

**Department:** Criminal Justice Commission  
**Submitted By:** Criminal Justice Commission  
**Submitted For:** Criminal Justice Commission

1. Contract for Professional Services between Palm Beach County and Drug Abuse Treatment Association, Inc.
2. Grant Adjustment Notices Numbered 1- 18, from US Department of Justice

ASSISTANT COUNTY ADMINISTRATOR      DATE

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact

Fiscal Years	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>
Capital Expenditures					
Operating Costs	33,234				
External Revenues	<33,234>				
Program Income (County)					
In-Kind Match (County)					
Net Fiscal Impact	0				
# ADDITIONAL FTE POSITIONS (Cumulative)	0	0	0	0	0

Is Item Included In Current Budget? Yes x No       

Budget Account Exp No: Fund1507 Department 762 Unit 7663 Object 8201  
Rev No: Fund1507 Department 762 Unit 7663 RevSc 3129

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

Fund: Criminal Justice Grant Fund

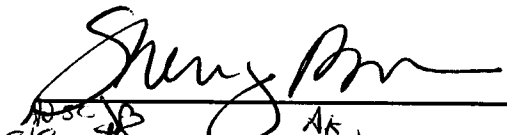
Unit: Justice Mental Health


Grant: Justice Mental Health 2012-MO-BX-0028

Departmental Fiscal Review: \_\_\_\_\_

III. REVIEW COMMENTS

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

  
OFMB 8/18 AK 8/18

  
Contract Administration 8/24/18

B. Legal Sufficiency:

  
Assistant County Attorney 8/25/18

C. Other Department Review:

\_\_\_\_\_  
Department Director

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

**CONTRACT FOR  
PROFESSIONAL SERVICES BETWEEN PALM BEACH COUNTY  
DRUG ABUSE TREATMENT ASSOCIATION**

This Contract is made as of the 1ST day of OCTOBER, 2014, by and between Palm Beach County, a Political Subdivision of the State of Florida, by and through its Board of Commissioners, hereinafter referred to as the COUNTY, and (DRUG ABUSE TREATMENT ASSOCIATION, INC.), a (NOT-FOR PROFIT CORPORATION) authorized to do business in the State of Florida, hereinafter referred to as the SERVICE PROVIDER (including, but not limited to, entity, vendor, contractor, or veterinarian) whose Federal I.D. is 59-1363887.

In consideration of the mutual promises contained herein, the COUNTY and the SERVICE PROVIDER agree as follows:

**ARTICLE 1 - SERVICES**

The SERVICE PROVIDER'S responsibility under this Contract is to provide PSYCHIATRIC SERVICES AND STAFFING FOR JUVENILES WITH CO-OCCURRING DISORDERS, as more specifically set forth in the Scope of Work detailed in Exhibit "A".

The COUNTY'S representative/liaison during the performance of this Contract shall be MICHAEL RODRIGUEZ, telephone no. 561-355-4943.

The SERVICE PROVIDER'S representative/liaison during the performance of this Contract shall be NICOLE PLAYTON, telephone no. 561-844-3556.

**ARTICLE 2 - SCHEDULE**

The SERVICE PROVIDER shall commence services on OCTOBER 1, 2014 and complete all services by SEPTEMBER 30, 2015. The parties agree that the SERVICE PROVIDER will be entitled to payment for services rendered beginning on October 1, 2014, notwithstanding the date the contract is executed by the Board of County Commissioners or its designee.

Reports and other items shall be delivered or completed in accordance with the detailed schedule set forth in Exhibit "A".

**ARTICLE 3 - PAYMENTS TO SERVICE PROVIDER**

- A. The total amount to be paid by the COUNTY under this Contract for all services and materials including, if applicable, "out of pocket" expenses (specified in paragraph C below) shall not exceed a total contract amount of Thirty-Three Thousand Two Hundred and Thirty Four Dollars Dollars (\$33,234.00). The SERVICE PROVIDER shall notify the COUNTY's representative in writing when 90% of the "not to exceed amount" has been reached. The

SERVICE PROVIDER will bill the COUNTY on a monthly basis, or as otherwise provided, at the amounts set forth in Exhibit "B" for services rendered toward the completion of the Scope of Work. Where incremental billings for partially completed items are permitted, the total billings shall not exceed the estimated percentage of completion as of the billing date.

- B. Invoices received from the SERVICE PROVIDER pursuant to this Contract will be reviewed and approved by the COUNTY's representative, to verify that services have been rendered in conformity with the Contract. Approved invoices will then be sent to the Finance Department for payment. Invoices will normally be paid within thirty (30) days following the COUNTY representative's approval.
- C. "Out-of-pocket" expenses will be reimbursed up to an amount not to exceed  
ZERO  
Dollars (\$ 0.00 ), and in accordance with the list of the types and amounts of expenditures eligible for reimbursement as set forth in Exhibit "B". All requests for payment of "out-of-pocket" expenses eligible for reimbursement under the terms of this Contract shall include copies of paid receipts, invoices, or other documentation acceptable to the Palm Beach County Finance Department. Such documentation shall be sufficient to establish that the expense was actually incurred and necessary in the performance of the Scope of Work described in this Contract. Any travel, per diem, mileage, meals, or lodging expenses which may be reimbursable under the terms of this Contract will be paid in accordance with the rates and conditions set forth in Section 112.061, Florida Statutes.
- D. Final Invoice: In order for both parties herein to close their books and records, the SERVICE PROVIDER will clearly state "final invoice" on the SERVICE PROVIDER'S final/last billing to the COUNTY. This shall constitute SERVICE PROVIDER'S certification that all services have been properly performed and all charges and costs have been invoiced to Palm Beach County. Any other charges not properly included on this final invoice are waived by the SERVICE PROVIDER.

#### **ARTICLE 4 - TRUTH-IN-NEGOTIATION CERTIFICATE**

Signature of this Contract by the SERVICE PROVIDER shall also act as the execution of a truth-in-negotiation certificate certifying that the wage rates, over-head charges, and other costs used to determine the compensation provided for in this Contract are accurate, complete and current as of the date of the Contract and no higher than those charged the SERVICE PROVIDER'S most favored customer for the same or substantially similar service.

The said rates and costs shall be adjusted to exclude any significant sums should the COUNTY determine that the rates and costs were increased due to inaccurate, incomplete or noncurrent wage rates or due to inaccurate representations of fees paid to outside consultants. The COUNTY shall exercise its rights under this Article 4 within three (3) years following final payment.

#### **ARTICLE 5 - TERMINATION**

This Contract may be terminated by the SERVICE PROVIDER upon sixty (60) days' prior written notice to the COUNTY's representative in the event of substantial failure by the COUNTY to perform in

accordance with the terms of this Contract through no fault of the SERVICE PROVIDER. It may also be terminated, in whole or in part, by the COUNTY, with or without cause, immediately upon written notice to the SERVICE PROVIDER. Unless the SERVICE PROVIDER is in breach of this Contract, the SERVICE PROVIDER shall be paid for services rendered to the COUNTY'S satisfaction through the date of termination. After receipt of a Termination Notice and except as otherwise directed by the COUNTY the SERVICE PROVIDER shall:

- A. Stop work on the date and to the extent specified.
- B. Terminate and settle all orders and subcontracts relating to the performance of the terminated work.
- C. Transfer all work in process, completed work, and other materials related to the terminated work to the COUNTY.
- D. Continue and complete all parts of the work that have not been terminated.

#### **ARTICLE 6 - PERSONNEL**

The SERVICE PROVIDER represents that it has, or will secure at its own expense, all necessary personnel required to perform the services under this Contract. Such personnel shall not be employees of or have any contractual relationship with the COUNTY.

All of the services required hereunder shall be performed by the SERVICE PROVIDER or under its supervision, and all personnel engaged in performing the services shall be fully qualified and, if required, authorized or permitted under state and local law to perform such services.

Any changes or substitutions in the SERVICE PROVIDER'S key personnel, as may be listed in Exhibit "A", must be made known to the COUNTY'S representative and written approval must be granted by the COUNTY's representative before said change or substitution can become effective.

The SERVICE PROVIDER warrants that all services shall be performed by skilled and competent personnel to the highest professional standards in the field.

All of the SERVICE PROVIDER'S personnel (and all Subcontractors), while on County premises, will comply with all COUNTY requirements governing conduct, safety and security.

#### **ARTICLE 7 - SUBCONTRACTING**

The COUNTY reserves the right to accept the use of a subcontractor or to reject the selection of a particular subcontractor and to inspect all facilities of any subcontractors in order to make a determination as to the capability of the subcontractor to perform properly under this Contract. The SERVICE PROVIDER is encouraged to seek additional small business enterprises for participation in subcontracting opportunities. If the SERVICE PROVIDER uses any subcontractors on this project the following provisions of this Article shall apply:

If a subcontractor fails to perform or make progress, as required by this Contract, and it is necessary to replace the subcontractor to complete the work in a timely fashion, the SERVICE PROVIDER shall promptly do so, subject to acceptance of the new subcontractor by the COUNTY.

The Palm Beach County Board of County Commissioners has established a minimum goal for SBE participation of 15% on all County solicitations.

The SERVICE PROVIDER agrees to abide by all provisions of the Palm Beach County Code establishing the SBE Program, as amended, and understands that failure to comply with any of the requirements will be considered a breach of contract.

