

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact

Fiscal Years	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>
Capital Expenditures					
Operating Costs	3,500	3,500	3,500		
External Revenues	(3,500)	(3,500)	(3,500)		
Program Income (County)					
In-Kind Match (County)					
Net Fiscal Impact	<u>0</u>	<u>0</u>	<u>0</u>		
# ADDITIONAL FTE POSITIONS (Cumulative)	<u>0</u>	<u>0</u>	<u>0</u>		

Is Item Included In Current Budget? Yes No

Budget Account No.: Fund 1426 Department 662 Unit 3230 Object var Program
 Revenue: Fund 1426 Department 662 Unit 3230 Source 3429 Program
3129

B. Recommended Sources of Funds/Summary of Fiscal Impact:

State Department of Health grant.

C. Departmental Fiscal Review: *Eugene Vilanova* 1/15/07

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Dev. and Control Comments:

[Signature] 1-24-07 **OFMB**
 1/24/07
[Signature] 1/29/07 **Contract Administration**
 pm 1/29/07

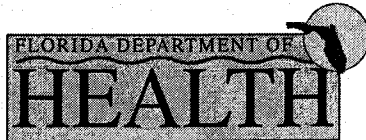
B. Legal Sufficiency:

[Signature] 1/30/07
Assistant County Attorney

C. Other Department Review:

Department Director

This summary is not to be used as a basis for payment.



Jeb Bush
Governor

M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary

October 23, 2006

Victim Services
OCT 31 2006
Director

Ms. Nancy Dixon
Palm Beach County Victim Services
205 North Dixie Highway, Suite 5.1100
West Palm Beach, Florida 33401

Re: Contract Number COHUS

Dear Ms. Dixon:

Enclosed you will find: 1) an executed amendment, 2) an executed renewal and 3) an amended copy of Attachment I for your records. Please note that the services under this contract will continue as of November 1, 2006. Please also note that the amended Attachment I contains added requirements and other noteworthy changes. We encourage all appropriate staff read the amended Attachment I to ensure that all are aware of the new deadlines and requirements of this contract.

Thank you for your cooperation in processing this renewal contract. Please contact me at (850) 245-4444, ext. 2952 with any questions or concerns.

Sincerely,

Marsha Slade

Marsha Slade
Contract Manager
Sexual Violence Prevention Program

/mhs

Enclosures

STATE OF FLORIDA

DEPARTMENT OF HEALTH

CONTRACT RENEWAL # COHUS-R1

ORIGINAL CONTRACT # COHUS

THIS RENEWAL is entered into between the State of Florida, Department of Health, hereinafter referred to as the "department" and Palm Beach County Board of County Commissioners Department of Public Safety/Division of Victim Services, hereinafter referred to as the "provider".

As stated on page 15 Attachment I, paragraph D.2, of Contract # COHUS, the department is exercising its option to renew this contract if mutually agreed to by both parties beginning on 11/01/06 and ending on 10/31/09 in an amount not to exceed \$10,500.00 as stated in the original contract.

All terms and conditions of said original Contract and any supplements and amendments thereto shall 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: PALM BEACH
COUNTY BOARD OF COUNTY
COMMISSIONERS DEPARTMENT
OF PUBLIC SAFETY/DIVISION OF VICTIM SERVICES**

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

BY: Paul Milelli

BY: Annette Phelps

NAME: PAUL W. MILELLI

NAME: Annette Phelps, A.R.N.P., M.S.N.

TITLE: DIRECTOR, PUBLIC SAFETY

TITLE: Director, Division of Family Health Services

DATE: 10-6-06

DATE: 10/17/06

FEID # 59-6000785

STATE OF FLORIDA - DEPARTMENT OF HEALTH

AMENDMENT# 001 TO CONTRACT COHUS

THIS AMENDMENT entered into by and between the State of Florida, Department of Health, hereinafter referred to as the "department" and Palm Beach County Board of County Commissioners Department of Public Safety/Division of Victim Services, Inc., hereinafter referred to as the "provider," amends Contract COHUS.

1. Page 4, E, of the standard contract (All Terms and Conditions Included), is hereby amended to add attachments VI, and VII attached hereto.
2. Pages 5 - 23 of Attachments I - V are hereby deleted and replaced with the revised Attachments I - VII, pages 5 - 28 attached hereto.

This amendment shall begin on October 31, 2006, or the date on which the amendment has been signed by both parties, whichever is later.

All provisions in the contract and any attachments thereto in conflict with this amendment shall be and are hereby changed to conform with 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 contract.

This amendment and all its attachments are hereby made a part of the contract.

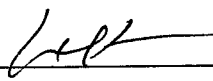
IN WITNESS THEREOF, the parties hereto have caused this 26 page amendment to be executed by their officials thereunto duly authorized.

PROVIDER:

**PALM BEACH COUNTY BOARD OF
COUNTY COMMISSIONERS DEPARTMENT
OF PUBLIC SAFETY/DIVISION OF
VICTIM SERVICES**

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

BY: 

BY: 

NAME: PAUL W. MILELLI

NAME: Annette Phelps, A.R.N.P., M.S.N.

TITLE: DIRECTOR, PUBLIC SAFETY

TITLE: Director, Division of Family Health Services

DATE: 10-6-06

DATE: 10/17/06

FEID # 59-6000785

ATTACHMENT I

A. Services to be Provided.

1. Definition of Terms.

a. Contract Terms

The Federal fiscal year for the Sexual Violence Prevention Program (SVPP) is November 1st through October 31st. This contract **will not exceed \$10,500.00**. This equates to **no more than \$3,500 per year** for 3 years, during the period November 1, 2006, through October 31, 2009.

b. Contract Funding Received by Agency – Check Box:

- Hotline and SAAM/Day Funding
- Hotline Funding Only
- SAAM/Day Funding Only

c. Programmatic Terms

- 1) Community Awareness Services - Informing the general public about sexual violence, the prevention of sexual violence, and available programs and services for victims.
- 2) Information and Referral Services - A response to requests or presenting need for information or assistance related to sexual violence; available and accessible 24 hours a day in person or by phone.
- 3) SAAM/DAY - Sexual Assault Awareness Month/Day is nationally recognized as occurring in the month of April, with a specific day in April being designated each year to focus attention on the prevention of rape and sexual violence in Florida.
- 4) SVDR (Sexual Violence Data Registry) - An Internet-based input data system for the reporting of adult (12 years old and older) sexual violence data. It accepts no personal identifiers, thereby insuring anonymity of victims. The data registry URL address is: <http://esetappsdo.h.state.fl.us/irm00svr/default.aspx>.
- 5) Telephone Crisis Hotline – A telephone line that is operated 24 hours a day, seven days a week, 365 days a year and answered by a sexual violence counselor or trained volunteer, as defined in section 90.5035, Florida Statutes. The hotline must provide immediate telephone services that are available and accessible to

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all primary and secondary victims of sexual violence within the region served by the organization. This "hotline" provides information, resources and referrals on issues related to services and the prevention of sexual violence. Cellular phones or call forwarding the hotline to a phone answered by the organization's trained advocate is acceptable.

