Agenda Item #: 3X/

PALM BEACH COUNTY **BOARD OF COUNTY COMMISSIONERS**

AGENDA ITEM SUMMARY Regular Consent Meeting Date: September 11, 2012 [X] **Public Hearing** [] Ordinance Submitted By: Department of Public Safety **Submitted For: Division of Victim Services**

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends a motion to: Receive and File the following executed amendment to the Palm Beach County Rape Crisis Exam Center Contract #COH8Z with the State of Florida, Department of Health for the period of July 1, 2012 through June 30, 2014.

Summary: The Division of Victim Services was awarded \$880,662 in recurring funding from the State of Florida, Department of Health, for the period of September 1, 2011 through June 30, 2014, to implement a sexual assault forensic exam facility in Palm Beach County. This is the first amendment to the contract, which deletes the requirement to print a hard copy of the Sexual Violence Data Registry report, and provides the option to submit monthly invoices, narrative reports and supporting documentation electronically. The amendment also clarifies technical language. Resolution R2011-1223 authorizes the County Administrator or his designee to execute contracts and amendments utilizing funding from the State of Florida, Department of Health on behalf of the Palm Beach County Board of County Commissioners. Countywide (PGE).

Background and Justification:

Palm Beach County Victim Services is a certified Rape Crisis Center which serves over 250 primary victims and 750 secondary victims of sexual assault annually.

Attachments: 1. Amendmen	t #001 to Contract #COH8Z	
Recommended by:	Vicint & Bonvanto	7/30/12
	Department Director	Date
Approved By:	Wint Bowleto	7/30/12
	Assistant County Administrator	´ ´ Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fi	scal Impact				
Fiscal Years	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>
Capital Expenditures Operating Costs External Revenues Program Income (County) In-Kind Match (County)					
Net Fiscal Impact	0	0	0	<u>0</u>	0
# ADDITIONAL FTE POSITIONS (Cumulative)			-		
is item included in Curre	nt Budget?	Yes	No		
Budget Account Exp No: Rev No:		ment Unit Ob ment Unit Rev			
B. Recommended Source There is no fiscal im Departmental Fiscal Rev	pact associate	d with this item.		-	
		EW COMMENT			
A. OFMB Fiscal and/or C	Contract Dev. a	and Control Co	omments:		
OFMB B. Legal Sufficiency: Parelle County Assistant County A	S/3//2 Jin Shilip of Shil	8/8/12 28/8/12	ontract Adm	inistration	P/6/12
C. Other Department Re	view:				
Department Dire	ctor				

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



May 24, 2012

Ms. Nicole Bishop, Director Palm Beach County Victim Services 205 North Dixie Hwy, Suite 5.1100 West Palm Beach, Florida 33401

Re: Palm Beach County Rape Crisis Exam Center Contract # COH8Z

Dear Ms. Bishop:

For the contract listed above, you will find an executed amendment enclosed for your records. This amendment deletes the requirement to print a hard copy of the Sexual Violence Data Registry report, and provides the option to submit monthly invoice, narrative reports and supportive documentation electronically. The amendment also clarifies technical language. As previously discussed, this amendment also clarifies your contract amount.

Thank you for your continued hard work and dedication to preventing sexual violence. 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

MS

Enclosure

STATE OF FLORIDA - DEPARTMENT OF HEALTH

AMENDMENT# 001 TO CONTRACT # COH8Z

THIS AMENDMENT entered into, by, and between the State of Florida, Department of Health, hereinafter referred to as the "department" and Palm Beach County, a Political Subdivision of the State of Florida, by and through its Board of Commissioners hereinafter referred to as the "provider," amends contract # COH8Z effective 07/01/12, or on the date which the amendment has been signed by both parties, whichever is later.