The SERVICE PROVIDER understands that each SBE firm utilized on this Contract must be certified by Palm Beach County in order to be counted toward the SBE participation goal.

The SERVICE PROVIDER shall provide the COUNTY with a copy of the SERVICE PROVIDER'S contract with any SBE subcontractor or any other related documentation upon request.

The SERVICE PROVIDER understands the requirements to comply with the tasks and proportionate dollar amounts throughout the term of this Contract as it relates to the use of SBE firms.

The SERVICE PROVIDER will only be permitted to replace a certified SBE subcontractor who is unwilling or unable to perform. Such substitutions must be done with another certified SBE in order to maintain the SBE percentages established in this Contract. Requests for substitutions of SBE's must be submitted to the COUNTY's representative and to the Office of Small Business Assistance.

The SERVICE PROVIDER shall be required to submit to the COUNTY Schedule 1 (Participation of SBE-M/WBE Contractors) and Schedule 2 (Letter of Intent) to further indicate the specific participation anticipated, where applicable.

The SERVICE PROVIDER agrees to maintain all relevant records and information necessary to document compliance with the Palm Beach County Code and will allow the COUNTY to inspect such records.

#### **ARTICLE 8 - FEDERAL AND STATE TAX**

The COUNTY is exempt from payment of Florida State Sales and Use Taxes. The COUNTY will sign an exemption certificate submitted by the SERVICE PROVIDER. The SERVICE PROVIDER shall not be exempted from paying sales tax to its suppliers for materials used to fulfill contractual obligations with the COUNTY, nor is the SERVICE PROVIDER authorized to use the COUNTY'S Tax Exemption Number in securing such materials.

The SERVICE PROVIDER shall be responsible for payment of its own and its share of its employees' payroll, payroll taxes, and benefits with respect to this contract.

#### **ARTICLE 9 - AVAILABILITY OF FUNDS**

The COUNTY'S performance and obligation to pay under this contract for subsequent fiscal years are contingent upon annual appropriations for its purpose by the Board of County Commissioners.

## **ARTICLE 10 - INSURANCE**

- A. SERVICE PROVIDER shall, at its sole expense, agree to maintain in full force and effect at all times during the life of this Contract, insurance coverages and limits (including endorsements), as described herein. SERVICE PROVIDER shall agree to provide the COUNTY with at least ten (10) day prior notice of any cancellation, non-renewal or material change to the insurance coverages. The requirements contained herein, as well as COUNTY'S review or acceptance of insurance maintained by SERVICE PROVIDER are not intended to and shall not in any manner limit or qualify the liabilities and obligations assumed by SERVICE PROVIDER under the contract.
- B. **Commercial General Liability** SERVICE PROVIDER shall maintain Commercial General Liability at a limit of liability not less than **\$500,000** Each Occurrence. Coverage shall not contain any endorsement excluding Contractual Liability or Cross Liability unless granted in writing by County's Risk Management Department. SERVICE PROVIDER shall provide this coverage on a primary basis.
- C. **Business Automobile Liability** SERVICE PROVIDER shall maintain Business Automobile Liability at a limit of liability not less than **\$500,000** Each Accident for all owned, non-owned and hired automobiles. In the event SERVICE PROVIDER doesn't own any automobiles, the Business Auto Liability requirement shall be amended allowing SERVICE PROVIDER to agree to maintain only Hired & Non-Owned Auto Liability. This amended requirement may be satisfied by way of endorsement to the Commercial General Liability, or separate Business Auto coverage form. SERVICE PROVIDER shall provide this coverage on a primary basis.
- D. **Worker's Compensation Insurance & Employers Liability** SERVICE PROVIDER shall maintain Worker's Compensation & Employers Liability in accordance with Florida Statute Chapter 440. SERVICE PROVIDER shall provide this coverage on a primary basis.
- E. **Professional Liability** SERVICE PROVIDER shall maintain Professional Liability or equivalent Errors & Omissions Liability at a limit of liability not less than **\$1,000,000** Each Claim. When a self-insured retention (SIR) or deductible exceeds **\$10,000**, COUNTY reserves the right, but not the obligation, to review and request a copy of SERVICE PROVIDER'S most recent annual report or audited financial statement. For policies written on a "Claims-Made" basis, SERVICE PROVIDER shall maintain a Retroactive Date prior to or equal to the effective date of this Contract. The Certificate of Insurance providing evidence of the purchase of this coverage shall clearly indicate whether coverage is provided on an "occurrence" or "claims - made" form. If coverage is provided on a "claims - made" form the Certificate of Insurance must also clearly indicate the "retroactive date" of coverage. In the event the policy is canceled, non-renewed, switched to an Occurrence Form, retroactive date advanced, or any other event triggering the right to purchase a Supplement Extended Reporting Period (SERP) during the life of this Contract, SERVICE PROVIDER shall purchase a SERP with a minimum reporting period not less than 3 years. SERVICE PROVIDER shall provide this coverage on a primary basis.

**Additional Insured** SERVICE PROVIDER shall endorse the COUNTY as an Additional Insured with a CG 2026 Additional Insured - Designated Person or Organization endorsement, or its equivalent, to the Commercial General Liability. The Additional Insured endorsement shall read "**Palm Beach County Board of County Commissioners, a Political Subdivision of the**

State of Florida, its Officers, Employees and Agents.” SERVICE PROVIDER shall provide the Additional Insured endorsements coverage on a primary basis.

- F. **Waiver of Subrogation** SERVICE PROVIDER hereby waives any and all rights of Subrogation against the County, its officers, employees and agents for each required policy. When required by the insurer, or should a policy condition not permit an insured to enter into a pre-loss agreement to waive subrogation without an endorsement to the policy, then SERVICE PROVIDER shall agree to notify the insurer and request the policy be endorsed with a Waiver of Transfer of rights of Recovery Against Others, or its equivalent. This Waiver of Subrogation requirement shall not apply to any policy, which specifically prohibits such an endorsement, or which voids coverage should SERVICE PROVIDER enter into such an agreement on a pre-loss basis.
- G. **Certificate(s) of Insurance** Prior to execution of this Contract, SERVICE PROVIDER shall deliver to the COUNTY’S representative as identified in Article 26, a Certificate(s) of Insurance evidencing that all types and amounts of insurance coverages required by this Contract have been obtained and are in full force and effect. Such Certificate(s) of Insurance shall include a minimum ten (10) day endeavor to notify due to cancellation or non-renewal of coverage. The certificate of insurance shall be issued to

Palm Beach County  
Criminal Justice Commission  
Attn Michael Rodriguez  
301 N. Olive Ave.  
West Palm Beach, 33401

- H. **Umbrella or Excess Liability** If necessary, SERVICE PROVIDER may satisfy the minimum limits required above for either Commercial General Liability, Business Auto Liability, and Employer’s Liability coverage under Umbrella or Excess Liability. The Umbrella or Excess Liability shall have an Aggregate limit not less than the highest “Each Occurrence” limit for either Commercial General Liability, Business Auto Liability, or Employer’s Liability. The COUNTY shall be specifically endorsed as an “Additional Insured” on the Umbrella or Excess Liability, unless the Certificate of Insurance notes the Umbrella or Excess Liability provides coverage on a “Follow-Form” basis.
- I. **Right to Review** COUNTY, by and through its Risk Management Department, in cooperation with the contracting/monitoring department, reserves the right to review, modify, reject or accept any required policies of insurance, including limits, coverages, or endorsements, herein from time to time throughout the term of this Contract. COUNTY reserves the right, but not the obligation, to review and reject any insurer providing coverage because of its poor financial condition or failure to operate legally.

#### **ARTICLE 11 - INDEMNIFICATION**

SERVICE PROVIDER shall protect, defend, reimburse, indemnify and hold COUNTY, its agents, employees and elected officers harmless from and against all claims, liability, expense, loss, cost, damages or causes of action of every kind or character, including attorney’s fees and costs, whether at trial or appellate levels or otherwise, arising during and as a result of their performance of the terms of this Contract or due to the acts or omissions of SERVICE PROVIDER.



## **ARTICLE 12 - SUCCESSORS AND ASSIGNS**

The SERVICE PROVIDER binds itself and its partners, successors, executors, administrators and assigns to the other party and to the partners, successors, executors, administrators and assigns of such other party, in respect to all covenants of this Contract. Except as above, neither the COUNTY nor the SERVICE PROVIDER shall assign, sublet, convey or transfer its interest in this Contract without the prior written consent of the other.

## **ARTICLE 13 - REMEDIES**

This Contract shall be governed by the laws of the State of Florida. Any legal action necessary to enforce the Contract will be held in Palm Beach County. No remedy herein conferred upon any party is intended to be exclusive of any other remedy, and each and every such remedy shall be cumulative and shall be in addition to every other remedy given hereunder or now or hereafter existing at law or in equity, by statute or otherwise. No single or partial exercise by any party of any right, power, or remedy hereunder shall preclude any other or further exercise thereof.

No provision of this Contract is intended to, or shall be construed to, create any third party beneficiary or to provide any rights to any person or entity not a party to this Contract, including but not limited to any citizen or employees of the COUNTY and/or SERVICE PROVIDER.

