



**AGREEMENT BETWEEN THE STATE OF FLORIDA
DEPARTMENT OF LEGAL AFFAIRS
OFFICE OF THE ATTORNEY GENERAL**

AND

**Broward County, Florida
Agreement NO.: K05343
CSFA 41.032**

THIS AGREEMENT is entered in the City of Tallahassee, Leon County, Florida by and between the State of Florida, Department of Legal Affairs, Office of the Attorney General (AGENCY), and Broward County, Florida (PROVIDER), jointly referred to as “the parties.” The parties mutually agree as follows:

ARTICLE 1. DEFINITIONS

- A. Approved Budget: The budget attached as Attachment A to Provider’s Approved Grant Application and attached to this Agreement
- B. Grant Period: July 1, 2022, through June 30, 2023.
- C. Total Grant Amount: Refers to the maximum amount payable under the Agreement based on the amount awarded pursuant to Grant K05343, \$306,000.00.

ARTICLE 2. ENGAGEMENT OF THE PROVIDER

The AGENCY engages the PROVIDER to provide services in accordance with the terms and conditions specified in this Agreement including Attachments A (PROVIDER’s Approved Budget Proposal and the Deliverables), B (Florida Single Audit Act Requirements), C (General Revenue Grants Programmatic and Reporting Requirements), Exhibits 1 and 2.

ARTICLE 3. TERM OF THE AGREEMENT

This Agreement will become effective July 1, 2022, or on the date when it has been signed by all parties, whichever is later, and will continue until June 30, 2023. The original signed document must be returned within 15 days of signature by the PROVIDER, or this Agreement will be voidable at the option of the AGENCY. No costs incurred prior to the effective date of the Agreement will be paid.

ARTICLE 4. SCOPE OF SERVICES

- A. The PROVIDER will provide units of deliverables during the Grant Period as specified in Attachment A. The PROVIDER will also provide documentation to demonstrate completion of the deliverables, such as the Monthly Deliverables report, findings, and drafts, as specified in this Agreement, which must be received and accepted by the Contract Manager in writing prior to payment.

B. The PROVIDER will neither assign this Agreement to another party nor subcontract any work contemplated under this Agreement without prior written consent of the AGENCY. Any assignment or subcontract entered into without prior written approval of the AGENCY will be null and void.

C. The PROVIDER is responsible for all work performed and for all commodities produced pursuant to this Agreement whether furnished by the PROVIDER or any subcontractor or service provider. Any subcontracts will be evidenced by a written document.

D. The AGENCY will at all times be entitled to assign or transfer its rights, duties, or obligations under this Agreement to another state of Florida government entity after giving written notice to the PROVIDER. In the event the AGENCY assigns or transfers this Agreement, the PROVIDER remains responsible for performing its duties and obligations under the Agreement, and the Agreement remains binding upon the successors and assigns of the PROVIDER. As authorized by Budget Appropriation, the PROVIDER will comply with the specific provisions included in Attachment "A" and the above-referenced proviso.

ARTICLE 5. METHOD OF PAYMENT

A. Agreement Amount: The AGENCY will pay the PROVIDER for deliverables provided in accordance with the terms and conditions of this Agreement, and the budget as approved by the AGENCY. In accordance with the approved grant application, the total sum approved to be paid to the PROVIDER for the costs incurred for services performed under this Agreement will not exceed the Total Grant Amount.

B. Invoice Requirements: PROVIDER must submit monthly invoice for payment or reimbursement ("monthly invoice") to the AGENCY each month during the Term of this Agreement. The monthly invoice must include:

- (1) a General Revenue Monthly Invoice Form;
- (2) a General Revenue Personnel Spreadsheet Form;
- (3) an Actual Expense Report for the following, Contractual, Operating and Training-Travel Forms;
- (4) all invoices, receipts and General Revenue bank statements supporting the payment or reimbursement request.

The supporting documentation for all expenditures must be submitted to the AGENCY prior to approval of the General Revenue Monthly Invoice Form. Payment or reimbursement to PROVIDER is contingent upon approval by the AGENCY of the monthly invoice after review and approval of all supporting documentation. The AGENCY will withhold payment until support documentation for each expenditure is received. Expenditures not in accordance with the Approved Budget may be disallowed by the AGENCY. The PROVIDER will maintain support documentation of all costs represented on the General Revenue Monthly Invoice Form in their files. The AGENCY will withhold payment if services are not satisfactorily completed. All monthly invoices (requests for payment or reimbursement) received from the PROVIDER will be processed in accordance with section 215.422, Florida Statutes.

C. Advance Payments: The PROVIDER, in accordance with section 216.181(16), Florida Statutes, may request an advance of up to three months of anticipated expenses for program start-up, subject to approval by the Department of Financial Services (DFS) and the AGENCY. Approval of advance payments are within the sole discretion of the DFS and the AGENCY. Until fully repaid, any funded advance payment constitutes a debt due by PROVIDER to AGENCY. The PROVIDER must remit to the AGENCY all interest earned on the advance payment if such advance payment was ever deposited into an interest-bearing account.

D. Recoupment of Advances: Advance payments or reimbursements to the PROVIDER that are approved by DFS and the AGENCY for the August 2022 through October 2022 the monthly invoices will first be applied to the balance of advance payment due to the AGENCY until the advance payment balance is exhausted. If the PROVIDER has not paid the advance balance in full by the end of the October 2022 monthly invoice, then the AGENCY will begin recouping the balance of the advanced payment by offsetting the balance due on the advance payment against the subsequent monthly invoices. The amount of any advanced payment balance remaining after October 2022, will be recouped by the AGENCY by offsetting one-eighth of the advance payment balance on each monthly invoice for the remainder of the Agreement term (November 2022 through the June 2023). If the PROVIDER fails to submit a monthly invoice any month during the repayment timeframe or if the PROVIDER has a monthly invoice that is lower than the proportional repayment amount during the repayment timeframe, then the AGENCY may recoup the balance needed to bring the repayment amount current with the agreed upon repayment timeframe on subsequent monthly invoices.

E. Debt to the Agency: After the June monthly invoice due date has passed, any unpaid/unreimbursed or unrepaid advance payment will constitute a debt due from PROVIDER to AGENCY, which debt will bear interest at the lawful rate of interest set forth in section 55.03, Florida Statutes. If this agreement is terminated prior to the Term end date, the PROVIDER will pay the full advanced payment balance amount within 60 days of the agreement ending. Failure to repay the advanced payment amount, by the date the June 2023 monthly invoice is due, may prevent the PROVIDER from receiving future advance payments.

F. Non-Appropriation: In accordance with the provisions of section 287.0582, Florida Statutes, if the terms of this Agreement and payment or reimbursement thereunder extend beyond the current fiscal year, the AGENCY's performance and obligation to pay under this Agreement are contingent upon an annual appropriation by the Legislature.

G. Final Invoice: The PROVIDER will submit the final monthly invoice for payment or reimbursement to the AGENCY no later than 45 days after the Agreement ends or is terminated. If the PROVIDER fails to do so, all rights to further payment or reimbursement under the Agreement are forfeited and the AGENCY will not honor any invoices submitted after the aforesaid time. Any payment or reimbursement due to the PROVIDER under this Agreement may be withheld until all reports due from the PROVIDER have been received and necessary adjustments thereto have been approved by the AGENCY.

H. Electronic Funds Transfer: The PROVIDER will, within 60 days following the execution of this agreement, register online with the Department of Financial Services to receive all payments and reimbursements associated with this Agreement by Electronic Funds Transfer, (EFT). The EFT online registration can be completed at:
<https://www.myfloridacfo.com/division/AA/Forms/DFS-A1-26E.pdf>.

I. Financial Consequences: Financial consequences, as required pursuant to section 215.971(1)(c), Florida Statutes, will be assessed pursuant to the Deliverables and Financial Consequences provisions contained in Attachment A for failure to perform as specified.

J. Commingling of Funds: The PROVIDER will not commingle advanced grant funds with other business or personal funds or accounts. The PROVIDER must keep these grant funds in a separate account that is physically separated from all other business or personal funds or accounts. Grant funds specifically budgeted and received for one project may not be used to support another project.

ARTICLE 6. AUTHORIZED EXPENDITURES

A. Allowable Costs: Only those expenditures which are outlined in the grant application and approved by the AGENCY, may be charged as allowable costs resulting from obligations incurred during the Grant Period. The PROVIDER will reimburse the AGENCY for any unused balances of unobligated cash that were advanced or paid that are not authorized to be retained for direct program costs in a subsequent period. All unauthorized or disallowed expenditures must be refunded to the state; and the PROVIDER will not use grant funds for any expenditures made by the PROVIDER after midnight June 30, 2023, or the termination date of the Agreement.

B. Prohibited Expenditures. The PROVIDER will not use grant funds for any expenditures made by the PROVIDER prior to or after the Grant Period, or after termination of this Agreement. The PROVIDER may not use grant funds to pay for fundraising; to pay for lobbying the Legislature, the judicial branch or a state AGENCY; to pay for entertainment, food or refreshments; or to purchase decorative items.

C. Travel Expenses. Travel expenses paid by grant funds will not exceed allowable rates for state employee travel pursuant to section 112.061, Florida Statutes and expenditures of state financial assistance must be in compliance with laws, rules and regulations applicable to expenditures of state funds, including, but not limited to, the Reference Guide for State Expenditures.

D. Office Space. Office space rental reimbursed from the General Revenue Fund may only be used for General Revenue activities necessary to perform this Agreement. If the space is used for activities other than those required under this General Revenue Agreement, the PROVIDER will only be reimbursed a percentage of the total cost based upon the percentage of time that the space is being used for General Revenue activities related to this Agreement.

E. Attorney Fees. Subject to the terms of this article, the Provider may include in its budget (subject to Agency approval) legal costs for attorney fees limited to review of contracts, legal advice and opinions on performance, and payment for legal services specified in the Deliverables, exclusive of the Provider's obligations under Article 31, Indemnification.

F. Reimbursement for Unauthorized Expenditures. The PROVIDER will reimburse the AGENCY for any unused balances of unobligated cash that were advanced or paid that are not authorized to be retained for direct program costs in a subsequent period. All unauthorized or disallowed expenditures must be refunded to the state.

ARTICLE 7. E-PROCUREMENT

Prior to execution of this Agreement, the PROVIDER will be registered electronically with the State of Florida at MyFloridaMarketPlace.com. If the parties agree that exigent circumstances exist that would prevent such registration from taking place prior to execution of this Agreement, then the PROVIDER will so register within 21 days from execution. Failure of the PROVIDER to register electronically with the state of Florida will result in non-payment for expenditures by the Department of Financial Services until the PROVIDER has complied. The online registration can be completed at: <https://vendor.myfloridamarketplace.com/vms-web/spring/login>.

ARTICLE 8. W-9 REQUIREMENT

The State of Florida Department of Financial Services requires that vendors have a verified Substitute Form W-9 on file to avoid delays in payments. Information on how to register and complete your Substitute Form W-9 can be found at <http://flvendor.myfloridacfo.com>. The Vendor Management Section can also be reached at (850) 413-5519.

ARTICLE 9. VENDOR OMBUDSMAN

Pursuant to section 215.422(7), Florida Statutes, the Department of Financial Services has established a Vendor Ombudsman, whose duties and responsibilities are to act as an advocate for vendors who may have problems obtaining timely payments from state agencies. The Vendor Ombudsman may be reached at (850) 413-5516.

ARTICLE 10. REPORTS

The PROVIDER will maintain and timely file such fiscal, inventory, and other reports as the AGENCY may require as incorporated in Attachment C to this Agreement. If the PROVIDER fails to submit the required reports in a timely manner the AGENCY will withhold payment or reimbursement and processing of Invoice Forms until all required reports have been submitted in a satisfactory manner.

ARTICLE 11. ACKNOWLEDGEMENT

The PROVIDER will acknowledge the Office of the Attorney General in all publications and activities that are funded wholly or in part with AGENCY grant funds and in all materials produced or purchased wholly or in part with AGENCY grant funds. The following acknowledgement statement must be used: "Paid by OAG, K05343."

ARTICLE 12. PURCHASES

A. PRIDE. Pursuant to section 946.515(2), Florida Statutes: "It is expressly understood and agreed that any articles which are the subject of, or required to carry out, this contract shall be purchased from the corporation identified under Chapter 946, Florida Statutes, in the same manner and under the same procedures set forth in section 946.515(2) and (4), Florida Statutes; and for purposes of this contract the person, firm, or other business entity carrying out the provisions of this contract shall be deemed to be substituted for this agency insofar as dealings with such corporation are concerned."

Additional information about PRIDE and the products it offers is available at <http://www.pride-enterprises.org>.

B. Compliance with RESPECT. Pursuant to section 413.036(3), Florida Statutes: "It is expressly understood and agreed that any articles that are the subject of, or required to carry out, this contract shall be purchased from a nonprofit agency for the blind or for the severely handicapped that is qualified pursuant to Chapter 413, Florida Statutes, in the same manner and under the same procedures set forth in section 413.036(1) and (2), Florida Statutes; and for purposes of this contract the person, firm, or other business entity carrying out the provisions of this contract shall be deemed to be substituted for the state agency insofar as dealings with such qualified nonprofit agency are concerned."

Additional information about the designated nonprofit agency and the products it offers is available at <http://www.respectofflorida.org>.

C. If the PROVIDER is a unit of local or state government, the PROVIDER must follow the written purchasing procedures of the government AGENCY. If the PROVIDER is a non-profit or for-profit business organization, the PROVIDER must comply with Florida Administrative Code Rule 60A- 1.002, and Chapter 287, Florida Statutes, by obtaining a minimum of three written quotes for all Agreement- related purchases equal to or in excess of \$2,500, unless it can be documented that the vendor is a sole source supplier or is not subject to competitive solicitation under Florida Administration Code Rule 60A- 1.002(4) and section 287.057(3), Florida Statutes. An Invoice Form must be submitted to the AGENCY and will include copies of the three written quotes and proof of the Board of Directors review and approval for all products or services

exceeding the amount of \$2,500. The AGENCY, upon request in advance, may approve in writing an alternative purchasing procedure.

ARTICLE 13. PROPERTY

The PROVIDER will comply with the requirements set forth in Chapter 273, Florida Statutes and Florida Administrative Code Chapter 69I-72. The PROVIDER will be responsible for the proper care, custody and distribution of all property acquired with grant funds, and agrees not to sell, transfer, encumber, or otherwise dispose of property acquired with grant funds without the written permission of the AGENCY. Upon expiration of the term of this Agreement all such property will be inventoried and will be made available for transfer to the AGENCY in the AGENCY's sole discretion.

ARTICLE 14. AUDITS, INSPECTIONS, INVESTIGATIONS, RECORDS AND RETENTION

A. The PROVIDER will maintain books, records, and documents (including electronic storage media) in compliance with section 215.97, Florida Statutes, sufficient to reflect all income and expenditure of funds provided by the AGENCY under this Agreement and in accordance with generally accepted accounting procedures.

B. The PROVIDER will maintain all client records, financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to this Agreement for a period of five years after completion of the Agreement or longer when required by law. The PROVIDER will maintain a file for inspection by the AGENCY or its designee, Chief Financial Officer, Auditor General, or U.S. Department of Justice that contains written invoices for all fees, or other compensation for services and expenses, in detail sufficient for a proper pre-audit and post-audit. In the event an audit is required under this Agreement, records will be retained for a minimum period of five years after the resulting audit report is issued or until resolution of any audit findings or litigation based on the terms of this Agreement, whichever is longer, at no additional cost to the AGENCY.