- 6) Trained, Certified Hotline Staff/Volunteer - A person who has completed 30 hours of victim services training which must include at least four hours of crisis intervention principles and practices, at least four hours of supervised telephone counseling training, plus six hours of ongoing sexual violence training annually. This person must be familiar with the dynamics of sexual violence, relevant community resources, crisis intervention techniques, and understand how medical, legal, and social services respond to victims of sexual violence. This person must be supervised by a paid staff person who has completed the required training and has at least one year of relevant experience. Non-paid hotline staff must be included on a volunteer list that is maintained by the organization. Annually for each hotline personnel, a completed copy of Attachment III must be provided to the Department.
- 7) Department - Florida Department of Health
- 8) Primary Victim - Individual (12 years old and older) who experienced a sexual assault.
- 9) Secondary Victim - Any individual impacted by a primary victim's sexual assault.

2. General Description.

a. Major Program Goals.

The goal of the hotline funding is to provide assistance to callers via trained sexual violence staff or volunteers. The goal of the SAAM/Day funding is to increase the community's awareness of and knowledge about sexual violence and available program services.

b. Authority.

Centers for Disease Control and Prevention (CDC), National Center for Injury Prevention and Control, Authorization 301(A) 42 USC 241(A) PHS ACT 391(A), 393B. This project is funded by the National Center for Injury Prevention and Control and administered by the Department of Health.

c. Scope of Service.

This funding is for the purpose of providing telephone hotlines operated 24 hours a day, seven days a week, 365 days a year and answered by a sexual violence counselor or trained volunteer, as defined in section 90.5035, Florida Statutes. This funding is also for the purpose of conducting Sexual Assault Awareness Month/Day activities. See Section A(1)(b) (Contract Funding) to see if this is a: 1) hotline and SAAM/Day contract, 2) hotline only contract, or 3) SAAM/Day only contract. A Hotline and SAAM/Day contract must complete all of the deliverables listed in Section B(1)(a) and (b). A Hotline only contract must complete all of the deliverables listed in Section B(1)(a). A SAAM/Day only contract must complete all of the deliverables listed in Section B(1)(b).

3. Clients to be Served.

a. Client Description and Eligibility.

Adult victims and victims 12 years of age and older of sexual violence; their families and significant others.

b. Client Determinations.

In the event of any disputes regarding the eligibility of clients the determination made by the department is final and binding on all parties.

B. Manner of Service Provision.

1. Service Tasks.

a. Task List - **HOTLINE SERVICES**

Hotline Funded Providers will perform the following tasks:

1. Implement, maintain or enhance a 24-hour, toll-free information and referral telephone hotline to provide information related to sexual violence.
2. Provide to department in writing the method used for communicating with non-English speaking persons in the January report.
3. By the 10th of each month, following the month of hotline service, enter in the SVDR: 1) the total number of all hotline calls, 2) the total number of primary victim sexual violence calls, and 3) all other (formerly called secondary victim) sexual violence related hotline calls for victims 12 years old and older.
4. By the 10th of each month, following the month of hotline service, enter any other (currently unforeseen) data requested by the department into the SVDR.
5. Participate in the department conference calls as requested.
6. Report to the department within 72 hours any problems in the operation of the 24-hour, toll-free, hotline. Within 60 days of a problem being identified, an additional report must be submitted with a description of how the problem was resolved.
7. Hotline must be advertised a minimum of once a quarter, via TV, radio newspaper, billboards, bus placards, distribution of promotional items or other method pre-approved by the department. The following wording must be included in any advertised hotline materials, "TDD users may call through Florida Relay Service at 1-800-955-8771".
8. Submit a signed letter by the executive director or designated administrator stating that the hotlines were operational 24-hours day, 7-days a week during the reporting period. The letter must also include a list of the current certified hotline personnel that worked the hotlines during the reporting period.
9. Submit a completed Training Certification for Hotline Staff and Volunteers (TCHSV) form for each hotline personnel (Attachment III) annually; no later than the January 31st report. New personnel must complete the required training and submit the TCHSV form before working the hotlines.
10. Report the name(s) of the person(s) entering hotline data into the SVDR for each reporting period.
11. Submit a summary of all completed customer satisfaction survey forms (if surveys conducted) that rated the hotline services.
12. Submit all SVDR or hotline concerns, successes or trainings for the reporting period.

b. Task List - **SAAM/DAY ACTIVITIES**

SAAM/Day Funded Providers will perform the following tasks:

13. Submit a written plan no later than March 15th for local SAAM/Day activities for the department's approval. The planned event should include the following: a) the Florida Department of Health logo, and/or the current SVPP media campaign slogan, b) distribution of teal colored ribbons, c) a sample letter/invitation to be mailed to the interested public, professionals & survivors of sexual violence, d) a minimum of one speaker specializing in the topic of sexual violence and prevention or a directly related topic, e) a sample press release and the distribution list of local newspaper, radio and/or television stations to whom the press release will be sent. The press release must be distributed a minimum of one week prior to the event; f) a sample flyer or any other form of advertisement to be used to promote the SAAM event.
14. Provide to the department, in writing, the method used for communicating with non-English speaking persons in the January 31st report.
15. Conduct all DOH pre-approved SAAM/Day activities in April.
16. Submit with the report due March 31st a copy or sample of all materials to be used during the SAAM/Day activities.
17. Submit with the report due May 31st proof of having conducted at least one press release to promote SAAM/Day activities in local community (i.e., newspaper clippings).
18. Submit with the report due May 31st proof of having advertised (other than a press release) SAAM/Day activities in the local community.
19. Submit with the report due May 31st a summary page with details about SAAM/Day activities including: 1) a description of the activities conducted, 2) the number of attendees, 3) information given to public, 4) suggestions for improving the event in the future, 5) pictures, videos and other supporting documentation of the event, and 6) a summary of all completed customer satisfaction survey forms that rated the SAAM/Day services.
20. Submit with the March 31 and May 31 reports any concerns, successes or trainings.

c. Task Limits.