## **ARTICLE 14 - CONFLICT OF INTEREST**

The SERVICE PROVIDER represents that it presently has no interest and shall acquire no interest, either direct or indirect, which would conflict in any manner with the performance of services required hereunder, as provided for in Chapter 112, Part III, Florida Statutes, and the Palm Beach County Code of Ethics. The SERVICE PROVIDER further represents that no person having any such conflict of interest shall be employed for said performance of services.

The SERVICE PROVIDER shall promptly notify the COUNTY's representative, in writing, by certified mail, of all potential conflicts of interest of any prospective business association, interest or other circumstance which may influence or appear to influence the SERVICE PROVIDER'S judgement or quality of services being provided hereunder. Such written notification shall identify the prospective business association, interest or circumstance, the nature of work that the SERVICE PROVIDER may undertake and request an opinion of the COUNTY as to whether the association, interest or circumstance would, in the opinion of the COUNTY, constitute a conflict of interest if entered into by the SERVICE PROVIDER. The COUNTY agrees to notify the SERVICE PROVIDER of its opinion by certified mail within thirty (30) days of receipt of notification by the SERVICE PROVIDER. If, in the opinion of the COUNTY, the prospective business association, interest or circumstance would not constitute a conflict of interest by the SERVICE PROVIDER, the COUNTY shall so state in the notification and the SERVICE PROVIDER shall, at its option, enter into said association, interest or circumstance and it shall be deemed not in conflict of interest with respect to services provided to the COUNTY by the SERVICE PROVIDER under the terms of this Contract.

#### **ARTICLE 15 - EXCUSABLE DELAYS**

The SERVICE PROVIDER shall not be considered in default by reason of any failure in performance if such failure arises out of causes reasonably beyond the control of the SERVICE PROVIDER or its subcontractors and without their fault or negligence. Such causes include, but are not limited to, acts of God, force majeure, natural or public health emergencies, labor disputes, freight embargoes, and abnormally severe and unusual weather conditions.

Upon the SERVICE PROVIDER'S request, the COUNTY shall consider the facts and extent of any failure to perform the work and, if the SERVICE PROVIDER'S failure to perform was without it or its subcontractors fault or negligence, the Contract Schedule and/or any other affected provision of this Contract shall be revised accordingly, subject to the COUNTY'S rights to change, terminate, or stop any or all of the work at any time.

#### **ARTICLE 16 - ARREARS**

The SERVICE PROVIDER shall not pledge the COUNTY'S credit or make it a guarantor of payment or surety for any contract, debt, obligation, judgment, lien, or any form of indebtedness. The SERVICE PROVIDER further warrants and represents that it has no obligation or indebtedness that would impair its ability to fulfill the terms of this Contract.

#### **ARTICLE 17 - DISCLOSURE AND OWNERSHIP OF DOCUMENTS**

The SERVICE PROVIDER shall deliver to the COUNTY's representative for approval and acceptance, and before being eligible for final payment of any amounts due, all documents and materials prepared by and for the COUNTY under this Contract.

To the extent allowed by Chapter 119, Florida Statutes, all written and oral information not in the public domain or not previously known, and all information and data obtained, developed, or supplied by the COUNTY or at its expense will be kept confidential by the SERVICE PROVIDER and will not be disclosed to any other party, directly or indirectly, without the COUNTY'S prior written consent unless required by a lawful court order. All drawings, maps, sketches, programs, data base, reports and other data developed, or purchased, under this Contract for or at the COUNTY'S expense shall be and remain the COUNTY'S property and may be reproduced and reused at the discretion of the COUNTY.

All covenants, agreements, representations and warranties made herein, or otherwise made in writing by any party pursuant hereto, including but not limited to any representations made herein relating to disclosure or ownership of documents, shall survive the execution and delivery of this Contract and the consummation of the transactions contemplated hereby.

Notwithstanding any other provision in this Contract, all documents, records, reports and any other materials produced hereunder shall be subject to disclosure, inspection and audit, pursuant to the Palm Beach County Office of the Inspector General, Palm Beach County Code, Sections 2-421 - 2-440, as amended.

## **ARTICLE 18 - INDEPENDENT CONTRACTOR RELATIONSHIP**

The SERVICE PROVIDER is, and shall be, in the performance of all work services and activities under this Contract, an Independent Contractor, and not an employee, agent, or servant of the COUNTY. All persons engaged in any of the work or services performed pursuant to this Contract shall at all times, and in all places, be subject to the SERVICE PROVIDER'S sole direction, supervision, and control. The SERVICE PROVIDER shall exercise control over the means and manner in which it and its employees perform the work, and in all respects the SERVICE PROVIDER'S relationship and the relationship of its employees to the COUNTY shall be that of an Independent Contractor and not as employees or agents of the COUNTY.

The SERVICE PROVIDER does not have the power or authority to bind the COUNTY in any promise, agreement or representation.

## **ARTICLE 19 - CONTINGENT FEES**

The SERVICE PROVIDER warrants that it has not employed or retained any company or person, other than a bona fide employee working solely for the SERVICE PROVIDER to solicit or secure this Contract and that it has not paid or agreed to pay any person, company, corporation, individual, or firm, other than a bona fide employee working solely for the SERVICE PROVIDER, any fee, commission, percentage, gift, or any other consideration contingent upon or resulting from the award or making of this Contract.

## **ARTICLE 20 - ACCESS AND AUDITS**

The SERVICE PROVIDER shall maintain adequate records to justify all charges, expenses, and costs incurred in estimating and performing the work for at least three (3) years after completion or termination of this Contract. The COUNTY shall have access to such books, records, and documents as required in this section for the purpose of inspection or audit during normal business hours, at the SERVICE PROVIDER'S place of business.

Palm Beach County has established the Office of the Inspector General in Palm Beach County Code, Section 2-421 - 2-440, as may be amended. The Inspector General's authority includes but is not limited to the power to review past, present and proposed County contracts, transactions, accounts and records, to require the production of records, and to audit, investigate, monitor, and inspect the activities of the SERVICE PROVIDER, its officers, agents, employees, and lobbyists in order to ensure compliance with contract requirements and detect corruption and fraud.

Failure to cooperate with the Inspector General or interfering with or impeding any investigation shall be in violation of Palm Beach County Code, Section 2-421 - 2-440, and punished pursuant to Section 125.69, Florida Statutes, in the same manner as a second degree misdemeanor.

## **ARTICLE 21 - NONDISCRIMINATION**

The SERVICE PROVIDER warrants and represents that all of its employees are treated equally during employment without regard to race, color, religion, disability, sex, age, national origin, ancestry,

marital status, familial status, sexual orientation, gender identity and expression, or genetic information.

SERVICE PROVIDER has submitted to COUNTY a copy of its non-discrimination policy which is consistent with the above, as contained in Resolution R-2014-1421, as amended, or in the alternative, if SERVICE PROVIDER does not have a written non-discrimination policy, it has acknowledged through a signed statement provided to COUNTY affirming their non-discrimination policy conforms to R-2014-1421, as amended.

#### **ARTICLE 22 - AUTHORITY TO PRACTICE**

The SERVICE PROVIDER hereby represents and warrants that it has and will continue to maintain all licenses and approvals required to conduct its business, and that it will at all times conduct its business activities in a reputable manner. Proof of such licenses and approvals shall be submitted to the COUNTY's representative upon request.

#### **ARTICLE 23 - SEVERABILITY**

If any term or provision of this Contract, or the application thereof to any person or circumstances shall, to any extent, be held invalid or unenforceable, the remainder of this Contract, or the application of such terms or provision, to persons or circumstances other than those as to which it is held invalid or unenforceable, shall not be affected, and every other term and provision of this Contract shall be deemed valid and enforceable to the extent permitted by law.

#### **ARTICLE 24 - PUBLIC ENTITY CRIMES**

As provided in F.S. 287.132-133, by entering into this contract or performing any work in furtherance hereof, the SERVICE PROVIDER certifies that it, its affiliates, suppliers, subcontractors and consultants who will perform hereunder, have not been placed on the convicted vendor list maintained by the State of Florida Department of Management Services within the 36 months immediately preceding the date hereof. This notice is required by F.S. 287.133(3)(a).

#### **ARTICLE 25 - MODIFICATIONS OF WORK**

The COUNTY reserves the right to make changes in Scope of Work, including alterations, reductions therein or additions thereto. Upon receipt by the SERVICE PROVIDER of the COUNTY'S notification of a contemplated change, the SERVICE PROVIDER shall, in writing: (1) provide a detailed estimate for the increase or decrease in cost due to the contemplated change, (2) notify the COUNTY of any estimated change in the completion date, and (3) advise the COUNTY if the contemplated change shall affect the SERVICE PROVIDER'S ability to meet the completion dates or schedules of this Contract.

If the COUNTY so instructs in writing, the SERVICE PROVIDER shall suspend work on that portion of the Scope of Work affected by a contemplated change, pending the COUNTY'S decision to proceed with the change.

If the COUNTY elects to make the change, the COUNTY shall initiate a Contract Amendment and the SERVICE PROVIDER shall not commence work on any such change until such written amendment is signed by the SERVICE PROVIDER and approved and executed on behalf of Palm Beach County.

