

AMENDMENT 9

This Amendment, entered into between the Florida Council Against Sexual Violence, hereinafter referred to as the "Council" and Broward County hereinafter referred to as the "Provider," amends subcontract number 16TFGR27.

Accordingly, the subcontract is amended as follows:

1. Due to a reduction in the Council's Rape Crisis Trust Fund award from the Department of Health, the Provider's award for the period July 1, 2022 – June 30, 2023 is reduced to \$71,812.00.
2. The Provider shall receive an additional General Revenue (GR+) award for the period September 1, 2022 – June 30, 2023 in the amount of \$110,184.00. Expenditures related to this funding source are limited to sexual assault services staff Salaries and Benefits. Budget line items and expenditures must prioritize the increase in salaries to at least \$15 per hour.
3. Attachment I C.4.b. is hereby modified to add the following:
 - 8) Monthly Expenditure Report (MER). The Provider shall submit a completed MER form (incorporated herein by reference) to report GR+ expenditures to the Council contract manager on a monthly basis, to verify that funds are spent on allowable costs. The report shall be due by the 15th day of the month following the month in which services were provided.
3. Attachment II, Exhibit 1, Financial and Compliance Audit, is deleted entirely and replaced as attached hereto.
4. Attachment III (invoice) is deleted entirely and replaced as attached hereto.

This amendment shall begin on September 1, 2022 and shall be retroactive to that date if executed thereafter. All provisions in the subcontract and any attachments thereto in conflict with this amendment shall be and are hereby changed to conform to this amendment.

All provisions not in conflict with this amendment are still in effect and are to be performed at the level specified in the subcontract. This amendment and all its attachments are hereby made a part of the subcontract.

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

BROWARD COUNTY:

FLORIDA COUNCIL AGAINST SEXUAL VIOLENCE

BY: _____

BY: _____

NAME: _____

NAME: Jennifer L. Dritt, LCSW

TITLE: _____

TITLE: Executive Director

DATE: _____

DATE: _____

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

By: RONALD J. HONICK, III 10/11/2022
Ronald J. Honick, III
Assistant County Attorney

By: Karen S. Gordon
Karen S. Gordon
Senior Assistant County Attorney

EXHIBIT – 1

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

Federal Program 1	<u>N/A</u>	CFDA#	<u></u>	Title	<u></u>	\$	<u></u>
Federal Program 2	<u>N/A</u>	CFDA#	<u></u>	Title	<u></u>	\$	<u></u>
TOTAL FEDERAL AWARDS						\$	<u></u>

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

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

CSFA# <u>64.061</u>	Title	<u>Rape Crisis Program Trust Fund – Sexual Battery Victims' Access to Services Act</u>	\$	<u>71,812.00</u>
CSFA# <u>64.069</u>	Title:	<u>Rape Crisis Centers</u>	\$	<u>121,886.00</u>
CSFA# <u>TBD</u>	Title:	<u>Rape Crisis Centers GR+</u>	\$	<u>110,184.00</u>
TOTAL STATE FINANCIAL ASSISTANCE AWARDED PURSUANT TO SECTION 215.97, F.S.:			\$	<u>303,882.00</u>

Financial assistance <u>not subject</u> to Sec. 215.97, F.S. or 2 CFR Part §200.40:	\$	<u></u>
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COMPLIANCE REQUIREMENTS APPLICABLE TO STATE RESOURCES AWARDED PURSUANT TO THIS AGREEMENT ARE AS FOLLOWS:

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

Matching and Maintenance of Effort *

Matching resources for federal program(s):

Program:	<u>N/A</u>	CFDA#	<u></u>	Title	<u></u>	\$	<u></u>
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Maintenance of Effort (MOE):

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

Attachment III

Provider: Broward County		Subcontractor Number: 16TFGR27																	
Address: 400 NE 4th Street, Fort Lauderdale, FL, 33301-1152																			
<u>Service Period</u> (check one) Jul-22 ☐ Aug-22 ☐ Sept- 22 ☐ Oct-22 ☐ Nov-22 ☐ Dec-22 ☐ Jan-23 ☐ Feb-23 ☐ Mar-23 ☐ Apr-23 ☐ May-23 ☐ June-23 ☐		<u>TF Monthly Rate</u> July 2022 – Aug 2022 \$6,076.00 Sept. 2022-May 2023 \$6,076.00 June 2023 \$4,976.00	<u>GR Monthly Rate</u> July 2022 – Aug 2022 \$10,157.00 Sept. 2022-May 2023 \$10,157.00 June 2023 \$10,159.00	<u>GR+ Monthly Rate</u> July 2022 – Aug 2022 \$0.00 Sept. 2022-May 2023 \$11,018.00 June 2023 \$11,022.00															
<u>Summary of Payments</u> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 33%;"></th> <th style="width: 33%; text-align: center;">TF</th> <th style="width: 33%; text-align: center;">GR</th> <th style="width: 33%; text-align: center;">GR+</th> </tr> </thead> <tbody> <tr> <td>SFY 2023-22 Allocation:</td> <td style="text-align: right;"><u>\$71,812.00</u></td> <td style="text-align: right;"><u>\$121,886.00</u></td> <td style="text-align: right;"><u>\$110,184.00</u></td> </tr> <tr> <td>Amount of this invoice:</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> </tr> </tbody> </table>			TF	GR	GR+	SFY 2023-22 Allocation:	<u>\$71,812.00</u>	<u>\$121,886.00</u>	<u>\$110,184.00</u>	Amount of this invoice:	\$	\$	\$	<u>(FOR FCASV USE ONLY)</u> July 2022-Aug. 2022 combined monthly total: <u>\$16,233.00</u> Sept. 2022-May 2023 combined monthly total: <u>\$27,251.00</u> June 2023 combined total <u>\$26,157.00</u>					
	TF	GR	GR+																
SFY 2023-22 Allocation:	<u>\$71,812.00</u>	<u>\$121,886.00</u>	<u>\$110,184.00</u>																
Amount of this invoice:	\$	\$	\$																
(NOTE: ALL FUNDS MUST BE ENCUMBERED BY June 30th.) I certify that the above report is a true and correct reflection of this period's activities, as stipulated in this contract. Signature of Provider Agency Official Date Print Name and Title Phone #		<u>Penalties</u> \$ \$ Total: \$ <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 20px;"> <thead> <tr> <th style="width: 33%;"></th> <th style="width: 33%; text-align: center;">TF</th> <th style="width: 33%; text-align: center;">GR</th> <th style="width: 33%; text-align: center;"><u>GR+</u></th> </tr> </thead> <tbody> <tr> <td>Invoice Request</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>Less Penalty</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>Amount Approved</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> </tbody> </table> Total Approved For Payment By The Council: \$ Signature Date			TF	GR	<u>GR+</u>	Invoice Request	\$	\$	\$	Less Penalty	\$	\$	\$	Amount Approved	\$	\$	\$
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