



**II. FISCAL IMPACT ANALYSIS**

**A. Five Year Summary of Fiscal 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	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
# ADDITIONAL FTE POSITIONS (Cumulative)	-	-	-	_____	_____

Is Item Included In Current Budget? Yes \_\_\_\_\_ No \_\_\_\_\_

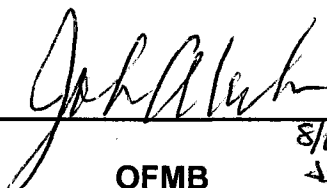
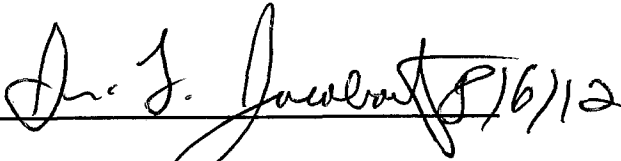
Budget Account Exp No: Fund Department Unit Object  
 Rev No: Fund Department Unit Rev. Source

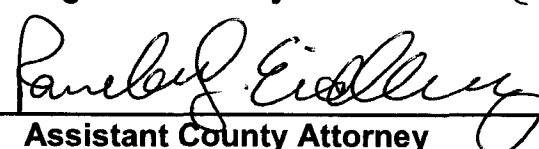
**B. Recommended Sources of Funds/Summary of Fiscal Impact:**  
 There is no fiscal impact associated with this item.

Departmental Fiscal Review: Stephanie Sepich

**III. REVIEW COMMENTS**

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

 _____ OFMB	5/3/12 8/6/12 8/12/12 8/12/12 8/12/12	 _____ Contract Administration 8-6-12 B. Wheeler
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**B. Legal Sufficiency:**  
  
 \_\_\_\_\_  
 Assistant County Attorney

**C. Other Department Review:**  
 \_\_\_\_\_  
 Department Director

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

BY: Vince Bonvento

NAME: Vince Bonvento

TITLE: Assistant County Administrator

DATE: 5/11/12

FEID # VF59-6000785

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

BY: Betsy Wood

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  
AND LEGAL SUFFICIENCY  
Janet Edley 5/22/12  
COUNTY ATTORNEY





**SEXUAL VIOLENCE PREVENTION PROGRAM  
Fixed Price Invoice**

Provider Name \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Contract Number \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Period of Service Provision \_\_\_\_\_

Palm Beach County Rape Crisis Treatment Center = \$ \_\_\_\_\_

**TOTAL DUE** \$ \_\_\_\_\_

**Signature of Provider** \_\_\_\_\_ **Date** \_\_\_\_\_  
*I certify the information provided for payment is true and correct and that funds are being used solely for the implementation of this contract.*

- Please review and check (✓) if you have:**
- Entered VS data in the Sexual Violence Data Registry
  - Included Monthly Narrative Report
  - Included P-SAV forms for each client

*For Department Use Only*

**Mail To:**  
Florida Department of Health  
Sexual Violence Prevention Program  
4052 Bald Cypress Way, Bin #A-13  
Tallahassee, Florida 32399-1723

OR

**Express Mail:**  
Florida Department of Health  
Sexual Violence Prevention Program  
4025 Esplanade Way, Office 120.06  
Tallahassee, Florida 32399-1723

For Department of Health Use	
Date Stamp Invoice Received:	_____
Date Services Performed: _____	Init: _____
Date Inspected & Approved: _____	Init: _____
Org. Code: _____	OBJ: _____
OCA: _____	VR: _____ EO: _____
_____	Date: _____
Contract Manager's (CM) Signature:	Init: _____
CM Confirmed SVDR Data:	Date: _____
Supervisor's Signature:	_____