#### **ARTICLE 26 - NOTICE**

All notices required in this Contract shall be sent by certified mail, return receipt requested, hand delivery or other delivery service requiring signed acceptance. If sent to the COUNTY, notices shall be addressed to:

Michael L. Rodriguez, Executive Director  
Criminal Justice Commission  
301 North Olive Avenue  
West Palm Beach, FL 33401

With copy to:

Palm Beach County Attorney's Office  
301 North Olive Ave.  
West Palm Beach, FL 33401

If sent to the SERVICE PROVIDER, notices shall be addressed to:

John Fowler, CEO  
\_\_\_\_\_  
Drug Abuse Treatment Association, Inc.  
\_\_\_\_\_  
1041 45th St.  
\_\_\_\_\_  
West Palm Beach, FL 33407  
\_\_\_\_\_

#### **ARTICLE 27 - ENTIRETY OF CONTRACTUAL AGREEMENT**

The COUNTY and the SERVICE PROVIDER agree that this Contract sets forth the entire agreement between the parties, and that there are no promises or understandings other than those stated herein. None of the provisions, terms and conditions contained in this Contract may be added to, modified, superseded or otherwise altered, except by written instrument executed by the parties hereto in accordance with Article 25- Modifications of Work. The parties authorize the Executive Director of the CJC to adjust line items in the budget of up to 10% of the total contract price, provided there is not an increase in the total new contract price (\$ 33,234 ).

#### **ARTICLE 28 - CRIMINAL HISTORY RECORDS CHECK**

If SERVICE PROVIDER'S employees or subcontractors are required under this contract to enter a "critical facility," as identified in Resolution R-2003-1274, the SERVICE PROVIDER shall comply with the provisions of Chapter 2, Article IX of the Palm Beach County Code ("Criminal History Records Check" section). The SERVICE PROVIDER acknowledges and agrees that all employees and subcontractors who are to enter a "critical facility" will be subject to a fingerprint based criminal history records check. Although COUNTY agrees to pay for all applicable FDLE/FBI fees required for criminal history record checks, the SERVICE PROVIDER shall be solely responsible for the financial, schedule, and staffing implications associated in complying with this section of the Palm Beach County Code.

## **ARTICLE 29 - REGULATIONS; LICENSING REQUIREMENTS**

The SERVICE PROVIDER shall comply with all laws, ordinances and regulations applicable to the services contemplated herein, to include those applicable to conflict of interest and collusion. SERVICE PROVIDER is presumed to be familiar with all federal, state and local laws, ordinances, codes and regulations that may in any way affect the services offered.

## **ARTICLE 30 - SCRUTINIZED COMPANIES (when contract value is greater than \$1 million)**

As provided in F.S. 287.135, by entering into this Contract or performing any work in furtherance hereof, the SERVICE PROVIDER certifies that it, its affiliates, suppliers, subcontractors and consultants who will perform hereunder, have not been placed on the Scrutinized Companies With Activities in Sudan List or Scrutinized Companies With Activities in The Iran Petroleum Energy Sector List created pursuant to F.S. 215.473.

If the County determines, using credible information available to the public, that a false certification has been submitted by SERVICE PROVIDER, this Contract may be terminated and a civil penalty equal to the greater of \$2 million or twice the amount of this Contract shall be imposed, pursuant to F.S. 287.135.

## **ARTICLE 31 - SERVICE PROVIDER'S PROGRAMMATIC REQUIREMENTS**

The SERVICE PROVIDER agrees to specific programmatic requirements, including but not limited to, the following:

- A. Maintain books, records, documents, and other evidence which sufficiently and properly reflects all costs of any nature expended in the performance of this Contract in accordance with generally accepted accounting principles.
- B. No private or confidential data collected, maintained or used during the course of the contract period shall be disseminated except as authorized by statute during the contract period or thereafter.
- C. Allow the COUNTY, through the Criminal Justice Commission, to monitor the SERVICE PROVIDER and ensure that the fiscal and programmatic goals as outlined in the Scope of Work (Exhibit A) are adhered to by permitting authorized representatives to have access to records upon reasonable notice for the purpose of review, analysis, inspection and audit. Such inspections may include unannounced site visits. Services will be monitored against administrative and programmatic standards designed to measure program efficiency and effectiveness. The SERVICE PROVIDER shall maintain business and accounting records detailing the performance of the contract.
- D. To support programmatic monitoring and evaluation, the SERVICE PROVIDER will complete and submit a "logic model form" that will identify the SERVICE PROVIDER'S program activities, outputs, and desired outcomes (immediate, intermediate, and long-term) to the satisfaction of the authorized representatives or agents of the COUNTY and/or the Criminal Justice Commission. The completed satisfactory "logic model form" must be submitted to the COUNTY within 30 days after the CONTRACT is in force. Training will be provided by the COUNTY and/or Criminal Justice Commission to help the SERVICE PROVIDER complete the "logic model form".
- E. Reimburse funds to COUNTY that are deemed by the COUNTY in its sole discretion to be misused or misspent.

**ARTICLE 32 - INCORPORATION BY REFERENCE.** Exhibits attached hereto and referenced herein shall be deemed to be incorporated into this Agreement by reference.

**IN WITNESS WHEREOF**, the Board of County Commissioners of Palm Beach County, Florida, through its authorized representative, has made and executed to contract for professional services on behalf of the COUNTY and ~~SERVICE PROVIDER~~ has hereunto set its hand the day and year above written.

SERVICE PROVIDER:  
Drug Abuse Treatment Association Inc.  
By: \_\_\_\_\_  
John Fowler  
Executive Director & CEO

PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS  
By: \_\_\_\_\_  
Michael L. Rodriguez  
Executive Director  
Criminal Justice Commission

APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY  
By: \_\_\_\_\_  
Asst. County Attorney

APPROVED AS TO TERMS AND  
CONDITIONS  
By: \_\_\_\_\_  
Rosalind Murray  
Criminal Justice Commission

SCOPE OF WORK

DRUG ABUSE TREATMENT ASSOCIATION, INC. will provide (1) Adolescent Community Reinforcement Approach with Assertive Continuing Care services; (2) provide outpatient psychiatric medical services; (3) development and implement collaborative protocols with the all involved parties, including the Fifteenth Judicial Circuit to integrate screening, assessment and coordinate recommendations to the court.

Key Activity	Milestones	Responsible Partners
Project Staffing	Project staffing in place	PBCCJC, DATA
Implementation of enhanced co-occurring capable Delinquency Drug Court	Enhanced co-occurring capable Delinquency Drug Court Implemented	15 <sup>th</sup> Judicial Circuit, Office of the State Attorney
Clients Selected	Client pool	15 <sup>th</sup> Judicial Circuit, Office Of State Attorney
Adolescent Community Reinforcement Approach (A-Approach, (A-CRA) with Assertive Continuing Care	Service Provision	DATA, 15 <sup>th</sup> Judicial Circuit
OP& Res psychiatric services Enacted	Service Provision	DATA
Program Monitoring/Evaluation	PME Ongoing	PBCCJC
Sustainability Plan	Additional support secured	PBCJC, 15 <sup>th</sup> Judicial Circuit

**Adherence to Medications** – Failure to adhere to medications is the primary cause of incidents calling forth a law enforcement response. By providing a case manager and psychiatric medication management services for the consumer, medications should be available and adherence increased.

**Treatment Resistance** – While the reasons for treatment resistance are many, one is the delay in receiving services flowing treatment referral, and lack of time of staff to work regularly with the consumer in the consumer’s environment. By providing prompt Adolescent Community Reinforcement Approach with Assertive Continuing Care services that follow the client into their community, this barrier will be addressed.



**Data Collection** -Data Collection will continue in the manner prescribed in the original grant. Develop review mechanism for ongoing evaluation and quality improvement

Review staff from DATA and the Courts on a monthly basis the files of all persons referred to the program. Discuss protocols, billing, and other data costs. Ensure that co-occurring disorders are the primary treatment modality.

Collect evaluation data from staff reviews and document modifications of case activities. Document utilization of mental health/Baker Act resources by participating clients for 12 months following admission to the specialty track.

**SCHEDULE OF PAYMENTS**

**EXHIBIT B**

Mental Health Treatment	
Clinical and Psychiatric Care (evaluation/med management)	\$ 3,234
(Personnel/Fringe)	\$30,000
<b>Total</b>	<b>\$33,234</b>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/4/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Willis of Florida, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 37230-5191	CONTACT NAME:		
	PHONE (A/C, No, Ext): (877) 945-7378	FAX (A/C, No): (888) 467-2378	
INSURED  Drug Abuse Treatment Association, Inc. 1016 Clemons Street Ste 300 Jupiter, FL 33477	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Arch Insurance Company		11150
	INSURER B : Wesco Insurance Company		25011
	INSURER C :		
	INSURER D :		
INSURER E :			
INSURER F :			

COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<div>COMMERCIAL GENERAL LIABILITY</div> <div>CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR</div> <div>GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC</div> <div>OTHER:</div>	X		NTPKG0004608	05/01/2015	05/01/2016	<div>EACH OCCURRENCE \$ 1,000,000</div> <div>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000</div> <div>MED EXP (Any one person) \$ 20,000</div> <div>PERSONAL &amp; ADV INJURY \$ 1,000,000</div> <div>GENERAL AGGREGATE \$ 3,000,000</div> <div>PRODUCTS - COMPROP AGG \$ 3,000,000</div> <div></div>
A	<div>AUTOMOBILE LIABILITY</div> <div>ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/></div>			NTAUT0002308	05/01/2015	05/01/2016	<div>COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000</div> <div>BODILY INJURY (Per person) \$</div> <div>BODILY INJURY (Per accident) \$</div> <div>PROPERTY DAMAGE (Per accident) \$</div> <div></div>
	<div>UMBRELLA LIAB <input type="checkbox"/> OCCUR</div> <div>EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE</div> <div>DED <input type="checkbox"/> RETENTION \$</div>						<div>EACH OCCURRENCE \$</div> <div>AGGREGATE \$</div> <div></div>
B	<div>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</div> <div>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N</div> <div>If yes, describe under DESCRIPTION OF OPERATIONS below</div>	N/A		WPP1100792-01-14016	06/01/2014	06/01/2015	<div><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER</div> <div>E.L. EACH ACCIDENT \$ 1,000,000</div> <div>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000</div> <div>E.L. DISEASE - POLICY LIMIT \$ 1,000,000</div>
A	Professional Liab			NTPKG0004608	05/01/2015	05/01/2016	Occ \$1,000,000/Agg 3,000,000
A	Abuse/Molestation			NTPKG0004608	05/01/2015	05/01/2016	Occ \$1,000,000/Agg 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Palm Beach County Board of County Commissioners, A Political Subdivision of the State of Florida, Its Officers, Employees and Agents

CERTIFICATE HOLDER	CANCELLATION
Palm Beach County, Criminal Justice Commission 301 N Olive Avenue, Ste 1001 West Palm Beach, FL 33401-4705	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 



## Hold Funds

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## GRANT ADJUSTMENT NOTICE

Grantee Information				
<b>Grantee Name:</b>	Palm Beach County Board of County Commissioners	<b>Project Period:</b>	10/01/2012 - 09/30/2015	<b>GAN Number:</b> 001
<b>Grantee Address:</b>	301 North Olive Avenue West Palm Beach, 33401	<b>Program Office:</b>	BJA	<b>Date:</b> 01/31/2013
<b>Grantee DUNS Number:</b>	07-847-0481	<b>Grant Manager:</b>	Nikisha Love	
<b>Grantee EIN:</b>	59-6000789	<b>Application Number(s):</b>	2011-H0589-FL-MO	
<b>Vendor #:</b>	596000789	<b>Award Number:</b>	2012-MO-BX-0028	
<b>Project Title:</b>	Juvenile Justice System Co-occurring Disorders Project	<b>Award Amount:</b>	\$249,955.00	
Hold Funds				
Accepted Amount: 249,955.00				
Disbursed Amount: 000.00				
Available Amount: 249,955.00				
Hold Amount				
Percentage Hold: 100 %				
Amount Hold: 249,955.00				
Module: Financial Status Report				
*Required Justification for Hold Funds:				
All contacts with the grantee regarding these delinquent financial reports have been documented. As of this date, the grantee has not complied with their financial reporting requirements. Therefore, this grantee's funds				
Attachments:				
None				
Actions:				
<input type="button" value="Close"/>				
<input type="button" value="Printer Friendly Version"/>				
Audit Trail:				
<b>Description:</b>	<b>Role:</b>	<b>User:</b>	<b>Timestamp:</b>	<b>Note:</b>
Approved-Final	OC - Accounting Supervisor	SYSTEM_USER	01/31/2013 3:26 AM	<a href="#">View Note</a>



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Grantee Information				
Grantee Name:	Palm Beach County Board of County Commissioners	Project Period:	10/01/2012 - 09/30/2015	GAN Number: 002
Grantee Address:	301 North Olive Avenue West Palm Beach, 33401	Program Office:	BJA	Date: 02/05/2013
Grantee DUNS Number:	07-847-0481	Grant Manager:	Niksha Love	
Grantee EIN:	59-6000789	Application Number(s):	2011-H0589-FL-MO	
Vendor #:	596000789	Award Number:	2012-MO-BX-0028	
Project Title:	Juvenile Justice System Co-occurring Disorders Project	Award Amount:	\$249,955.00	
Release Funds				
Accepted Amount: 249,955.00				
Disbursed Amount: 000.00				
Available Amount: 249,955.00				
Release Amount				
Percentage Release: 100 %				
Amount Release: 249,955.00				
Module: Financial Status Report				
*Required Justification for Release Funds:				
The overdue Financial Status Report(s) have been submitted. The Grantee is in compliance with all financial reporting requirements.				
Attachments:				
None				
Actions:				
<input type="button" value="Close"/>				
<input type="button" value="Printer Friendly Version"/>				
Audit Trail:				
Description:	Role:	User:	Timestamp:	Note:
Approved-Final	OC - Accounting Supervisor	SYSTEM_USER	02/05/2013 9:32 AM	<a href="#">View Note</a>



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## GRANT ADJUSTMENT NOTICE

Grantee Information				
<b>Grantee Name:</b>	Palm Beach County Board of County Commissioners	<b>Project Period:</b>	10/01/2012 - 09/30/2015	<b>GAN Number:</b> 003
<b>Grantee Address:</b>	301 North Olive Avenue West Palm Beach, 33401	<b>Program Office:</b>	BJA	<b>Date:</b> 07/31/2013
<b>Grantee DUNS Number:</b>	07-847-0481	<b>Grant Manager:</b>	Nikisha Love	
<b>Grantee EIN:</b>	59-6000789	<b>Application Number(s):</b>	2011-H0589-FL-MO	
<b>Vendor #:</b>	596000789	<b>Award Number:</b>	2012-MO-BX-0028	
<b>Project Title:</b>	Juvenile Justice System Co-occurring Disorders Project	<b>Award Amount:</b>	\$249,955.00	
Hold Funds				
Accepted Amount: 249,955.00				
Disbursed Amount: -2,282.20				
Available Amount: 247,672.80				
Hold Amount				
Percentage Hold: 100 %				
Amount Hold: 247,672.80				
Module: Financial Status Report				
*Required Justification for Hold Funds:				
All contacts with the grantee regarding these delinquent financial reports have been documented. As of this date, the grantee has not complied with their financial reporting requirements. Therefore, this grantee's funds				
Attachments:				
None				
Actions:				
<input type="button" value="Close"/>				
<input type="button" value="Printer Friendly Version"/>				
Audit Trail:				
<b>Description:</b>	<b>Role:</b>	<b>User:</b>	<b>Timestamp:</b>	<b>Note:</b>
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Grantee Information				
Grantee Name:	Palm Beach County Board of County Commissioners	Project Period:	10/01/2012 - 09/30/2015	GAN Number: 004
Grantee Address:	301 North Olive Avenue West Palm Beach, 33401	Program Office:	BJA	Date: 08/01/2013
Grantee DUNS Number:	07-847-0481	Grant Manager:	Niksha Love	
Grantee EIN:	59-6000789	Application Number(s):	2011-H0589-FL-MO	
Vendor #:	596000789	Award Number:	2012-MO-BX-0028	
Project Title:	Juvenile Justice System Co-occurring Disorders Project	Award Amount:	\$249,955.00	
Release Funds				
Accepted Amount: 249,955.00				
Disbursed Amount: -2,282.20				
Available Amount: 247,672.80				
Release Amount				
Percentage Release: 100 %				
Amount Release: 247,672.80				
Module: Financial Status Report				
<b>*Required Justification for Release Funds:</b>				
The overdue Financial Status Report(s) have been submitted. The Grantee is in compliance with all financial reporting requirements.				
<b>Attachments:</b>				
None				
<b>Actions:</b>				
<input type="button" value="Close"/>				
<input type="button" value="Printer Friendly Version"/>				
<b>Audit Trail:</b>				
Description:	Role:	User:	Timestamp:	Note:
Approved-Final	OC - Accounting Supervisor	SYSTEM USER	08/01/2013 6:39 PM	<a href="#">View Note</a>



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Grantee Information				
Grantee Name:	Palm Beach County Board of County Commissioners	Project Period:	10/01/2012 - 09/30/2015	GAN Number: 005
Grantee Address:	301 North Olive Avenue West Palm Beach, 33401	Program Office:	BJA	Date: 11/12/2013
Grantee DUNS Number:	07-847-0481	Grant Manager:	Nikisha Love	
Grantee EIN:	59-6000789	Application Number(s):	2011-H0589-FL-MO	
Vendor #:	596000789	Award Number:	2012-MO-BX-0028	
Project Title:	Juvenile Justice System Co-occurring Disorders Project	Award Amount:	\$249,955.00	
Hold Funds				
Accepted Amount: 249,955.00				
Disbursed Amount: -2,282.20				
Available Amount: 247,672.80				
Hold Amount				
Percentage Hold: 100 %				
Amount Hold: 247,672.80				
Module: Financial Status Report				
<b>*Required Justification for Hold Funds:</b>				
All contacts with the grantee regarding these delinquent financial reports have been documented. As of this date, the grantee has not complied with their financial reporting requirements. Therefore, this grantee's funds				
<b>Attachments:</b>				
None				
<b>Actions:</b>				
<input type="button" value="Close"/>				
<input type="button" value="Printer Friendly Version"/>				
<b>Audit Trail:</b>				
Description:	Role:	User:	Timestamp:	Note:
Approved-Final	OC - Accounting Supervisor	SYSTEM_USER	11/12/2013 1:59 AM	<a href="#">View Note</a>





