



## II. FISCAL IMPACT ANALYSIS

### A. Five Year Summary of Fiscal Impact:

Fiscal Years	2019	2020	2021	2022	2023
Capital Expenditures					
Operating Costs	\$12,500	\$37,500			
External Revenue	(\$4,500)	(\$13,500)			
Program Income (County)					
In-Kind Match (County)					
NET FISCAL IMPACT	\$8,000	\$24,000			
No. ADDITIONAL FTE POSITIONS (Cumulative)					

<b>Is Item Included in Current/Proposed Budget?</b>	<b>Yes</b>	<u>X</u>	<b>No</b>	
<b>Does this item include the use of federal funds?</b>	<b>Yes</b>		<b>No</b>	<u>X</u>

<b>Budget Account</b>	<b>Exp No:</b>		<b>Dept</b>		<b>Unit</b>		<b>Obj</b>	
	<b>Fund</b>	<u>0001</u>	<b>Dept</b>	<u>154</u>	<b>Unit</b>	<u>2531</u>	<b>Obj</b>	<u>3401</u>
	<b>Rev No:</b>							
	<b>Fund</b>	<u>          </u>	<b>Dept</b>	<u>          </u>	<b>Unit</b>	<u>          </u>	<b>Obj</b>	<u>          </u>


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



The net fiscal impact associated with this item will be funded by existing FY 2019 and proposed FY2020 ad valorem. There is sufficient funding included in the current budget and in the proposed FY 2020 budget. The \$50,000 contract expense will be offset by the anticipated revenue from DCF.

Departmental Fiscal Review: Michelle Spivey

### III. REVIEW COMMENTS

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


 Susan S. 5/24/19  
 OFMB ~~PRD~~  
 5/29


 J. J. Jacobson 6/10/19  
 Contract Development & Control  
 6/10/19 

8/5/28  
 J. J. 5/25

**B. Legal Sufficiency:**

Heene C. Ching 6-10-19  
Assistant County Attorney

**C. Other Department Review:**

**Department Director**

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

**FIRST AMENDMENT  
TO COMMUNITY BASED AGENCY CONTRACT**

**THIS FIRST AMENDMENT** is made as of the \_\_\_\_\_ day of \_\_\_\_\_ 2019, by and between Palm Beach County, a political subdivision of the State of Florida, by and through its Board of County Commissioners, hereinafter referred to as the COUNTY and The Children's Home Society of Florida, a not-for-profit corporation, authorized to do business in the State of Florida, hereinafter referred to as the AGENCY, whose Federal I.D. is 59-0192430.

**WITNESSETH:**

**WHEREAS**, the parties entered into a Community Based Agency Contract (Contract) dated August 15, 2017, (R2017-1088) in the amount of \$75,000, to provide Adoption Assistance services to eligible Title IV-E residents, from October 1, 2017, through June 30, 2019, and with one (1) one-year renewal option; and

**WHEREAS**, the parties desire to extend the original Contract to June 30, 2020, and increase the Contract by \$50,000, for a new total not to exceed amount of \$125,000.

**NOW THEREFORE**, the parties mutually agree that the Contract is amended as follows:

1. The foregoing recitals are true and correct and incorporated herein by reference.
2. **ARTICLE 1 – SERVICES**, the fourth Paragraph is hereby replaced with the following:

The AGENCY'S representative/liaison during the performance of this Contract shall be Franklin Monjarrez, Regional Executive Director for Palm Beach/Broward (telephone no. 561-686-4300).
3. **ARTICLE 2 – SCHEDULE**, Paragraph A is hereby replaced with the following:
  - A. This Contract shall become effective October 1, 2017, and remain in effect until June 30, 2020.
4. **ARTICLE 3 – PAYMENTS TO THE AGENCY**, the first sentence of Paragraph A, all of Paragraph B, and all of Paragraph C are hereby replaced with the following:
  - A. The COUNTY shall pay to the AGENCY for services rendered under this Contract not to exceed a total amount of ONE HUNDRED TWENTY-FIVE THOUSAND DOLLARS (\$125,000).
  - B. The program and unit cost definitions for this Contract year are set forth in the attached **Exhibit B-1**. All requests for payments of this Contract shall include an original cover memo on the AGENCY'S letterhead signed by the Chief Executive Officer, or Designee, which cover memo, in a format acceptable to COUNTY, shall include, but not be limited to, the following language, marked appropriately and if applicable, justification provided.