These tasks shall be provided within the State of Florida.

The provider shall not perform any tasks related to the project other than those described in Section B.1. without the express written consent of the department

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2. Staffing Requirements.

a. Staffing Levels.

The provider shall maintain an adequate administrative organizational structure and support staff sufficient to discharge its contractual responsibilities. In the event the department determines that the provider's staffing levels do not conform to those promised in the proposal, it shall advise the provider in writing and the provider shall have 30 days to remedy the identified staffing deficiencies.

The provider shall replace any employee whose continued presence would be detrimental to the success of the project. The replacement will have equal or superior qualifications. The department's determination in this matter will be final and binding on all parties.

b. Professional Qualifications.

The provider will be responsible for the staff who are affiliated with this contract, insuring that they have the education, any professional licensure or certification which may be required by law, and experience necessary to successfully carry out their duties. The provider will provide the department's contract manager with resumes of all paid staff providing services to clients under this contract.

c. Staffing Changes.

The provider shall staff the project with key personnel identified in the proposal which are considered by the department to be essential to this project. Prior to any changes of the proposed individuals the provider shall notify and obtain written approval from the department of the proposed substitution. Written justification should include documentation of the circumstances requiring the changes and a list of the proposed substitutions in sufficient detail to permit evaluation of the impact on the project. The department may agree to accept personnel of equal or superior qualifications if any circumstances necessitate the replacement of previously assigned personnel. Any such substitution shall be made only after consultation with the department's contract manager.

d. Subcontractors.

The provider may, only with the prior written consent of the department, enter into written subcontract(s) for performance of certain of its functions under the contract. Subcontracts will be approved in writing by the department's contract manager prior to the effective date of any subcontract. No subcontract, which the provider enters into with respect to performance under this contract shall in any way relieve the provider of any responsibility for performance of its duties. All payments to subcontractors shall be made by the provider.

3. Service Location and Equipment.

a. Service Delivery Location.

The provider must provide hotline and/or SAAMDay activities and services within their designated county(ies).

b. Service Times.

The provider will provide hotline services, 24 hours a day, seven days a week, 52 weeks per year. The provider must provide SAAM/Day activities at the times that the target populations are accessible.

c. Changes in Location.

The provider shall notify the department's contract manager in writing a minimum of one week prior to making changes in location which will affect the department's ability to contact the provider by telephone or facsimile transmission.

d. Equipment.

The provider shall be responsible for supplying all equipment necessary to perform, conduct, and complete this contract.

4. Deliverables.

a. Service Units.

The provider will provide the services, documentation of those services, reports and evaluations as outlined in Section B. 1. of this Attachment I.

b. Reports.

The mere receipt of reports by the department shall not be construed to mean or imply acceptance of those reports. It is specifically intended by the parties that acceptance of required reports shall constitute a separate act. The department reserves the right to reject reports as incomplete, inadequate, or unacceptable according to the parameters set forth in this contract. The department, at its option, may allow additional time within which the provider may remedy the objections noted by the department or the department may, after having given the provider a reasonable opportunity to complete, make adequate, or acceptable, declare this agreement to be in default.

The provider shall submit invoices and reports in the amounts and by the dates indicated below: (See Section A.1.b. and Attachments IV, V and VI).

INVOICES & REPORTS

Activity Report For:	Due Date:	Invoice Amount:
November and December	January 31st	\$3,083.00
January and February	March 31st	\$4,833.00
March and April	May 31st	\$4,833.00
May and June	July 10th	\$3,083.00
July and August	September 30th	\$3,083.00
September and October	November 10th	\$3,085.00

Hotline funding recipients shall provide the Department the following reports (Attachment IV):

1. A signed letter by the executive director or designated administrator stating that the hotlines were operational 24-hours day, 7-days a week during the reporting period. The letter must also include a list of the current certified hotline personnel that worked the hotlines during the reporting period.
2. The name(s) of the person(s) entering hotline data into the SVDR during the reporting period.
3. All SVDR or hotline concerns, successes or trainings during the reporting period.
4. A summary of all completed customer satisfaction survey forms that rated the hotline services.
5. Add to the list any new staff/volunteer that is working the hotline and attach signed certification showing proof of required training.

SAAM/Day funding recipients shall provide the Department the following reports (Attachment VI):

1. The SAAM/Day report due in March must include a copy of all materials to be used during the SAAM/Day activities.
2. The SAAM/Day report due in May must include proof of having conducted at least one press release to promote SAAM/Day activities in the community.
3. The SAAM/Day report due in May must include proof of having advertised (other than a press release) SAAM/Day activities in the community.
4. The SAAM/Day report due in May must contain all details about SAAM/Day activities including: 1) a description of the activities conducted, 2) the number of attendees, 3) information given to public, 4) suggestions for improving the event in the future, and 5) pictures, videos and other supporting documentation of the event.
5. For both the March and May reporting periods: submit all SAAM/Day concerns, successes or trainings.

SAAM/Day and/or hotline funding recipients shall provide the Department the following:

1. Invoices and Reports – See Section 4.B. and Attachments IV, V and VI.
2. Any additional hotline and SAAM/Day reports as requested by the department.
3. Any materials developed during the reporting period using this funding.
4. Quarterly Financial Report Attachment VII.

c. Records and Documentation.

All material records and documentation pertaining to this contract will be maintained by the provider for a period of six years. In addition, the provider will assure that its subcontracted providers maintain all records and documentation containing confidential medical information on individual participants for a period of seven years after the date of last service.

To the extent that information is utilized in the performance of this contract or generated as a result of it, and to the extent that information meets the definition of "public record" as defined in subsection 119.011(1), Florida Statutes, said information is hereby declared to be and is hereby recognized by the parties to be a public record and absent a provision of law or administrative rule or regulation requiring otherwise, shall be made available for inspection and copying by any interested person upon request as provided in Chapter 119, Florida Statutes, or otherwise. It is expressly understood that the successful respondent's refusal to comply with Chapter 119, Florida Statutes, shall constitute an immediate breach of the contract, which results from this RFP, which entitles the department to unilaterally cancel the contract agreement. The successful respondent will be required to promptly notify the department of any requests made for public records.

Unless state or federal law requires a greater retention period, all documents pertaining to the program contemplated by this contract shall be retained by the provider for a period of six years after the termination of the contract or longer as may be required by any renewal or extension of the contract. During the records retention period, the provider agrees to furnish, when requested to do so, all documents required to be retained. Such documents provided must be typed and legible. Data files will be provided in a format readable by the department.