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## GRANT ADJUSTMENT NOTICE

Grantee Information				
Grantee Name:	Palm Beach County Board of County Commissioners	Project Period:	10/01/2012 - 09/30/2015	GAN Number: 006
Grantee Address:	301 North Olive Avenue West Palm Beach, 33401	Program Office:	BJA	Date: 11/14/2013
Grantee DUNS Number:	07-847-0481	Grant Manager:	Nikisha Love	
Grantee EIN:	59-6000789	Application Number(s):	2011-H0589-FL-MO	
Vendor #:	596000789	Award Number:	2012-MO-BX-0028	
Project Title:	Juvenile Justice System Co-occurring Disorders Project	Award Amount:	\$249,955.00	
Release Funds				
Accepted Amount: 249,955.00				
Disbursed Amount: -2,282.20				
Available Amount: 247,672.80				
Release Amount				
Percentage Release: 100 %				
Amount Release: 247,672.80				
Module: Financial Status Report				
*Required Justification for Release Funds:				
The overdue Financial Status Report(s) have been submitted. The Grantee is in compliance with all financial reporting requirements.				
Attachments:				
None				
Actions:				
<input type="button" value="Close"/>				
<input type="button" value="Printer Friendly Version"/>				
Audit Trail:				
Description:	Role:	User:	Timestamp:	Note:
Approved-Final	OC - Accounting Supervisor	SYSTEM_USER	11/14/2013 2:08 PM	View Note

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Grantee Information					
<b>Grantee Name:</b>	Palm Beach County Board of County Commissioners	<b>Project Period:</b>	10/01/2012 - 09/30/2015	<b>GAN Number:</b>	007
<b>Grantee Address:</b>	301 North Olive Avenue West Palm Beach, 33401	<b>Program Office:</b>	BJA	<b>Date:</b>	02/14/2014
<b>Grantee DUNS Number:</b>	07-647-0481	<b>Grant Manager:</b>	Nikisha Love		
<b>Grantee EIN:</b>	59-6000789	<b>Application Number(s):</b>	2011-H0589-FL-MO		
<b>Vendor #:</b>	596000789	<b>Award Number:</b>	2012-MO-BX-0028		
<b>Project Title:</b>	Juvenile Justice System Co-occurring Disorders Project	<b>Award Amount:</b>	\$249,955.00		
Hold Funds					
Report Number	Report Period	Report Due Date	Report Submitted Date	Report Overdue Date	Report Status
3	07/01/2013 - 12/31/2013	01/30/2014	03/14/2014	02/14/2014	Approved
Accepted Amount: 249,955.00 Disbursed Amount: -23,491.48 Available Amount: 226,463.52					
Hold Amount					
Percentage Hold: 100 % Amount Hold: 226,463.52 Module: Progress Report					
<b>*Required Justification for Hold Funds:</b>					
All contacts with the grantee regarding these delinquent reports have been documented. As of this date, the grantee has not complied with their reporting requirements. Therefore, this grantee's funds are hereby frozen until the					
<b>Attachments:</b>					
None					
<b>Actions:</b>					
<input type="button" value="Close"/>					
<input type="button" value="Printer Friendly Version"/>					
<b>Audit Trail:</b>					
Description:	Role:	User:	Timestamp:	Note:	
Approved-Final	OC - Accounting Supervisor	SYSTEM_USER	02/14/2014 12:58 AM	<a href="#">View Note</a>	



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Grantee Information				
Grantee Name:	Palm Beach County Board of County Commissioners	Project Period:	10/01/2012 - 09/30/2015	GAN Number: 008
Grantee Address:	301 North Olive Avenue West Palm Beach, 33401	Program Office:	BJA	Date: 03/14/2014
Grantee DUNS Number:	07-847-0481	Grant Manager:	Nikisha Love	
Grantee EIN:	59-6000789	Application Number(s):	2011-H0589-FL-MO	
Vendor #:	596000789	Award Number:	2012-MO-BX-0028	
Project Title:	Juvenile Justice System Co-occurring Disorders Project	Award Amount:	\$249,955.00	
Release Funds				
Accepted Amount: 249,955.00				
Disbursed Amount: -23,491.48				
Available Amount: 226,463.52				
Release Amount				
Percentage Release: 91 %				
Amount Release: 226,463.52				
Module: Progress Report				
<b>*Required Justification for Release Funds:</b>				
The overdue Progress Report(s) have been submitted. The Grantee is in compliance with all reporting requirements.				
<b>Attachments:</b>				
None				
<b>Actions:</b>				
<input type="button" value="Close"/>				
<input type="button" value="Printer Friendly Version"/>				
<b>Audit Trail:</b>				
Description:	Role:	User:	Timestamp:	Note:
Approved-Final	OC - Accounting Supervisor	CarterA	03/14/2014 2:35 PM	<a href="#">View Note</a>
Submitted	OC - Accounting Analyst	SYSTEM_USER	03/14/2014 2:14 PM	<a href="#">View Note</a>



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Change Project Scope GAN

US DEPARTMENT OF JUSTICE  
OFFICE OF JUSTICE PROGRAMS

GRANT ADJUSTMENT NOTICE



Grantee Information			
Grantee Name:	Palm Beach County Board of County Commissioners	Project Period:	10/01/2012 - 09/30/2015
Grantee Address:	301 North Olive Avenue West Palm Beach, 33401	Program Office:	BJA
Grantee DUNS Number:	07-847-0481	Grant Manager:	Nikisha Love
Grantee EIN:	59-6000789	Application Number(s):	2011-H0589-FL-MO
Vendor #:	596000789	Award Number:	2012-MO-BX-0028
Project Title:	Juvenile Justice System Co-occurring Disorders Project	Award Amount:	\$249,955.00
GAN Number:	009	Date:	03/24/2014

Change Project Scope	
*Scope Change Types	
<input type="checkbox"/> Altering programmatic activities	<input type="checkbox"/> Altering the purpose of the project
<input type="checkbox"/> Changing the project site	<input type="checkbox"/> Change in organization with primary responsibility for implementation of grant
<input type="checkbox"/> Contracting out, sub-granting or otherwise obtaining the services of a third party to perform activities that are central to the purpose of the award	<input type="checkbox"/> Other (Please enter type of scope change below) Number of participants

**\*Required Justification for Change Project Scope:**

The Criminal Justice Commission is requesting that the number of young people receiving assistance change from 30 per year to 15 per year for the life of the grant. This change is requested due to the slow start of the project

**Attachments:**

Filename:	User:	Timestamp:	Action:
ProjectNarrativeAttachments-Attachments-1237-CJMHPA Grant Juvenile Justice Sytem Co-occurring Disorders Project[1].docx	PBCBCCPROGRAM	03/17/2014 1:51 PM	Delete Attachment

**Actions:**

Close

Printer Friendly Version

**Audit Trail:**

Description:	Role:	User:	Timestamp:	Note:
Approved-Final	PO - GAN 1st Line Supervisor	JonesN	03/24/2014 3:32 PM	View Note
Submitted	PO - Grant Manager	PBCBCCPROGRAM	03/17/2014 1:51 PM	View Note
Change Requested	EXTERNAL - External User	lovenki	03/14/2014 2:34 PM	View Note
Change Requested	PO - Grant Manager	lovenki	03/14/2014 2:34 PM	View Note
Submitted	PO - Grant Manager	PBCBCCPROGRAM	03/05/2014 11:23 AM	View Note
Draft	EXTERNAL - External User	PBCBCCPROGRAM	03/05/2014 11:23 AM	View Note



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Grantee Information				
Grantee Name:	Palm Beach County Board of County Commissioners	Project Period:	10/01/2012 - 09/30/2015	GAN Number: 010
Grantee Address:	301 North Olive Avenue West Palm Beach, 33401	Program Office:	BJA	Date: 05/01/2014
Grantee DUNS Number:	07-847-0481	Grant Manager:	Nikisha Love	
Grantee EIN:	59-6000789	Application Number(s):	2011-H0589-FL-MO	
Vendor #:	596000789	Award Number:	2012-MO-BX-0028	
Project Title:	Juvenile Justice System Co-occurring Disorders Project	Award Amount:	\$249,955.00	
Hold Funds				
Accepted Amount: 249,955.00				
Disbursed Amount: -23,491.48				
Available Amount: 226,463.52				
Hold Amount				
Percentage Hold: 100 %				
Amount Hold: 226,463.52				
Module: Financial Status Report				
*Required Justification for Hold Funds:				
All contacts with the grantee regarding these delinquent financial reports have been documented. As of this date, the grantee has not complied with their financial reporting requirements. Therefore, this grantee's funds				
Attachments:				
None				
Actions:				
<input type="button" value="Close"/>				
<input type="button" value="Printer Friendly Version"/>				
Audit Trail:				
Description:	Role:	User:	Timestamp:	Note:
Approved-Final	OC - Accounting Supervisor	SYSTEM_USER	05/01/2014 2:05 AM	<a href="#">View Note</a>