“All expenses included in this claim [ ] were [ ] were not incurred in accordance with the provisions of the Agreement/Contract; and total administrative expenses did not exceed fifteen percent (15%).” [If not, please provide justification].

- C. The AGENCY is obligated to provide the COUNTY with the properly completed requests for all funds paid relative to this Contract: no later than October 15, 2018, for the period October 1, 2017, through September 30, 2018; no later than July 15, 2019, for the period October 1, 2018, through June 30, 2019; no later than October 15, 2019, for the period July 1, 2019, through September 30, 2019, and no later than July 15, 2020, for the period October 1, 2019, through June 30, 2020. Any amounts not submitted by the October and July deadlines, respectively, shall remain the COUNTY’S and the COUNTY shall have no further obligation with respect to such amounts.

5. **ARTICLE 6 – INSURANCE** is hereby replaced in its entirety with the following:

The AGENCY shall, at its sole expense maintain in full force and effect at all times during the term of this Contract, at least the insurance coverage and minimum limits (including endorsements), as described herein. The AGENCY shall agree to provide the COUNTY with at least ten (10) days’ prior notice of any cancellation, non-renewal or material change to the insurance coverage. Failure to maintain the required insurance shall be the basis for termination of this Contract. The requirements contained herein, as well as the COUNTY’S review or acceptance of insurance maintained by the AGENCY are not intended to and shall not in any manner limit or qualify the liabilities and obligations assumed by the AGENCY under this Contract. Where applicable, coverage shall apply on a primary basis.

- A. **Commercial General Liability** – The AGENCY shall maintain, on a primary basis, Commercial General Liability insurance at a limit of not less than \$500,000 each occurrence. Policy shall not contain any endorsement(s) limiting or excluding coverage for Contractual Liability, or Cross Liability.
- B. **Business Automobile Liability** – The AGENCY 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 the AGENCY does not own any automobiles, the Business Auto Liability requirement shall be amended allowing the AGENCY 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.
- C. **Worker’s Compensation Insurance & Employers Liability** – The AGENCY shall maintain Worker’s Compensation & Employers Liability in accordance with Chapter 440, Florida Statutes.
- D. **Professional Liability** – The AGENCY 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, the COUNTY reserves the right, but not the obligation, to review and request a copy of the AGENCY’S most

recent annual report or audited financial statement. For policies written on a "Claims-Made" basis, the AGENCY 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, the AGENCY shall purchase a SERP with a minimum reporting period not less than three (3) years.

- E. **Additional Insured** – The AGENCY 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."
- F. **Waiver of Subrogation** – The AGENCY 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 the AGENCY 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 the AGENCY enter into such an agreement on a pre-loss basis.
- G. **Certificates of Insurance** - Prior to execution of this Contract, within forty-eight (48) hours of a request by the COUNTY, and at least five (5) days prior to the expiration of any required coverage, the AGENCY shall provide a signed Certificate(s) of Insurance evidencing that all of the insurance coverage required by this Contract are in full force and effect to the COUNTY through the COUNTY'S representative, JDi Data Corporation using the CTrax Portal, unless otherwise directed by the COUNTY. Said Certificate(s) of Insurance shall include a project description, and, to the extent allowable by the insurer, include a minimum thirty (30) day endeavor to notify due to cancellation ten (10) days for non-payment of premium) or non-renewal of coverage.

The **Certificate Holder** shall read:

Palm Beach County Board of County Commissioners  
c/o JDi Data Corporation  
100 W. Cypress Creek Road, Suite 1052  
Ft Lauderdale, FL 33309

H. **Umbrella or Excess Liability** - If necessary, the AGENCY may satisfy the minimum limits required above for 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** – The 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, coverage, or endorsements, herein from time to time throughout the term of this Contract. The 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.