The provider agrees to maintain the confidentiality of all records required by law or administrative rule to be protected from disclosure. The provider further agrees to hold the department harmless from any claim or damage including reasonable attorney's fees and costs or from any fine or penalty imposed as a result of an improper disclosure by the successful respondent of confidential records whether public record or not and promises to defend the department against the same at its expense.

The provider shall maintain all records required to be maintained pursuant to the contract in such manner as to be accessible by the department upon demand. Where permitted under applicable law, access by the public shall be permitted without delay.

5. Performance Specifications.

a. Outcomes and Outputs.

(1) Outcomes:

- (a) 100% of required hotline information shall be entered into the department's SVDR. The department will measure: 1) the total number of all hotline calls, 2) the total number of primary victim sexual violence calls, and 3) all other (formerly called secondary victim) sexual violence related hotline calls.
- (b) 100% of all pamphlets, brochures and flyers that are produced with this funding shall include an acknowledgement of grant support (Section 5.D.1).

(2) Outputs:

- (a) 100% of the hotline staff or volunteers will have completed 30 hours of the required training before answering any incoming hotline calls.

b. Monitoring and Evaluation Methodology.

By execution of this contract the provider hereby acknowledges and agrees that its performance under the contract must meet the standards set forth above and will be bound by the conditions set forth below. If the provider fails to meet these standards, the department, at its exclusive option, may allow up to six months for the provider to achieve compliance with the standards. If the department affords the provider an

opportunity to achieve compliance, and the provider fails to achieve compliance within the specified time frame, the department will terminate the contract in the absence of any extenuating or mitigating circumstances. The determination of extenuating or mitigating circumstances is the exclusive determination of the department.

The provider must comply with the requirements of the department's Standard Contract, section I.E., with reference to monitoring by the Department.

The provider agrees to fully cooperate with the department in the conduct of both performance audits and financial audits.

This component is intended to be in addition to other audit requirements found in other documents incorporated by reference in this contract and is not to be construed as a limitation upon them. The provider agrees to include these audit and record keeping requirements in all approved subcontracts and assignments.

The provider will be evaluated through:

- (1) On-site monitoring visits or,
- (2) Desk reviews to examine monthly reports, invoices and data summaries usually found in the contract manager's file.

6. Provider Responsibilities.

a. Provider Unique Activities.

The provider is solely and uniquely responsible for the satisfactory performance of the tasks described in Section B. 1. of the Attachment I. By execution of this contract the provider recognizes its singular responsibility for the tasks, activities, and deliverables described therein and warrants that it has fully informed itself of all relevant factors affecting accomplishment of the tasks, activities, and deliverables and agrees to be fully accountable for the performance thereof.

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b. Coordination With Other Providers, Entities.

The provider will coordinate with service providers within their communities in an effort to facilitate service provision to victims of sexual violence, their families, and significant others. Failure of coordinating agencies to provide required services does not alleviate the provider from any accountability for services that the provider is obligated to perform pursuant to this contract.

7. Department Responsibilities.

a. Department Obligations.

The department will provide technical support and assistance to the provider within the resources of the department.

b. Department Determinations.

The department has reserved the exclusive right to make certain determinations in these specifications. The absence of the department setting forth a specific reservation of rights does not mean that all other areas of the contract are subject to mutual agreement. The department reserves the right to make any and all determinations exclusively which it deems are necessary to protect the best interests of the State of Florida and the health, safety, and welfare of the clients who are served by the department either directly or through any one of its contracted providers.

C. Method of Payment.

1. Payment Clause.

This is a fixed price (fixed-fee) contract. The department shall pay the provider, upon satisfactory completion of the services outlined in Section B.1. of this contract in accordance with the terms of this contract for a total dollar amount not to exceed \$10,500.00, subject to the availability of funds.

Any payment due under the terms of this contract may be withheld until any or all evaluation, statistical and financial reports due from the provider are received by the department and necessary adjustments have been made and approved by the department.

The provider agrees to refund to the department, any payments made by the department, which are subsequently disallowed pursuant to the terms of this contract. Such refunds shall be due within forty-five (45) days following the end of the contract or from the time the overpayment is discovered.

2. Invoice Requirements.

Payments shall be made upon receipt, review and approval of the completed tasks (See B.1.a and b) and an invoice (Attachment V), submitted by the provider. Payment may be authorized only for deliverables on the invoice that are in accord with the terms and conditions of this contract. All exceptions must be pre-approved in writing by the contract manager.

D. Special Provisions.

1. **Public Health Grant Policy Statement**

PUBLICATION REQUIREMENT

Recipients shall obtain pre-approval from the department before using any publications, media, or program advertisements and recipients shall place an acknowledgement of Public Health Service (PHS) grant support on any publication written or published with such support and if feasible, on any publication reporting the results of or describing a grant supported activity.

Acknowledgement shall be to the effect that **"This publication was supported by grant number VF1/CCV419913 from the Centers for Disease Control and Prevention (CDC)."** and if a disclaimer is appropriate, **"The contents are solely the responsibility of the authors and do not necessarily represent the official view of the US Department of Health and Human Services or the CDC."**

(It is the policy of the Public Health Service to make available to the public the results and accomplishment of the activities that it funds.)

Federal Funding Clause

The approximate amount of federal funds contained in the total contract amount is \$10,500.00. The Catalogue of Federal Domestic Assistance (CFDA) Number is 93.136.

2. **Contract Renewal**

This contract may be renewed annually for a period that may not exceed 3 years or the term of the original contract, whichever period is longer and shall be subject to the same terms and conditions. The renewal is contingent upon satisfactory performance evaluations by the agency and subject to the availability of funds. Each renewal shall be by mutual consent of both parties and evidenced in writing. The renewal contract may not include any compensation for cost associated with the renewal process.

3. **Fixed Price Language**

Documentation. The provider is required to maintain separate accounting of revenues and expenditures of funds under this contract and each CSFA or CFDA number identified on Exhibit I attached hereto in accordance with generally accepted accounting practices and procedures. Expenditures which support Provider 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.

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.

The aforementioned documentation is subject to review by the Department and/or the State Chief Financial Officer and Provider will timely comply with any requests for documentation.

Financial Report. The Provider shall submit a quarterly financial report stating, by line item, all expenditures made as a direct result of services provided through the funding of this contract to the Department within 30 days of the end of each quarter. Each report must be accompanied by 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.