C. The PROVIDER, upon demand, and at no additional cost to the AGENCY, will ensure the duplication and transfer of any records or documents during the required retention period set forth in Article 14, Paragraph B. These records will be subject at all reasonable times to inspection, review, copying, and audit by federal, state, or other personnel duly authorized by the AGENCY or by operation of law.

D. The PROVIDER will, at all reasonable times, without cost, for as long as records are maintained, provide persons duly authorized by the AGENCY or Federal law pursuant to 45 C.F.R. § 92.36(i)(10), full access to and the right to examine any of the PROVIDER's contracts and related books, papers, documents, and records which are directly pertinent to this Agreement and the grant funds provided hereunder, regardless of the form in which such documents are kept.

E. The PROVIDER will provide a financial and compliance audit to the AGENCY as specified in this Agreement and in Attachment B and ensure that all related party transactions are disclosed to the auditor.

ARTICLE 15. COOPERATION WITH INSPECTOR GENERAL

Pursuant to section 20.055, Florida Statutes, the PROVIDER, and any subcontractor to PROVIDER, understands and will comply with their duty to cooperate with the Inspector General in any investigation, audit, inspection, review or hearing.

ARTICLE 16. MONITORING

A. The PROVIDER will permit persons duly authorized by the AGENCY to conduct on-site visits, inspect and copy any records, papers, documents, facilities, goods and services of the PROVIDER which are relevant to this Agreement, and to interview any clients, employees and subcontractor's employees of the PROVIDER concerning the performance of the terms and conditions of this Agreement. Following such review, the AGENCY will deliver to the PROVIDER a written report of its findings, and the AGENCY may require the PROVIDER to develop a corrective action plan if the AGENCY, in its sole discretion, determines that such a plan is necessary. The PROVIDER will timely correct all deficiencies identified in any written report delivered by the AGENCY.

B. The PROVIDER may not accept duplicate funding for any cost, position, service or deliverable funded by the AGENCY. Duplicative funding is defined as more than 100 percent payment from all funding sources for any cost, position, service or deliverable. If there are multiple funding sources and a program is funded by the AGENCY, the AGENCY or its designee has the right to review all documents related to those funding sources to determine whether duplicative funding is an issue. If duplicate funding is found, this Agreement may be suspended, terminated or both while the extent of the overpayment is determined. Failure to comply with state or federal law, and the U.S. Department of Justice Programs, Financial Guide, may also result in the suspension, termination or both of this Agreement while the extent of the overpayment is determined. Absent fraud, in the event that there has been an overpayment to the PROVIDER for any reason, if the amount of the overpayment cannot be determined to a reasonable degree of certainty, as determined in the sole discretion of the AGENCY, the PROVIDER will reimburse to the AGENCY one half of the monies previously paid to the PROVIDER for that line item for the grant year in question.

ARTICLE 17. RETURN OF FUNDS

The PROVIDER will return to the AGENCY any overpayments made to the PROVIDER stemming from the identification of uncommitted funds or disallowed items pursuant to the terms and conditions of this Agreement. If the PROVIDER or any outside accountant or auditor determines that an overpayment has been made, the PROVIDER will immediately return to the AGENCY such overpayment without prior notification from the AGENCY. If the AGENCY discovers that an overpayment has been made, the Contract Manager, on behalf of the AGENCY, will notify the PROVIDER and the PROVIDER will forthwith return the funds to the AGENCY. Should the PROVIDER fail to immediately reimburse the AGENCY for any overpayment, the PROVIDER will be assessed a service charge equal to the rate of interest payable on judgments or decrees at the lawful rate established by the Chief Financial Officer of the State of Florida pursuant to section 55.03, Florida Statutes, on the amount of the overpayment or outstanding balance thereof. Interest will accrue from the date of the PROVIDER's initial receipt of funds up to the date of reimbursement of the overpayment funds to the AGENCY.

ARTICLE 18. NOTICE

Except as otherwise specified herein, all formal notices required under this Agreement will be in writing and sent by a method of email, or by hand delivery either, in the case of AGENCY, to its contract manager, or, in the case of the PROVIDER, to the representative responsible for administration of the program.

ARTICLE 19. LIABILITY AND ACCOUNTABILITY

The PROVIDER, if a non-profit entity, will provide continuous and adequate director, officer, and employee liability insurance coverage against any personal liability or accountability because of actions taken by those persons while acting within the scope of their authority during the existence of this

Agreement and any renewal and extension thereof. Upon execution of this Agreement, the PROVIDER will furnish the AGENCY written verification through a Certificate of Coverage supporting both the determination and existence of such insurance coverage. Such coverage may be provided by a self-insurance program established and operating under the laws of the state of Florida. The AGENCY reserves the right to require additional insurance as specified in this Agreement.

ARTICLE 20. INDEPENDENT CONTRACTOR

A. The PROVIDER is an independent contractor and not an officer, employee, agent, servant, joint venture or partner of the state of Florida, except where the PROVIDER is a state AGENCY. Neither the PROVIDER nor its agents, employees, subcontractors or assignees will represent to others that the PROVIDER has the authority to bind the AGENCY. This Agreement does not create any right to any state retirement, leave or other benefits applicable to state of Florida personnel as a result of the PROVIDER performing its duties or obligations under this Agreement. The PROVIDER will take such actions as may be necessary to ensure that each subcontractor of the PROVIDER will be deemed an independent contractor and will not be considered or permitted to be an employee, agent, servant, a joint venture, or partner of the state of Florida. The AGENCY will not furnish support services (e.g., office space, office supplies, telephone service, secretarial or clerical support) to the PROVIDER, or its subcontractor or assignee, unless specifically agreed in writing by the AGENCY.

B. All deductions for social security, withholding taxes, income taxes, contributions to unemployment compensation funds and all necessary insurance for the PROVIDER, the PROVIDER's officers, employees, agents, subcontractors, or assignees will be the sole responsibility of the PROVIDER.

ARTICLE 21. PUBLIC RECORDS

A. The PROVIDER will comply with Chapter 119, Florida Statutes, Florida's public records law. Pursuant to section 119.071, Florida Statutes, the PROVIDER will keep and maintain public records required by the AGENCY to perform all services required under this CONTRACT. A request to inspect or copy public records relating to this Agreement must be made directly to the AGENCY. If the AGENCY does not possess the requested records, the AGENCY will immediately notify the Provider of the request. Upon request by the AGENCY to inspect or copy public records relating to this Agreement, the Provider will provide the AGENCY with a copy of the requested records at no cost to the AGENCY or allow the records to be inspected or copied by the member of the public making the records request at a cost that does not exceed the cost provided in Chapter 119, Florida Statutes, or as otherwise provided by law. The PROVIDER must ensure that in allowing public access to all documents, papers, letters, or other materials made or received in conjunction with this Agreement, those records that are exempt or confidential and exempt from public records disclosure requirements by operation of section 119.071, Florida Statutes or Chapter 119, Florida Statutes, are not disclosed except as authorized by law for the duration of the Agreement term and following completion of the Agreement if the PROVIDER does not transfer the records to the AGENCY.

B. If the PROVIDER fails to provide the public records to the AGENCY within a reasonable time, it may be subject to penalties under section 119.10, Florida Statutes, as well as unilateral cancellation of this Agreement by the AGENCY. In the event the PROVIDER's business closes or the PROVIDER is permanently unable to perform under this Agreement, the PROVIDER will electronically transfer, at no cost, all public records to the AGENCY upon becoming aware of any impending closure or event that renders the PROVIDER unable to perform said services. Upon completion of this Agreement, the PROVIDER will keep and maintain public records required by the AGENCY to perform the services to be provided in the scope of this Agreement, or electronically

transfer in a file format compatible with the information technology systems of the AGENCY, at no cost to the AGENCY, all public records in possession of the PROVIDER. If the PROVIDER transfers all public records to the AGENCY upon completion or termination of the Agreement, the PROVIDER will destroy all duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the PROVIDER keeps and maintains public records upon completion of the Agreement, it must meet all applicable requirements for retaining public records, consistent with the state of Florida's records retention schedule. All public records stored electronically must be provided to the AGENCY, upon request of its Custodian of Public Records, at no cost to the AGENCY, in a format compatible with the information technology systems of the AGENCY. The AGENCY may unilaterally terminate this Agreement if the PROVIDER refuses to allow access to all public records made or maintained by the PROVIDER in conjunction with this Agreement, unless the records are exempt from section 24(a) of Art. I, Florida State Constitution, and sections 119.07(1) or 960.15, Florida Statutes.

IF THE PROVIDER HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE PROVIDER'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE AGENCY'S CUSTODIAN OF PUBLIC RECORDS AT 850-414-3634, publicrecordsrequest@myfloridalegal.com, OFFICE OF THE ATTORNEY GENERAL, PL-01, THE CAPITOL, TALLAHASSEE, FL 32399.

ARTICLE 22. EMPLOYMENT

A. The employment of unauthorized aliens by the PROVIDER is considered a violation of Section 274A(a) of the Immigration and Nationality Act. Knowingly employing unauthorized aliens will be grounds for immediate termination of this Agreement.

B. E-Verify: In accordance with section 448.095 (2), Florida Statutes, the PROVIDER must register with and use the U.S. Department of Homeland Security's E-Verify system: <https://www.uscis.gov/e-verify/employers>, to verify the work authorization status of all new employees hired to perform services specified in the Agreement. Subcontractors must also be registered in the E-Verify system and provide the PROVIDER with an affidavit stating that the subcontractor does not employ, contract with, or subcontract with an unauthorized alien. The PROVIDER will maintain a copy of such affidavit for the duration of the AGREEMENT. The AGENCY may request documentation of compliance with this provision at any time during the AGREEMENT term. The AGREEMENT may be subject to termination for failure to comply with the requirements set forth in this Article, as specified in section 448.095(2)(a), Florida Statutes.

ARTICLE 23. NONDISCRIMINATION

The PROVIDER will comply with all federal, state, local laws and ordinances applicable to the work and will not discriminate on the grounds of race, color, religion, sex, or national origin in the performance of work.

ARTICLE 24. CONFIDENTIALITY OF CLIENT INFORMATION

The PROVIDER agrees not to use or disclose any information concerning a recipient of services under this Agreement for any purpose prohibited by state or federal law or regulations (except with the written consent of a person legally authorized to give that consent or when authorized by law).

ARTICLE 25. PUBLICITY

Without limitation, the PROVIDER and its employees, agents, and representatives will not, without prior AGENCY written consent in each instance, use any State mark, the name of any State AGENCY or other Florida body politic, or the name of any official, officer or employee of the State, in advertising, publicity or any other promotional endeavors. The PROVIDER and its employees, agents and representatives will not, without prior AGENCY written consent, represent, directly or indirectly, that any product or service provided by the PROVIDER has been approved or endorsed by the AGENCY, the Attorney General, the State of Florida, or any State Agency or other Florida body politic, official, officer or employee of the State, or refer to the existence of this Agreement in press releases, advertising or promotional materials distributed to the PROVIDER's prospective customers.

ARTICLE 26. PUBLIC ENTITY CRIME AND DISCRIMINATION

A. Pursuant to section 287.133(2)(a), Florida Statutes, the following restrictions are placed on persons convicted of public entity crimes to transact business with the AGENCY: When a person or affiliate has been placed on the convicted vendor list following a conviction for a public entity crime, he/she may not submit a bid, proposal, or reply on a contract to provide any goods or services to a public entity, may not submit a bid, proposal, or reply on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids, proposals, or replies on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in section 287.017, Florida Statutes, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list. By entering into this AGREEMENT, the PROVIDER certifies that neither it nor any affiliate has been placed on such convicted vendor list and will notify the AGENCY within five days of its, or any affiliate's, placement thereon.

B. Pursuant to section 287.134, Florida Statutes, the following restrictions are placed on persons placed on the discriminatory vendor list to transact business with the AGENCY. An entity or affiliate (as defined) who has been placed on the discriminatory vendor list may not submit a response on a contract to provide any goods or services to a public entity; may not submit a response on a contract with a public entity for the construction or repair of a public building or public work; may not submit bids, proposals, or replies on leases of real property to a public entity; may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity in excess of the threshold amount provided in section 287.017, Florida Statutes, for CATEGORY TWO for a period of 36 months following the date the entity or affiliate was placed on the discriminatory vendor list, pursuant to section 287.134, Florida Statutes. By entering into this Agreement, the PROVIDER certifies that neither it nor any affiliate has been placed on such discriminatory vendor list and will notify the AGENCY within five days of its, or any of its affiliate's, placement thereon.

ARTICLE 27. GIFTS AND GRATUITIES

The PROVIDER will not offer or give any gift or any form of compensation to any AGENCY employee. As part of the consideration for this Agreement, the Parties intend that this provision will survive the Agreement for a period of two years. In addition to any other remedies available to the AGENCY, any violation of this provision will result in referral of the PROVIDER's name and description of the violation of this term to the Florida Department of Management Services for the potential inclusion

of the PROVIDER's name on the suspended vendors list for an appropriate period. The PROVIDER will ensure that its subcontractors, if any, comply with these provisions.

ARTICLE 28. PATENTS, COPYRIGHTS, AND ROYALTIES

A. If any discovery or invention arises or is developed in the course of or as a result of work or services performed under this Agreement, or in any way connected herewith, the discovery or invention will be deemed transferred to and owned by the state of Florida. Any and all patent rights accruing under or in connection with the performance of this Agreement are hereby reserved to the state of Florida.

B. If any books, manuals, films, or other copyrightable materials are produced, the PROVIDER will identify all such materials to the AGENCY. Any and all copyrights accruing under or in connection with performance under this Agreement are hereby reserved to the state of Florida.

C. The PROVIDER and its subcontractors hereby assign to the AGENCY or the AGENCY's designee, for no additional consideration, all the PROVIDER's rights, including copyrights, in all deliverables and other works prepared by the PROVIDER or its subcontractors under this Agreement. The PROVIDER will, and will cause its employees, and subcontractors to, promptly sign and deliver any documents and take any actions that the AGENCY reasonably requests to establish and perfect the rights assigned to the AGENCY or its designee under this provision.

D. The PROVIDER will indemnify, defend, and hold the AGENCY and its employees harmless from any claim or liability whatsoever, including costs and expenses, arising out of any copyrighted work or patented, or unpatented invention, process, or article manufactured or used by the PROVIDER in the performance of this Agreement. The PROVIDER will indemnify, defend and hold the AGENCY and its employees harmless from any claim against the AGENCY for infringement of patent, trademark, copyright or misappropriation of trade secrets. The AGENCY will provide prompt written notification of any such claim. During the pendency of any claim of infringement, the PROVIDER may, at its option and expense, procure for the AGENCY, the right to continue use of, or replace or modify the article or work to render it non-infringing. If the PROVIDER uses any design, device, or materials covered by a patent or copyright, it is mutually agreed and understood without exception that the compensation paid pursuant to this Agreement includes all royalties or costs arising from the use of such design, device, or materials in any way involved in the work contemplated by this Agreement.

