align: center;">July 2023 – May 2024 \$13,642.00.</td> </tr> <tr> <td style="text-align: center;">June 2024 \$3,760.00.</td> <td style="text-align: center;">June 2024 \$13,653.00.</td> </tr> </tbody> </table>	<u>TF Monthly Rate</u>	<u>GR Monthly Rate</u>	July 2023 – May 2024 \$3,760.00.	July 2023 – May 2024 \$13,642.00.	June 2024 \$3,760.00.	June 2024 \$13,653.00.
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<p>I certify that the above report is a true and correct reflection of this period's activities, as stipulated in this contract.</p>																									
Signature of Provider Agency Official _____	Date _____																								
Print Name and Title _____	Phone # _____																								
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