Spending Plan. If this contract is funded with federal awards and/or state financial assistance, and the Provider is determined to be a recipient or subrecipient pursuant to OMB Circular A-133, §___.105 and/or §215.97(2)(m) and (v), Fla. Stat. (2004), as indicated on Exhibit I, Provider must ensure that funding received under this contract in excess of expenditures is remitted to the Department within 45 days of the earlier of the expiration of, or termination of, this contract unless, prior to the expiration of this contract, the Provider has submitted a Spending Plan to the Department which has been approved, in writing, by the Department. The Spending Plan must outline the plan for expending the excess funds in a period of no more than 90 days unless a longer period is agreed to by the Department and shall be submitted to the Department no later than fifteen (15) business days following the identification of the excess amount. The Department's approval or disapproval of the Spending Plan will be in writing no later than 10 days after receipt of the Spending Plan. Any excess funds that remain unexpended after the agreed upon time period will be returned to the Department forthwith.

END OF TEXT

ATTACHMENT II

FINANCIAL AND COMPLIANCE AUDIT

The administration of resources awarded by the Department of Health to the provider may be subject to audits and/or monitoring by the Department of Health, as described in this section.

MONITORING

In addition to reviews of audits conducted in accordance with OMB Circular A-133, as revised, and Section 215.97, F.S., (see "AUDITS" below), monitoring procedures may include, but not be limited to, on-site visits by Department of Health staff, limited scope audits as defined by OMB Circular A-133, as revised, and/or other procedures. By entering into this agreement, the provider agrees to comply and cooperate with any monitoring procedures/processes deemed appropriate by the Department of Health. In the event the Department of Health determines that a limited scope audit of the provider is appropriate, the provider agrees to comply with any additional instructions provided by the Department of Health to the provider regarding such audit. The provider further agrees to 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 OMB Circular A-133, as revised.

1. In the event that the provider expends \$500,000 or more in Federal awards during its fiscal year, the provider must have a single or program-specific audit conducted in accordance with the provisions of OMB Circular A-133, as revised. EXHIBIT 1 to this agreement indicates Federal resources awarded through the Department of Health by this agreement. In determining the Federal awards expended in its fiscal year, the provider shall consider all sources of Federal awards, including Federal resources received from the Department of Health. The determination of amounts of Federal awards expended should be in accordance with the guidelines established by OMB Circular A-133, as revised. An audit of the provider conducted by the Auditor General in accordance with the provisions of OMB Circular A-133, as revised, will meet the requirements of this part.
2. In connection with the audit requirements addressed in Part I, paragraph 1, the provider shall fulfill the requirements relative to auditee responsibilities as provided in Subpart C of OMB Circular A-133, as revised.
3. If the provider expends less than \$500,000 in Federal awards in its fiscal year, an audit conducted in accordance with the provisions of OMB Circular A-133, as revised, is not required. In the event that the provider expends less than \$500,000 in Federal awards in its fiscal year and elects to have an audit conducted in accordance with the provisions of OMB Circular A-133, as revised, the cost of the audit must be paid from non-Federal resources (i.e., the cost of such audit must be paid from provider resources obtained from other than Federal entities.)
4. An audit conducted in accordance with this part shall cover the entire organization for the organization's fiscal year. Compliance findings related to agreements with the Department of Health shall be based on the agreement's requirements, including any rules, regulations, or statutes referenced in the agreement. The financial statements shall disclose whether or not the matching requirement was met for each applicable agreement. All questioned costs and liabilities due to the Department of Health shall be fully disclosed in the audit report with reference to the Department of Health agreement involved. If not otherwise disclosed as required by Section .310(b)(2) of OMB Circular A-133, as revised, the schedule of expenditures of Federal awards shall identify expenditures by agreement number for each agreement with the Department of Health in effect during the audit period. Financial reporting packages required under this part must be submitted within the earlier of 30 days after receipt of the audit report or 9 months after the end of the provider's fiscal year end.

PART II: STATE FUNDED

This part is applicable if the provider is a nonstate 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 \$500,000 in any fiscal year of such provider (for fiscal years ending September 30, 2004 or thereafter), 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 I to this agreement indicates state financial assistance awarded through the Department of Health by this agreement. In determining the state financial assistance expended in its fiscal year, the provider shall consider all sources of state financial assistance, including state financial assistance received from the Department of Health, other state agencies, and other nonstate entities. State financial assistance does not include Federal direct or pass-through awards and resources received by a nonstate entity for Federal program matching requirements.
2. In connection with the audit requirements addressed in Part II, paragraph 1, the provider shall 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 Chapter 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General.
3. If the provider expends less than \$500,000 in state financial assistance in its fiscal year (for fiscal years ending September 30, 2004 or thereafter), 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 \$500,000 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 nonstate entity's resources (i.e., the cost of such an audit must be paid from the provider resources obtained from other than State entities).
4. An audit conducted in accordance with this part shall cover the entire organization for the organization's fiscal year. Compliance findings related to agreements with the Department of Health shall be based on the agreement's requirements, including any applicable rules, regulations, or statutes. The financial statements shall disclose whether or not the matching requirement was met for each applicable agreement. All questioned costs and liabilities due to the Department of Health shall be fully disclosed in the audit report with reference to the Department of Health agreement involved. If not otherwise disclosed as required by Rule 69I-5.003, Fla. Admin. Code, the schedule of expenditures of state financial assistance shall identify expenditures by agreement number for each agreement with the Department of Health in effect during the audit period. Financial reporting packages required under this part must be submitted within 45 days after delivery of the audit report, but no later than 12 months after the provider's fiscal year end for local governmental entities. Non-profit or for-profit organizations are required to be submitted within 45 days after delivery of the audit report, but no later than 9 months after the provider's fiscal year end. Notwithstanding the applicability of this portion, the Department of Health retains all right and obligation to monitor and oversee the performance of this agreement as outlined throughout this document and pursuant to law.

PART III: REPORT SUBMISSION

1. Copies of reporting packages for audits conducted in accordance with OMB Circular A-133, as revised, and required by PART I of this agreement shall be submitted, when required by Section .320 (d), OMB Circular A-133, as revised, by or on behalf of the provider directly to each of the following:
 - A. The Department of Health at each of the following addresses:

Contract Administrative Monitoring Unit
4052 Bald Cypress Way, Bin B01 (HAFACM)
Tallahassee, FL 32399-1729
The contract manager for this agreement listed in the standard agreement.