E. All subcontracts entered into by the PROVIDER must specify that all patent rights and copyrights are reserved to the State of Florida, as set forth in this Article.

ARTICLE 29. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

The PROVIDER will, where applicable, comply with the Health Insurance Portability and Accountability Act (42 U. S. C. § 1320d) as well as all regulations promulgated thereunder (45 C.F.R. Parts 160, 162, and 164).

ARTICLE 30. CONSTRUCTION OR RENOVATION OF FACILITIES USING STATE FUNDS

Any state funds provided for the purchase of or improvements to real property are contingent upon the PROVIDER granting to the state a security interest in the property at least to the amount of the state funds provided for at least five years from the date of purchase or the completion of the improvements or as further required by law. As a condition of receipt of state funding for this purpose, if the PROVIDER disposes of the property before the AGENCY's interest as set forth in this Article expires or is vacated, the PROVIDER will refund the proportionate share of the state's initial investment, as determined by the AGENCY.

ARTICLE 31. INDEMNIFICATION

A. The PROVIDER will be liable for and indemnify, defend, and hold the AGENCY and all its officers, agents, and employees harmless from all claims, suits, judgments, or damages, including attorney's fees and costs, arising out of any act or omission or neglect by the PROVIDER and its agents, employees and subcontractors during the performance or operation of this Agreement or any subsequent modifications or extensions thereof.

B. The PROVIDER's evaluation or inability to evaluate its liability will not excuse the PROVIDER's duty to defend and to indemnify the AGENCY within seven days after notice by the AGENCY. After the highest appeal taken is exhausted, only an adjudication or judgment specifically finding the PROVIDER not liable will excuse performance of this provision. The PROVIDER will pay all costs and fees including attorney's fees related to these obligations and their enforcement by the AGENCY. The AGENCY's failure to notify the PROVIDER of a claim will not release the PROVIDER from these duties. The PROVIDER will not be liable for claims, suits, judgments, or damages arising solely from the negligent acts of the AGENCY.

C. The PROVIDER will be fully liable for the actions of its agents, employees, or subcontractors associated with providing services under the terms and conditions of this Agreement. This includes, but is not limited to, all premises liability and any liability arising out of any travel taken by any agent, employee, or subcontractor of PROVIDER or by any recipient of PROVIDER's services.

D. The PROVIDER will not be liable for claims, suits, judgments, or damages arising out of the sole negligent acts of the AGENCY.

NOTE: The indemnification provisions of this Agreement are not applicable to entities identified in section 768.28(2), Florida Statutes, and do not constitute a waiver of sovereign immunity, or increase the limited waiver of sovereign immunity specified in section 768.28, Florida Statutes.

ARTICLE 32. THIRD PARTY RIGHTS

This Agreement and the rights and obligations created by it are intended for the sole benefit of the AGENCY and the PROVIDER. No third party to this Agreement, including any recipients serviced by the PROVIDER, have any rights under this Agreement. No third party may rely upon this Agreement, or the rights and representations created by it for any purpose.

ARTICLE 33. TERMINATION

A. This Agreement may be terminated by either party without cause upon not less than 30 calendar days' written notice to the other party unless a shorter time is mutually agreed upon in writing.

B. In the event funds for payment pursuant to this Agreement become unavailable, the AGENCY may terminate this Agreement upon no less than 24 hours written notice to the PROVIDER. The AGENCY will be the final authority as to the availability and adequacy of funds.

C. Failure of the PROVIDER to perform its contractual duties or obligations in a manner satisfactory to the AGENCY will be grounds for termination for cause. This Agreement may be terminated for cause upon no less than 24 hours written notice to the PROVIDER. Waiver of breach of any provisions of this Agreement will not be deemed to be a waiver of any other breach and will not be construed to be a modification of the terms and conditions of this Agreement. The provisions herein do not limit the AGENCY's right to any remedies at law or in equity.

D. In the event this Agreement is terminated, or, in any event, upon its expiration, all supplies, equipment and property purchased with grant funds will be returned to the AGENCY. Any finished or unfinished documents, data, studies, correspondence, reports and other products prepared by or for the

PROVIDER under this Agreement will be made available to and for the exclusive use of the AGENCY. The PROVIDER will return all unexpended funds to the AGENCY within 30 days of the earliest of either the effective date of termination or the date of expiration of the Agreement.

E. Notwithstanding the above, the PROVIDER will not be relieved of liability to the AGENCY for damages sustained by the AGENCY by any termination or breach of this Agreement by the PROVIDER.

F. In the event this Agreement is terminated, the PROVIDER will be paid or reimbursed for costs of services provided through the effective date of termination, only if proper and complete documentation to support such reimbursement is received by the AGENCY within 30 days following the effective date of termination of this agreement.

G. Notices under this Article will be delivered by a method of email, or by hand delivery, either, in the case of the AGENCY, to its contract manager or, in the case of the PROVIDER, the representative responsible for administration of the program.

ARTICLE 34. AMENDMENTS

A. This Agreement may not be amended or modified except in a writing signed by the AGENCY and PROVIDER. A party may request reasonable changes to the provisions of, or scope of services to be performed pursuant to the approved grant application. Such changes that are mutually agreed upon by all parties must be confirmed in writing by each party prior to taking effect.

B. Such changes which are deemed by the AGENCY to be substantial modifications to the deliverables, goals, objectives, or strategies will require the submission of a written Program Modification request. Any approved Program Modification will be incorporated into a modification of the approved grant application.

C. Budget Modifications. The PROVIDER will not make any modifications to the approved grant application without submitting a Budget Modification request and receiving prior written approval of the AGENCY. Budget Modifications must be approved in writing by the AGENCY prior to the expenditure of any AGENCY grant funds arising from any adjustments between previously approved budget categories and line items. Budget modification approval is at the sole discretion of the AGENCY.

D. No amendments or modifications can be made after the date specified in Attachment C, the termination of this Agreement pursuant to Article 33 or when the Total Grant Amount has been paid by AGENCY to PROVIDER.

ARTICLE 35. REPRESENTATIVES:

A. PROVIDER name, as shown on page 1 of this Agreement, and mailing address of the official payee to whom the payment will be made is:

**Name: Broward County, Florida
Address: 115 South Andrews Avenue, Room 303
City, State Zip: Fort Lauderdale, Florida 33301-1818
Telephone Number: (954) 357-9590
Email Address: ccook@broward.org**

B. The name of the contact person and street address where financial and administrative records are maintained is:

Name: Andrene Blackwin
Title: Contract/Grant Administrator
Address: 115 South Andrews Avenue, Room 303
City, State Zip: Fort Lauderdale, Florida 33301-1818
Telephone Number: (954) 357-9727
Email Address: ablackwin@broward.org

- C. The name, title, address, and telephone number of the representative of the PROVIDER responsible for administration of the program under this Agreement is:**

Name: Carol Cook,
Title: Director
Address: 115 South Andrews Avenue, Room 303
City, State Zip: Fort Lauderdale, Florida 33301-1818
Telephone Number: (954) 357-9590
Email Address: ccook@broward.org

- D. The name, title, address, and telephone number of the contract manager for the AGENCY for this Agreement is:**

Name: Karen O'Bryan
Title: Program Administrator
Address: PL-01, The Capitol
City, State Zip: Tallahassee, Florida 32399-1050
Telephone Number: (850) 414-3362
Email Address: Karen.OBryan@myfloridalegal.com

In the event of any change concerning any above representative, contract manager or office (names, addresses, telephone numbers), notice of such change will be provided in writing to the other party and updated by the AGENCY as a modification to the approved grant, without the need for a formal amendment to this Agreement.

ARTICLE 36. GOVERNING LAW

This Agreement is executed and entered into in the state of Florida, and will be construed, performed and enforced in all respects in accordance with Florida law without reference to conflict of laws principles.

ARTICLE 37. JURISDICTION AND VENUE

Jurisdiction and venue for any action or proceeding arising out of, relating to, or in connection with this Agreement shall lie exclusively in the courts of the state of Florida in Leon County, Florida.

ARTICLE 38. ENTIRE AGREEMENT

This Agreement and its attachments, Attachment A, Attachment B, Attachment C, and any additional exhibits referenced therein, and any documents incorporated by reference, contain all the terms and conditions agreed upon by the parties. There are no provisions, terms, conditions, or obligations other than those contained herein, and this Agreement will supersede all previous communications,

representations, or agreements, either verbal or written between the parties. If any term or provision of this Agreement is determined by a court of law to be unlawful or unenforceable, the remainder of the Agreement will remain in full force and effect.

By signing this Agreement, the parties have read and agree to the entire Agreement, as described in Article 38 above.

IN WITNESS THEREOF, the parties hereto caused this Agreement to be executed by their undersigned officials as duly authorized.

PROVIDER: Broward County, Florida

**AGENCY: Office of the Attorney General
Department of Legal Affairs
State of Florida**

PROVIDER REPRESENTATIVE (DATE)

**RICHARD MARTIN (DATE)
CHIEF OF STAFF**

TITLE OF PROVIDER REPRESENTATIVE

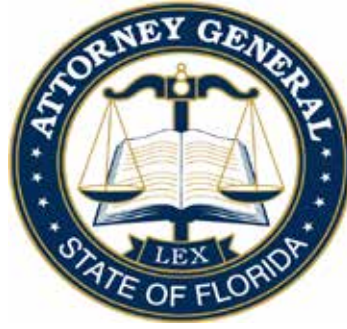
59-6000531
FEDERAL EID # of PROVIDER

PROVIDER Fiscal Year Ending Date: September 30

Reviewed and approved as to form:
Andrew J. Meyers, County Attorney

By: _____
Ronald J. Honick, III
Assistant County Attorney

By: _____
Karen S. Gordon
Senior Assistant County Attorney



**FY 2022-2023 Budget Proposal
General Revenue Funds
Attachment A**

Broward County, Florida

Office of Attorney General Ashley Moody

PROVIDER CONTACT INFORMATION

Name of Organization (Enter the legal name of the organization as it should appear on a contract.)

Broward County, Florida

Federal Employee Identification Number (FEIN):

59-6000531

Board President or Agency Director:

Prefix (Mr., Ms., Dr., etc.) Ms.

Title: Director

Name: Carol Cook

Telephone #: 954-357-9590

Fax #: 954-712-1592

Mailing Address: 115 S. Andrews Avenue, Room 303
(Street, P.O. Box, etc.)

City: Fort Lauderdale

State: FL

9-Digit Zip Code: 33301-1818

E-Mail Address: ccook@broward.org

Fiscal and Performance Report Contact (Name of the person who will be working with the OAG on Reimbursement and Performance Reports):

Prefix (Mr., Ms., Dr., etc.) Ms.

Title: Contract/Grant Administrator

Name: Andrene Blackwin

Telephone #: 954-357-9727

Fax #: 954-712-1592

Mailing Address: 115 S. Andrews Avenue, Room 303
(Street, P.O. Box, etc.)

City: Fort Lauderdale

State: FL

9-Digit Zip Code: 33301-1818

E-Mail Address: ablackwin@broward.org

Board Treasurer or Financial Contact (this is not OAG Personnel):

Prefix (Mr., Ms., Dr., etc.) Mr.

Title: Accountant Senior

Name: Dimitri Oriol

Telephone #: 954-357-5746

Fax #: 954-712-1592

Mailing Address: 115 S. Andrews Avenue, Room 303
(Street, P.O. Box, etc.)

City: Fort Lauderdale

State: FL

9-Digit Zip Code: 33301-1818

E-Mail Address: doriol@broward.org

I acknowledge that I have read, understood, and agree to the conditions set forth in the General Revenue Grant Application Package for the duration of the grant period. Funds approved in " Attachment D" may not be used for donations, contributions, or other types of like expenditures. All funds, without exception, not utilized by this grant must be returned to the Office of the Attorney General. Further, I certify the information in this application is true, complete and correct.

Signature of Agency Director:



Date: 5/27/2022

Provider Name:

Broward County, Florida

PART 2. ORGANIZATION ELIGIBILITY

1. Identify which of the following categories best describe the organization. If the agency is a not for profit, provide the not for profit status documentation (**attach the most recent IRS 990**).

Public

2. Describe the type of implementing organization: (Choose only one category)

Government Agencies Only (choose one from the drop-down menu)

Other

Describe Other: County government

Campus Organizations Only: (choose one from the drop-down menu)

Describe Other:

Non-profit Organization Only: (choose one from the drop-down menu)

Describe Other:

3. Subgrantee Service Area(s): (List the counties that cover the service area of your organization)

Broward County

4. List the total population of the counties to be served :

1.9 million

5. Describe the geographic characteristics of the service area: (choose one from the drop-down menu)

Urban

6. Describe the purpose of the GR subaward: (choose one from the drop-down menu)

Continue a GR funded project funded in a previous year

7. Funds will primarily be used to: (choose one from the drop-down menu)

Continue existing services

8. Is the applicant organization faith-based?: (choose one from the drop-down menu)

NO

9. Include the address of the location(s) victim services will be provided:

400 NE 4th Street, Fort Lauderdale FL 33301-1152

10. Provide the organization's website address:

<https://www.broward.org/NancyJCottermanCenter/Pages/Default.aspx>

11. Does the organization have a Board of Directors? **If yes**, provide a separate document with the current Board Members with the application.

Yes

Provider Name: Broward County, Florida

PROVIDER PROJECT PROPOSAL

The project proposal should clearly outline what will be done and by whom. The project proposal pertains only to the services related to the funding provided by the Florida Legislature for this particular project.

1. Describe services to be provided. (Provide response in the text box below.)

2. Please be concise, the proposal will need to fit within the two pages.

Victim-centered trauma informed services will be provided to a minimum 300 survivors of child abuse and sexual violence and non-offending family members to support them through the investigation and healing process. The funded behavioral health clinicians/family advocates (FAs) will work directly with survivors and non-offending family members linking them to needed intervention services and assist in navigating through the prosecutorial phase, provide assistance with completing documentation including crime victim's compensation; and attend multi-disciplinary staffing promoting collaboration and information sharing. The FAs will maintain collaborative communication with Office of the State Attorney (SAO) and SAO victim advocates to gather information about case status, inform them of forensic interviews and multi-disciplinary meetings, and coordinate courtroom orientation sessions. The office support specialist will input and track grant units of service and client data to generate required monthly and annual reports. FAs will provide services to a minimum of 300 survivors and an average of 80% of survivors will be referred to a service provider to meet family's needs. FAs will attend a minimum of 60 multi-disciplinary staffing, and FAs or office support specialist will send a minimum of 48 notifications to the SAO. FAs will also conduct eight (8) outreach/education activities to provide information about child abuse and/or services available. Funding will also be used to continue providing a comprehensive and coordinated system of care in responding to the needs of children and adults aged 0-99 who are victims of human trafficking (HT) or those at risk of HT. NJCC will serve as the coordinating entity in connecting victims to needed intensive services receiving referrals from community service providers, law enforcement, child protective investigators, and self-referrals who can contact NJCC's administrative or helpline number to generate an intake. The funded human services coordinator (HSC) will provide case coordination services to HT victims through the development of a needs-based service plan that outlines the victims' goals to self-sufficiency. Services include intake and eligibility assessment; victim advocacy and accompaniment; life skills training; and referrals for housing; mental health services; medical/dental care; legal services; and education assistance. HSC will provide intensive case management to a minimum of 15 clients, and 100% of individuals will be provided with an intake and eligibility assessment. HSC will conduct a minimum 32 educational sessions, 7 outreach events and will attend a minimum of 30 multidisciplinary staffing.