## Release Funds



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## GRANT ADJUSTMENT NOTICE

Grantee Information				
<b>Grantee Name:</b>	Palm Beach County Board of County Commissioners	<b>Project Period:</b>	10/01/2012 - 09/30/2015	<b>GAN Number:</b> 011
<b>Grantee Address:</b>	301 North Olive Avenue West Palm Beach, 33401	<b>Program Office:</b>	BJA	<b>Date:</b> 05/12/2014
<b>Grantee DUNS Number:</b>	07-847-0481	<b>Grant Manager:</b>	Nikisha Love	
<b>Grantee EIN:</b>	59-6000789	<b>Application Number(s):</b>	2011-H0589-FL-MO	
<b>Vendor #:</b>	596000789	<b>Award Number:</b>	2012-MO-BX-0028	
<b>Project Title:</b>	Juvenile Justice System Co-occurring Disorders Project	<b>Award Amount:</b>	\$249,955.00	
Release Funds				
Accepted Amount: 249,955.00				
Disbursed Amount: -23,491.48				
Available Amount: 226,463.52				
Release Amount				
Percentage Release: 100 %				
Amount Release: 226,463.52				
Module: Financial Status Report				
*Required Justification for Release Funds:				
The overdue Financial Status Report(s) have been submitted. The Grantee is in compliance with all financial reporting requirements.				
Attachments:				
None				
Actions:				
<input type="button" value="Close"/>				
<input type="button" value="Printer Friendly Version"/>				
Audit Trail:				
<b>Description:</b>	<b>Role:</b>	<b>User:</b>	<b>Timestamp:</b>	<b>Note:</b>
Approved-Final	OC - Accounting Supervisor	SYSTEM_USER	05/12/2014 4:58 PM	<a href="#">View Note</a>

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## Program Office Approvals GAN

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## GRANT ADJUSTMENT NOTICE

Grantee Information			
Grantee Name:	Palm Beach County Board of County Commissioners	Project Period:	10/01/2012 - 09/30/2015
Grantee Address:	301 North Olive Avenue West Palm Beach, 33401	Program Office:	BJA
Grantee DUNS Number:	07-847-0481	Grant Manager:	Nikisha Love
Grantee EIN:	59-6000789	Application Number(s):	2011-H0589-FL-MO
Vendor #:	596000789	Award Number:	2012-MO-BX-0028
Project Title:	Juvenile Justice System Co-occurring Disorders Project	Award Amount:	\$249,955.00

Program Office Approvals				
*Approval Types				
<input type="checkbox"/> Changes in Consultant rates (in excess of \$450/day)	<input type="checkbox"/> Publication Plan Submissions			
<input type="checkbox"/> Purchase of Automatic Data Processing (ADP) Equipment and Software	<input type="checkbox"/> Funding for Criminal Justice Information and Communication Systems			
<input type="checkbox"/> Foreign Travel Costs	<input type="checkbox"/> Other (Please enter type of Program Office Approval below) Approval to Attend the			
*Required Justification for Program Office Approvals:				
Juvenile Delinquency Drug Court staff would like to attend the National Conference for Drug Court Professionals in CA. This conference information will help staff efficiently and effectively serve young people with co-occurring				
Attachments:				
Filename:	User:	Timestamp:	Action:	
Revised Travel Budget to National Drug Court Conference in CA.docx	PBCBCCPROGRAM	05/08/2014 10:09 AM	Delete Attachment	
Actions:				
<input type="button" value="Close"/>				
<input type="button" value="Printer Friendly Version"/>				
Audit Trail:				
Description:	Role:	User:	Timestamp:	Note:
Approved-Final	PO - GAN 1st Line Supervisor	devern	05/14/2014 10:36 AM	View Note
Submitted	PO - Grant Manager	PBCBCCPROGRAM	05/08/2014 10:09 AM	View Note
Draft	EXTERNAL - External User	PBCBCCPROGRAM	05/08/2014 9:20 AM	View Note



Change Grantee Contact or Alternate Contact/Principal Investigator GAN



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GRANT ADJUSTMENT NOTICE

Grantee Information			
Grantee Name:	Palm Beach County Board of County Commissioners	Project Period:	10/01/2012 - 09/30/2015
Grantee Address:	301 North Olive Avenue West Palm Beach, 33401	Program Office:	BJA
Grantee DUNS Number:	07-847-0481	Grant Manager:	Nikisha Love
Grantee EIN:	59-6000789	Application Number(s):	2011-H0589-FL-MO
Vendor #:	596000789	Award Number:	2012-MO-BX-0028
Project Title:	Juvenile Justice System Co-occurring Disorders Project	Award Amount:	\$249,955.00
GAN Number:	013	Date:	07/24/2014

Change Grantee Contact or Alternate Contact/Principal Investigator			
Contact			
Either New Point of Contact Information or New Alternate Point of Contact Information is required.			
Current Point of Contact Information		New Point of Contact Information	
Prefix	Ms.	*Prefix	Director
Prefix (Other)		*Prefix (Other)	
First Name	Rosalind	*First Name	Michael
Middle Initial	L	*Middle Initial	L
Last Name	Murray	*Last Name	Rodriguez
Suffix		*Suffix	
Suffix (Other)		*Suffix (Other)	
Title	Criminal Justice Specialist	*Title	Director
Address Line 1	301 North Olive Avenue Suite 1001	*Address Line 1	301 N. Olive Ave.
Address Line 2		*Address Line 2	
City	West Palm Beach	*City	West Palm Beach
State	Florida	*State	Florida
Zip	33401 -	*Zip	33401 - 4700
Phone	(561) 355-2332 Ext	*Phone	(561) 355-4943 Ext
Fax	(561) 355-4941	*Fax	(561) 355-4941
Email	Rmurray@pbcgov.org	*Email	MLRodriguez@pbcgov.org
Alternate Contact/Principal Investigator			
Current Alternate Point of Contact Information		New Alternate Point of Contact Information	
Prefix	Chairman	*Prefix	Chairman
Prefix (Other)		*Prefix (Other)	
First Name		*First Name	
Middle Initial		*Middle Initial	
Last Name		*Last Name	
Suffix		*Suffix	
Suffix (Other)		*Suffix (Other)	



Title		*Title	
Address Line 1		*Address Line 1	
Address Line 2		*Address Line 2	
City		*City	
State	Alabama	*State	Alabama
Zip	-	*Zip	-
Phone	Ext	*Phone	Ext
Fax		*Fax	
Email		*Email	

**Comments/Additional Information**

NiKisha,  
I didnt see the change I made in the Point of Contact from before. I made it about 6 months ago. Becky Walker retired from Palm Beach County in November 2013

**Attachments:**  
None

**Actions:**

**Audit Trail:**

Description:	Role:	User:	Timestamp:	Note:
Approved-Final	PO - Grant Manager	loveniki	07/24/2014 4:57 PM	<a href="#">View Note</a>
Submitted	PO - Grant Manager	PBCBCCPROGRAM	07/18/2014 3:35 PM	<a href="#">View Note</a>



## Change Grantee Contact or Alternate Contact/Principal Investigator GAN

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## GRANT ADJUSTMENT NOTICE

Grantee Information			
Grantee Name:	Palm Beach County Board of County Commissioners	Project Period:	10/01/2012 - 09/30/2015
Grantee Address:	301 North Olive Avenue West Palm Beach, 33401	Program Office:	BJA
Grantee DUNS Number:	07-847-0481	Grant Manager:	Nikisha Love
Grantee EIN:	59-6000789	Application Number(s):	2011-H0589-FL-MO
Vendor #:	596000789	Award Number:	2012-MO-BX-0028
Project Title:	Juvenile Justice System Co-occurring Disorders Project	Award Amount:	\$249,955.00
GAN Number:	014	Date:	07/25/2014

Change Grantee Contact or Alternate Contact/Principal Investigator			
Contact			
Either New Point of Contact Information or New Alternate Point of Contact Information is required.			
Current Point of Contact Information		New Point of Contact Information	
Prefix	Director	*Prefix	Ms.
Prefix (Other)		Prefix (Other)	
First Name	Michael	*First Name	Rosalind
Middle Initial	L	Middle Initial	L
Last Name	Rodriguez	*Last Name	Murray
Suffix		Suffix	
Suffix (Other)		Suffix (Other)	
Title	Director	*Title	Program Coordinator
Address Line 1	301 N. Olive Ave.	*Address Line 1	301 N. Olive Ave.
Address Line 2		Address Line 2	
City	West Palm Beach	*City	West Palm Beach
State	Florida	*State	Florida
Zip	33401 - 4700	*Zip	33401 - 4700
Phone	(561) 355-4943 Ext	*Phone	(561) 355-2332 Ext
Fax	(561) 355-4941	*Fax	(561) 355-4941
Email	MLRodriguez@pbcgov.org	*Email	RMurray@pbcgov.org
Alternate Contact/Principal Investigator			
Current Alternate Point of Contact Information		New Alternate Point of Contact Information	
Prefix		*Prefix	Chairman
Prefix (Other)		Prefix (Other)	
First Name		*First Name	
Middle Initial		Middle Initial	
Last Name		*Last Name	
Suffix		Suffix	
Suffix (Other)		Suffix (Other)	

Title		* Title	
Address Line 1		* Address Line 1	
Address Line 2		Address Line 2	
City		* City	
State		* State	Alabama
Zip	-	* Zip	-
Phone	Ext	* Phone	Ext
Fax		Fax	
Email		* Email	

