CONTRACT SUMMARY

This contract action has completed the Department's routing process and has received the required approvals for execution.

Division/CHD/Office:	Division of Disease Control and Health Protection
Provider Name:	Broward County
Contract Number:	DC117-R1
Original Contract Amount:	$0.00
Total Contract Amount (executed actions):	$0.00
Original Contract Start Date:	11/09/2022
Original Contract End Date:	12/31/2025
New Contract End Date:	12/31/2028

DESCRIPTION OF CONTRACTUAL SERVICES:

Florida Department of Health (FDOH) will share aggregate and de-identified data with Broward County.

CONTRACT ACTION:

AMENDMENT(Y/N):	AMENDMENT AMOUNT:	
CHANGE TO TERM(Y/N):	START DATE:	END DATE:
RENEWAL: Y	RENEWAL AMOUNT: $0.00	
START DATE: 11/25/2025	END DATE: 12/31/2028	

DESCRIPTION OF CONTRACT AMENDMENT ACTION:

This contract complies with all of the following requirements:

- A statement of work.
- Quantifiable and measurable deliverables.
- Performance measures.
- Financial consequences for non-performance.
- Terms and conditions which protect the interest of the state.
- All requirements of law have been met regarding the contract.
- Documentation in the contract file is sufficient to support the contract and the attestation (examples: business case; directive to establish contract; subject research and analysis, etc.).
- If the contract is established by way of a competitive solicitation as identified in section 287.057(1), Florida. Statutes, the costs of the contract are the most advantageous to the state or offer the best value.

STATE OF FLORIDA

DEPARTMENT OF HEALTH

CONTRACT RENEWAL # 1

ORIGINAL CONTRACT # DC117

THIS RENEWAL is entered into between the State of Florida, Department of Health, hereinafter referred to as "the Department" and Broward County, a political subdivision of the State of Florida, hereinafter referred to as "Provider."

As stated on page 4, Work Order, paragraph F.12, of Contract # DC117, the Department is exercising its option to renew this contract as mutually agreed to by both parties beginning on November 25, 2025, and ending on November 9, 2028, as stated in the original contract.

All terms and conditions of said original Contract and any supplements and amendments thereto will remain in force and effect for this renewal.

IN WITNESS WHEREOF, the parties have executed this Renewal by their undersigned officials as duly authorized.

PROVIDER: Broward County

SIGNED BY: _____

NAME: Beam Furr

TITLE: Mayor

DATE: _____

STATE OF FLORIDA
DEPARTMENT OF HEALTH

SIGNED BY: _____

NAME: Dr. rer. nat. Gladys A. Liehr, CPM FCCM, PMP

TITLE: Director, Division Of Disease Control and Health Protection

DATE: _____

FEDERAL ID NUMBER: 59-6000531-001

CLEARED FOR ROUTING BY OFFICE OF THE GENERAL COUNSEL
7/24/2025
12:55 PM
KW

Reviewed and Approved as to Form
Andrew J. Meyers, County Attorney

By: Ronald Honick Digitally signed by Ronald Honick Date: 2025.10.07 17:29:00 -04'00'
Ronald J. Honick
Assistant County Attorney

By: Karen S. Gordon Digitally signed by Karen S. Gordon Date: 2025.10.07 17:30:48 -04'00'
Karen S. Gordon
Senior Assistant County Attorney

Certificate Of Completion

Envelope Id: 777C836D-0E59-488C-A81A-DAE51CC0EAEB
Status: Sent
Subject: Contract DC117-R1: Has been sent to the providers POC to obtain signature
Source Envelope:
Document Pages: 2
Signatures: 0
Envelope Originator:
Certificate Pages: 5
Initials: 0
JoAnn Nelson
AutoNav: Enabled
JoAnn.Nelson@flhealth.gov
EnvelopeId Stamping: Enabled
IP Address: 167.78.4.22
Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Record Tracking

Status: Original
9/3/2025 1:28:56 PM
Holder: JoAnn Nelson
JoAnn.Nelson@flhealth.gov
Location: DocuSign

Signer Events	Signature	Timestamp
Sylvia McDaniel Sylvia.McDaniel@flhealth.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 9/5/2025 12:02:04 PM ID: ba962791-191a-4951-8803-6a22fea026d2		
Dr. Gladys A. Liehr Gladys.Liehr@flhealth.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 9/16/2025 11:30:45 AM ID: dc48f8fb-7b8b-4399-b126-eb0e2b5ef12c		

In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp
JoAnn Nelson JoAnn.Nelson@flhealth.gov Carahsoft OBO Florida Department of Health Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign		Sent: 9/3/2025 1:33:35 PM

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp
Gil Barnes Gil.Barnes@flhealth.gov Office Manager Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	COPIED	Sent: 9/3/2025 1:33:34 PM

Carbon Copy Events	Status	Timestamp
Sylvia McDaniel Sylvia.McDaniel@flhealth.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 9/5/2025 12:02:04 PM ID: ba962791-191a-4951-8803-6a22fea026d2	COPIED	Sent: 9/3/2025 1:33:34 PM Viewed: 9/3/2025 1:35:26 PM
Jessica Roy jeroy@broward.org Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	COPIED	Sent: 9/3/2025 1:33:35 PM Viewed: 9/16/2025 12:17:38 PM

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	9/3/2025 1:33:34 PM

Payment Events	Status	Timestamps

Electronic Record and Signature Disclosure

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

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If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of your DocuSign account. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use your DocuSign Express user account to receive required notices and consents electronically from us or to sign electronically documents from us.

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Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through your DocuSign user account all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

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You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:
To contact us by email send messages to: antonio.dawkins@flhealth.gov

To advise Carahsoft OBO Florida Department of Health of your new e-mail address
To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at antonio.dawkins@flhealth.gov and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..
In addition, you must notify DocuSign, Inc to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in DocuSign.

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To withdraw your consent with Carahsoft OBO Florida Department of Health
To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your DocuSign account, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
ii. send us an e-mail to antonio.dawkins@flhealth.gov and in the body of such request you must state your e-mail, full name, IS Postal Address, telephone number, and account number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

Operating Systems:	Windows2000? or WindowsXP?
Browsers (for SENDERS):	Internet Explorer 6.0? or above
Browsers (for SIGNERS):	Internet Explorer 6.0?, Mozilla FireFox 1.0, NetScape 7.2 (or above)
Email:	Access to a valid email account
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	•Allow per session cookies •Users accessing the internet behind a Proxy Server must enable HTTP 1.1 settings via proxy connection

** These minimum requirements are subject to change. If these requirements change, we will provide you with an email message at the email address we have on file for you at that time providing you with the revised hardware and software requirements, at which time you will have the right to withdraw your consent.

Acknowledging your access and consent to receive materials electronically
To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.
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