- B. The Federal Audit Clearinghouse designated in OMB Circular A-133, as revised (the number of copies required by Sections .320 (d)(1) and (2), OMB Circular A-133, 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 Sections .320 (e) and (f), OMB Circular A-133, as revised.

2. Pursuant to Sections .320(f), OMB Circular A-133, as revised, the provider shall submit a copy of the reporting package described in Section .320(c), OMB Circular A-133, as revised, and any management letter issued by the auditor, to the Department of Health at each of the following addresses:

Contract Administrative Monitoring Unit
4052 Bald Cypress Way, BIN B01 (HAFACM)
Tallahassee, Florida 32399-1729
The contract manager for this agreement listed in the standard agreement.

3. Additionally, copies of financial reporting packages required by Part II of this agreement shall be submitted by or on behalf of the provider directly to each of the following:

- A. The Department of Health at each of the following addresses:

Contract Administrative Monitoring Unit
4052 Bald Cypress Way, BIN B01 (HAFACM)
Tallahassee, FL 32399-1729
The contract manager for this agreement listed in the standard agreement.

- B. The Auditor General's Office at the following address:

Auditor General's Office
Claude Pepper Building, Room 401
111 West Madison Street
Tallahassee, Florida 32399-1450

4. Any reports, management letter, or other information required to be submitted to the Department of Health pursuant to this agreement shall be submitted timely in accordance with OMB Circular A-133, Florida Statutes, and Chapters 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General, as applicable.
5. Providers, when submitting financial reporting packages to the Department of Health for audits done in accordance with OMB Circular A-133 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 IV: RECORD RETENTION

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

End of Text

EXHIBIT - 1

1. FEDERAL FUNDS AWARDED TO THE PROVIDER PURSUANT TO THIS CONTRACT
CONSIST OF THE FOLLOWING:

Federal Program 1 Centers for Disease Control and Prevention (CDC), National Center for Injury Prevention and Control
CFDA# 93.136 Title Rape Prevention and Education \$10,500.00

Federal Program 2 N/A CFDA# Title \$

TOTAL FEDERAL AWARDS \$10,500.00

COMPLIANCE REQUIREMENTS APPLICABLE TO THE FEDERAL FUNDS AWARDED PURSUANT
TO THIS CONTRACT ARE AS FOLLOWS:

Provider must comply with the requirements of OMB Circular A-133.

2. STATE FUNDS AWARDED TO THE PROVIDER PURSUANT TO THIS CONTRACT
CONSIST OF THE FOLLOWING:

Matching funds for federal
program(s) CFDA# Title \$

State funds subject to Section 215.97, Florida Statutes:
CSFA# Title \$

TOTAL STATE FUNDS AWARDED PURSUANT TO SECTION 215.97, F.S. \$0.00

COMPLIANCE REQUIREMENTS APPLICABLE TO STATE FUNDS AWARDED PURSUANT TO
THIS CONTRACT ARE AS FOLLOWS: N/A

EXHIBIT 2

PART I: AUDIT RELATIONSHIP DETERMINATION

Providers who receive state or federal resources may or may not be subject to the audit requirements of OMB Circular A-133, as revised, and/or Section 215.97, Fla. Stat. Providers who are determined to be recipients or subrecipients of federal awards and/or state financial assistance may be subject to the audit requirements if the audit threshold requirements set forth in Part I and/or Part II of Exhibit 1 are met. Providers who have been determined to be vendors are not subject to the audit requirements of OMB Circular A-133, as revised, and/or Section 215.97, Fla. Stat. Regardless of whether the audit requirements are met, providers who have been determined to be recipients or subrecipients of Federal awards and/or state financial assistance, must comply with applicable programmatic and fiscal compliance requirements.

In accordance with Sec. 210 of OMB Circular A-133 and/or Rule 691-5.006, FAC, provider has been determined to be:

Vendor or exempt entity and not subject to OMB Circular A-133 and/or Section 215.97, F.S.

Recipient/subrecipient subject to OMB Circular A-133 and/or Section 215.97, F.S.

NOTE: If a provider is determined to be a recipient /subrecipient of federal and or state financial assistance and has been approved by the department to subcontract, they must comply with Section 215.97(7), F.S., and Rule 691-006(2), FAC [state financial assistance] and Section 215.400 OMB Circular A-133 [federal awards].

PART II: FISCAL COMPLIANCE REQUIREMENTS

FEDERAL AWARDS OR STATE MATCHING FUNDS ON FEDERAL AWARDS. Providers who receive Federal awards or state matching funds on Federal awards and who are determined to be a subrecipient, must comply with the following fiscal laws, rules and regulations:

STATES, LOCAL GOVERNMENTS AND INDIAN TRIBES MUST FOLLOW:

- OMB Circular A-87 – Cost Principles*
- OMB Circular A-102 – Administrative Requirements
- OMB Circular A-133 – Audit Requirements
- Reference Guide for State Expenditures
- Other fiscal requirements set forth in program laws, rules and regulations

NON-PROFIT ORGANIZATIONS MUST FOLLOW:

- OMB Circular A-122 – Cost Principles*
- OMB Circular A-110 – Administrative Requirements
- OMB Circular A-133 – Audit Requirements
- Reference Guide for State Expenditures
- Other fiscal requirements set forth in program laws, rules and regulations

EDUCATIONAL INSTITUTIONS (EVEN IF A PART OF A STATE OR LOCAL GOVERNMENT) MUST FOLLOW:

- OMB Circular A-21 – Cost Principles*
- OMB Circular A-110 – Administrative Requirements
- OMB Circular A-133 – Audit Requirements
- Reference Guide for State Expenditures
- Other fiscal requirements set forth in program laws, rules and regulations

*Some Federal programs may be exempted from compliance with the Cost Principles Circulars as noted in the OMB Circular A-133 Compliance Supplement, Appendix 1.

STATE FINANCIAL ASSISTANCE. Providers who receive state financial assistance and who are determined to be a recipient/subrecipient, must comply with the following fiscal laws, rules and regulations:

- Section 215.97, Fla. Stat.
- Chapter 691-5, Fla. Admin. Code
- State Projects Compliance Supplement
- Reference Guide for State Expenditures
- Other fiscal requirements set forth in program laws, rules and regulations

Additional audit guidance or copies of the referenced fiscal laws, rules and regulations may be obtained at <http://www.doh.state.fl.us/> by selecting "Contract Administrative Monitoring" in the drop-down box at the top of the Department's webpage. * Enumeration of laws, rules and regulations herein is not exhaustive nor exclusive. Fund recipients will be held to applicable legal requirements whether or not outlined herein.