6. **ARTICLE 10 – NON-DISCRIMINATION** is hereby replaced in its entirety with the following:

The COUNTY is committed to assuring equal opportunity in the award of contracts and complies with all laws prohibiting discrimination. Pursuant to Palm Beach County Resolution R2017-1770, as may be amended, the AGENCY warrants and represents that throughout the term of the Contract, including any renewals thereof, if applicable, 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 or expression, or genetic information. Failure to meet this requirement shall be considered default of the Contract.

As a condition of entering into this Contract, the AGENCY represents and warrants that it will comply with the COUNTY'S Commercial Nondiscrimination Policy as described in Resolution 2017-1770, as amended. As part of such compliance, the AGENCY shall not discriminate on the basis of race, color, national origin, religion, ancestry, sex, age, marital status, familial status, sexual orientation, gender identity or expression, disability, or genetic information in the solicitation, selection, hiring or commercial treatment of subcontractors, vendors, suppliers, or commercial customers, nor shall the AGENCY retaliate against any person for reporting instances of such discrimination. The AGENCY shall provide equal opportunity for subcontractors, vendors and suppliers to participate in all of its public sector and private sector subcontracting and supply opportunities, provided that nothing contained in this clause shall prohibit or limit otherwise lawful efforts to remedy the effects of marketplace discrimination that have occurred or are occurring in the County's relevant marketplace in Palm Beach County. The AGENCY understands and agrees that a material violation of this clause shall be considered a material breach of this Contract and may result in termination of this Contract, disqualification or debarment of the company from participating in County contracts, or other sanctions. This clause is not enforceable by or for the benefit of, and creates no obligation to, any third party. AGENCY shall include this language in its subcontracts.

7. **ARTICLE 12 – AGENCY’S PROGRAMMATIC REQUIREMENTS**, Paragraph B is hereby replaced in its entirety with the following:
- B. The AGENCY shall promptly reimburse the COUNTY for any funds that are misused, misspent, or are for any reason deemed to have been spent on ineligible expenses.
8. **ARTICLE 12 – AGENCY’S PROGRAMMATIC REQUIREMENTS**, Paragraph F is hereby replaced in its entirety with the following:
- F. Reporting requirements.
1. The AGENCY shall submit reports to identify outcomes and demographic information so that the DEPARTMENT staff is able to determine performance of services being provided.
  2. Reports shall be provided at the following intervals and in the report formats as identified in **Exhibit A-1**.
    - i. Monthly reports shall be due no later than the 15<sup>th</sup> of the month and shall include the applicable data for the preceding month.
      1. The first monthly compliance report will be due no later than August 15, 2019.
    - ii. Quarterly reports shall be due no later than the 15<sup>th</sup> of the month and shall include the applicable data for the preceding quarter.
      1. Quarterly reports shall be due in October 2019, January 2020, April 2020, and July 2020.
      2. The first report is due no later than October 15, 2019.
    - iii. Annual reports shall be due no later than the 15<sup>th</sup> of the month and shall include the applicable data for the preceding year.
      1. The annual report is due no later than July 15, 2020.
      2. The AGENCY agrees to submit final outcomes by the stated time-frame in order to be in contract compliance so that the DEPARTMENT staff is able to determine the AGENCY’S progress in attaining its goals as outlined in the attached Scope of Work.
    - iv. Failure to provide any of the above report information in a timely fashion in a format acceptable to the COUNTY, may be grounds for financial reimbursements to be held by the COUNTY staff, or may be considered in future funding decisions.
9. **ARTICLE 12 – AGENCY’S PROGRAMMATIC REQUIREMENTS**, Paragraphs G and I are hereby deleted in their entirety.
10. **ARTICLE 12 – AGENCY’S PROGRAMMATIC REQUIREMENTS**, Paragraph K is hereby amended to add the following:
- d. Review the accuracy of their program information listed on the *Birth to 22: United for Brighter Futures* directory and ensure information is maintained correct.

11. **ARTICLE 13 – ACCESS AND AUDITS**, the last Paragraph is deleted in its entirety.