For the fiscal year 2021-2022 the Nancy J. Cotterman Center has provided services to 695 survivors of child abuse and their non-offending family members, and to 22 human trafficking victims or those at risk. Services provided include advocacy, crisis intervention, support services, accompaniment, information and referral, multi-disciplinary staffing, needs assessments, and educational groups. In addition, NJCC conducted 22 educational groups on topics related to human trafficking with survivors or those at risk.

Provider Name:
Broward County, Florida

- A. Provide a related Scope of Work and a related Deliverable as described in your project proposal. The Document Support and Financial Consequences will be completed by the Office of the Attorney General (OAG).
- B. Each Scope of Work must clearly establish the task the subrecipient is required to perform.
- C. Each project deliverable must be described in quantifiable units. Each deliverable must be directly related to the Scope of Work and specify the required minimum level of services to be performed. Each deliverable must be maintained on a monthly basis and provided in accordance with the General Revenue agreement; the data will be required with each invoice. Deliverables must be submitted in a format that includes a monthly and cumulative total in accordance with the General Revenue agreement. If applicable, a project timeline will need to be included as part of the deliverables. (Provide response in the text box below.)
- D. Example Scope of Work: The provider must assign no more than 3 students to each qualified mentor. The mentors must provide a minimum of 2 hours of mentoring services (Attachment C) to the students every week after school Mon-Fri 3pm-6pm from July 1, 2020-June 30, 2021 at the provider's location: 123 Learning Lane. (317 characters out of 1,134 character limit)
- E. Example Deliverables: The provider will be paid \$6,000.00 each month for providing educational mentoring services in accordance with the Scope of Work. (130 characters out of 1,134 character limit)
- F. Please note: Document Support and Financial Consequences will be completed by the OAG. **Do not copy and paste into the cells below!**

#	Scope of Work	Deliverables	Document Support	Financial Consequences
1.	Behavioral Health Clinicians/Family Advocates will provide victim advocacy services to 25 survivors of child abuse and their non-offending family members monthly to reach the annual minimum total of 300 cases. Services will be recorded in client tracking database. Services will be provided from July 1, 2022-June 30, 2023.	Behavioral Health Clinicians/Family Advocates will provide services to 25 survivors of child abuse and sexual violence and their non-offending family members monthly to reach their annual minimum total of 300 cases annually.	Sign-in sheets that show services provided to of victims of child abuse and sexual violence and their nonoffending family members monthly.	If the PROVIDER fails to achieve the minimum monthly deliverable in accordance with the agreement, the PROVIDER will be assessed a financial consequence in the amount of 3% of the total monthly reimbursement request.
2.	Behavioral Health Clinicians/Family Advocates will participate in five (5) Multi-disciplinary team staffing for assigned cases of victims of child abuse or neglect to reach annual minimum of 60 total of Multi-disciplinary team staffing. Cases staffed will include child abuse victims and their non-offending family members. Sign-in sheets will be provided as documentation. Services will be provided from July 1, 2022-June 30, 2023.	Behavioral Health Clinicians/Family Advocates will participate in five (5) Multi-disciplinary team staffing for assigned cases of victims of child abuse or neglect on a monthly basis to reach annual minimum of 60 total of MDT staffing.	Provide documents to show the Behavioral Health Clinician/Family Advocate participated in five (5) Multi-disciplinary team staffing for assigned cases of victims of child abuse or neglect.	If the PROVIDER fails to achieve the minimum monthly deliverable in accordance with the agreement, the PROVIDER will be assessed a financial consequence in the amount of 3% of the total monthly reimbursement request.

Provider Name:
Broward County, Florida

- A. Provide a related Scope of Work and a related Deliverable as described in your project proposal. The Document Support and Financial Consequences will be completed by the Office of the Attorney General (OAG).
- B. Each Scope of Work must clearly establish the task the subrecipient is required to perform.
- C. Each project deliverable must be described in quantifiable units. Each deliverable must be directly related to the Scope of Work and specify the required minimum level of services to be performed. Each deliverable must be maintained on a monthly basis and provided in accordance with the General Revenue agreement; the data will be required with each invoice. Deliverables must be submitted in a format that includes a monthly and cumulative total in accordance with the General Revenue agreement. If applicable, a project timeline will need to be included as part of the deliverables. (Provide response in the text box below.)
- D. Example Scope of Work: The provider must assign no more than 3 students to each qualified mentor. The mentors must provide a minimum of 2 hours of mentoring services (Attachment C) to the students every week after school Mon-Fri 3pm-6pm from July 1, 2020-June 30, 2021 at the provider's location: 123 Learning Lane. (317 characters out of 1,134 character limit)
- E. Example Deliverables: The provider will be paid \$6,000.00 each month for providing educational mentoring services in accordance with the Scope of Work. (130 characters out of 1,134 character limit)
- F. Please note: Document Support and Financial Consequences will be completed by the OAG. **Do not copy and paste into the cells below!**

#	Scope of Work	Deliverables	Document Support	Financial Consequences
3.	Four (4) monthly forensic interview schedules will be sent to the State Attorney's Office (SAO) staff by Behavioral Health Clinicians or Office Support Specialist to reach annual minimum of 48 notifications. Copy of weekly schedule and email correspondence will be provided as documentation. Services will be provided from July 1, 2022-June 30, 2023.	Four (4) notifications will be sent to the State Attorney's Office on a monthly basis to reach annual minimum of 48 notifications. Notifications will be sent by Behavioral Health Clinicians or Office Support Specialist.	Provide documents to show four (4) notifications were sent to the State Attorney's Office.	If the PROVIDER fails to achieve the minimum monthly deliverable in accordance with the agreement, the PROVIDER will be assessed a financial consequence in the amount of 3% of the total monthly reimbursement request.
4.	80% (20 of the 25 cases stated in Deliverable #1) of survivors of child abuse or sexual violence and their non-offending family members will be referred to a service provider to meet family's needs to reach the annual minimum of 240 cases. Services will be provided by Behavioral Health Clinicians/Family Advocates and will be recorded in client tracking database. Services will be provided from July 1, 2022-June 30, 2023.	Behavioral Health Clinicians/Family Advocates will refer 80% (20 of the 25 cases stated in Deliverable #1) of survivors to a service provider on a monthly basis to reach the annual minimum of 240 cases.	Provide documents to show Behavioral Health Clinician/Family Advocate referred 80% of victims to a service provider.	If the PROVIDER fails to achieve the minimum monthly deliverable in accordance with the agreement, the PROVIDER will be assessed a financial consequence in the amount of 3% of the total monthly reimbursement request.

Provider Name:
Broward County, Florida

- A. Provide a related Scope of Work and a related Deliverable as described in your project proposal. The Document Support and Financial Consequences will be completed by the Office of the Attorney General (OAG).
- B. Each Scope of Work must clearly establish the task the subrecipient is required to perform.
- C. Each project deliverable must be described in quantifiable units. Each deliverable must be directly related to the Scope of Work and specify the required minimum level of services to be performed. Each deliverable must be maintained on a monthly basis and provided in accordance with the General Revenue agreement; the data will be required with each invoice. Deliverables must be submitted in a format that includes a monthly and cumulative total in accordance with the General Revenue agreement. If applicable, a project timeline will need to be included as part of the deliverables. (Provide response in the text box below.)
- D. Example Scope of Work: The provider must assign no more than 3 students to each qualified mentor. The mentors must provide a minimum of 2 hours of mentoring services (Attachment C) to the students every week after school Mon-Fri 3pm-6pm from July 1, 2020-June 30, 2021 at the provider's location: 123 Learning Lane. (317 characters out of 1,134 character limit)
- E. Example Deliverables: The provider will be paid \$6,000.00 each month for providing educational mentoring services in accordance with the Scope of Work. (130 characters out of 1,134 character limit)
- F. Please note: Document Support and Financial Consequences will be completed by the OAG. **Do not copy and paste into the cells below!**

#	Scope of Work	Deliverables	Document Support	Financial Consequences
5.	The Behavioral Health Clinicians/Family Advocates will conduct outreach/educational events for community members and providers to increase awareness on child abuse and services to reach the annual minimum of eight (8) events. Events will be tracked in agency outreach log. Services will be provided from July 1, 2022-June 30, 2023.	Behavioral Health Clinicians/Family Advocates will conduct eight (8) outreach/educational events for community members and providers on an annual basis.	Provide documentation to show that eight (8) outreach/educational events were conducted during the grant year, July 1, 2022 - June 30, 2023.	If the PROVIDER fails to achieve the minimum monthly deliverable in accordance with the agreement, the PROVIDER will be assessed a financial consequence in the amount of 3% of the total monthly reimbursement request.
6.	The Human Services Coordinator will provide program intake/eligibility assessment to 100% of individuals identified as being at risk for human trafficking and referred to the program. Services will be recorded in client tracking database. Services will be provided from July 1, 2022-June 30, 2023.	The Human Services Coordinator will complete an intake/eligibility assessment on 100% of individuals referred to the program.	Provide a copy of all assessments completed by the Human Service Coordinator monthly.	If the PROVIDER fails to achieve the minimum monthly deliverable in accordance with the agreement, the PROVIDER will be assessed a financial consequence in the amount of 3% of the total monthly reimbursement request.

Provider Name:
Broward County, Florida

- A. Provide a related Scope of Work and a related Deliverable as described in your project proposal. The Document Support and Financial Consequences will be completed by the Office of the Attorney General (OAG).
- B. Each Scope of Work must clearly establish the task the subrecipient is required to perform.
- C. Each project deliverable must be described in quantifiable units. Each deliverable must be directly related to the Scope of Work and specify the required minimum level of services to be performed. Each deliverable must be maintained on a monthly basis and provided in accordance with the General Revenue agreement; the data will be required with each invoice. Deliverables must be submitted in a format that includes a monthly and cumulative total in accordance with the General Revenue agreement. If applicable, a project timeline will need to be included as part of the deliverables. (Provide response in the text box below.)
- D. Example Scope of Work: The provider must assign no more than 3 students to each qualified mentor. The mentors must provide a minimum of 2 hours of mentoring services (Attachment C) to the students every week after school Mon-Fri 3pm-6pm from July 1, 2020-June 30, 2021 at the provider's location: 123 Learning Lane. (317 characters out of 1,134 character limit)
- E. Example Deliverables: The provider will be paid \$6,000.00 each month for providing educational mentoring services in accordance with the Scope of Work. (130 characters out of 1,134 character limit)
- F. Please note: Document Support and Financial Consequences will be completed by the OAG. **Do not copy and paste into the cells below!**

#	Scope of Work	Deliverables	Document Support	Financial Consequences
7.	One (1) Identified Human Trafficking client per month will receive individualized intensive case management services with weekly to monthly contact in person or via video conference platform to reach annual minimum of 12 clients. Services will be provided by the Human Services Coordinator and recorded in client tracking database. Services will be provided from July 1, 2022-June 30, 2023.	One (1) client per month will receive individualized intensive case management services with weekly to monthly contact to reach annual minimum of 12 clients for the year. Services will be provided by the Human Services Coordinator.	Provide Sign-in sheets that show one (1) client per month will receive individualized intensive case management services monthly.	If the PROVIDER fails to achieve the minimum monthly deliverable in accordance with the agreement, the PROVIDER will be assessed a financial consequence in the amount of 3% of the total monthly reimbursement request.
8.	The Human Services Coordinator will conduct an average of two (2) education sessions monthly on topics related to human trafficking with human trafficking victims or individuals at risk of human trafficking to reach the annual minimum of 24 sessions. Each session will have at least 2 individuals attending for at least 1 hour. Individuals participating in the education sessions can include individuals who are receiving individualized services through the program and can also include individuals referred only to education sessions. Sessions will be tracked using sign-in log. Services will be provided from July 1, 2022-June 30, 2023.	The Human Services Coordinator will conduct two (2) education sessions monthly on topics related to Human Trafficking to reach annual minimum of 24 sessions.	Sign-in sheets to show two (2) education sessions were conducted monthly.	If the PROVIDER fails to achieve the minimum monthly deliverable in accordance with the agreement, the PROVIDER will be assessed a financial consequence in the amount of 3% of the total monthly reimbursement request.

Provider Name:
Broward County, Florida

- A. Provide a related Scope of Work and a related Deliverable as described in your project proposal. The Document Support and Financial Consequences will be completed by the Office of the Attorney General (OAG).
- B. Each Scope of Work must clearly establish the task the subrecipient is required to perform.
- C. Each project deliverable must be described in quantifiable units. Each deliverable must be directly related to the Scope of Work and specify the required minimum level of services to be performed. Each deliverable must be maintained on a monthly basis and provided in accordance with the General Revenue agreement; the data will be required with each invoice. Deliverables must be submitted in a format that includes a monthly and cumulative total in accordance with the General Revenue agreement. If applicable, a project timeline will need to be included as part of the deliverables. (Provide response in the text box below.)
- D. Example Scope of Work: The provider must assign no more than 3 students to each qualified mentor. The mentors must provide a minimum of 2 hours of mentoring services (Attachment C) to the students every week after school Mon-Fri 3pm-6pm from July 1, 2020-June 30, 2021 at the provider's location: 123 Learning Lane. (317 characters out of 1,134 character limit)
- E. Example Deliverables: The provider will be paid \$6,000.00 each month for providing educational mentoring services in accordance with the Scope of Work. (130 characters out of 1,134 character limit)
- F. Please note: Document Support and Financial Consequences will be completed by the OAG. **Do not copy and paste into the cells below!**

#	Scope of Work	Deliverables	Document Support	Financial Consequences
9.	The Human Services Coordinator will conduct outreach events for community members and providers to increase awareness on Human Trafficking to reach the annual minimum of seven (7) events. Events will be tracked in agency outreach log. Services will be provided from July 1, 2022-June 30, 2023.	Human Services Coordinator will conduct seven (7) outreach events for community members and providers on an annual basis.	Provide sign-in sheets to show seven (7) outreach events were conducted during the grant year, July 1, 2022 - June 30, 2023.	If the PROVIDER fails to achieve the minimum monthly deliverable in accordance with the agreement, the PROVIDER will be assessed a financial consequence in the amount of 3% of the total monthly reimbursement request.
10.	The Human Services Coordinator will attend two (2) monthly Human Trafficking Multi-disciplinary staffing held with investigative partners and service providers to reach the annual minimum of 24 Multi-disciplinary staffing. Sign-in sheets will be provided as documentation. Services will be provided from July 1, 2022-June 30, 2023.	Human Services Coordinator will attend a minimum of two (2) monthly Human Trafficking Multi-disciplinary staffing with investigative partners and service providers to reach annual minimum of 24 Human Trafficking Multi-disciplinary staffing.	Provide sign-in sheets to show attendance on a monthly basis.	If the PROVIDER fails to achieve the minimum monthly deliverable in accordance with the agreement, the PROVIDER will be assessed a financial consequence in the amount of 3% of the total monthly reimbursement request.

Provider Name: Broward County, Florida

SECTION I: GENERAL REVENUE PERSONNEL BUDGET

Complete the table below and provide information about each position requested. **Positions may be requested for funding in percentages. Organizations are required** to provide detailed information on personnel costs in Section II, which includes the name of the employee. If the name of the employee changes at any time during the grant year, the OAG shall be notified in writing prior to the submission of the reimbursement for the new employee.