- 1. Page 9, Attachment I, B.1.a.4) add "Annually" before "Submit".
- 2. Page 9, Attachment I, B.1.a.8) replace "yearly" with "monthly".
- 3. Page 10, Attachment I, B.1.a. renumber provisions 15 through 18 as 17 through 20.
- 4. Page 10, Attachment I, B.1.a.17) delete (iv) in its entirety.
- 5. Page 12, Attachment I, B.5.b. delete (vii) in its entirety.
- 6. Page 15, Attachment I, C.1., Payment Clause, first sentence. Delete "\$316,584.00" and replace with "\$880,662.00".
- 7. Page 15, Attachment I, C.2. a., Invoicing and Payment of Fixed Price. Following the payment grid from September 2011 through June 2012, insert: "For the period July 1, 2012 through June 30, 2014, payments shall be invoiced in monthly installments of \$23,503.25, for a total of twenty-four (24) monthly payments, not to exceed \$564,078, pending the availability of funding.
- 8. Page 21, Attachment II, delete Financial and Compliance Audit Exhibit I, and replace with revised version attached hereto.
- 9. Page 28, Attachment IV, delete Fixed Price Invoice, and replace with revised version attached hereto.

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 WHEREOF, the parties hereto have caused this 3-page amendment to be executed by their officials thereunto duly authorized.

PROVIDER:

Palm Beach County, a Political
Subdivision of the State of Florida,
by and through its Board of

Commissioners

NAME: Vince Bonvento

TITLE: Assistant County Administrator

FEID # VF59-6000785

STATE OF FLORIDA
DEPARTMENT OF HEALTH

NAME: Betsy Wood, B.S. N., M.P.H.

TITLE: Interim Director, Division of Community

Health Promotion

DATE: 5/22/12

APPROVED AS TO FORM

COUNTY ATTORNEY

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EXHIBIT - 1

Federal Program 1N/A	CFDA#	\$	*
Federal Program 2 <u>N/A</u> CFI	DA#Title	\$	
TOTAL FEDERAL AWARDS		<u>\$</u>	
COMPLIANCE REQUIREMENTS PURSUANT TO THIS CONTRAC		FEDERAL FUNDS AV	VARDED
Funds are available for costs direct surveillance or interventions/evalu- certain direct costs of the grantee Service. Grantees may not award aims of the program.	ations programs pertain in accordance with estal	ing to injury preventior blished policies of the	n and control plus Public Health
ains of the program.			
aims of the program.			
2. STATE FUNDS AWARDE CONSIST OF THE FOLLO		PURSUANT TO THIS	CONTRACT
2. STATE FUNDS AWARDE	OWING:		CONTRACT
2. STATE FUNDS AWARDE CONSIST OF THE FOLLO	TitleTitle5.97, Florida Statutes:	\$	CONTRACT 80,662.00

Revised 07/01/12 21



SEXUAL VIOLENCE PREVENTION PROGRAM Fixed Price Invoice

Provider Name	Ō	Pate	
Address	ō	Contract Number	
City Zip			
Period of Service Provision			
Palm Beach County Rape Crisis Treatment Center =	\$		
TOTAL DUE	\$		
Signature of Provider I certify the information provided for payment the implementation of this contract.	t is true and correct and t	Date hat funds are being us	ed solely for
Please review and check (✓) if you have: ☐ Entered VS data in the Sexual Violence Data Reg		For Department Use Only	
☐ Included Monthly Narrative Report	For De	partment of Health Use	
☐ Included P-SAV forms for each client	Date Stamp Invoice Receive	ed:	
Mail To: Florida Department of Health Sexual Violence Prevention Program			
4052 Bald Cypress Way, Bin #A-13 Tallahassee, Florida 32399-1723	Date Services Performed:		it:
OR	Date Inspected & Approved:	In	it:
	Org. Code:	0	BJ:
Express Mail: Florida Department of Health Savuel Violence Proportion Program	OCA:	VR:E	0:
Sexual Violence Prevention Program 4025 Esplanade Way, Office 120.06 Tallahassee, Florida 32399-1723		D	ate:
	Contract Manager's (CM) Si CM Confirmed SVDR Data:	gnature:	nit:
	Supervisor's Signature:	D	ate:
	Supervisor's Signature:		

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