12. **ARTICLE 24 – TERMINATION** is hereby replaced in its entirety with the following:

This Contract may be terminated by the AGENCY upon sixty (60) days' prior written notice to the COUNTY in the event of substantial failure by the COUNTY to perform in accordance with the terms of this Contract through no fault of the AGENCY. It may also be terminated, in whole or in part, by the COUNTY, with cause upon five (5) business days' written notice to the AGENCY or without cause upon ten (10) business days' written notice to the AGENCY. Unless the AGENCY is in breach of this Contract, the AGENCY shall be paid for services rendered to the COUNTY'S satisfaction through the date of termination. After receipt of a Termination Notice, except as otherwise directed by the COUNTY, in writing, the AGENCY 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. Transfer pertinent client records and refer clients receiving services to another agency funded by the COUNTY, as approved by the COUNTY, in order to ensure continuity of care.
- D. Continue and complete all parts of the work that have not been terminated.
- E. Submit an invoice for final payment on the terminated portion of the Contract within thirty (30) days of the termination date.

13. **ARTICLE 27 – NOTICE**, the third Paragraph is hereby replaced with the following:

If sent to the AGENCY, notices shall be addressed to:

The Children's Home Society of Florida  
Attn: Amy Garvin-Liddell, Adoption Program Supervisor  
3333 Forest Hill Blvd.  
West Palm Beach, FL 33406

14. **ARTICLE 31 - SCRUTINIZED COMPANIES** is hereby replaced in its entirety.

- A. As provided in F.S. 287.135, by entering into this Contract or performing any work in furtherance hereof, the AGENCY certifies that it, its affiliates, suppliers, subcontractors and consultants who will perform hereunder, have not been placed on the Scrutinized Companies that boycott Israel List, or is engaged in a boycott of Israel, pursuant to F.S. 215.4725.
- B. **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 AGENCY 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 or is engaged in business operations in Cuba or Syria.

If the COUNTY determines, using credible information available to the public, that a false certification has been submitted by AGENCY, 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. Said certification must also be submitted at the time of Contract renewal, if applicable.

15. **Exhibit A** is hereby replaced in its entirety with **Exhibit A-1**.
16. **Exhibit B** is hereby replaced in its entirety with **Exhibit B-1**.
17. **Exhibit C** is hereby deleted.
18. All other provisions of the Contract not modified in this First Amendment remain unchanged and in full force and effect.

{Remainder of page left blank intentionally}

IN WITNESS WHEREOF, the Board of County Commissioners of Palm Beach County, Florida has made and executed this First Amendment on behalf of the COUNTY and AGENCY has hereunto set its hand the day and year above written.

ATTEST:

COUNTY:

SHARON R. BOCK  
CLERK AND COMPTROLLER

PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS

By: \_\_\_\_\_  
Deputy Clerk

By: \_\_\_\_\_  
Mack Bernard, Mayor

APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY

APPROVED AS TO TERMS  
AND CONDITIONS

By: *Debra C. Briggs*  
County Attorney

By: *E. Jacobson*  
Youth Services Department

WITNESS:

AGENCY:

*Dausman*  
Signature

The Children's Home Society of Florida  
Company Name

Michele L. Dausman  
Name (type or print)

*Deborah A. Adkins*  
Signature

Deborah Adkins  
Typed Name

Chief Financial Officer  
Title

(corp. seal)

## **EXHIBIT A-1**

### **SCOPE OF WORK**

**Contract Period:** July 1, 2019 – June 30, 2020

**Agency Name:** The Children’s Home Society of Florida (AGENCY)

**Program Name:** Adoption Assistance Program (Program)

**Target Population:**

Clients to be served will be Title IV-E eligible children (Client) in the dependency system with a case plan goal of adoption, families in the process of adopting a child from the dependency system and children at risk of adoption disruption. The Program will focus on children with special needs, but will serve all children who are eligible. “Special needs” is defined as a child who has one or more of the following factors: is eight years old, is of African American or mixed heritage, is a member of a sibling group being placed together for adoption, has a physical or mental health concern, or has a documented developmental delay.

Eligibility screenings will be completed to ensure that Medicaid reimbursable services are not provided. Clients who are Title IV-E eligible will be provided services under this agreement, and shall be confirmed on each date of service. Documentation of IV-E eligibility will be maintained in the Client’s case file.