Provide a job description for all proposed GR-funded staff. The job description must reflect allowable services/activities that are equal to or greater than the percentage of the position that is GR funded.

	Position	Employee Name	Total Salary	Total Amount Funded by the Florida Legislature	Percent Funded
1	Human Services Supervisor	Jennifer Scoff	\$100,934.61	\$25,233.64	25.00%
2	Behavioral Health Clinician	Ariana Burgos	\$84,407.64	\$84,407.64	100.00%
3	Human Services Coordinator	Linda Cano	\$75,860.72	\$75,860.72	100.00%
4	Behavioral Health Clinician	Vacant	\$58,717.47	\$58,717.47	100.00%
5	Office Support Specialist	Racheal Upshaw	\$61,780.53	\$61,780.53	100.00%
6	0	0	\$0.00		-
7	0	0	\$0.00		-
8	0	0	\$0.00		-
9	0	0	\$0.00		-
10	0	0	\$0.00		-
11	0	0	\$0.00		-
12	0	0	\$0.00		-
13	0	0	\$0.00		-
14	0	0	\$0.00		-
15	0	0	\$0.00		-
16	0	0	\$0.00		-
17	0	0	\$0.00		-
18	0	0	\$0.00		-
19	0	0	\$0.00		-
20	0	0	\$0.00		-
21	0	0	\$0.00		-
22	0	0	\$0.00		-
23	0	0	\$0.00		-
24	0	0	\$0.00		-
25	0	0	\$0.00		-
26	0	0	\$0.00		-
27	0	0	\$0.00		-
28	0	0	\$0.00		-
29	0	0	\$0.00		-
30	0	0	\$0.00		-
31	0	0	\$0.00		-
32	0	0	\$0.00		-
33	0	0	\$0.00		-
34	0	0	\$0.00		-
35	0	0	\$0.00		-
36	0	0	\$0.00		-
37	0	0	\$0.00		-
38	0	0	\$0.00		-
39	0	0	\$0.00		-
40	0	0	\$0.00		-
41	0	0	\$0.00		-
42	0	0	\$0.00		-
	Subtotal		\$381,700.97	\$306,000.00	80.17%

SECTION II: Pay schedule (choose one from the drop-down menu):

bi-weekly

1. Position Title:	Human Services Supervisor			
Employee Name:	Jennifer Scoff			
Hours per week =	40	RATE	Yearly Employer Cost	Per Pay Period
Hourly Rate =	\$ 35.09			
Gross Salary	\$72,987.20		\$72,987.20	\$2,807.20
FICA		7.65%	\$5,583.52	\$214.75
Retirement		11.11%	\$8,108.88	\$311.88
Health Ins.			\$14,189.23	\$545.74
Life Ins.			\$65.78	\$2.53
Dental Ins.				\$0.00
Workers Comp			\$0.00	\$0.00
Unemployment (1st \$7k)			\$0.00	\$0.00
Other:				\$0.00
TOTAL			\$100,934.61	\$3,882.10

Explanation (if applicable):

This position supervises the staff that provide services in this grant. Only 25% of the salary and fringe payments for this position will be paid with GR funding.

2. Position Title:	Behavioral Health Clinician			
Employee Name:	Ariana Burgos			
Hours per week =	40	RATE	Yearly Employer Cost	Per Pay Period
Hourly Rate =	\$ 28.40			
Gross Salary	\$59,072.00		\$59,072.00	\$2,272.00
FICA		7.65%	\$4,519.01	\$173.81
Retirement		11.11%	\$6,562.90	\$252.42
Health Ins.			\$14,187.95	\$545.69
Life Ins.			\$65.78	\$2.53
Dental Ins.				\$0.00
Workers Comp			\$0.00	\$0.00
Unemployment (1st \$7k)			\$0.00	\$0.00
Other:				\$0.00
TOTAL			\$84,407.64	\$3,246.45

Explanation (if applicable):

100% of salary and fringe benefits for this position will be paid with GR funds.

3. Position Title:	Human Services Coordinator			
Employee Name:	Linda Cano			
Hours per week =	40	RATE	Yearly Employer Cost	Per Pay Period
Hourly Rate =	\$ 24.94			
Gross Salary	\$51,875.20		51,875.20	\$1,995.20
FICA		7.65%	3,968.45	\$152.63
Retirement		11.11%	5,763.33	\$221.67
Health Ins.			14,187.95	\$545.69
Life Ins.			65.78	\$2.53
Dental Ins.				\$0.00
Workers Comp			0.00	\$0.00
Unemployment (1st \$7k)			0.00	\$0.00
Other:				\$0.00
TOTAL			75,860.72	\$2,917.72

Explanation (if applicable):

100% of salary and fringe benefits for this position will be paid with GR funds.

4. Position Title:	Behavioral Health Clinician			
Employee Name:	Vacant			
Hours per week =	40	RATE	Yearly Employer Cost	Per Pay Period
Hourly Rate =	\$ 18.00			
Gross Salary	\$37,440.00		37,440.00	1,440.00
FICA		7.65%	2,864.16	110.16
Retirement		11.11%	4,159.58	159.98
Health Ins.			14,187.95	545.69
Life Ins.			65.78	2.53
Dental Ins.				0.00
Workers Comp			0.00	0.00
Unemployment (1st \$7k)			0.00	0.00
Other:				0.00
TOTAL			58,717.47	2,258.36

Explanation (if applicable):

Increased GR funding in FY23 will support this new position. Recruitment will commence after FY23 GR contract has been fully executed.

5. Position Title:	Office Support Specialist			
Employee Name:	Racheal Upshaw			
Hours per week =	40	RATE	Yearly Employer Cost	Per Pay Period
Hourly Rate =	\$ 19.24			
Gross Salary	\$40,019.20		\$ 40,019	\$1,539.20
FICA		7.65%	\$3,061.47	\$117.75
Retirement		11.11%	\$4,446.13	\$171.01
Health Ins.			\$14,187.95	\$545.69
Life Ins.			\$65.78	\$2.53
Dental Ins.				\$0.00
Workers Comp			\$0.00	\$0.00
Unemployment (1st \$7k)			\$0.00	\$0.00
Other:				\$0.00
TOTAL			\$61,780.53	\$2,376.17

Explanation (if applicable):

100% of salary and fringe benefits for this position will be paid with GR funds.

6. Position Title:				
Employee Name:				
Hours per week =		RATE	Yearly Employer Cost	Per Pay Period
Hourly Rate =				
Gross Salary	\$0.00		\$0.00	\$0.00
FICA			\$0.00	\$0.00
Retirement			\$0.00	\$0.00
Health Ins.				\$0.00
Life Ins.				\$0.00
Dental Ins.				\$0.00
Workers Comp			\$0.00	\$0.00
Unemployment (1st \$7k)			\$0.00	\$0.00
Other:				\$0.00
TOTAL			\$0.00	\$0.00

Explanation (if applicable):

Attachment A

7. Position Title:				
Employee Name:				
Hours per week =				
Hourly Rate =		RATE	Yearly Employer Cost	Per Pay Period
Gross Salary	\$0.00		\$0.00	\$0.00
FICA			\$0.00	\$0.00
Retirement			\$0.00	\$0.00
Health Ins.				\$0.00
Life Ins.				\$0.00
Dental Ins.				\$0.00
Workers Comp			\$0.00	\$0.00
Unemployment (1st \$7k)			\$0.00	\$0.00
Other:				\$0.00
TOTAL			\$0.00	\$0.00

Explanation (if applicable):

8. Position Title:				
Employee Name:				
Hours per week =				
Hourly Rate =		RATE	Yearly Employer Cost	Per Pay Period
Gross Salary	\$0.00		\$0.00	\$0.00
FICA			\$0.00	\$0.00
Retirement			\$0.00	\$0.00
Health Ins.				\$0.00
Life Ins.				\$0.00
Dental Ins.				\$0.00
Workers Comp			\$0.00	\$0.00
Unemployment (1st \$7k)			\$0.00	\$0.00
Other:				\$0.00
TOTAL			\$0.00	\$0.00

Explanation (if applicable):

9. Position Title:				
Employee Name:				
Hours per week =				
Hourly Rate =		RATE	Yearly Employer Cost	Per Pay Period
Gross Salary	\$0.00		\$0.00	\$0.00
FICA			\$0.00	\$0.00
Retirement			\$0.00	\$0.00
Health Ins.				\$0.00
Life Ins.				\$0.00
Dental Ins.				\$0.00
Workers Comp			\$0.00	\$0.00
Unemployment (1st \$7k)			\$0.00	\$0.00
Other:				\$0.00
TOTAL			\$0.00	\$0.00

Explanation (if applicable):

10. Position Title:				
Employee Name:				
Hours per week =				
Hourly Rate =		RATE	Yearly Employer Cost	Per Pay Period
Gross Salary	\$0.00		\$0.00	\$0.00
FICA			\$0.00	\$0.00
Retirement			\$0.00	\$0.00
Health Ins.				\$0.00
Life Ins.				\$0.00
Dental Ins.				\$0.00
Workers Comp			\$0.00	\$0.00
Unemployment (1st \$7k)			\$0.00	\$0.00
Other:				\$0.00
TOTAL			\$0.00	\$0.00

Explanation (if applicable):

11. Position Title:				
Employee Name:				
Hours per week =				
Hourly Rate =		RATE	Yearly Employer Cost	Per Pay Period
Gross Salary	\$0.00		\$0.00	\$0.00
FICA			\$0.00	\$0.00
Retirement			\$0.00	\$0.00
Health Ins.				\$0.00
Life Ins.				\$0.00
Dental Ins.				\$0.00
Workers Comp			\$0.00	\$0.00
Unemployment (1st \$7k)			\$0.00	\$0.00
Other:				\$0.00
TOTAL			\$0.00	\$0.00

Explanation (if applicable):

12. Position Title:				
Employee Name:				
Hours per week =				
Hourly Rate =		RATE	Yearly Employer Cost	Per Pay Period
Gross Salary	\$0.00		\$0.00	\$0.00
FICA			\$0.00	\$0.00
Retirement			\$0.00	\$0.00
Health Ins.				\$0.00
Life Ins.				\$0.00
Dental Ins.				\$0.00
Workers Comp			\$0.00	\$0.00
Unemployment (1st \$7k)			\$0.00	\$0.00
Other:				\$0.00
TOTAL			\$0.00	\$0.00

Explanation (if applicable):

13. Position Title:				
Employee Name:				
Hours per week =				
Hourly Rate =		RATE	Yearly Employer Cost	Per Pay Period
Gross Salary	\$0.00		\$0.00	\$0.00
FICA			\$0.00	\$0.00
Retirement			\$0.00	\$0.00
Health Ins.				\$0.00
Life Ins.				\$0.00
Dental Ins.				\$0.00
Workers Comp			\$0.00	\$0.00
Unemployment (1st \$7k)			\$0.00	\$0.00
Other:				\$0.00
TOTAL			\$0.00	\$0.00

Explanation (if applicable):

14. Position Title:				
Employee Name:				
Hours per week =				
Hourly Rate =		RATE	Yearly Employer Cost	Per Pay Period
Gross Salary	\$0.00		\$0.00	\$0.00
FICA			\$0.00	\$0.00
Retirement			\$0.00	\$0.00
Health Ins.				\$0.00
Life Ins.				\$0.00
Dental Ins.				\$0.00
Workers Comp			\$0.00	\$0.00
Unemployment (1st \$7k)			\$0.00	\$0.00
Other:				\$0.00
TOTAL			\$0.00	\$0.00

Explanation (if applicable):

15. Position Title:				
Employee Name:				
Hours per week =				
Hourly Rate =		RATE	Yearly Employer Cost	Per Pay Period
Gross Salary	\$0.00		\$0.00	\$0.00
FICA			\$0.00	\$0.00
Retirement			\$0.00	\$0.00
Health Ins.				\$0.00
Life Ins.				\$0.00
Dental Ins.				\$0.00
Workers Comp			\$0.00	\$0.00
Unemployment (1st \$7k)			\$0.00	\$0.00
Other:				\$0.00
TOTAL			\$0.00	\$0.00

Explanation (if applicable):

16. Position Title:				
Employee Name:				
Hours per week =				
Hourly Rate =		RATE	Yearly Employer Cost	Per Pay Period
Gross Salary	\$0.00		\$0.00	\$0.00
FICA			\$0.00	\$0.00
Retirement			\$0.00	\$0.00
Health Ins.				\$0.00
Life Ins.				\$0.00
Dental Ins.				\$0.00
Workers Comp			\$0.00	\$0.00
Unemployment (1st \$7k)			\$0.00	\$0.00
Other:				\$0.00
TOTAL			\$0.00	\$0.00

Explanation (if applicable):

17. Position Title:				
Employee Name:				
Hours per week =				
Hourly Rate =		RATE	Yearly Employer Cost	Per Pay Period
Gross Salary	\$0.00		\$0.00	\$0.00
FICA			\$0.00	\$0.00
Retirement			\$0.00	\$0.00
Health Ins.				\$0.00
Life Ins.				\$0.00
Dental Ins.				\$0.00
Workers Comp			\$0.00	\$0.00
Unemployment (1st \$7k)			\$0.00	\$0.00
Other:				\$0.00
TOTAL			\$0.00	\$0.00

Explanation (if applicable):

18. Position Title:				
Employee Name:				
Hours per week =				
Hourly Rate =		RATE	Yearly Employer Cost	Per Pay Period
Gross Salary	\$0.00		\$0.00	\$0.00
FICA			\$0.00	\$0.00
Retirement			\$0.00	\$0.00
Health Ins.				\$0.00
Life Ins.				\$0.00
Dental Ins.				\$0.00
Workers Comp			\$0.00	\$0.00
Unemployment (1st \$7k)			\$0.00	\$0.00
Other:				\$0.00
TOTAL			\$0.00	\$0.00

Explanation (if applicable):

Attachment A

19. Position Title:				
Employee Name:				
Hours per week =		RATE	Yearly Employer Cost	Per Pay Period
Hourly Rate =				
Gross Salary	\$0.00		\$ -	\$0.00
FICA			\$0.00	\$0.00
Retirement			\$0.00	\$0.00
Health Ins.				\$0.00
Life Ins.				\$0.00
Dental Ins.				\$0.00
Workers Comp			\$0.00	\$0.00
Unemployment (1st \$7k)			\$0.00	\$0.00
Other:				\$0.00
TOTAL			\$0.00	\$0.00

Explanation (if applicable):

20. Position Title:				
Employee Name:				
Hours per week =		RATE	Yearly Employer Cost	Per Pay Period
Hourly Rate =				
Gross Salary	\$0.00		\$0.00	\$0.00
FICA			\$0.00	\$0.00
Retirement			\$0.00	\$0.00
Health Ins.				\$0.00
Life Ins.				\$0.00
Dental Ins.				\$0.00
Workers Comp			\$0.00	\$0.00
Unemployment (1st \$7k)			\$0.00	\$0.00
Other:				\$0.00
TOTAL			\$0.00	\$0.00

Explanation (if applicable):