ATTACHMENT III

**TRAINING CERTIFICATION FOR HOTLINE STAFF AND VOLUNTEERS
(must be updated annually)**

I, _____
(Name of Hotline Staff or Volunteer)

certify that I have received at least 30 hours initial training and am familiar with the dynamics of sexual violence, relevant community resources, crisis intervention techniques, and understand how medical, legal, and social services respond to victims of sexual violence; and

I have completed six hours of ongoing sexual violence training (annually).

(If a volunteer) I am supervised by a paid staff person who has completed the required training and has at least one year of relevant experience.

Hotline Staff or Volunteer Sign and Date

Supervisor's Signature and Date

Name of Agency

*** Note to Supervisor: An updated list identifying the current certified hotline personnel shall be provided with every invoice/report to the department.

Mail or fax to:
Florida Department of Health (Attention Contract Manager)
Sexual Violence Prevention Program Bin A 13
4052 Bald Cypress Way
Tallahassee, FL 32399-1723

Fax: 850-921-8510

Intentional falsification of this report shall be cause for termination of contract in accordance with State of Florida Department of Health Standard Contract Section III, B.

ATTACHMENT IV

**Department of Health (DOH)
Sexual Violence Prevention Program Hotline Report**

Name of Organization: _____ Contract # _____

Period Covered (Check One)	Due Date
<input type="checkbox"/> November and December	January 31st
<input type="checkbox"/> January and February	March 31st
<input type="checkbox"/> March and April	May 31st
<input type="checkbox"/> May and June	July 10th
<input type="checkbox"/> July and August	September 30th
<input type="checkbox"/> September and October	November 10th

# ALL HOTLINE CALLS	
Month 1:	Month 2:
# PRIMARY VICTIM SEXUAL VIOLENCE CALLS:	
Month 1:	Month 2:
# ALL OTHER SEXUAL VIOLENCE HOTLINE CALLS:	
Month 1:	Month 2:
<i>Hotline #s listed should match SVDR</i>	

PLEASE COMPLETE THE FOLLOWING:

<p>1. Submit proof of hotline advertisements at least once each quarter:</p> <p>_____ Attached _____ ***Not attached -</p> <p>Did DOH pre-approve all hotline advertising paid for with DOH funding? (Circle one) Y ***N</p> <p>Did DOH pre-approve all hotline items that contain DOH logos? (Circle one) Y ***N</p>	
<p>2. Submit a signed letter by the executive director or designated administrator stating that the hotlines were operational 24-hours day, 7-days a week during the reporting period. The letter must also include a list of the current certified hotline personnel that worked the hotlines during the reporting period.</p> <p>_____ Attached _____ ***Not attached</p> <p>Has a current "Training Certification for Hotline Staff and Volunteers" form been submitted to DOH for each name on the list mentioned above? (Circle one) Y ***N</p> <p>Was hotline covered 24 hours a day 7 days per week this quarter? (Circle one) Y ***N</p>	
<p>3. Submit summary of hotline satisfaction survey forms:</p> <p>_____ Attached _____ ***Not attached</p> <p>Total # of responses: _____</p>	

*** If checked, provide an explanation

HOTLINE NARRATIVES (page 2):

4. Name, email address and phone number of person responsible for this report:

Name, email address and phone number of person entering data in the SVDR:

5. Submit hotline success stories:

6. Submit hotline challenges, issues, or opportunities for Improvement:

Were all problems related to the operation of the hotline reported to DOH within 72 hours of discovery?

(Circle one) Y ***N

Was a report submitted to DOH describing how hotline problem was resolved?

(Circle one) Y ***N

Were there any problems with the Sexual Violence Data Registry?

(Circle one) ***Y N

7. Describe how your hotline staff/agency communicates with non-English speaking persons in the January report.

List the languages (other than English) spoken by hotline staff in your agency:

8. Provide suggestions on how DOH can help with sexual violence prevention efforts and services in your community. Is there a "special project" you would like to see funded? Do you have a project/program that you have implemented that you would like to share with other programs?

*** If checked, provide an explanation

Mail to:
{Contract Manager}
Sexual Violence Prevention Program, Bin A-13
4052 Bald Cypress Way
Tallahassee, FL 32399-1723

Attachment V

FIXED PRICE INVOICE

Hotline and SAAM/Day Funding Hotline Funding Only SAAM/Day Funding Only

PROVIDER NAME

DATE: _____

CONTRACT: # _____

PROVIDER'S ADDRESS

NOV/DEC JAN/FEB MAR/APR MAY/JUN JUL/AUG SEP/OCT

(Circle the Period of Service Provision)

Period of Service

Amount Due

TOTAL DUE _____

For Department Use Only

Signature of Provider Date

Date Goods/Svcs. Performed: _____	Init _____
Date Goods Insp. & Appvd: _____	Init. _____
Org. Code _____	OBJ _____
OCA _____	VR _____ EO _____
_____ Contract Manager's signature and date	
_____ Supervisor's signature and date	

Mail to:
Department of Health (Attention Contract Manager)
Sexual Violence Prevention Program - Bin A 13
4052 Bald Cypress Way
Tallahassee, FL 32399-1723

Attachment VI

Agency Name: _____ Date: _____

Report Form

SAAM/Day REPORTS

Check Period Covered: Due Date

<input type="checkbox"/> <i>January and February</i>	<i>March 31st</i>
<input type="checkbox"/> <i>March and April</i>	<i>May 31st</i>

Check To Indicate That These Items Are Included:

- The March report provides a copy of all materials to be used during the SAAM/Day activities.*
- The May report provides proof of having conducted at least one press release to promote SAAM/Day activities in local community.*
- The May report provides proof of having advertised (other than a press release) SAAM/Day activities in local community.*
- The May report provides all details about SAAM/Day activities including: 1) a description of the activities conducted, 2) the number of attendees, 3) information given to public, 4) suggestions for improving the event in the future, 5) provide pictures, videos and other supporting documentation of the event, and 6) a summary of all completed customer satisfaction survey forms that rated the SAAM/Day services.*
- Both reporting periods include: concerns, successes or trainings.*

Mail to:
 Department of Health
 (Attention Contract Manager)
 Sexual Violence Prevention Program - Bin A 13
 4052 Bald Cypress Way
 Tallahassee, FL 32399-1723

Provider Name: ACME Rape Crisis Center
DOH Contract # ABCDE CFDA# 93.136
Financial Report for Hotline/SAAM Activities
For the period of November 1, through October 31