Adoption support services are to be provided to families and children residing in Palm Beach County. Children and Families to be served will be referred by ChildNet’s network of providers, and may include; (i) children with a case plan goal of adoption, (ii) children who are in the process of having their parental rights terminated; or (iii) families with an identified Title IV-E eligible child, at risk of adoption disruption. The program may also serve families seeking to adopt a child from the dependency system, when a child has been identified for their home.

**Geographic area(s) served:** Countywide

**Commission District(s):** Countywide

**Overview:**

Adoption assistance services will involve Title IV-E eligible activities designed to encourage more adoptions out of the foster care/dependency system and assist children in their transition into a successful and lifelong adoptive setting. Activities such as pre- and post-adoptive services and group sessions designed to expedite the adoption process and support to adoptive families will be provided.

Services will be provided to support children in the dependency system, with a case plan goal of adoption and their adoptive parents in order to expedite the Termination of Parental Rights (TPR) process, facilitate the adoption, stabilize the placement and optimize the family’s changes for a successful and permanent adoption. Post adoption services may also be provided to families who have already adopted when the adoption is at risk of disruption and the adopted child has been determined Title IV-E eligible.

Medicaid reimbursable services will not be provided. If a service is Medicaid reimbursable but will not be paid by Medicaid (i.e.: exceeded number of allowable units), this must be documented in the Client record.

The overarching goal of the Program is to provide pre and post adoption services to Title IV-E eligible children to reduce the length of stay in the dependency system by providing in-home and out of home services as described herein. It will provide an opportunity for both the child and the prospective adoptive parent(s) to gain support, understanding, and the opportunity to resolve transition issues prior to, during, and after the adoptive placement. Children and their adoptive families will be supported with these services in order to reduce the stressful factors that negatively impact parent-child relationships. Family needs and problems that could disrupt adjustment will be addressed in order to optimize the chances of a successful and permanent adoption.

The Program and services delivery shall follow the adoption policies and procedures of ChildNet, Inc., (ChildNet) the lead community-based care agency that provides foster care and related services in Palm Beach County. AGENCY shall ensure that there is a Memorandum of Understanding (MOU) in place with ChildNet for these services.

**Staff Qualifications:**

The Pre- and Post-Adoption Specialist (Adoption Specialist) will have a minimum of a Bachelor's Degree with two years of experience and have a Child Welfare Certification.

**Rate Methodology:**

The Adoption Specialist salary with benefits is \$24.81/hour. The rent/utilities/maintenance for the employee is \$0.85/hour. The total hourly rate for the Adoption Specialist providing service to the Title IV-E Eligible Client is \$25.66/hr.

Florida Safe Families Network (FSFN) data will be maintained to track all Title IV-E Client's served. Documentation to support the IV-E determination will be maintained in FSFN and the child's case file is subject to audit by the DCF and COUNTY. The monthly invoice shall be submitted with the Title IV-E Adoption Services Log (Log), as depicted in the attached **Exhibit A-1, Form 1**. Both the invoice and the Log shall include a total number of hours served during the month from which the reimbursement amount will be calculated, based on the hourly rate identified by this Contract's Rate Methodology/Unit of Service.

Both the monthly invoice and the Log shall also include the following required DCF attestation statement, as may be revised by DCF, certifying that all children served have been determined Title IV-E eligible on the date of services.

**Attestation statement:**

*"By signing this report, I certify to the best of my knowledge and belief that the report is true, complete and accurate and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the award."*

*I am aware that any false, fictitious, or fraudulent information or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims, or otherwise."*

**Observed Need/Risk Factor(s) that will be addressed:**

The overarching goal of the Program is to provide pre and post adoption services to Title IV-E eligible children to reduce the length of stay in the dependency system.

**Services:**

**Pre-Adoption Services:** Services for the adoptive families and children awaiting adoption may include referral to crisis intervention services including individual, group, and family counseling to assist the child in coping with the termination of parental rights process. Separate adoption preparation support groups for adoptive children and pre-adoptive parents will be provided on a monthly basis or more frequently if needed. Only non-Medicaid reimbursable services will be provided.

