

AMENDMENT 1

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 23FVP17. Accordingly, the subcontract is amended as follows:

- 1. The Provider shall receive an award in the amount of \$127,572.00 for the period July 1, 2024 – June 30, 2025.
- 2. 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, F.9. is revised to limit Provider personnel who must be drug-tested to those professions listed in the Safety Sensitive Classes document, to be provided by the Council and incorporated herein by reference. If FVPSA funds pay for Sexual Assault Nurse Examiner (SANE) call time or any part of a SANE’s salary, then those nurses must be drug-tested.
- 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 Agency 1 American Rescue Plan – FVPSA CFDA#16.107

Title: American Rescue Plan Grants to Support Survivors \$127,572.00

TOTAL FEDERAL AWARDS \$127,572.00

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:

State financial assistance subject to section 215.97, Florida Statutes: CSFA# _____ Title _____ \$ _____

TOTAL STATE FINANCIAL ASSISTANCE AWARDED PURSUANT TO SECTION 215.97, FLORIDA STATUTES \$ _____

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

Financial assistance not subject (exempt) to section 215.97, Florida Statutes or 2 CFR § 200.40: \$ _____

Financial assistance not subject (exempt) to section 215.97, Florida Statutes or 2 CFR § 200.40: \$ _____

Matching and Maintenance of Effort *

Matching resources for federal Agency(s):

Agency: _____ CFDA# _____ Title _____ \$ _____

Maintenance of Effort (MOE):

Agency: _____ CFDA# _____ Title _____ \$ _____

*Matching Resources, MOE, and Financial Assistance not subject to section 215.97, Florida Statutes or 2 CFR § 200.306 amounts should not be included by recipient 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 section. 215.97, Florida Statutes or 2 CFR § 200.306 is not considered State or Federal Assistance.

Attachment III

Provider: Alachua County Board of Commissioners	Subcontractor Number: 23FVP17												
Address: 218 SE 24th Street, Gainesville, FL, 32641													
<p style="text-align: center;"><u>Service Period</u> (check one)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Jul-24 <input type="checkbox"/></td> <td style="width: 33%;">Nov-24 <input type="checkbox"/></td> <td style="width: 33%;">Mar-25 <input type="checkbox"/></td> </tr> <tr> <td>Aug-24 <input type="checkbox"/></td> <td>Dec-24 <input type="checkbox"/></td> <td>Apr-25 <input type="checkbox"/></td> </tr> <tr> <td>Sept- 24 <input type="checkbox"/></td> <td>Jan-25 <input type="checkbox"/></td> <td>May-25 <input type="checkbox"/></td> </tr> <tr> <td>Oct-24 <input type="checkbox"/></td> <td>Feb-25 <input type="checkbox"/></td> <td>June-25 <input type="checkbox"/></td> </tr> </table>	Jul-24 <input type="checkbox"/>	Nov-24 <input type="checkbox"/>	Mar-25 <input type="checkbox"/>	Aug-24 <input type="checkbox"/>	Dec-24 <input type="checkbox"/>	Apr-25 <input type="checkbox"/>	Sept- 24 <input type="checkbox"/>	Jan-25 <input type="checkbox"/>	May-25 <input type="checkbox"/>	Oct-24 <input type="checkbox"/>	Feb-25 <input type="checkbox"/>	June-25 <input type="checkbox"/>	<p style="text-align: center;"><u>FPVSA Monthly Rate</u></p> <p style="text-align: center;">July 2024 –May 2025 \$10,631.00</p> <hr/> <p style="text-align: center;">June 2025 \$10,631.00</p>
Jul-24 <input type="checkbox"/>	Nov-24 <input type="checkbox"/>	Mar-25 <input type="checkbox"/>											
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Oct-24 <input type="checkbox"/>	Feb-25 <input type="checkbox"/>	June-25 <input type="checkbox"/>											
<p style="text-align: center;"><u>Summary of Payments</u></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">SFY 2024-25 Allocation:</td> <td style="border: 1px solid black; width: 80%; text-align: center; padding: 5px;">\$127,572.00</td> </tr> <tr> <td style="padding: 5px;">Amount of this invoice:</td> <td style="border: 1px solid black; text-align: center; padding: 5px;">\$</td> </tr> </table>	SFY 2024-25 Allocation:	\$127,572.00	Amount of this invoice:	\$	<p><u>(FOR FCASV USE ONLY)</u></p>								
SFY 2024-25 Allocation:	\$127,572.00												
Amount of this invoice:	\$												
<p style="text-align: center;">(NOTE: ALL FUNDS MUST BE ENCUMBERED BY June 30th.)</p> <p style="font-size: small;">I certify that the above report is a true and correct reflection of this period's activities, as stipulated in this contract.</p>	<p style="text-align: center;"><u>Penalties</u></p> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 70%;"></td> <td style="text-align: right;">Monthly Rate: \$ _____</td> </tr> <tr> <td style="padding-top: 10px;">Description _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="padding-top: 10px;">_____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="padding-top: 10px;">_____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="padding-top: 10px;">_____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="text-align: right; padding-top: 10px;">Total:</td> <td style="text-align: right;">\$ _____</td> </tr> </table>		Monthly Rate: \$ _____	Description _____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	Total:	\$ _____
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<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border-top: 1px solid black; padding-top: 5px;">Signature of Provider Agency Official</td> <td style="width: 40%; border-top: 1px solid black; padding-top: 5px;">Date</td> </tr> <tr> <td style="border-top: 1px solid black; padding-top: 5px;">Print Name and Title</td> <td style="border-top: 1px solid black; padding-top: 5px;">Phone #</td> </tr> </table>	Signature of Provider Agency Official	Date	Print Name and Title	Phone #	<p style="text-align: center;">Payment Approval</p> <p style="text-align: center;">Total Approved For Payment: \$ _____</p> <table style="width: 100%; border: none; margin-top: 20px;"> <tr> <td style="width: 60%; border-top: 1px solid black; padding-top: 5px;">Signature</td> <td style="width: 40%; border-top: 1px solid black; padding-top: 5px;">Date</td> </tr> </table>	Signature	Date						
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SAFETY-SENSITIVE CLASSES

Class Title	Class Code
Secretary – Department of Health	8477
Deputy Secretary	8478
Deputy State Health Officer	8479
Deputy Secretary for Children's Medical Services	4568
Physician	5278
Senior Physician	5281
Pharmacist	5245
Senior Pharmacist	5248
Dentist Not Licensed in Florida	5263
Dentist	5266
Senior Dentist	5269
Registered Nurse	5290
Senior Registered Nurse	5292
Registered Nurse Specialist	5294
Advanced Registered Nurse Practitioner	5297
Clinical Associate	5298
Nursing Program Specialist	5303
Registered Nurse Supervisor	5306
Senior Registered Nurse Supervisor	5308
Registered Nursing Consultant	5312
Community Health Nurse	5324
Senior Community Health Nurse	5325
Community Health Nursing Supervisor	5327
Senior Community Health Nursing Supervisor	5328
Drug Inspector	8837
Drug Inspector Supervisor	8838

All positions covered by Section 39.001, Florida Statutes, Proceedings Relating to Children, which requires job applicants, current employees, volunteers, and contract personnel who perform child protective investigations.