21. Position Title:				
Employee Name:				
Hours per week =		RATE	Yearly Employer Cost	Per Pay Period
Hourly Rate =				
Gross Salary	\$0.00		\$0.00	\$0.00
FICA			\$0.00	\$0.00
Retirement			\$0.00	\$0.00
Health Ins.				\$0.00
Life Ins.				\$0.00
Dental Ins.				\$0.00
Workers Comp			\$0.00	\$0.00
Unemployment (1st \$7k)			\$0.00	\$0.00
Other:				\$0.00
TOTAL			\$0.00	\$0.00

Explanation (if applicable):

22. Position Title:				
Employee Name:				
Hours per week =		RATE	Yearly Employer Cost	Per Pay Period
Hourly Rate =				
Gross Salary	\$0.00		\$0.00	\$0.00
FICA			\$0.00	\$0.00
Retirement			\$0.00	\$0.00
Health Ins.				\$0.00
Life Ins.				\$0.00
Dental Ins.				\$0.00
Workers Comp			\$0.00	\$0.00
Unemployment (1st \$7k)			\$0.00	\$0.00
Other:				\$0.00
TOTAL			\$0.00	\$0.00

Explanation (if applicable):

23. Position Title:				
Employee Name:				
Hours per week =		RATE	Yearly Employer Cost	Per Pay Period
Hourly Rate =				
Gross Salary	\$0.00		\$0.00	\$0.00
FICA			\$0.00	\$0.00
Retirement			\$0.00	\$0.00
Health Ins.				\$0.00
Life Ins.				\$0.00
Dental Ins.				\$0.00
Workers Comp			\$0.00	\$0.00
Unemployment (1st \$7k)			\$0.00	\$0.00
Other:				\$0.00
TOTAL			\$0.00	\$0.00

Explanation (if applicable):

24. Position Title:				
Employee Name:				
Hours per week =		RATE	Yearly Employer Cost	Per Pay Period
Hourly Rate =				
Gross Salary	\$0.00		\$0.00	\$0.00
FICA			\$0.00	\$0.00
Retirement			\$0.00	\$0.00
Health Ins.				\$0.00
Life Ins.				\$0.00
Dental Ins.				\$0.00
Workers Comp			\$0.00	\$0.00
Unemployment (1st \$7k)			\$0.00	\$0.00
Other:				\$0.00
TOTAL			\$0.00	\$0.00

Explanation (if applicable):

25. Position Title:				
Employee Name:				
Hours per week =		RATE	Yearly Employer Cost	Per Pay Period
Hourly Rate =				
Gross Salary	\$0.00		\$0.00	\$0.00
FICA			\$0.00	\$0.00
Retirement			\$0.00	\$0.00
Health Ins.				\$0.00
Life Ins.				\$0.00
Dental Ins.				\$0.00
Workers Comp			\$0.00	\$0.00
Unemployment (1st \$7k)			\$0.00	\$0.00
Other:				\$0.00
TOTAL			\$0.00	\$0.00

Explanation (if applicable):

26. Position Title:				
Employee Name:				
Hours per week =		RATE	Yearly Employer Cost	Per Pay Period
Hourly Rate =				
Gross Salary	\$0.00		\$0.00	\$0.00
FICA			\$0.00	\$0.00
Retirement			\$0.00	\$0.00
Health Ins.				\$0.00
Life Ins.				\$0.00
Dental Ins.				\$0.00
Workers Comp			\$0.00	\$0.00
Unemployment (1st \$7k)			\$0.00	\$0.00
Other:				\$0.00
TOTAL			\$0.00	\$0.00

Explanation (if applicable):

27. Position Title:				
Employee Name:				
Hours per week =		RATE	Yearly Employer Cost	Per Pay Period
Hourly Rate =				
Gross Salary	\$0.00		\$0.00	\$0.00
FICA			\$0.00	\$0.00
Retirement			\$0.00	\$0.00
Health Ins.				\$0.00
Life Ins.				\$0.00
Dental Ins.				\$0.00
Workers Comp			\$0.00	\$0.00
Unemployment (1st \$7k)			\$0.00	\$0.00
Other:				\$0.00
TOTAL			\$0.00	\$0.00

Explanation (if applicable):

28. Position Title:				
Employee Name:				
Hours per week =		RATE	Yearly Employer Cost	Per Pay Period
Hourly Rate =				
Gross Salary	\$0.00		\$0.00	\$0.00
FICA			\$0.00	\$0.00
Retirement			\$0.00	\$0.00
Health Ins.				\$0.00
Life Ins.				\$0.00
Dental Ins.				\$0.00
Workers Comp			\$0.00	\$0.00
Unemployment (1st \$7k)			\$0.00	\$0.00
Other:				\$0.00
TOTAL			\$0.00	\$0.00

Explanation (if applicable):

29. Position Title:				
Employee Name:				
Hours per week =		RATE	Yearly Employer Cost	Per Pay Period
Hourly Rate =				
Gross Salary	\$0.00		\$0.00	\$0.00
FICA			\$0.00	\$0.00
Retirement			\$0.00	\$0.00
Health Ins.				\$0.00
Life Ins.				\$0.00
Dental Ins.				\$0.00
Workers Comp			\$0.00	\$0.00
Unemployment (1st \$7k)			\$0.00	\$0.00
Other:				\$0.00
TOTAL			\$0.00	\$0.00

Explanation (if applicable):

30. Position Title:				
Employee Name:				
Hours per week =		RATE	Yearly Employer Cost	Per Pay Period
Hourly Rate =				
Gross Salary	\$0.00		\$0.00	\$0.00
FICA			\$0.00	\$0.00
Retirement			\$0.00	\$0.00
Health Ins.				\$0.00
Life Ins.				\$0.00
Dental Ins.				\$0.00
Workers Comp			\$0.00	\$0.00
Unemployment (1st \$7k)			\$0.00	\$0.00
Other:				\$0.00
TOTAL			\$0.00	\$0.00

Explanation (if applicable):

Attachment A

31. Position Title:				
Employee Name:				
Hours per week =				
Hourly Rate =		RATE	Yearly Employer Cost	Per Pay Period
Gross Salary	\$0.00		\$0.00	\$0.00
FICA			\$0.00	\$0.00
Retirement			\$0.00	\$0.00
Health Ins.				\$0.00
Life Ins.				\$0.00
Dental Ins.				\$0.00
Workers Comp			\$0.00	\$0.00
Unemployment (1st \$7k)			\$0.00	\$0.00
Other:				\$0.00
TOTAL			\$0.00	\$0.00

Explanation (if applicable):

32. Position Title:				
Employee Name:				
Hours per week =				
Hourly Rate =		RATE	Yearly Employer Cost	Per Pay Period
Gross Salary	\$0.00		\$0.00	\$0.00
FICA			\$0.00	\$0.00
Retirement			\$0.00	\$0.00
Health Ins.				\$0.00
Life Ins.				\$0.00
Dental Ins.				\$0.00
Workers Comp			\$0.00	\$0.00
Unemployment (1st \$7k)			\$0.00	\$0.00
Other:				\$0.00
TOTAL			\$0.00	\$0.00

Explanation (if applicable):

33. Position Title:				
Employee Name:				
Hours per week =				
Hourly Rate =		RATE	Yearly Employer Cost	Per Pay Period
Gross Salary	\$0.00		\$0.00	\$0.00
FICA			\$0.00	\$0.00
Retirement			\$0.00	\$0.00
Health Ins.				\$0.00
Life Ins.				\$0.00
Dental Ins.				\$0.00
Workers Comp			\$0.00	\$0.00
Unemployment (1st \$7k)			\$0.00	\$0.00
Other:				\$0.00
TOTAL			\$0.00	\$0.00

Explanation (if applicable):

34. Position Title:				
Employee Name:				
Hours per week =				
Hourly Rate =		RATE	Yearly Employer Cost	Per Pay Period
Gross Salary	\$0.00		\$0.00	\$0.00
FICA			\$0.00	\$0.00
Retirement			\$0.00	\$0.00
Health Ins.				\$0.00
Life Ins.				\$0.00
Dental Ins.				\$0.00
Workers Comp			\$0.00	\$0.00
Unemployment (1st \$7k)			\$0.00	\$0.00
Other:				\$0.00
TOTAL			\$0.00	\$0.00

Explanation (if applicable):

35. Position Title:				
Employee Name:				
Hours per week =				
Hourly Rate =		RATE	Yearly Employer Cost	Per Pay Period
Gross Salary	\$0.00		\$0.00	\$0.00
FICA			\$0.00	\$0.00
Retirement			\$0.00	\$0.00
Health Ins.				\$0.00
Life Ins.				\$0.00
Dental Ins.				\$0.00
Workers Comp			\$0.00	\$0.00
Unemployment (1st \$7k)			\$0.00	\$0.00
Other:				\$0.00
TOTAL			\$0.00	\$0.00

Explanation (if applicable):

36. Position Title:				
Employee Name:				
Hours per week =				
Hourly Rate =		RATE	Yearly Employer Cost	Per Pay Period
Gross Salary	\$0.00		\$0.00	\$0.00
FICA			\$0.00	\$0.00
Retirement			\$0.00	\$0.00
Health Ins.				\$0.00
Life Ins.				\$0.00
Dental Ins.				\$0.00
Workers Comp			\$0.00	\$0.00
Unemployment (1st \$7k)			\$0.00	\$0.00
Other:				\$0.00
TOTAL			\$0.00	\$0.00

Explanation (if applicable):

37. Position Title:				
Employee Name:				
Hours per week =		RATE	Yearly Employer Cost	Per Pay Period
Hourly Rate =				
Gross Salary	\$0.00		\$0.00	\$0.00
FICA			\$0.00	\$0.00
Retirement			\$0.00	\$0.00
Health Ins.				\$0.00
Life Ins.				\$0.00
Dental Ins.				\$0.00
Workers Comp			\$0.00	\$0.00
Unemployment (1st \$7k)			\$0.00	\$0.00
Other:				\$0.00
TOTAL			\$0.00	\$0.00

Explanation (if applicable):

38. Position Title:				
Employee Name:				
Hours per week =		RATE	Yearly Employer Cost	Per Pay Period
Hourly Rate =				
Gross Salary	\$0.00		\$0.00	\$0.00
FICA			\$0.00	\$0.00
Retirement			\$0.00	\$0.00
Health Ins.				\$0.00
Life Ins.				\$0.00
Dental Ins.				\$0.00
Workers Comp			\$0.00	\$0.00
Unemployment (1st \$7k)			\$0.00	\$0.00
Other:				\$0.00
TOTAL			\$0.00	\$0.00

Explanation (if applicable):

39. Position Title:				
Employee Name:				
Hours per week =		RATE	Yearly Employer Cost	Per Pay Period
Hourly Rate =				
Gross Salary	\$0.00		\$0.00	\$0.00
FICA			\$0.00	\$0.00
Retirement			\$0.00	\$0.00
Health Ins.				\$0.00
Life Ins.				\$0.00
Dental Ins.				\$0.00
Workers Comp			\$0.00	\$0.00
Unemployment (1st \$7k)			\$0.00	\$0.00
Other:				\$0.00
TOTAL			\$0.00	\$0.00

Explanation (if applicable):

40. Position Title:				
Employee Name:				
Hours per week =		RATE	Yearly Employer Cost	Per Pay Period
Hourly Rate =				
Gross Salary	\$0.00		\$0.00	\$0.00
FICA			\$0.00	\$0.00
Retirement			\$0.00	\$0.00
Health Ins.				\$0.00
Life Ins.				\$0.00
Dental Ins.				\$0.00
Workers Comp			\$0.00	\$0.00
Unemployment (1st \$7k)			\$0.00	\$0.00
Other:				\$0.00
TOTAL			\$0.00	\$0.00

Explanation (if applicable):

41. Position Title:				
Employee Name:				
Hours per week =		RATE	Yearly Employer Cost	Per Pay Period
Hourly Rate =				
Gross Salary	\$0.00		\$0.00	\$0.00
FICA			\$0.00	\$0.00
Retirement			\$0.00	\$0.00
Health Ins.				\$0.00
Life Ins.				\$0.00
Dental Ins.				\$0.00
Workers Comp			\$0.00	\$0.00
Unemployment (1st \$7k)			\$0.00	\$0.00
Other:				\$0.00
TOTAL			\$0.00	\$0.00

Explanation (if applicable):

42. Position Title:				
Employee Name:				
Hours per week =		RATE	Yearly Employer Cost	Per Pay Period
Hourly Rate =				
Gross Salary	\$0.00		\$0.00	\$0.00
FICA			\$0.00	\$0.00
Retirement			\$0.00	\$0.00
Health Ins.				\$0.00
Life Ins.				\$0.00
Dental Ins.				\$0.00
Workers Comp			\$0.00	\$0.00
Unemployment (1st \$7k)			\$0.00	\$0.00
Other:				\$0.00
TOTAL			\$0.00	\$0.00

Explanation (if applicable):

Provider Name:

Broward County, Florida

GENERAL REVENUE CONTRACTUAL/FEE FOR SERVICE BUDGET

For each Contractual/Fee for Service item listed, include type of the service to be provided, the cost per unit of service, and the estimated units of service to be used. Indicate in the narrative section how the number of services requested was determined. Also, give a description of a unit of service, e.g., a 60 minute unit of legal services, a 60 minute individual therapy session, a 90 minute group therapy session, and any subcontractor providing services to complete the delivery of services for the purpose of the Agreement.

EXAMPLE - Budget Narrative:

Therapy, Inc., will provide therapy for crime victims. It is anticipated that this service will be used approximately 10 times during the year in 60 minute increments (unit) at \$100 per unit based on costs in the previous grant year.

Contractual/Fee for Services - Contracts for specialized services:			
Type of Service (Accounting, Printing, etc., or the name of the subcontractor)	Cost Per Unit of Service	Estimated Units of Service (only whole numbers)	Total
1			\$0.00
2			\$0.00
3			\$0.00
4			\$0.00
5			\$0.00
6			\$0.00
7			\$0.00
8			\$0.00
9			\$0.00
10			\$0.00
11			\$0.00
12			\$0.00
13			\$0.00
14			\$0.00
15			\$0.00
16			\$0.00
17			\$0.00
18			\$0.00
19			\$0.00
20			\$0.00
21			\$0.00
22			\$0.00
23			\$0.00
24			\$0.00
25			\$0.00
26			\$0.00
27			\$0.00
28			\$0.00
29			\$0.00
30			\$0.00

Broward County, Florida

GENERAL REVENUE CONTRACTUAL/FEE FOR SERVICE BUDGET

31				\$0.00
32				\$0.00
33				\$0.00
34				\$0.00
35				\$0.00
36				\$0.00
37				\$0.00
38				\$0.00
39				\$0.00
40				\$0.00
Contractual/Fee for Service Subtotal				\$0.00

Budget Narrative:

1.	
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Broward County, Florida

GENERAL REVENUE CONTRACTUAL/FEE FOR SERVICE BUDGET

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Broward County, Florida

GENERAL REVENUE CONTRACTUAL/FEE FOR SERVICE BUDGET

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Broward County, Florida

GENERAL REVENUE CONTRACTUAL/FEE FOR SERVICE BUDGET

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Broward County, Florida

GENERAL REVENUE CONTRACTUAL/FEE FOR SERVICE BUDGET

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Broward County, Florida

GENERAL REVENUE CONTRACTUAL/FEE FOR SERVICE BUDGET

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Broward County, Florida

GENERAL REVENUE CONTRACTUAL/FEE FOR SERVICE BUDGET

35.	
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Provider Name:

Broward County, Florida

GENERAL REVENUE EQUIPMENT BUDGET

Items included in this section are furniture and/or equipment. If awarded funds in this category, any purchase exceeding \$2,500.00 with any one company during the course of the grant year must include a quote process that demonstrates the best value that includes, but is not limited to, price, quality, design, and workmanship was chosen. Any purchases exceeding \$35,000.00 (Category II) with any one company during the course of the grant year will need to follow the process set forth in Chapter 287, Florida Statutes. Provide a justification for the furniture/equipment purchase requests.