The pre-adoption Specialists will thoroughly assess the capabilities and motivations of prospective adoptive families as well as the special needs of each child so that children may be matched to adoptive homes where they can develop to their fullest emotional, social and educational potential. Services to the adoptive families will be provided in order to better prepare them to properly understand the behavioral needs and challenges of children placed from the dependency system so that they may effectively care for the children placed in their homes.

**Post-Adoption Services:** The post-adoption support services to families who have recently adopted or families at risk of adoption disruption that will include individualized family work within the home. Additionally, services will include referral to crisis intervention services including individual, group, and family counseling, as appropriate. Information and referral to other community resources that are identified as being needed will be provided in order to stabilize the family situation. Only non-Medicaid reimbursable services will be provided.

Post-adoption support services will include making follow-up contacts with each discharged family that adopted a child and was enrolled services for at least 60 days. The contacts will be completed whether in person or by telephone as required by Section 39.812, F.S., as may be amended, and the Florida Department of Children and Families' (DCF) applicable Post Adoption Communications' policies, as may be amended, but not later than twelve months after case closure, or more frequently as determined appropriate by the AGENCY. The purpose of the follow-up contact is to determine whether or not the adoptive child(ren) require additional services in the home. Separate post-adoptive support groups for adoptive parents and adoptive children will be held monthly or more frequently if needed.

**Post-Adoption Communication:** Post-adoption communication is a legislatively mandated requirement found in s.39.812, Florida Statute, as may be amended, intended to increase post adoption support provided to families. AGENCY shall comply with the aforementioned Statute and Florida Department of Children and Families' Post-Adoption Communication policy CFOP 170-112, as may be amended.

**Outcomes:**

The following outcomes will be tracked:

- 95% of children served shall not experience a recurrence of maltreatment, verified or indicated, within 12 months after termination of services.
- Meet, or exceed, Department of Children and Families' annual fiscal year (July through June) target of "Finalized Adoptions". The target number will be provided annually to COUNTY from Department of Children and Families.
- 80% of children placed for adoption will attain "Finalized Adoption" status within 12 months of referral to AGENCY.

**Reports Submission:**

The AGENCY shall provide monthly, quarterly and annual data for all program participants funded in this First Amendment. The reports shall be presented in a format acceptable to COUNTY, or as may be specifically modified by the COUNTY.

- Monthly Report format, Exhibit A-1, Form 1
- Quarterly Report format, Exhibit A-1, Form 2
- Annual Report format, Exhibit A-1, Form 3

**Projected Number of Clients Served:**

AGENCY will provide services to Clients residing in Palm Beach County, based upon ChildNet's annual goal of Finalized Adoptions. The goal is set annually based upon DCF'S fiscal year (July thru June); however, services performed under this Contract will be provided in accordance with the schedule and term as stated in Article 2, but shall not to exceed a total of 1,948 hours of service to those Clients based on the hourly rate of this Contract's Rate of Methodology/Unit of Service.

**EXHIBIT A-1, FORM 1**  
**Monthly Reports Format**

*The AGENCY will submit monthly report, in the attached format, or other approved format, provided by the COUNTY.*

## Exhibit A-1, Form 1

Contract Period: July 1, 2019 - June 30, 2020

[illegible]

**EXHIBIT A-1, FORM 2**  
**Quarterly Reports Format**

*The AGENCY will submit quarterly reports by entering program specific data, into the database, from which the attached sample or another substantially similar format designed by the COUNTY will be generated.*

Agency Information	Please Select From Agency Name
Agency Name	
Contact Name	
Program Name	
Telephone:	



