

**Florida Alcohol and Drug Abuse Association, Inc.**  
**Contract Number: DCFFAD202528-07, Amendment No. 1**

This Amendment shall be effective October 24, 2025, or the last party signature date, whichever is later. The above referenced Contract is hereby amended as follows:

1. Item 3, Contract amount is hereby amended to read, The Contract amount shall not exceed \$88,500.00 as detailed in Attachment G.
2. The funding table in Attachment G is hereby revised as follows:

Funding Source/Stream	Period	Amount
<b>CFDA# 93.959 (state block grant matching funds)</b> <i>DCF - funds can be spent on alcohol use disorders (opioid use or combination use disorder patients must be served using DCF/SAMHSA funds).</i>	07/01/2025 – 06/30/2026	\$36,500.00
	07/01/2026 – 06/30/2027	Pending Funding
	07/01/2027 – 06/30/2028	Pending Funding
<b>CFDA# 93.788 (federal grant funds)</b> <i>DCF/SAMHSA (SOR) - All patient screenings and medical assessments/lab work are covered by these funds. For medication services, opioid and combination patients should primarily be served with these funds. Alcohol use disorder patients with co-morbid stimulant misuse or dependence receiving treatment/recovery support for stimulant issues under the SOR grant through the managing entity are eligible for medication using these funds. Patients receiving one or more injections under this funding must have GPRA Interviews completed at the required intervals and GPRA interviews for patients with alcohol/stimulant combination must be paid by the managing entity.</i>	07/01/2025 – 09/30/2025	\$12,000.00
	10/01/2025 – 06/30/2026	\$40,000.00
	07/01/2026 – 06/30/2027	Pending Funding
	07/01/2027 – 06/30/2028	Pending Funding

By signing this Attachment, the parties agree that they have read and agree to its content.

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

**Broward County, Florida**

**Florida Alcohol and Drug Abuse Association, Inc.**

\_\_\_\_\_  
**Provider Authorized Agent Signature/Date**

\_\_\_\_\_  
**FADAA Signature/Date**

\_\_\_\_\_  
**Provider Authorized Agent Name & Title**

Ive Vintimilla, Director of Contracts and Prof. Services  
**Authorized Agent Name & Title**

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

By: **KAREN GORDON**  
 Karen S. Gordon  
 Senior Assistant County Attorney

Digitally signed by KAREN GORDON  
 Date: 2025.10.31 16:14:57 -04'00'