EXAMPLE - Narrative Response:

The computer will increase the employee's ability to reach and better serve designated populations. The cost listed above is for a complete computer package which includes the computer, monitor, software and printer.

PART 3. EQUIPMENT			
Description	Number	Cost Per Item	Total
1			\$0.00
2			\$0.00
3			\$0.00
4			\$0.00
5			\$0.00
6			\$0.00
7			\$0.00
8			\$0.00
9			\$0.00
10			\$0.00
11			\$0.00
12			\$0.00
13			\$0.00
14			\$0.00
15			\$0.00
16			\$0.00
17			\$0.00
18			\$0.00
19			\$0.00
20			\$0.00
Equipment Subtotal			\$0.00

Broward County, Florida

GENERAL REVENUE EQUIPMENT BUDGET

Budget Narrative:

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Broward County, Florida

GENERAL REVENUE EQUIPMENT BUDGET

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Broward County, Florida

GENERAL REVENUE EQUIPMENT BUDGET

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Broward County, Florida

GENERAL REVENUE EQUIPMENT BUDGET

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Agency Name:

Broward County, Florida

GENERAL REVENUE OPERATING BUDGET

Office supplies such as paper, pencils, toner, printing, books, postage, transportation for clients/victims; monthly service costs for telephone or utilities; staff mileage within the program area, etc. In the narrative section, provide a brief description of the operating expenses and note if the cost is pro-rated. Indicate how the number and cost of services requested were determined (by FTE? by % use? by sq/ft? internet research, etc?). If awarded funds in this category, any purchase exceeding \$2,500.00 with any one company during the course of the grant year must include a quote process that demonstrates the best value that includes, but is not limited to, price, quality, design, and workmanship was chosen. Any purchases exceeding \$35,000.00 (Category II) with any one company during the course of the grant year will need to follow the process set forth in Chapter 287, Florida Statutes.

EXAMPLE- Narrative Response:

The employee will need monthly telephone service calculated at \$20 per month, which is based on research. We are requesting 100% of the cost **based on the percent the position is funded under this agreement.**

Operating Expenses:			
Description	Number	Cost Per Item	Total
1			\$0.00
2			\$0.00
3			\$0.00
4			\$0.00
5			\$0.00
6			\$0.00
7			\$0.00
8			\$0.00
9			\$0.00
10			\$0.00
11			\$0.00
12			\$0.00
13			\$0.00
14			\$0.00
15			\$0.00
16			\$0.00
17			\$0.00
18			\$0.00
19			\$0.00
20			\$0.00
21			\$0.00
22			\$0.00
23			\$0.00
24			\$0.00
25			\$0.00
26			\$0.00
27			\$0.00
28			\$0.00
29			\$0.00
30			\$0.00
31			\$0.00
32			\$0.00
33			\$0.00
34			\$0.00
35			\$0.00
36			\$0.00
37			\$0.00

Broward County, Florida

GENERAL REVENUE OPERATING BUDGET

38				\$0.00
39				\$0.00
40				\$0.00
41				\$0.00
42				\$0.00
43				\$0.00
44				\$0.00
45				\$0.00
46				\$0.00
47				\$0.00
48				\$0.00
49				\$0.00
50				\$0.00
51				\$0.00
52				\$0.00
53				\$0.00
54				\$0.00
55				\$0.00
56				\$0.00
57				\$0.00
58				\$0.00
59				\$0.00
60				\$0.00
Operating Subtotal				\$0.00

Budget Narrative:

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Broward County, Florida

GENERAL REVENUE OPERATING BUDGET

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Broward County, Florida

GENERAL REVENUE OPERATING BUDGET

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GENERAL REVENUE OPERATING BUDGET

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Broward County, Florida

GENERAL REVENUE OPERATING BUDGET

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Broward County, Florida

GENERAL REVENUE OPERATING BUDGET

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GENERAL REVENUE OPERATING BUDGET

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GENERAL REVENUE OPERATING BUDGET

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Broward County, Florida

GENERAL REVENUE OPERATING BUDGET

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Broward County, Florida

GENERAL REVENUE OPERATING BUDGET

58	
59	
60	

Provider Name:

Broward County, Florida

GENERAL REVENUE TRAINING/TRAVEL BUDGET

Training requested must be to enhance delivery of services. Travel associated with training must adhere to the State of Florida Travel Rules. If awarded funds in this category, additional information will be required prior to incurring costs associated with training. The narrative should include the name and detailed information on the training and a justification for how it will enhance direct services to crime victims.

Florida Administrative Rules related to travel expenses:

www.flrules.org/gateway/ChapterHome.asp?Chapter=69I-42

Section 112.061, Florida Statutes- Travel Expenses:

http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0100-0199/0112/Sections/0112.061.html

Reference Guide for State Expenditures:

<https://www.myfloridacfo.com/Division/AA/Manuals/documents/ReferenceGuideforStateExpenditures.pdf>

Training Expenses:			
Description	Number	Cost Per Item	Total
1			\$0.00
2			\$0.00
3			\$0.00
4			\$0.00
5			\$0.00
6			\$0.00
7			\$0.00
8			\$0.00
9			\$0.00
10			\$0.00
Training Subtotal			\$0.00

Budget Narrative:

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Attachment A

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Provider Name: Broward County, Florida

GENERAL REVENUE BUDGET SUMMARY

Budget Summary By Category - Provide the subtotal for each budget category.	TOTAL BUDGET
Personnel	\$306,000.00
Contractual/Fee for Service	\$0.00
Equipment	\$0.00
Operating Expenses	\$0.00
Training	\$0.00
TOTAL	\$306,000.00

*Application should not exceed the award amount of:	\$306,000.00
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Difference between award and application, if the amount is in red, you must reduce your Total Budget:	\$0.00
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Attachment A

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Provider Name:

Broward County, Florida

FUNDING SOURCES 2

2. Explain what positions and/or services are billed to each funding source listed in Question 1.

Broward County General Fund: pays salaries and fringe benefits for division director, assistant director, program administrators, financial and grant administrators as well as other staff, and operating costs for the agency.

OAG General Revenues: funds 1 FT behavioral health clinician, 1 FT human services coordinator, 1 FT office support specialist and 25% of salary and fringe benefits cost for a human services supervisor position.

Rape Crisis Trust Fund: funds 1 FT human services coordinator position, and sexual assault treatment services for children and adults.

General Revenues (FCASV): funds 1 FT behavioral health clinician, 1 PT19 medical director, and sexual assault treatment services for children and adults.

Office of Attorney General (FCASV): funds sexual assault treatment services for children and adults.

License Plate and Voluntary Contributions: funds child abuse prevention and intervention services.

Child Advocacy Trust Fund: funds therapeutic services and medical consultations for child abuse victims.

General Revenues (FNCAC): funds 1 FT family advocate, 2 FT behavioral health clinicians, 1 PT19 child psychologist, and treatment services for child abuse victims and their non-offending family members.

Child Protection Team (DOH): funds salary and fringe benefits for Broward County's Child Protection Team.

Office for Victims of Crime (OVC)-Human Trafficking (DOJ): three-year grant that funds 2 FT behavioral health clinicians and 1 FT human services coordinator. Grant funds used to centralize the coordination of care and direct service delivery to human trafficking victims.

OVW (Office on Violence Against Women)-Improving Criminal Justice (DOJ): three year grant that funds the centralization of data collection among key stakeholders in Broward County's criminal justice system to track sexual assault victims from initial contact through prosecution to identify gaps in service and build on best practices. It will also fund 1 FT program project coordinator, 1 FT administrative specialist and 1 FT assistant state attorney through the issuance of a sub award to the Broward County Office of the State Attorney.

Provider Name:

Broward County, Florida

3. Provide detailed information on how the organization will ensure multiple funding sources are not charged for the same positions and/or services.

Each staff is assigned a unique Budget Position Number (BPN) which is connected to the respective grant that is designated as the funding source for that employee's position. This information is transmitted annually or as may become necessary throughout the year to our accounting division as well as the office of management and budget which assigns and tracks expenses per grant/contract. Our accounting system also requires that each grant be tracked using separate project identification (Project ID) and budget reference numbers (Bud Ref). These Project IDs and Bud Ref are also changed annually and are used by agency staff to code operational expenses as they are reconciled. The division's financial and grants administrative team track allowable expenses per grant and conducts bi-monthly budget reviews to ensure that expenses are charged to the correct funding source.

Provider Name:

Broward County, Florida

RELATED PARTIES QUESTIONNAIRE

This form must be completed and signed by the Executive Director or an organization official who is authorized to enter into contractual agreements. Attach additional pages if needed.

1. Are there currently any family relationships that exist between any of the following: the board of directors, the agency's principal officers, the agency's employees, and any independent contractors?

YES/NO

NO

If yes, describe any and all family relationships that exist.

2. Are you aware of any interests, direct or indirect, that exist with the current board of directors, the current organization's principal officers, the current organization's employees, or any current independent contractors in the following area?

YES/NO

- (a) Sale, purchase, exchange, or leasing of property?
- (b) Receiving or furnishing of goods, services, or facilities?
- (c) Transfer or receipt of compensation, fringe benefits, or income or assets?
- (d) Maintenance of bank balances as compensating balances for the benefit of another?

NO

NO

NO

NO

If yes to any above, describe any and all interests that you are aware of at this time.

3. Are any current board of directors, current organization's principal officers, current organization's employees, or any current independent contractors indebted to the organization?

YES/NO

NO

If yes, describe the nature of the debt.

Broward County, Florida

4. Have any current board of directors, current organization's principal officers, current organization's employees, or any current independent contractors misappropriated assets or committed other forms of fraud against the organization?

YES/NO

NO

If yes, describe the nature of the misappropriation or fraud.

5. Are any employees being paid from multiple positions within this grant, for example, executive director and victim advocate, or contract manager and financial coordinator.

YES/NO

NO

If yes, indicated which positions the employee(s) is being paid from and what percentage is being paid by each position.

Carol Cook	Director, Crisis Intervention and Support Division

Print Name

Title



ATTACHMENT B

Florida Single Audit Act Requirements

The administration of resources awarded by the Agency to the PROVIDER may be subject to audits and monitoring by the Agency or its designee as described in this section.

MONITORING

In addition to reviews of audits conducted in accordance with 2 C.F.R. § 200, Subpart F and section 215.97, Florida Statutes, as revised (see "AUDITS" below), monitoring procedures may include, but not be limited to, on-site visits by Agency staff, limited scope audits as defined by 2 C.F.R. § 200, as revised, and other procedures. By entering into this agreement, the PROVIDER agrees to comply and cooperate with any monitoring procedures/processes deemed appropriate by the Agency. In the event the Agency determines that a limited scope audit of the PROVIDER is appropriate, the PROVIDER agrees to comply with any additional instructions provided by the Agency staff to the PROVIDER regarding such audit. The PROVIDER will comply and cooperate with any inspections, reviews, investigations, or audits deemed necessary by the Chief Financial Officer (CFO) or Auditor General.

AUDITS

PART I: FEDERALLY FUNDED

This part is applicable if the PROVIDER is a State or local government or a non-profit organization as defined in 2 C.F.R. § 200, Subpart F, as revised.

1. In the event that the PROVIDER expends \$750,000 or more in Federal awards in its fiscal year, the PROVIDER must have a single or program-specific audit conducted in accordance with the provisions of 2 C.F.R. § 200, Subpart F, as revised. EXHIBIT 1 to this agreement indicates Federal resources awarded through the Agency by this agreement. In determining the Federal awards expended in its fiscal year, the PROVIDER will consider all sources of Federal awards, including Federal resources received from the Agency. The determination of amounts of Federal awards expended should be in accordance with the guidelines established by 2 C.F.R. § 200, Subpart F, as revised. An audit of the PROVIDER conducted by the Auditor General in accordance with the provisions 2 C.F.R. § 200, Subpart F, as revised, will meet the requirements of this part.
2. In connection with the audit requirements addressed in Part I, paragraph 1, the PROVIDER will fulfill the requirements relative to auditee responsibilities as provided in Subpart C of 2 C.F.R. § 200, Subpart F, as revised.
3. If the PROVIDER expends less than \$750,000 in Federal awards in its fiscal year, an audit conducted in accordance with the provisions of 2 C.F.R. § 200, Subpart F, as revised, is not required. In the event that the PROVIDER expends less than \$750,000 in Federal awards in its fiscal year and elects to have an audit

conducted in accordance with the provisions of 2 C.F.R. § 200, Subpart F, as revised, the cost of the audit must be paid from non-Federal resources (i.e., the cost of such an audit must be paid from PROVIDER resources obtained from other than Federal entities).

4. **NOTE: FOR ADDITIONAL INFORMATION, PLEASE GO TO:**
<https://apps.fldfs.com/fsaa/>

PART II: STATE FUNDED

This part is applicable if the PROVIDER is a non-state entity as defined by section 215.97(2), Florida Statutes.

1. In the event that the PROVIDER expends a total amount of state financial assistance equal to or in excess of \$750,000 in a fiscal year, the PROVIDER must have a State single or project-specific audit for such fiscal year in accordance with section 215.97, Florida Statutes; applicable rules of the Department of Financial Services; and Chapters 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General. EXHIBIT 1 to this agreement indicates state financial assistance awarded through the Agency by this agreement. In determining the state financial assistance expended in its fiscal year, the PROVIDER will consider all sources of state financial assistance, including state financial assistance received from the Agency, other state agencies, and other non-state entities. State financial assistance does not include Federal direct or pass-through awards and resources received by a non-state entity for Federal program matching requirements.
2. In connection with the audit requirements addressed in Part II, paragraph 1, the PROVIDER will ensure that the audit complies with the requirements of section 215.97(8), Florida Statutes. This includes submission of a financial reporting package as defined by section 215.97(2), Florida Statutes, and Chapters 10.550 (local governmental entities) or 10.650, Rules of the Auditor General, (nonprofit and for-profit organizations).
3. If the PROVIDER expends less than \$750,000 in state financial assistance in its fiscal year, an audit conducted in accordance with the provisions of section 215.97, Florida Statutes, is not required. In the event that the PROVIDER expends less than \$750,000 in state financial assistance in its fiscal year and elects to have an audit conducted in accordance with the provisions of section 215.97, Florida Statutes, the cost of the audit must be paid from the non-state entity's resources (i.e., the cost of such an audit must be paid from the PROVIDER's resources obtained from other than State entities).
4. **NOTE: FOR ADDITIONAL INFORMATION, PLEASE GO TO:**
<https://apps.fldfs.com/fsaa/>

PART III: OTHER AUDIT REQUIREMENTS

Pursuant to section 215.97(8), Florida Statutes, State agencies may conduct or arrange for audits of state financial assistance that are in addition to audits conducted in accordance with section 215.97, Florida Statutes. In such an event, the State awarding agency must arrange for funding the full cost of such additional audits.