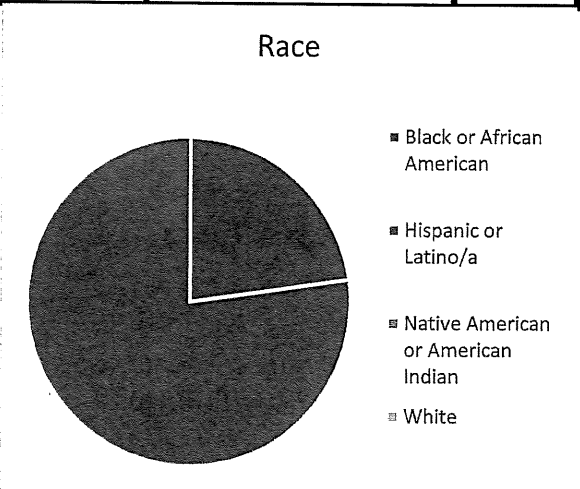
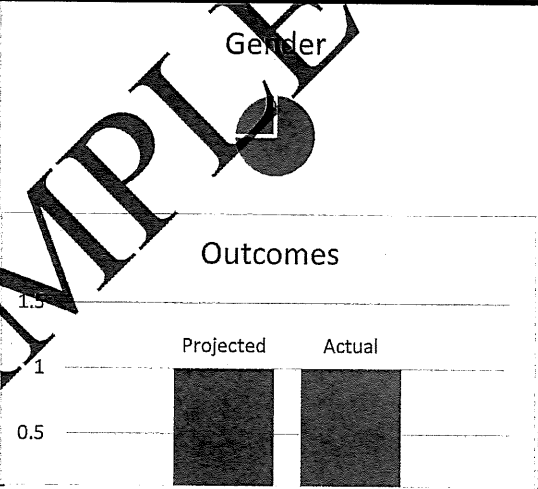
Action-Area:	#N/A
--------------	------

CBA QUARTERLY OUTCOMES REPORT - Youth Services Funding				
Quarter 1				
<u>Outcomes</u>  ■ Projected Outcome Rate ■ Actual Outcome Rate	<u>Youth Served</u>  ■ Projected ■ Actual	<u>Gender Identity</u> ■ Female    ■ Male ■ FTM      ■ MTF ■ Other     ■ Unknown	<u>Race Identity</u> ■ Asian/Pacific Islander ■ Black or African American ■ Hispanic or Latino/a ■ Native American or American Indian	<u>Timeline</u> Q1 Due Date Jan 15
Quarter 2				
<u>Outcomes</u>  ■ Projected Outcome Rate ■ Actual Outcome Rate	<u>Youth Served</u>  ■ Projected ■ Actual	<u>Gender Identity</u> ■ Female    ■ Male ■ FTM      ■ MTF ■ Other     ■ Unknown	<u>Race Identity</u> ■ Asian/Pacific Islander ■ Black or African American ■ Hispanic or Latino/a	<u>Timeline</u> Q2 Due Date April 15
Quarter 3				
<u>Outcomes</u>  ■ Projected Outcome Rate ■ Actual Outcome Rate	<u>Youth Served</u>  ■ Projected ■ Actual	<u>Gender Identity</u> ■ Gender Identity ■ Female ■ Male ■ FTM ■ MTF ■ Other ■ Unknown	<u>Race Identity</u> ■ Asian/Pacific Islander ■ Black or African American ■ Hispanic or Latino/a	<u>Timeline</u> Q3 Due Date July 15
Quarter 4				
<u>Outcomes</u>  ■ Projected Outcome Rate ■ Actual Outcome Rate	<u>Youth Served</u>  ■ Projected ■ Actual	<u>Gender Identity</u> ■ Female    ■ Male ■ FTM      ■ MTF ■ Other     ■ Unknown	<u>Race Identity</u> ■ Asian/Pacific Islander ■ Black or African American ■ Hispanic or Latino/a	<u>Timeline</u> Q4 Due Date September 30

CBA QUARTERLY OUTCOMES REPORT - Youth Services Funding - FY 2019-2020

PROGRAM DATA - Quarter 1								Compliance	Statistical Significance	
Outcome	Progress Indicator (select from dropdown list)	Projected Outcome Rate	Actual Outcome Rate	Projected # to be Served	Actual # Served	Projected # to Attain Outcome	# of Youth Attaining Outcome	For GCS Review	CHISQ.TEST/p-value	Status
Outcome 1	Referral/Attendance Log	75%	76%	21	24	16	16	Y	2.56851	ns
Outcome 2	Referral/Attendance Log	75%	76%	21	24	16	16	Y	3.15068	ns
Outcome 3	Attitude & Behavior Survey Results	75%	76%	21	24	16	16	Y	3.45003	ns
Outcome 4	Monthly KPI Data	100%	76%	21	21	16	16	N	4.23137	ns