**Comments/Additional Information**

**Attachments:**

None

**Actions:**

**Audit Trail:**

Description:	Role:	User:	Timestamp:	Note:
Approved-Final	PO - Grant Manager	loveniki	07/25/2014 3:10 PM	<a href="#">View Note</a>
Submitted	PO - Grant Manager	PBCBCCPROGRAM	07/25/2014 2:16 PM	<a href="#">View Note</a>
Draft	EXTERNAL - External User	PBCBCCPROGRAM	07/25/2014 2:16 PM	<a href="#">View Note</a>



## Hold Funds

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## GRANT ADJUSTMENT NOTICE

Grantee Information				
<b>Grantee Name:</b>	Palm Beach County Board of County Commissioners	<b>Project Period:</b>	10/01/2012 - 09/30/2015	<b>GAN Number:</b> 015
<b>Grantee Address:</b>	301 North Olive Avenue West Palm Beach, 33401	<b>Program Office:</b>	BJA	<b>Date:</b> 07/31/2014
<b>Grantee DUNS Number:</b>	07-847-0481	<b>Grant Manager:</b>	Nikisha Love	
<b>Grantee EIN:</b>	59-6000789	<b>Application Number(s):</b>	2011-H0589-FL-MO	
<b>Vendor #:</b>	596000789	<b>Award Number:</b>	2012-MO-BX-0028	
<b>Project Title:</b>	Juvenile Justice System Co-occurring Disorders Project	<b>Award Amount:</b>	\$249,955.00	
Hold Funds				
Accepted Amount: 249,955.00				
Disbursed Amount: -45,049.29				
Available Amount: 204,905.71				
Hold Amount				
Percentage Hold: 100 %				
Amount Hold: 204,905.71				
Module: Financial Status Report				
*Required Justification for Hold Funds:				
All contacts with the grantee regarding these delinquent financial reports have been documented. As of this date, the grantee has not complied with their financial reporting requirements. Therefore, this grantee's funds				
Attachments:				
None				
Actions:				
<input type="button" value="Close"/>				
<input type="button" value="Printer Friendly Version"/>				
Audit Trail:				
<b>Description:</b>	<b>Role:</b>	<b>User:</b>	<b>Timestamp:</b>	<b>Note:</b>
Approved-Final	OC - Accounting Supervisor	SYSTEM_USER	07/31/2014 2:27 AM	<a href="#">View Note</a>



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## Release Funds

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## GRANT ADJUSTMENT NOTICE

Grantee Information				
<b>Grantee Name:</b>	Palm Beach County Board of County Commissioners	<b>Project Period:</b>	10/01/2012 - 09/30/2015	<b>GAN Number:</b> 016
<b>Grantee Address:</b>	301 North Olive Avenue West Palm Beach, 33401	<b>Program Office:</b>	BJA	<b>Date:</b> 07/31/2014
<b>Grantee DUNS Number:</b>	07-847-0481	<b>Grant Manager:</b>	Nikisha Love	
<b>Grantee EIN:</b>	59-6000789	<b>Application Number(s):</b>	2011-H0589-FL-MO	
<b>Vendor #:</b>	596000789	<b>Award Number:</b>	2012-MO-BX-0028	
<b>Project Title:</b>	Juvenile Justice System Co-occurring Disorders Project	<b>Award Amount:</b>	\$249,955.00	
Release Funds				
Accepted Amount: 249,955.00				
Disbursed Amount: -45,049.29				
Available Amount: 204,905.71				
Release Amount				
Percentage Release: 100 %				
Amount Release: 204,905.71				
Module: Financial Status Report				
*Required Justification for Release Funds:				
The overdue Financial Status Report(s) have been submitted. The Grantee is in compliance with all financial reporting requirements.				
Attachments:				
None				
Actions:				
<input type="button" value="Close"/>				
<input type="button" value="Printer Friendly Version"/>				
Audit Trail:				
<b>Description:</b>	<b>Role:</b>	<b>User:</b>	<b>Timestamp:</b>	<b>Note:</b>
Approved-Final	OC - Accounting Supervisor	SYSTEM_USER	07/31/2014 11:00 AM	<a href="#">View Note</a>



## Change Project Period GAN

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## GRANT ADJUSTMENT NOTICE

Grantee Information			
Grantee Name:	Palm Beach County Board of County Commissioners	Project Period:	10/01/2012 - 09/30/2015
Grantee Address:	301 North Olive Avenue West Palm Beach, 33401	Program Office:	BJA
Grantee DUNS Number:	07-847-0481	Grant Manager:	Nikisha Love
Grantee EIN:	59-6000789	Application Number(s):	2011-H0589-FL-MO
Vendor #:	596000789	Award Number:	2012-MO-BX-0028
Project Title:	Juvenile Justice System Co-occurring Disorders Project	Award Amount:	\$249,955.00
GAN Number:	017	Date:	08/08/2014

Change Project Period				
Current Grant Period:	Month: 23 Day: 29	New Grant Period:	Month: 35 Day: 29	
Project Start Date:	10/01/2012	*New Project Start Date:	10/01/2012	
Project End Date:	09/30/2014	*New Project End Date:	09/30/2015	
<b>*Required Justification for Change Project Period:</b>				
Palm Beach County is requesting an extension of the grant from 9/30/14 to 9/30/15. This extension request is in response to several factors. The project began late, and many collaborations had to be developed. We received				
<b>Attachments:</b>				
Filename:	User:	Timestamp:	Action:	
2014 Nikisha Love ext..pdf	JeniseLink	07/25/2014 10:40 AM	Delete Attachment	
2014 Nikisa Love Extension.pdf	PBCBCCPROGRAM	07/21/2014 2:06 PM	Delete Attachment	
<b>Actions:</b>				
<input type="button" value="Close"/>				
<input type="button" value="Printer Friendly Version"/>				
<b>Audit Trail:</b>				
Description:	Role:	User:	Timestamp:	Note:
Approved-Final	OCFMD - Financial Analyst	SYSTEM_USER	08/08/2014 12:00 PM	View Note
Submitted	PO - Grant Manager	JeniseLink	07/25/2014 10:40 AM	View Note
Change Requested	PO - Grant Manager	loveniki	07/24/2014 7:01 PM	View Note
Change Requested	EXTERNAL - External User	loveniki	07/24/2014 7:01 PM	View Note
Submitted	PO - Grant Manager	PBCBCCPROGRAM	07/21/2014 2:07 PM	View Note
Change Requested	EXTERNAL - External User	loveniki	07/16/2014 5:08 PM	View Note
Change Requested	PO - Grant Manager	loveniki	07/16/2014 5:08 PM	View Note
Submitted	PO - Grant Manager	PBCBCCPROGRAM	07/15/2014 3:42 PM	View Note



## Change Grantee Contact or Alternate Contact/Principal Investigator GAN

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## GRANT ADJUSTMENT NOTICE

Grantee Information			
Grantee Name:	Palm Beach County Board of County Commissioners	Project Period:	10/01/2012 - 09/30/2015
Grantee Address:	301 North Olive Avenue West Palm Beach, 33401	Program Office:	BJA
Grantee DUNS Number:	07-847-0481	Grant Manager:	Nikisha Love
Grantee EIN:	59-6000789	Application Number(s):	2011-H0589-FL-MO
Vendor #:	596000789	Award Number:	2012-MO-BX-0028
Project Title:	Juvenile Justice System Co-occurring Disorders Project	Award Amount:	\$249,955.00
GAN Number:	018	Date:	07/10/2015

Change Grantee Contact or Alternate Contact/Principal Investigator			
Contact			
Either New Point of Contact Information or New Alternate Point of Contact Information is required.			
Current Point of Contact Information		New Point of Contact Information	
Prefix	Ms.	*Prefix	Chairman
Prefix (Other)		Prefix (Other)	
First Name	Rosalind	*First Name	
Middle Initial	L	Middle Initial	
Last Name	Murray	*Last Name	
Suffix		Suffix	
Suffix (Other)		Suffix (Other)	
Title	Program Coordinator	*Title	
Address Line 1	301 N. Olive Ave.	*Address Line 1	
Address Line 2		Address Line 2	
City	West Palm Beach	*City	
State	Florida	*State	Alabama
Zip	33401 - 4700	*Zip	-
Phone	(561) 355-2332 Ext	*Phone	Ext
Fax	(561) 355-4941	Fax	
Email	RMurray@pbcgov.org	*Email	
Alternate Contact/Principal Investigator			
Current Alternate Point of Contact Information		New Alternate Point of Contact Information	
Prefix		*Prefix	Ms.
Prefix (Other)		Prefix (Other)	
First Name		*First Name	Rosalind
Middle Initial		Middle Initial	L
Last Name		*Last Name	Murray
Suffix		Suffix	
Suffix (Other)		Suffix (Other)	

Title		* Title	Program Coordinator
Address Line 1		* Address Line 1	301 N. Olive Ave.
Address Line 2		Address Line 2	
City		* City	West Palm Beach
State		* State	Florida
Zip	-	* Zip	33401 - 4700
Phone	Ext	* Phone	(561) 355-2332 Ext
Fax		* Fax	(561) 355-4941
Email		* Email	RMurray@pbcgov.org

Comments/Additional Information

Attachments:

None

Actions:

Close

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Audit Trail:

Description:	Role:	User:	Timestamp:	Note:
Approved-Final	PO - Grant Manager	loveniki	07/10/2015 1:40 PM	View Note
Submitted	PO - Grant Manager	PBCBCCPROGRAM	07/09/2015 4:11 PM	View Note