PART IV: REPORT SUBMISSION

1. Copies of reporting packages for audits conducted in accordance with 2 C.F.R. § 200, Subpart F, as revised, and required by PART I of this attachment will be submitted, when required by 2 C.F.R. § 200, Subpart F, as revised, by or on behalf of the PROVIDER directly to each of the following:

A. The Agency at the following address:

The Office of the Attorney General
Richard R. Nuss, Bureau Chief
Bureau of Criminal Justice Programs
PL-01, The Capitol
Tallahassee, Florida 32399-1050

B. The Federal Audit Clearinghouse designated in 2 C.F.R. § 200, Subpart F, as revised (the number of copies required by 2 C.F.R. § 200, Subpart F, as revised, should be submitted to the Federal Audit Clearinghouse), at the following address:

Federal Audit Clearinghouse
Bureau of the Census
1201 East 10th Street
Jeffersonville, IN 47132

C. Other Federal agencies and pass-through entities in accordance with 2 C.F.R. §§ 200.320(e) and (f), 2 C.F.R. § 200, Subpart F, as revised.

2. If PROVIDER is a recipient or subrecipient as specified in Attachment A , PROVIDER will perform the required financial and compliance audits in accordance with the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, 2 C.F.R. part 200, subpart F and section 215.97, Florida Statutes, as applicable and conform to the following requirements:

A. Documentation. To maintain separate accounting of revenues and expenditures of funds under this contract and each Catalog of State Financial Assistance (CSFA) or Catalog of Federal Domestic Assistance (CFDA) number identified on the attached Exhibit 1, in accordance with generally accepted accounting practices and procedures. Expenditures which support Provider's activities not solely authorized under this contract must be allocated in accordance with applicable laws, rules, and regulations and the allocation methodology must be documented and supported by competent evidence.

B. Provider must maintain sufficient documentation of all expenditures incurred (e.g., invoices, canceled checks, payroll detail, bank statements, etc.) under this contract which evidences that expenditures are:

- 1) Allowable under the contract and applicable laws, rules, and regulations;
- 2) Reasonable; and
- 3) Necessary in order for Provider to fulfill its obligations under this contract.

C. All documentation required by this section is subject to review by the Department and the state of Florida Chief Financial Officer. Provider must timely comply with any requests for documentation.

- D. Annual Financial Report. Within 45 days from the end of each contract year, but no later than submission of the final invoice for that year, submit to the Department an annual financial report stating, by line item, all expenditures made as a direct result of services provided through this contract. Each report must include a statement signed by an individual with legal authority to bind Provider, certifying that these expenditures are true, accurate, and directly related to this contract.
- E. To ensure that funding received under this contract in excess of expenditures is remitted to the Department within 45 days of the end of each contract year and the contract end date.
3. In the event that a copy of the reporting package for an audit required by PART I of this agreement and conducted in accordance with 2 C.F.R. § 200, Subpart F, as revised, is not required to be submitted to the Agency for the reasons pursuant to 2 C.F.R. § 200, Subpart F, as revised, PROVIDER will submit the required written notification pursuant to and a copy of PROVIDER's audited schedule of expenditures of Federal awards directly to the Agency's Contract Manager listed in this Contract.
4. Copies of financial reporting packages required by PART II of this agreement will be submitted by or on behalf of the PROVIDER directly to each of the following:
- A. The Agency at the following address:
- The Office of the Attorney General
Rick Nuss, Bureau Chief
Bureau of Criminal Justice Programs
PL-01, The Capitol
Tallahassee, Florida 32399-1050
- B. The Auditor General's Office at the following address:
- Auditor General's Office
Room 401, Pepper Building
111 West Madison Street
Tallahassee, Florida 32399-1450
5. Copies of reports or the management letter required by PART III of this agreement will be submitted by or on behalf of the PROVIDER directly to the Agency's Contract Manager listed in this Contract.
6. Any reports, management letter, or other information required to be submitted to the Agency pursuant to this agreement will be submitted timely in accordance with 2 C.F.R. § 200, Subpart F, Florida Statutes, and Chapters 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General, as applicable.
7. PROVIDERs, when submitting financial reporting packages to the Agency for audits done in accordance with 2 C.F.R. § 200, Subpart F or Chapters 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General, should indicate the date that the reporting package was delivered to the PROVIDER in correspondence accompanying the reporting package.

PART V: RECORD RETENTION

1. PROVIDER will retain sufficient records demonstrating its compliance with the terms of this agreement for a period of five years from the date the audit report is issued, and will allow the Agency or its designee, CFO, or Auditor General access to such records upon request. PROVIDER will ensure that audit working papers are made available to the Agency or its designee, CFO, or Auditor General upon request for a period of three years from the date the audit report is issued, unless extended in writing by the Agency.

NOTE: Records need to be retained for at least five years to comply with record retention requirements related to original vouchers prescribed by the Department of State, Division of Library and Information Services, Bureau of Archives and Records Management.

EXHIBIT – 1

**FEDERAL RESOURCES AWARDED TO THE PROVIDER PURSUANT TO THIS AGREEMENT
CONSIST OF THE FOLLOWING:**

No Federal Project Funds Awarded

**STATE RESOURCES AWARDED TO THE PROVIDER PURSUANT TO THIS AGREEMENT
CONSIST OF THE FOLLOWING:**

MATCHING RESOURCES FOR FEDERAL PROGRAMS:

No Matching Funds for Federal Programs Awarded

SUBJECT TO SECTION 215.97, FLORIDA STATUTES:

<u>STATE PROJECT</u>	<u>AGENCY</u>	<u>PROJECT TITLE</u>	<u>AMOUNT</u>
#41.032	Office of the Attorney General	General Revenue	\$306,000.00

**TOTAL STATE FUNDS AWARDED SUBJECT TO SECTION 215.97, FLORIDA STATUTES
\$306,000.00**

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

1. Activities Allowed
2. Allowable Cost
3. Cash Management
4. Equipment and Real Property Management
5. Period of Availability
6. Reporting

Specific compliance requirements for State financial assistance awarded pursuant to this agreement can be found on the Florida Single Audit Act website at: <https://apps.fldfs.com/fsaa/>

NOTE 2 C.F.R. § 200.400(d) of, Subpart F, as revised, and section 215.97(5), Florida Statutes, require that the information about Federal Programs and State Projects included in Exhibit 1 be provided to the PROVIDER.



ATTACHMENT C
GENERAL REVENUE GRANTS/CONTRACTUAL SERVICES
PROGRAMATIC AND REPORTING REQUIREMENTS

Agency Name: Broward County, Florida

- 1) **General Revenue Monthly Invoice (Invoice)**: This form is considered the payment/reimbursement invoice and is the document submitted by the grant administration staff to the AGENCY's (Office of the Attorney General) Finance Office and DFS for payment/reimbursement processing. The Invoice and all other required reports listed below, a - h and #4, must be submitted by the 20th day of the following month. If the 20th day falls on a Saturday, a Sunday, or a state holiday, the reports must be submitted by the next business day. Reports are due every month even if no expenditures are incurred, unless the Final Report has been submitted.
 - a) **General Revenue Personnel Spreadsheet**: This form is used to seek payment/reimbursement of allowable personnel expenses as outlined in the approved grant application or as approved by the Agency under a Budget Modification. This form must be included with the Invoice and must be submitted by the 20th day of the following month. If the 20th day falls on a Saturday, Sunday, or a state holiday, then they must be submitted by the next business day. (This form is not required if the approved budget does not contain personnel expenses.)
 - b) **Actual Expense Reports (AER (Contractual, Operating, Travel-Training))**: These forms are used to seek payment/reimbursement of allowable contractual, operating and travel-training expenses as outlined in the approved grant application or as approved by the Agency under a Budget Modification. These forms must be included with the Invoice and must be submitted by the 20th day of the following month. If the 20th day falls on a Saturday, Sunday, or a state holiday, then they must be submitted by the next business day. (These forms are not required if the approved budget does not contain any contractual, operating and travel-training expenses.)
 - c) **Project Specific Timesheet(s)**: Project Specific Timesheet(s) notating the claimed pay period must be used to report time spent on the General Revenue grant/Contractual Services project. Only salary for time spent on activities related to the General Revenue grant/Contractual Services is payable/reimbursable. A Project Specific Timesheet(s) must be used by all organizations requesting payment/reimbursement of personnel expenses. The timesheet(s) must be completed for all staff including Executive Directors who are reimbursed from the General Revenue grant/Contractual Services. Failure to submit the Project Specific Timesheet(s) for any grant staff will result in removal of any requested personnel expenses until such time as the required Project Specific Timesheet(s) is submitted. The Project Specific Timesheet(s) must be submitted when claiming payment/reimbursement of personnel expenses. The form must be signed and dated by the employee and their supervisor. Executive Directors must sign and date their timesheet(s) and have their timesheet(s) authorized by a member of the Board of Directors when claiming payment/reimbursement of personnel expenses. Executive Directors may authorize the timesheet(s) of their staff providing staff is not related to the Executive Director. At least one Project Specific Timesheet must be used for each staff member. The

organization may use as many timesheet(s) as necessary to report the appropriate time spent on the General Revenue grant/Contractual Services. (These forms are not required if the approved budget does not contain any personnel expenses.)

- d) **Daily Vehicle Use Log:** This form is used to report mileage for activities related to the General Revenue grant within the organization's local service area. This form **is not** for use when travel is outside the organization's service area. The signature of the staff claiming mileage is required and the form must be signed by the Executive Director. Executive Directors must authorize the Daily Vehicle Use Log of their staff providing staff is not related to the Executive Director. Executive Directors are required to sign and date their own Daily Vehicle Use Log and must have their Daily Vehicle Use Log authorized by a member of the Board of Directors when claiming payment/reimbursement of mileage expenses. (These forms are not required if the approved budget does not contain any mileage expenses.)

- e) **Property Inventory:** All property purchased pursuant to Chapter 273, Florida Statutes and Florida Administrative Code Chapter 69I-72, using grant/contractual funds, requires a Property Inventory Report be completed and submitted to the AGENCY at the time payment/reimbursement is requested. Payment/reimbursement will not be authorized until such time as the required Property Inventory Report has been submitted.

- f) **Authorization to Incur Travel Expense:** Pursuant to Florida Administrative Code Rule 69I-42.003, form DFS-AA-13 will be used when requesting approval for travel. The form will be signed by the person requesting travel and their supervisor or an authorized member of the organization's Board of Directors. It must be completed prior to travel taking place and must evidence the estimated cost of travel as allowed under section 112.061, Florida Statutes. This form must be submitted along with the completed Travel Voucher when requesting payment/reimbursement of travel expenses associated with the General Revenue grant/contractual projects. This form should be submitted within the month travel occurred and travel reimbursement is requested, if possible. It must, however, be submitted no later than the month following the actual travel.

- g) **Travel Voucher:** Pursuant to Florida Administrative Code Rule 69I-42.003, form DFS-AA-15 will be used when requesting payment/reimbursement for travel expenses associated with the General Revenue grant project. The form will be completed by all travelers requesting payment/reimbursement from the General Revenue Grant and will be prepared in strict compliance with section 112.061, Florida Statutes. The form will be signed by the traveler and the official authorizing the travel, a supervisor or an authorized member of the Board of Directors. Social Security numbers should not be placed on the form when submitting for payment/reimbursement. However, the organization must maintain information to correctly identify all authorized travelers under audit. Only those travel expenses associated with the General Revenue/contractual projects and in the program's approved budget are payable/reimbursable. This form should be submitted within the month travel occurred and travel payment/reimbursement is requested, if possible. It must, however, be submitted no later than the month following travel and must be accompanied with form DFS-AA-13, Authorization to Incur Travel Expense, and must be submitted at the time the monthly Invoice is submitted.

- h) **Budget Modification:** The Budget Modification request must be completed and submitted to the AGENCY for approval prior to expenditure of any funds. Budget Modifications submitted after a purchase has been made will not be processed or approved. No Budget Modifications will be processed or approved after June 1st. Please ensure that all budget modifications

provide that services will be received within the same grant year as the expenditure.

- 2) **Program Modifications**: The Program Modification Request form is used to request modifications to program deliverables and must be submitted on or before March 31st, for review to allow sufficient time for the program to meet any approved changes.
- 3) **Monthly Deliverables Report**: This form is used to provide information on the minimum performance measures required for all General Revenue grant/contractual funds and to justify payment/reimbursement. This form must be submitted when the Invoice is submitted, and the organization must submit the required support documentation indicating completion or compliance with the required deliverables. Otherwise, the Invoice cannot be processed. If the organization fails to meet the minimum performance measures or provide the required support documentation, Financial Consequences will be applied pursuant to section 215.971(1) (c), Florida Statutes, as written in Attachment A, under Financial Consequences.
- 4) **Final Invoice**: The Final Invoice for any given grant year must be submitted by no later than 45 days immediately following the conclusion of the previous grant year. If the 45th day falls on a Saturday, a Sunday, or a state holiday, then it must be submitted by the next business day, or payment/reimbursement will be disallowed. The final invoice is used to request payment/reimbursement of any expenses which occurred before the end of the current grant year, but invoices and statements were not received or paid until after the end of the current grant year. These expenditures may only be for the current grant year. No expenses for any subsequent grant years may be submitted on the Final Invoice. Final payment/reimbursement will not be made until all required reports have been submitted, unless the organization is required to comply with section 215.97, Florida Statutes, the Florida Single Audit Act, and has appropriately requested an extension of time to comply with same.
- 5) **Audit Report**: General Revenue grant/contractual recipients or counties required to have an audit under section 215.97, Florida Statutes or who expend in excess of \$750,000 in a fiscal year from all funding sources managed by a state agency, including federal financial assistance must generate and submit a copy of an appropriate audit no later than 180 days following the termination or expiration of the Agreement.

****NOTE: Failure to comply with reporting requirements will affect the amount requested for payment/reimbursement.***

EXHIBIT 2



OFFICE OF THE ATTORNEY GENERAL DIVISION OF VICTIM SERVICES AND CRIMINAL JUSTICE PROGRAMS

NONSTATE ENTITY FLORIDA SINGLE AUDIT ACT FORM

In accordance with section 215.97, Florida Statutes, all nonstate entities who expend a total amount of state financial assistance equal to or in excess of \$750,000.00 in any fiscal year must comply with the Florida Single Audit Act and its requirements. The Office of the Attorney General Division of Victim Services and Criminal Justice Programs as the state awarding agency for this grant is required to determine if your nonstate entity meets this requirement.

Please complete this form and return to your grant manager.

Entity: Broward County, Florida **Fiscal Year:** _____

Grant Number: K05343

Did the nonstate entity expend a total amount of state financial assistance equal to or in excess of \$750,000.00 in any fiscal year from all funding sources, with state financial assistance being defined in section 215.97(2)(a), Florida Statutes?

- Yes
 No

In accordance with section 215.97, Florida Statutes; applicable rules of the Department of Financial Services; and Chapter 10.650, Rules of the Auditor General, this nonstate entity has reviewed its state financial assistance and attests that the above information is true and accurate.

Signature: _____ **Title:** _____ **Date:** _____

Print Name: _____