Demographics			
Gender		Race	
Female	18	Asian/ Pacific Islander	0
Male	6	African American	5
FTM	0	Hispanic or Latino/a	17
MTF	0	American or American	0
Other	0	White	0



**EXHIBIT A-1, FORM 3**  
**Annual Report Format**

*The AGENCY will submit annual reports by entering program specific data, into the database, from which the attached sample or another substantially similar format designed by the COUNTY will be generated.*



ANNUAL REPORT  
COMMUNITY BASED AGENCY CONTRACT

Contract Period: July 1, 2019 – June 30, 2020

EXECUTIVE SUMMARY

Agency Name:	The Children’s Home Society of Florida
Program Name:	Adoption Assistance Program
Prepared by:	<a href="#">Click here to enter name and contact information of the person preparing this report.</a>
Methods:	<a href="#">Click here to enter a short statement of the evaluation methodology.</a>
Outcomes:	<a href="#">Click here to enter a short statement about the program’s outcomes.</a>
Conclusion:	<a href="#">Click here to enter a short statement that indicates if the program achieved its stated outcomes.</a>
Recommendations:	<a href="#">Click here to enter a short statement that include recommendations to address challenges and improve this program.</a>

Report approved and submitted by:

[Click or tap here to enter text.](#)

[Title of signatory](#)

[Click or tap to enter a date.](#)

**Demographics:**

Describe and provide totals for the population you served. Highlight any demographic information that is program specific, specify 'other' categories, and provide a summary of challenges and accomplishments serving this population.

[Click here to enter text.](#)

YOUTH					
Gender:	(#)	(%)	Age:	(#)	(%)
Female			0-4		
Male			5-10		
FTM			11-13		
MTF			14-18		
Other			19-22		
Race:					
Asian/Pacific Islander					
Black or African American					
Hispanic or Latino/a					
Native American or American Indian					
White					
Other					
HOUSEHOLD					
Family Type:			Family Income:		
Two Parent Household			<\$19,999		
Single Parent Female Head of Household			\$20-29,999		
Single Parent Male Head of Household			\$30-39,999		
Grandparents			\$40-49,999		
Other			\$50-59,999		
Unknown			>\$60,000		

**Outcomes:**

*List and summarize outcome results as indicated below:*

Target: 95% of children served shall not experience a recurrence of maltreatment, verified or indicated, within 12 months after termination of services.

Actual for the grant year:  of  (  %) achieved outcome, as evidenced by [click here to enter Data Validator.](#)

Target: Meet, or exceed, Department of Children and Families' annual fiscal year (July through June) target of "Finalized Adoptions". The target number will be provided annually to COUNTY from Department of Children and Families.

Actual for the grant year:  of  (  %) achieved outcome, as evidenced by [click here to enter Data Validator.](#)

Target: 80% of children placed for adoption will attain "Finalized Adoption" status within 12 months of referral to AGENCY.

Actual for the grant year:  of  (  %) achieved outcome, as evidenced by [click here to enter Data Validator.](#)

---

SAMPLE

EXHIBIT B-1

UNITS OF SERVICE RATE AND DEFINITION

<b>Program:</b> Adoption Assistance Program	<b>Community Based Agency:</b> The Children’s Home Society of Florida	
<b>Contract Period:</b> July 1, 2019 – June 30, 2020		
<b>Unit Cost of Service Rate Definition</b>	<b>Unit Cost of Service Rate</b>	<b>Total Cost of Service</b>
A unit of service is defined as one hour of service to provide adoption assistance to assist children in their transition into a successful and lifelong adoption setting, including client eligibility, pre- and post-adoption activities. Activities may include referrals, case plans, crisis intervention, individual/group/family counseling, adoption preparation groups, follow-up contract to determine continuing service needs, provide support groups and travel time related to these activities.	\$25.66	\$50,000 annually
<b>TOTAL CONTRACT</b>		<b>\$50,000</b>
<b>Deliverables Description:</b> <ul style="list-style-type: none"><li>• A Monthly Invoice</li><li>• An Adoption Services Log</li><li>• Payroll Registers for each employee whose activities are reported on Adoption Services Log</li></ul>		