Attachment VII

Description of Budget Line Items	Total Agency Cost	DOH Expense	Amt Expended 11/1 - 01/31	Amt Expended 02/01-04/30	Amt Expended 05/01-07/31	AmtExpended 08/01-10/31	Balance
Salaries & Benefits	\$75,000.00	\$ 15,500.00	\$4,045.29				\$11,454.71
Travel	\$600.00	\$ 500.00	\$95.48				\$ 404.52
Printing	\$400.00	\$ 1,000.00	\$215.99				\$ 784.01
Materials/Supplies- RRRE brochures	\$200.00	\$ 1,500.00	\$365.25				\$ 1,134.75
Total	\$ 76,200.00	\$ 18,500.00	\$4,722.01				\$13,777.99

See attached report to support noted expenditures

I, _____, certify that these expenses are true, accurate and directly related to this contract. Date: _____ Printed name
of individual signing: _____

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Provider Name: ACME Rape Crisis Center DOH Contract # ABCDE
 Expenditure Documentation for Hotline/SAAM Activities

Quarterly Expenditure Report for the period: 11/01/06- 01/31/07*

Check #	Check Date	Invoice Number	Invoice Date	Description	Amount
60037	PE 11/15/06			27.5% B.Smith's Salary	\$386.10
80039	PE 11/30/06			27.5% B.Smith's Salary	\$386.10
100039	PE 12/15/06			27.5% B.Smith's Salary	\$386.10
120041	PE 12/30/06			27.5% B.Smith's Salary	\$386.10
140041	PE 01/15/07			27.5% B.Smith's Salary	\$386.10
160041	PE 01/30/07			27.5% B.Smith's Salary	\$386.10
60031	PE 11/15/06			3 Hours J. Doe	\$46.88
80033	PE 11/30/06			3 Hours J. Doe	\$46.88
100034	PE 12/15/06			3 Hours J. Doe	\$46.88
120035	PE 12/30/06			3 Hours J. Doe	\$46.88
140035	PE 01/15/07			3 Hours J. Doe	\$46.88
160035	PE 01/30/07			3 Hours J. Doe	\$46.88
60004	PE 11/15/06			2 Hours S. Forth	\$21.87
80005	PE 11/30/06			2 Hours S. Forth	\$21.87
100005	PE 12/15/06			2 Hours S. Forth	\$21.87
120005	PE 12/30/06			2 Hours S. Forth	\$21.87
140005	PE 01/15/07			2 Hours S. Forth	\$21.87
160005	PE 01/30/07			2 Hours S. Forth	\$21.87
60036	PE 11/15/06			3 Hours Jones, A.	\$25.97
80038	PE 11/30/06			3 Hours Jones, A.	\$25.97
100038	PE 12/15/06			3 Hours Jones, A.	\$25.97
120040	PE 12/30/06			3 Hours Jones, A.	\$25.97
140040	PE 01/15/07			3 Hours Jones, A.	\$25.97
160040	PE 01/30/07			3 Hours Jones, A.	\$25.97
60033	PE 11/15/06			3 Hours Jones, B.	\$25.25
80035	PE 11/30/06			3 Hours Jones, B.	\$25.25
100036	PE 12/15/06			3 Hours Jones, B.	\$25.25
120037	PE 12/30/06			3 Hours Jones, B.	\$25.25
140037	PE 01/15/07			3 Hours Jones, B.	\$25.25
160037	PE 01/30/07			3 Hours Jones, B.	\$25.25
				Sub-total wages	
PAYROLL	EFT			FICA	\$232.28
14483	11/30/2006	21-10965077	11/22/2006	Worker's Compensation	\$30.36
14416	12/30/2006	21-10965077	12/22/2006	Worker's Compensation	\$30.36
14392	12/30/2006	2/1/2006	12/22/2006	Unemployment	\$33.70
14506	11/30/2006	C0005835751	11/25/2006	Health/Life & Disability @ 27.5% B.Smith	\$227.42
14450	12/30/2006	C0005534622	12/25/2006	Health/Life & Disability @ 27.5% B.Smith	\$227.42
14388	01/31/2007	C0005252360	01/25/2007	Health/Life & Disability @ 27.5% B.Smith	\$227.42
				Sub-Total Fringe Benefits	\$4,045.29
14517, 74, 82, 88	12/15/2006	n/a	N/A	Travel-presentations:11/15, 11/16, 11/21	\$95.48
14469	11/14/2006	n/a	11/22/2006	Printing- buisness cards B. Jones	\$215.99
14527	12/20/2006	n/a	12/16/2006	Materials/Supplies- RRRE brochures	\$365.25
				Total Costs	\$4,722.01

*Expenses must be directly related to the contract, be incurred, or goods received during the contract period and appropriately prorated and allocated to all available funding sources.

Use additional pages as necessary

07-

BOARD OF COUNTY COMMISSIONERS
PALM BEACH COUNTY, FLORIDA
BUDGET AMENDMENT

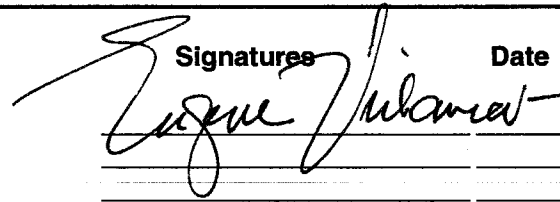
FUND 1426 - PUBLIC SAFETY GRANT FUND

BGEX - 662- 0116070000000000819
BGRV - 662- 0116070000000000247

Use this form to provide budget for items not anticipated in the budget.

ACCT.NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	CURRENT BUDGET	INCREASE	DECREASE	ADJUSTED BUDGET	EXPENDED/ ENCUMBERED AS OF 11/30/05	REMAINING BALANCE
SEXUAL VIOLENCE GRANT								
REVENUES								
662-3230-3429	STATE GRANT - OTHER PUBLIC SAFETY		121,630	3,500		125,130		
	TOTAL REVENUES & BALANCES	153,635	222,607	224		153,859		
EXPENDITURES								
662-3230-4801	PROMOTIONAL ACTIVITIES	0	0	3,500		0	0	
	TOTAL APPROPRIATION & EXPENDITURES	153,635	222,607	224		153,859		

PUBLIC SAFETY ADMINISTRATION
INITIATING DEPARTMENT/DIVISION
Administration/Budget Department Approval
OFMB Department - Posted

Signatures	Date
	1/15/07

By Board of County Commissioners
At Meeting of 2/27/2007
Deputy Clerk to the
Board of County Commissioners

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